BLOCK 563 LOT 68 QUALIFICATION CODE C3-63 ADDRESS (SITE) 437 S. COMMUNITY DR PERMIT NO. 99-3306

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Propsed Work Site at: 437 S. COMMUNITY DRIVE
2. Name of Owner in Fee: SAM REYNOLDS Tel [redacted]
   Address 63 CHANNEL DRIVE (street) BRICK (municipality) 08723 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Self Tel. [redacted]
   Address 63 Channel Dr
   License No. OR, if new home, Builder Reg. No. ____
   Federal Employee No. ____ FAX: ( ) ____
5. Architect or Engineer Self Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Sam Reynolds
   Tel. ( ) ____ FAX ( ) ____

(a) deck

Called contractor 8-4-99 left message on machine

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 35		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
TOTAL	$ 150		

BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	2' ft.	
3. Area — Largest Floor	192 sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	6 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost	Plans Req'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Enc	8/9/99		8/9/99	JL			
TOTAL COSTS	500								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10408942

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

X Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

0910
3306**
08/31/99 NO. 5
BLOCK 563 # 0.00
LOT 68 # 0.00
BUILDING 35.00
ZONEPLOT 15.00
TOTAL 50.00
CHECK 50.00
CHANGE 0.00
0013A005 12:10

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/31/99
Control 0
Permit 0 99-3306

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 563 Lot 68 Qual

Work Site Location 437 SO COMMUNITY DR
ATTACHED DECK
Owner in Fee REYNOLDS, SAM
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
ATTACHED DECK 16X12

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 500

Construction Official

08/31/99
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other ZPA	15
Total	50. 35
Check No.	1059
Cash	
Collected By	LRT

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Closed Out 0

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/99
Date Issued 8/31/99
Control # C3-63
Permit # 99-3306

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 563 Lot 68 Qual
Work Site Location 437 SO COMMUNITY DR
ATTACHED DECK
Owner in Fee REYNOLDS, SAM
Address 63 CHANNEL DR
BRICK, NJ 08723-
Te [redacted]
Co
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. SO-

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

ATTACHED DECK 16X12

See Notes on 10" Footing Size

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-9-99	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-12-01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

Part Of Hall SFD

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	18
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 17
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/99
Date Issued 8/31/99
Control # C3-63
Permit # 99-3306

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 563 Lot 68 Qual
Work Site Location 437 SO COMMUNITY DR
ATTACHED DECK
Owner in Fee REYNOLDS, SAM
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tel [redacted]
Co
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

ATTACHED DECK 16X12

See Notes on 10" Footing Size

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-9-99	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2) $ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	18
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 17
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid-[ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: August 4, 1999 No. 1999-1294

Block 563 Lot 68 Zone: R-7.5

Property Address: 437 South Community Drive

Owner: Sam Reynolds Phone: [redacted]

Applicant: Same

Phone: Same

Existing Use: Single family residential

Proposed Use: Same

Proposed Construction: 16' x 12' attached deck 1 1/2 to 2' high

Conditions: The deck must be setback at least 6' from the side property lines and 15' from the rear property line and 25' from the property line at Applegate Avenue.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean P. Kinnevy
Zoning Officer

ZONING

BLOCK 563 LOT 68

PROPERTY ADDRESS (number and street) 437 S. COMMUNITY DRIVE, BRICK, NJ 08723

NAME OF PROPERTY OWNER SAM REYNOLDS

PERSONAL NAME OF APPLICANT (~~[redacted]~~) SAm Reynolds

BUSINESS NAME OF APPLICANT

MAILING ADDRESS OF APPLICANT 63 Channel DR. Brick, NJ 08723

TELEPHONE NUMBER OF APPLICANT [redacted]

PRESENT USE OF PROPERTY(check all that apply)

___Vacant Lot ✓Single-family dwelling ___Multi-family Dwelling

___Commercial(please describe)

PROPOSED USE OF PROPERTY(check all that apply)

___Vacant Lot ✓Single-family dwelling ___Multi-family Dwelling

___Commercial(please describe)

PROPOSED CONSTRUCTION

DECK

__All dimensions: 16' Width 12' Length 1½'→2' Height

Deck or Garage: ✓ Attached _____Detached 1½'→2' Height

Fence: Style_____ Material_____ Height_____

CHECKLIST:

___All information completed above

___Two (2) copies of the property survey map containing:

___All existing and proposed structures

___All dimensions of the lot and structures

___All setbacks from the structures to the property lines

___All adjacent streets and waterways

___If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the site map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Date

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 7/21/99

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 563 Lot: 68

Property Address: 437 S. COMMUNITY DR.

I, SAM REYNOLDS (name) of 63 CHANNEL DR., BRICK (address).

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 8/9/99 Signed:

Rejected: Signed:

Comments:

HOUSE

SLIDING GLASS DOOR

12'

40' OF 2x4" PT FOR RAIL

40' OF 2x8" P.T. FOR RAIL CAP

2x42" PT BALUSTER 3.5" SPACING

STAIRS

42"

20"

36"

5/4 x 6" PT DECKING

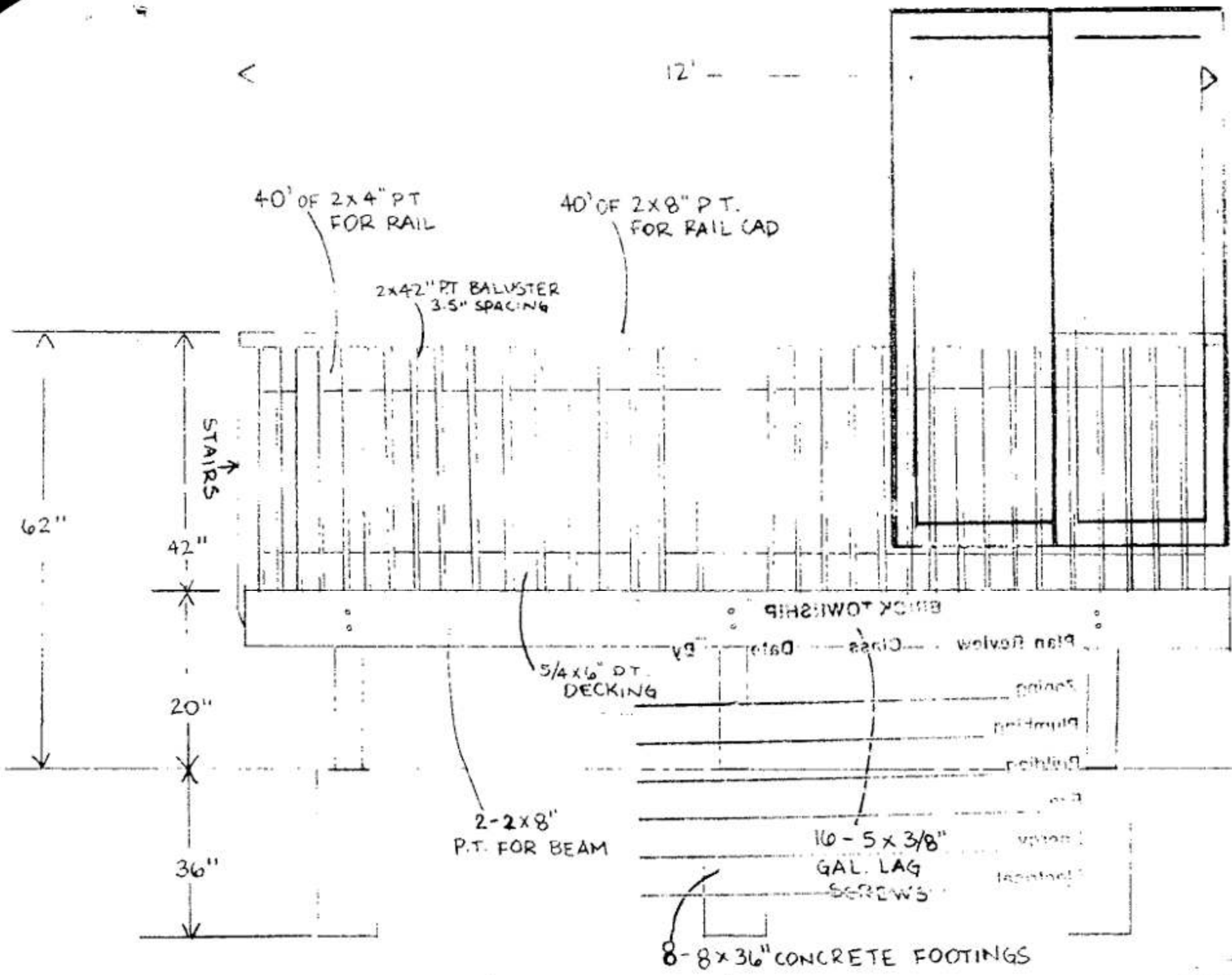
2-2x8" P.T. FOR BEAM

16 - 5 x 3/8" GAL. LAG SCREWS

8 - ~~2~~ x 36" CONCRETE FOOTINGS 10" x 32"

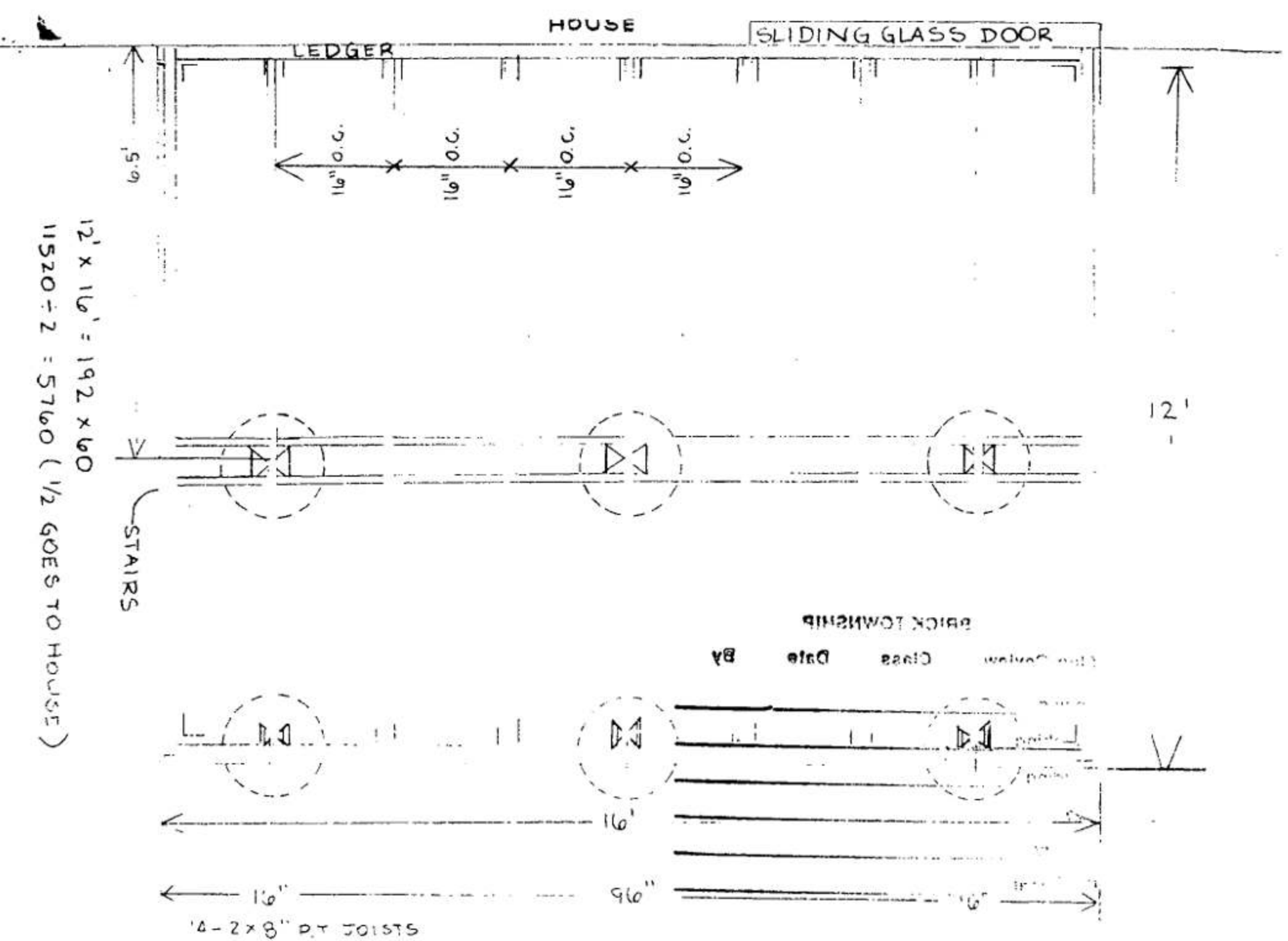
HOUSE

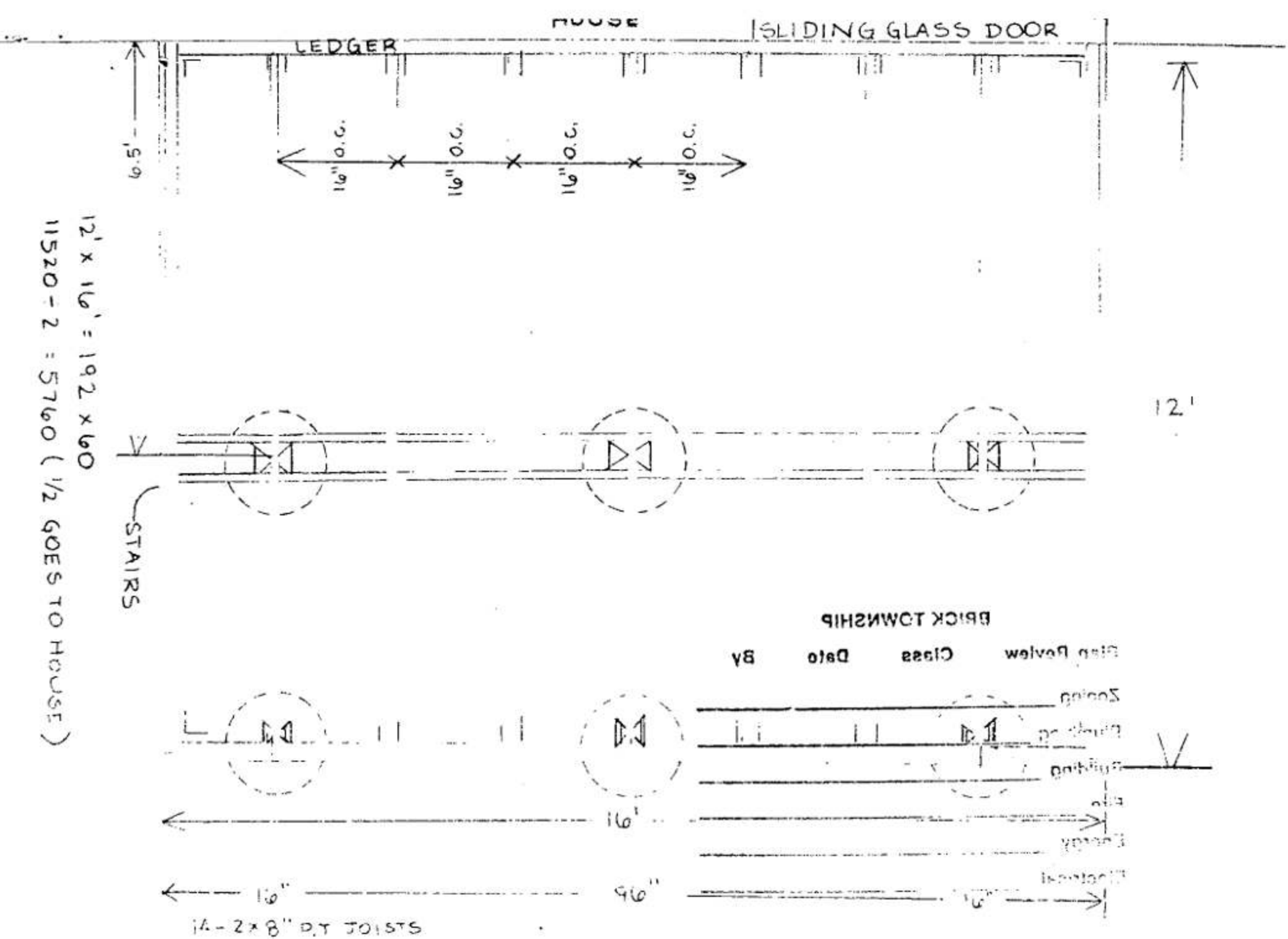
SLIDING GLASS DOOR



BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		8-9-99	FP
Fire			
Energy			
Electrical			


HOUSE
SLIDING GLASS DOOR
LEDGER
5'-9"
16" O.C.
16" O.C.
16" O.C.
16" O.C.
12' x 16' = 192 x 60
11520 ÷ 2 = 5760 (1/2 GOES TO HOUSE)
12'
STAIRS
16'
16"
96"
14 - 2 x 8" P.T. JOISTS

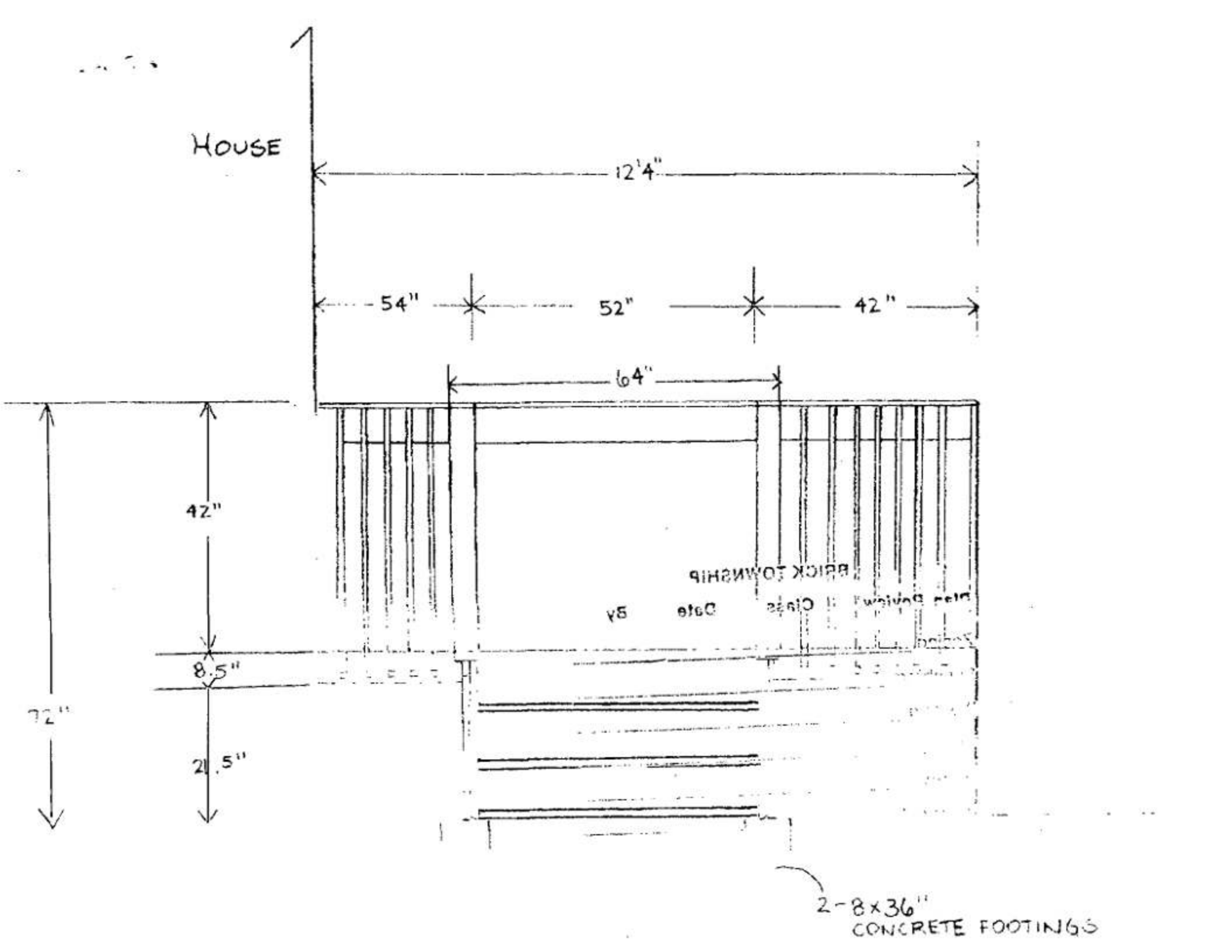


12' x 16' = 192 x 60

11520 - 2 = 5760 (1/2 GOES TO HOUSE)

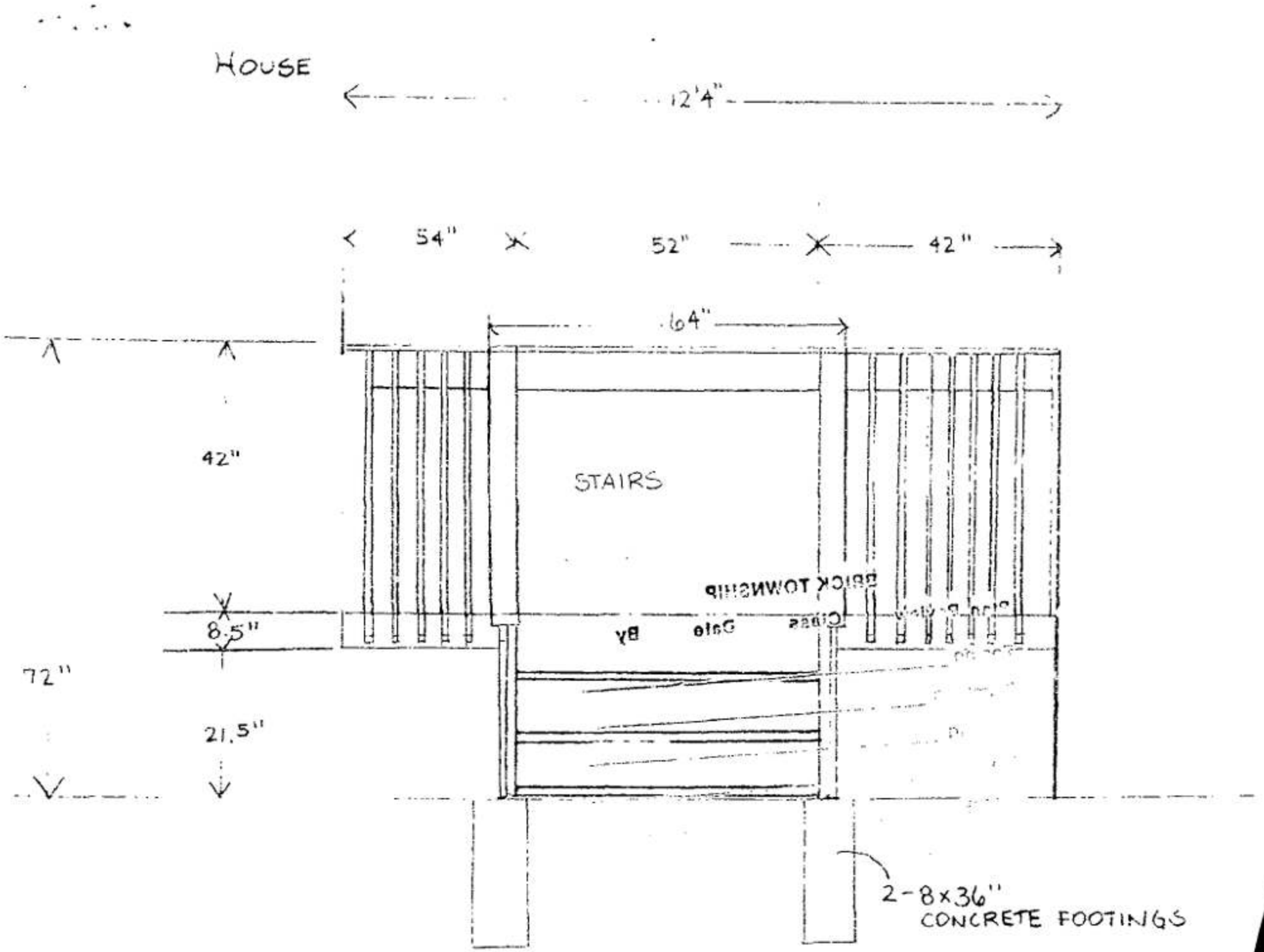
BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		8-9-99	FM
Fire			
Energy			
Electrical			


HOUSE
12'4"
54"
52"
42"
64"
42"
8.5"
72"
21.5"
2-8x36"
CONCRETE FOOTINGS

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		8-9-99	FMM
Fire			
Energy			
Electrical			


HOUSE
12'4"
54"
52"
42"
64"
42"
STAIRS
8.5"
72"
21.5"
2-8x36"
CONCRETE FOOTINGS

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		8-9-99	FM
Fire			
Energy			
Electrical			

State: NJ Zip: 08723 Phone: (732)

S.S.#: Provide only if Applicant is owner

BUILDING

CONTRACTOR: Sam Reynolds

ADDRESS: 137 S. COMMUNITY DRIVE
BRICK NJ 08723

PHONE: [redacted]

LIC.#:

LIC. EXPIRATION DATE:

FEDERAL EMPL.#: (or S.S.#):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

16' x 12' DECK

2' = HEIGHT

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☑ Other: DECK
- ☐ Other:
- ☐ Fence: Height (6' or More)
- ☐ Sign: Sq. Ft.
- ☐ Pool (In Ground)
- ☐ Pool (Above Ground)
- ☐ Asbestos Abatement
- ☐ Demolition

BUILDING CHARACTERISTICS

	Present:	Proposed:
USE GROUP		
CONSTR. CLASS		

No. of Stories:

Height of Structure: 2'

Area - Largest Floor: 192

New Building Area / All Floors:

Volume of Structure: Total Land Disturbed:

Signature: Sam Rep

Estimated Cost of Building Work: $500

New Building (1): $

Alteration (2): $

TOTAL (1+2): $

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

ELECTRICAL

CONTRACTOR:

ADDRESS:

PHONE:

LIC.#: EXP. DATE:

FEDERAL EMPL.#: (or S.S.#):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher		KW
HP Garbage Disposal		HP
KW Central A/C Unit		KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service		AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $

Signature (print name):

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

PLUMBING

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMPL # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

FIRE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #: EXP. DATE:
FEDERAL EMPL # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

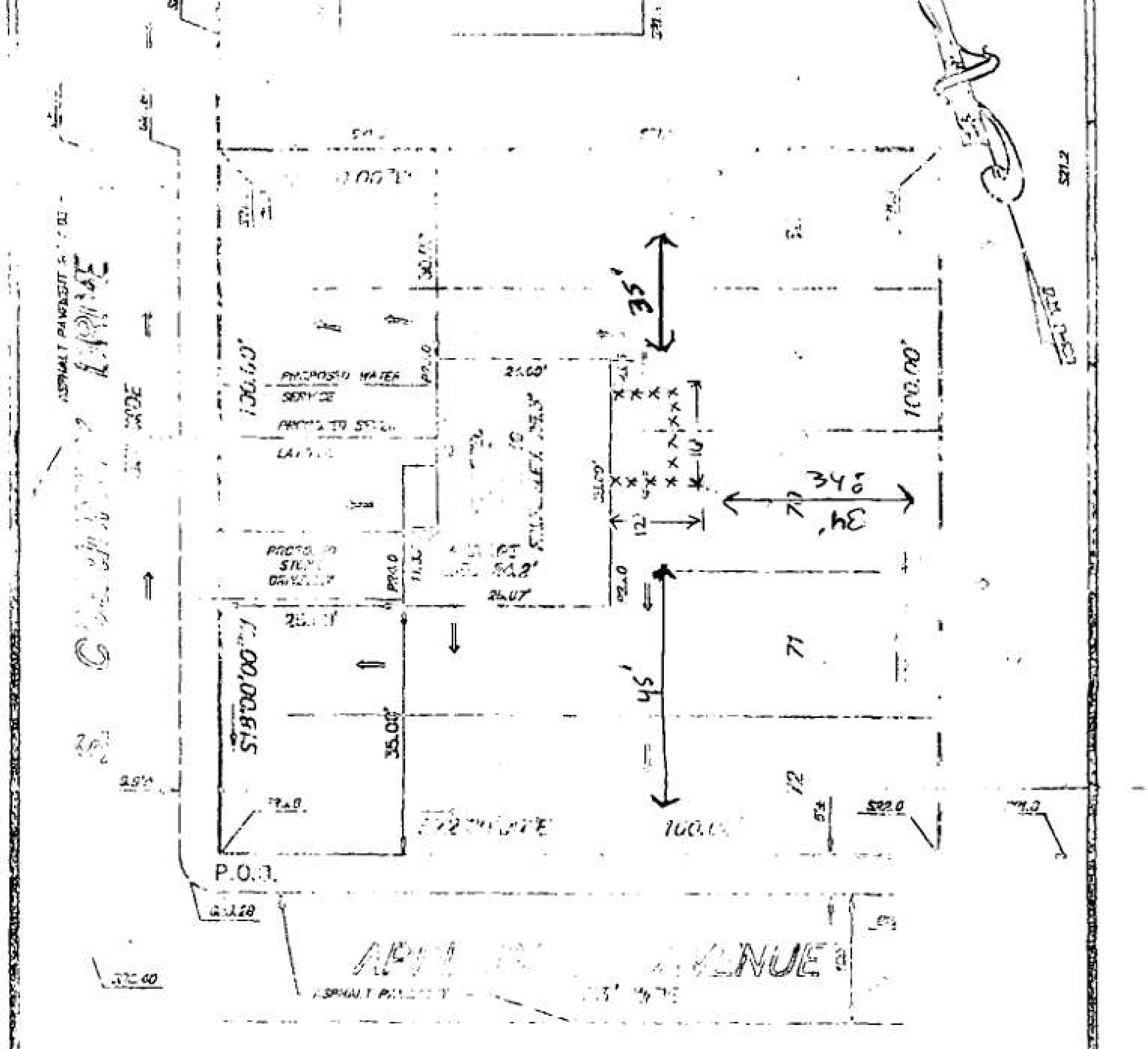
Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:



LEGEND:
S 0.00 = Spot Elevation
p 0.00 = Proposed Fin. Grade
TC 0.00 = Top of Curb Elev.
G 0.00 = [illegible] Elev.
[illegible] [illegible] of Runoff
Elev. [illegible] N.G.V.D. 1929

LOT AREA = 10,000 SQ.FT.
ALSO KNOWN AS LOTS 68,69,70,71 & 72
BLOCK [illegible] ON THE BRICK TOWNSHIP TAX MAP.

SURVEY OF PROPERTY
LOTS 68,69,70,71 & 72 BLOCK 30
SUBDIVISION A ANNEX CEDARWOOD PARK

BRICK TOWNSHIP
[illegible] COUNTY NEW JERSEY
FIRM [illegible] No. E-190 DATE FILED 11/21/83

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED UNDER MY DIRECT SUPERVISION TO:
SAMUEL REYNOLDS

MORRIS & GLASCOW, INC.
ENGINEERING & SURVEYING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
908-899-0983

7/15/97

[illegible] H. MORRIS Date
[illegible] Professional Land Surveyor No. 30080
New Jersey Lic. Professional Planner No. 4266

Date	[illegible] No.	Map No.

DATE August 1999

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

ASSIGNMENT AND ASSUMPTION OF LEASE