TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

RECEIVED
APR 15 REC'D

449 Myrtle

I. IDENTIFICATION

1. Proposed Work at: CORNER of MYRTLE AND ROSEWOOD AVE BLOCK 525.31 LOT 18
2. Owner Name: THOMAS M. CAFFREY [redacted]
   Address 436 MYRTLE AVE. BRICK NY 08723
3. Principal Contractor: _____ Tel. (___) _____
   Address _____
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: ANDERSON BAUS & LINDSTROM Tel. (___) 477 8900
   Address MANTOLOKING ROAD, BRICK
5. Responsible Person in Charge of Work _____ Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: Moving dwelling

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ Structural	$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	$ 20,000

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

525.31 18

LDS BR 10511088

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE 4-15-88

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 595.31 LOT NO. 18 SUBDIVISION _____ PERMIT NO. 1504

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____		_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING			6/7/88	JC	
	Footings/Foundations					
	Framing					
	Architectural 2			4/21/88	JC	
	Other _____					
☒	PLUMBING			6/7/88	JC	
☐	ELECTRICAL					
☐	FIRE PROTECTION			6/7/88	JC	
☐	OTHER Orig			6/9/88	JC	

Orig n/g 7-21-89 KSS.

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	☑ ALL CONSTRUCTION			
	BUILDING		11-22-88 JC	
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	☑ PLUMBING		11-22-88 JC	
	ELECTRICAL			
	☑ FIRE PROTECTION		11-22-88 JC	
	OTHER Orig		n/g 8-3-89 JC	

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	
☐ Temporary Certificate of Occupancy Date Expired _____	
☐ Certificate of Occupancy No. _____	
☐ Certificate of Continued Occupancy No. _____	
☐ Certificate of Approval No. _____	
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 26.60
PLUMBING	55.00
ELECTRICAL	•
FIRE PROTECTION	•
OTHER _____	15.-
SUBTOTAL	$ 96.60
– LESS: 20% of subtotal (when plan review performed by state agency)	(9.60)
D.C.A. TRAINING FEE .0006 x _____ =	2.98
CERTIFICATE OF OCCUPANCY 3800	20.00
OTHER (alter) Siding	7.50
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 135.98
DATE _____ Collected By _____	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •

NEW JERSEY UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block 525.31 Lot 18
Subdivision ____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Thomas M. Caffrey
Address 436 Myrtle Ave
Brick NJ 08723
Tel. ([redacted]
Work Site Address 440 Myrtle Ave.
Brick

Contractor Same
Address ____
Tel. ( ) ____
Lic. No. ____
Federal Emp. No. ____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Found & Footing & Siding FOR 1 Story Dwelling on Crawl. Moved to this site

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☒ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: ____ Present ____ Proposed

No. of Stories ____

Total Building Area—All Floors ____ Sq. Ft.

Height of Structure ____ Ft.

Volume of Structure 3800 Cu. Ft.

D. COMMENTS

NEW JERSEY UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block 223.31 Lot 18
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner THOMAS M. CAFFREY
Address 436 MYRTLE AVE
BRICK NJ 08723
Tel. ([redacted]
Work Site Address 440 MYRTLE AVE
BRICK

Contractor SAME
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Found & Footing & Siding
FOR
1 Story Dwelling
on Crawl.
Moved to this site

R38.M.2

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☑ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
	[redacted]	[redacted]
	[redacted]	[redacted]
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1
Height of Structure N Ft.
Total Building Area–All Floors _____ Sq. Ft.
Volume of Structure 3800 Cu. Ft.

D. COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☑ All	6/7/86	J.C.
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Footing/Foundation				5-7-86 JC
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Block 353.37 Lot 46
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Thomas M. Caffrey
Address 436 Myrtle Ave
Brick NJ 08723
Tel. ( ) [redacted]
Work Site Address 440 Myrtle Ave
Brick —

Contractor Same
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised — Method: _____
Water Supply — Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ *Halon* ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☑ Manual ☑ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ 15

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $

B5. OTHER

_____ $
_____ $
_____ $

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems — Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other

D. COMMENTS

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Block 3531 Lot 18

Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Thomas M. Parra & V.

Address 436 Middle Ave
Brick NJ 08723

Tel. ( ) [redacted]

Work Site Address 440 Middle Ave
Brick —

Contractor SAME

Address

Tel. ( )

Lic. No.

Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1.-SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other

Area Sprinkled: ☐ Full ☐ Partial (specify in comments)

No. of Heads: No. of Spare Heads:

☐ Valves Supervised – Method:

Water Supply – Source: Size:

FD Connection Location:

Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other

Manual Pull: ☐ Yes ☐ No

Locations:

Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☑ Manual ☑ Automatic

Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location

Estimated Cost of Work : $

FEE $ 15

B4. STAND PIPES

Pipe Size: Pump Size:

Water Source: Size:

FD Connection Location:

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: $

$

B5. OTHER

$

$

$

Subtotal $

Minimum Fire Protection Fee (If Applicable) $

Total Fire Protection Fee (*Greater of Minimum or Subtotal*) 8/1/17 $ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed

Heating Systems – Location:

D. COMMENTS

DATE	JOB CONDITION/COMMENTS
11-22-88	House moved to this site old home.

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 6/7/88
Approved By:

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
11-22-88

INSPECTIONS

Type	Failure Date	Approval Date
☐ Fire Suppression Test		
☒ Fire Alarm Test		11-22-88
☐ Smoke Test		
☐ TCO		
☒ Other Final		11-22-88
☐ Other		

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner THOMAS M. CAREY

Address 436 MYRTLE AVE. BRICK NJ 08723

Tel. ( ) [redacted]

Work Site Address 440 MYRTLE AVE BRICK NJ

Contractor 2 SAME

Address _____

Tel. ( ) _____

Lic.No./Bus. Permit _____

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	10.-
	Steam Boiler			Solar System	
1	Water Util. Connection	15.-		Other gas	15.-
1	Sewer Util. Connection	15.-		Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 30.-		COLUMN 2	$ 25.-

Fee	
COLUMN 1	$ 30.-
COLUMN 2	$ 25.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 55.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage – Material _____ Size _____

Building Sewer– Material _____ Size _____

Water Service– Material _____ Size _____

D. COMMENTS

Connecting existing plumbing

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner THOMAS M. CAFFREY

Address 436 MYRTLE AVE. BRICK NJ 08723

Tel. ([redacted]

Work Site Address 440 MYRTLE AVE BRICK NJ

Contractor SAME

Address _____

Tel. ( ) _____

Lic.No./Bus. Permit _____

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	10.-
	Steam Boiler			Solar System	
1	Water Util. Connection	15.-		Other gas	15.-
1	Sewer Util. Connection	15.-		Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 30.-		COLUMN 2	$ 25.-

Fee	
COLUMN 1	$ 30.-
COLUMN 2	$ 25.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 55.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material _____ Size _____

Building Sewer — Material _____ Size _____

Water Service — Material _____ Size _____

D. COMMENTS

Connecting existing line

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved

Date: 6-7-88

Approved By: J W [illegible]

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 11/22/88

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☒ Mechanical				11/22/88
☐ TCO				

MAIL

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West
Brick, New Jersey 08724
(201) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME Tom Caffrey TEL. NO [redacted]

ADDRESS 953 Rosewood Avenue Brick, NJ 08723

PROPERTY IN QUESTION:

BLOCK 525.31 LOT(S) 18 ADDRESS Myrtle & Rosewood

BTMUA ACCOUNT NUMBER none

SINGLE FAMILY RESIDENTIAL (IN EXISTING SUB-DIVISIONS ONLY)

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS REQUIRED.	X	X
2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION IS NOT REQUIRED.		
3. UTILITY SERVICE IS PLANNED FOR CONSTRUCTION DURING THE BUDGET YEAR ENDING MARCH 31, 19____. SERVICE MAY BE AVAILABLE SOME TIME THEREABOUT.		

CONNECTION WILL BE PROVIDED AS FOLLOWS:

WATER Rosewood Ave. (STREET)

SEWER Rosewood Ave (STREET)

ALL OTHER DEVELOPMENT

EXISTING BRICK TOWNSHIP MUA LINES ARE AS SHOWN ON ATTACHED TAX MAP DRAWING NO. _____.

APPLICANT/DEVELOPER IS REQUIRED TO SUBMIT A FORMAL DEVELOPER APPLICATION TO THE AUTHORITY AS SET OUT IN BRICK TOWNSHIP ZONING ORDINANCE NO. 354-79 AS AMENDED, AND AS REQUIRED BY BRICK TOWNSHIP MUA RULES AND REGULATIONS (LATEST REVISION).

DATE: 6-1-88 SIGNED: [signature]

NOTE: STATEMENT GOOD FOR 90 DAYS ONLY

35B

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA.

2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.

3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

   APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

   A DEPOSIT OF $130 IS REQUIRED.

   LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 6 AND 8 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).

5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.

   INSPECTIONS WILL NOT BE MADE UNLESS THE PERMIT HAS BEEN OBTAINED.

6. WATER METER

   A METER AND A REMOTE READOUT WILL BE INSTALLED.

   IF YOU ARE BUILDING ON A SLAB BASE, PLEASE MAKE ARRANGEMENTS WITH YOUR BUILDER TO RUN A PAIR OF WIRES (18 GAUGE, 2 CONDUIT SOLID BELL WIRE) FROM THE INSIDE METER LOCATION TO WHERE THE OUTSIDE READOUT IS TO BE LOCATED, OR CALL THE BTMUA TO DO SO. THIS MUST BE DONE PRIOR TO INSTALLATION OF SHEET ROCK FOR INTERIOR WALLS.

   AFTER ALL INSPECTIONS HAVE BEEN COMPLETED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO SCHEDULE THE WATER METER INSTALLATION.

7. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ANY OPEN TAP FEES AND PERMIT FEES MUST BE PAID IN FULL.

8. INITIAL SERVICE CHARGES

   IF THE OWNER DESIRES, THE APPLICABLE INITIAL SERVICE CHARGES MAY BE PAID IN QUARTERLY INSTALLMENTS (PLUS INTEREST) ACCORDING TO AN ESTABLISHED PAYMENT PLAN. SEE OUR CUSTOMER ACCOUNT DIVISION FOR DETAILS.

ANDERSON, BALLIS & LINDSTROM ASSOCIATES, INC.
Consulting Engineers
321 Mantoloking Road
BRICK, NEW JERSEY 08723

(201) 477-8900

LETTER OF TRANSMITTAL

DATE	JOB NO.
5-12-88	87015

ATTENTION

RE:
Plot Plan
Lot 18 Block 525.31
Brick Township
Ocean County, NJ

TO Mr. Thomas Caffrey

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☒ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
6			Plans - Plot Plan

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ 19____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

RECEIVED

MAY 12 1988

BRICK TOWNSHIP

COPY TO _____ SIGNED: C.E. Lindstrom, President/hjc

If enclosures are not as noted, kindly notify us at once.

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

Date 4-15-88

Subject: _____

Block 595.31 Lot 18

AFFIDAVIT:

I THOMAS M. CAFFREY hereby request a temporary building permit to proceed with construction of footings and foundation (only) on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

Applicant — 4-15-88 Date

Twp. Engineer or Ass't. Engineer Date

4-27-88
Zoning Officer Date
Zoning Department

Kenneth Hennegan
Building Inspector Date
Building Department

Footings & Foundation for the installation of a Dwelling Relocated from another site.
Engineering Site Inspections ARE NOT WAIVED
5-16-88

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

UNIFORM CONSTRUCTION CODE
Chapter 23, Title 5

Approval of Part
5.23-2.5 (7)

OWNER/AGENT Thomas M. Caffrey

ADDRESS Corner Myrtle & Roscwood

TOWN BRICK ZIP

BLOCK 525.31 LOT 18

☒ FOOTING

☒ FOUNDATION

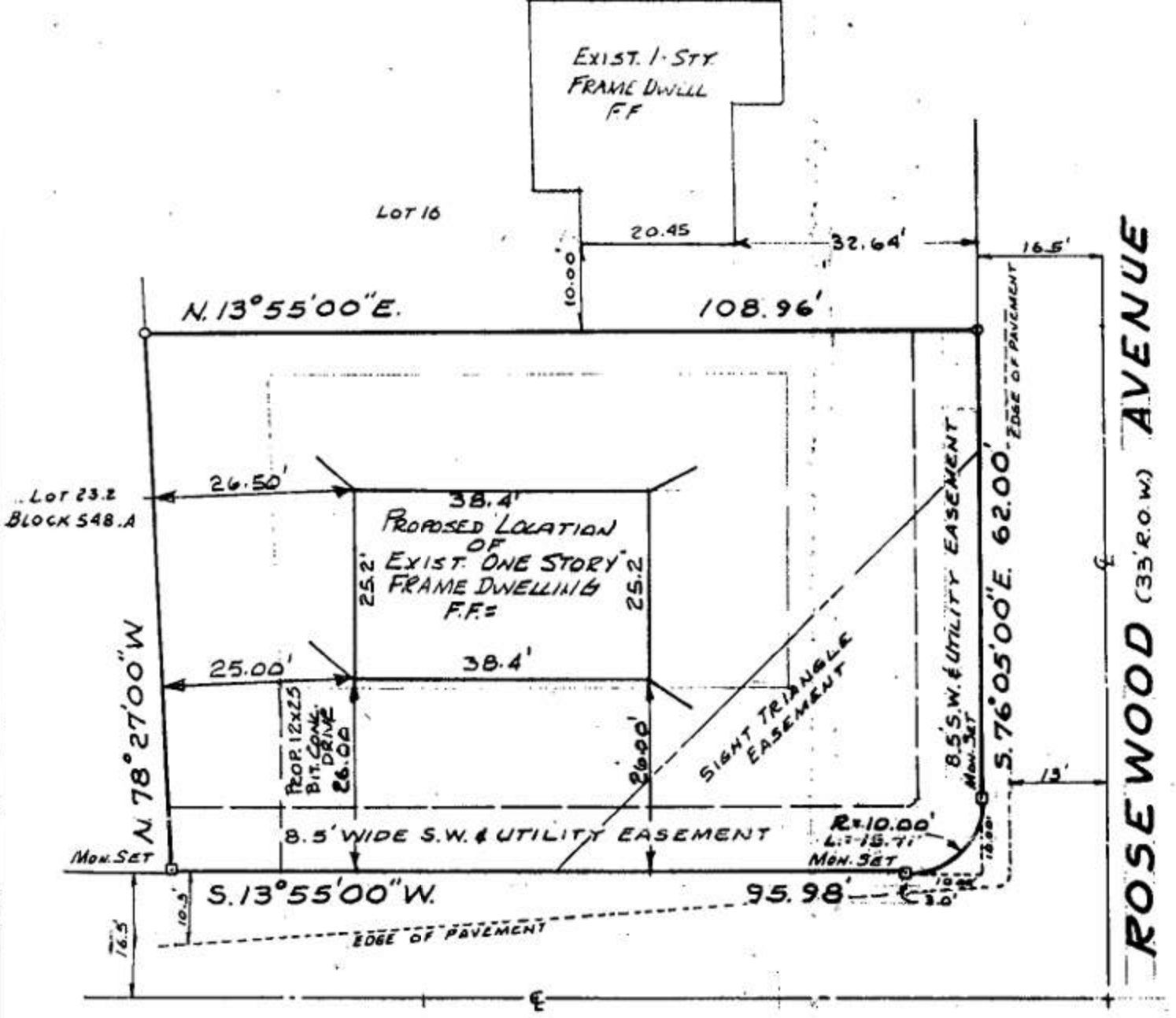
☐ OTHER

OWNER/AGENT PROCEED AT OWN RISK ☒

OWNER/AGENT [signature]

BUILDING SUB-CODE OFFICIAL [signature]

CONSTRUCTION OFFICIAL [signature]



NOTE:
DWELLING IS BEING RELOCATED FROME EXISTING SITE

Approved 12/18/12 JK

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Underground improvement or encroachments, if any, are not shown hereon.

SCALE: 1" = 20'

PLOT PLAN

LOT 18
BLOCK 525.31

BRICK TOWNSHIP

OWNER _____ LOT 18

☐ BULKHEAD ☐ DOCK ☐ SWIMMING POOL ☑ DWELLING

INSPECTION NO. 1 DATE 7/24/89 BY RB

☐ APPROVED
☑ REJECTED
☐ OTHER

JUL 24 1989

MUNICIPAL ENGINEER

COMMENTS: ① Driveway wrong type
② Grade @ rear not to plan
③ Grade @ left side not to plan
④ Grade @ front access way

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED

COMMENTS: _____

RECEIVED
MAY 19 1988
MUNICIPAL ENGINEER

PLOT PLAN REVIEW

	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENT
SURVEY - SIGNED & SEALED (P.L.S.)		✓			
WIDTH & TYPE OF ROAD PAVEMENT		✓			
EXISTING ELEVATIONS (NGVD IN FLOOD HAZARD ZONES)		✓			
SIDE PROPERTY LINES @DWELLING & PROPERTY CORNERS		✓			
STREET GUTTER, TOP CURB & CENTER LINE ELEVATION			✓		
CONTOURS (IF GREATER THAN 2' DIFFERENCE IN ELEVATION)		✓			
ADJACENT DWELLING CORNERS		✓			
PROPOSED GRADING		✓			
GARAGE, FIRST FLOOR, CRAWL SPACE & BASEMENT ELEVATION		✓			
LOT GRADING		✓			
METHOD OF DRAINING		✓			
FLOOD ZONE (IF APPLICABLE)				✓	
FLOOD OPENINGS SIZED & PLACED				✓	
NGVD REF. IN FLOOD ZONE (BY P.L.S.)				✓	
DRIVEWAY - WIDTH & TYPE			✓		
PLOT PLAN SIGNED & SEALED (P.E., P.L.S. OR REG. ARCH)		✓			

B. FIELD CHECK (INSP) PLOT PLAN — SIGNATURE — 5-19-88 DATED — Accepted ☑ Rejected ☐

COMMENT

FIELD CHECK (INSP) DRIVEWAY — SIGNATURE — 7/24/89 DATED — Accepted ☐ Rejected ☑

COMMENTS Plan prop - concrete driveway
Ex in field stone. No good to downgrade

Comments: _____ Comments: _____

_____ _____

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

MKT 5-19-88 Accepted _____ Reject
Signature Dated Signature Dated

Comments: _____ Comments: _____

_____ _____

E. C. O. APPROVALS

1. Field Inspection (Inspector)

_____ Accepted KSS 7/24/89 Reject
Signature Dated Signature Dated

Comments: _____ Comments: ① Driveway stone should be concrete ② Grading @ rear not according to plans low spots/undulations along entire rear.

2. Temporary C. O. (Municipal Engineer)

_____ Accepted _____ Reject
Signature Dated Signature Dated

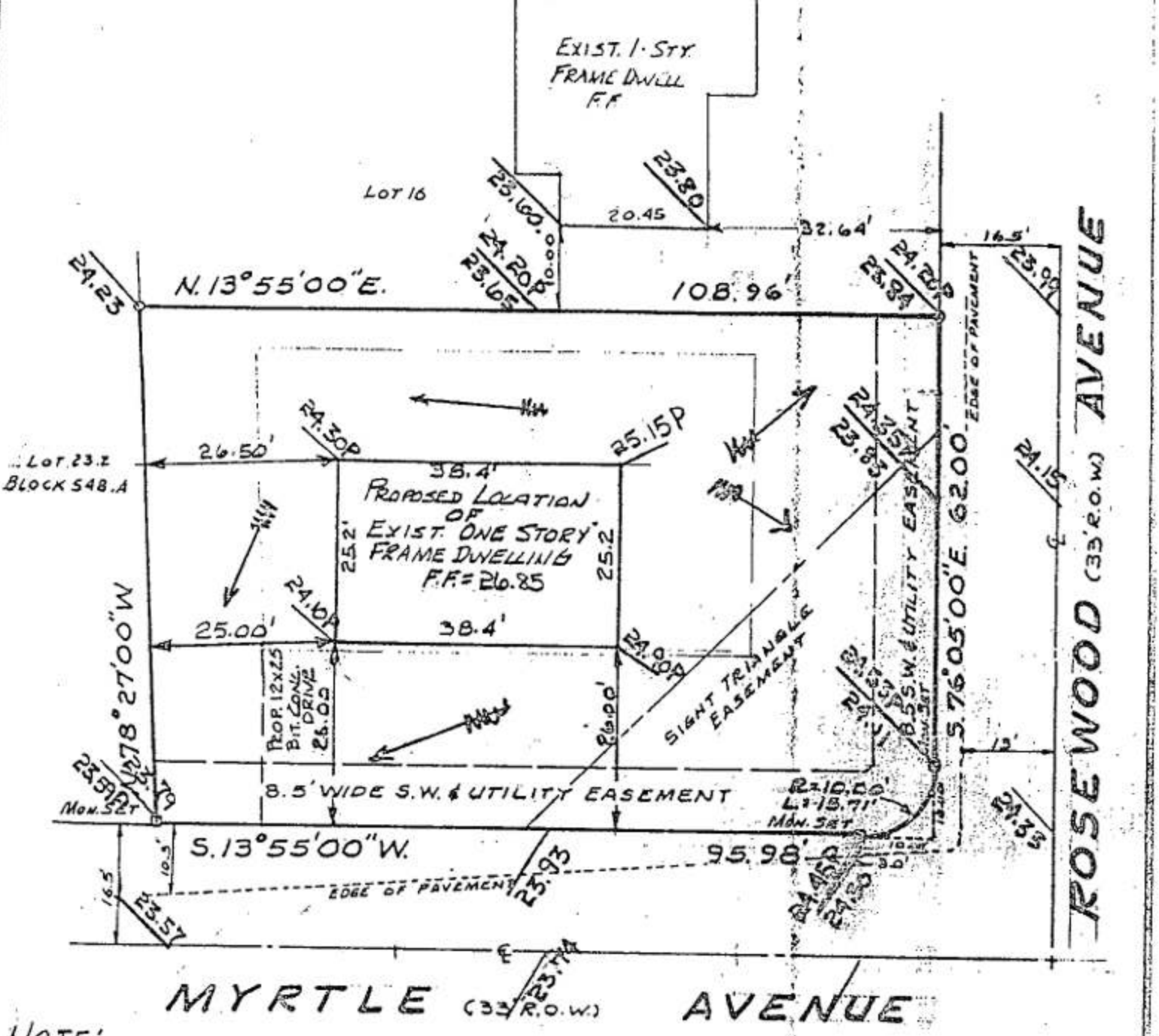
Comments: _____ Comments: ③ Grade along left side to release rear yard. ④ Grade @ front access lumps

3. Final C. O. (Municipal Engineer)

_____ Accepted _____ Reject
Signature Dated Signature Dated

Comments: _____ Comments: _____

_____ _____



NOTE:
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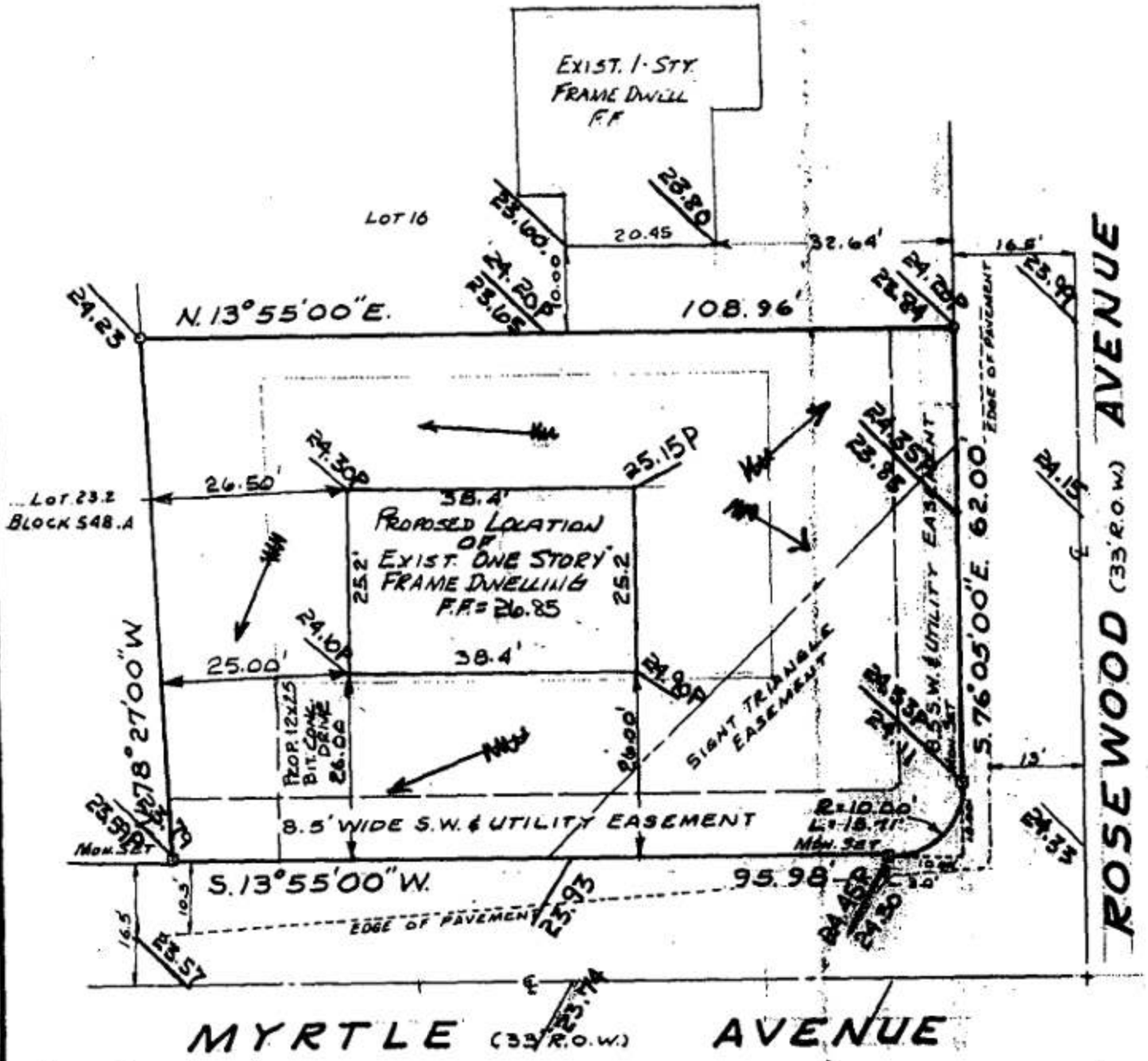
SCALE: 1" = 20'

PLOT PLAN

LOT 18
BLOCK 525.31

BRICK TOWNSHIP



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PLOT PLAN

LOT 18
BLOCK 525.31

BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY

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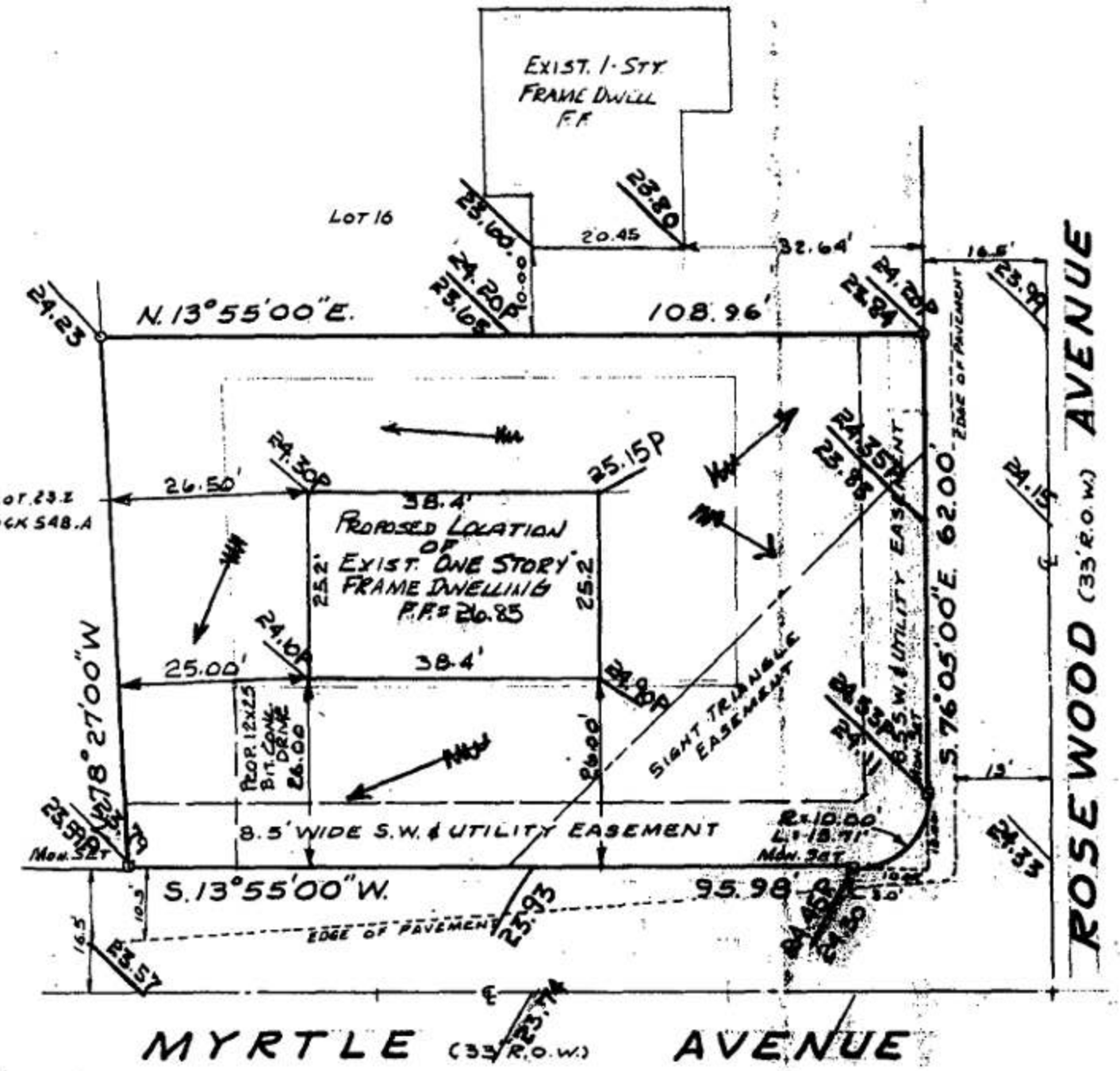

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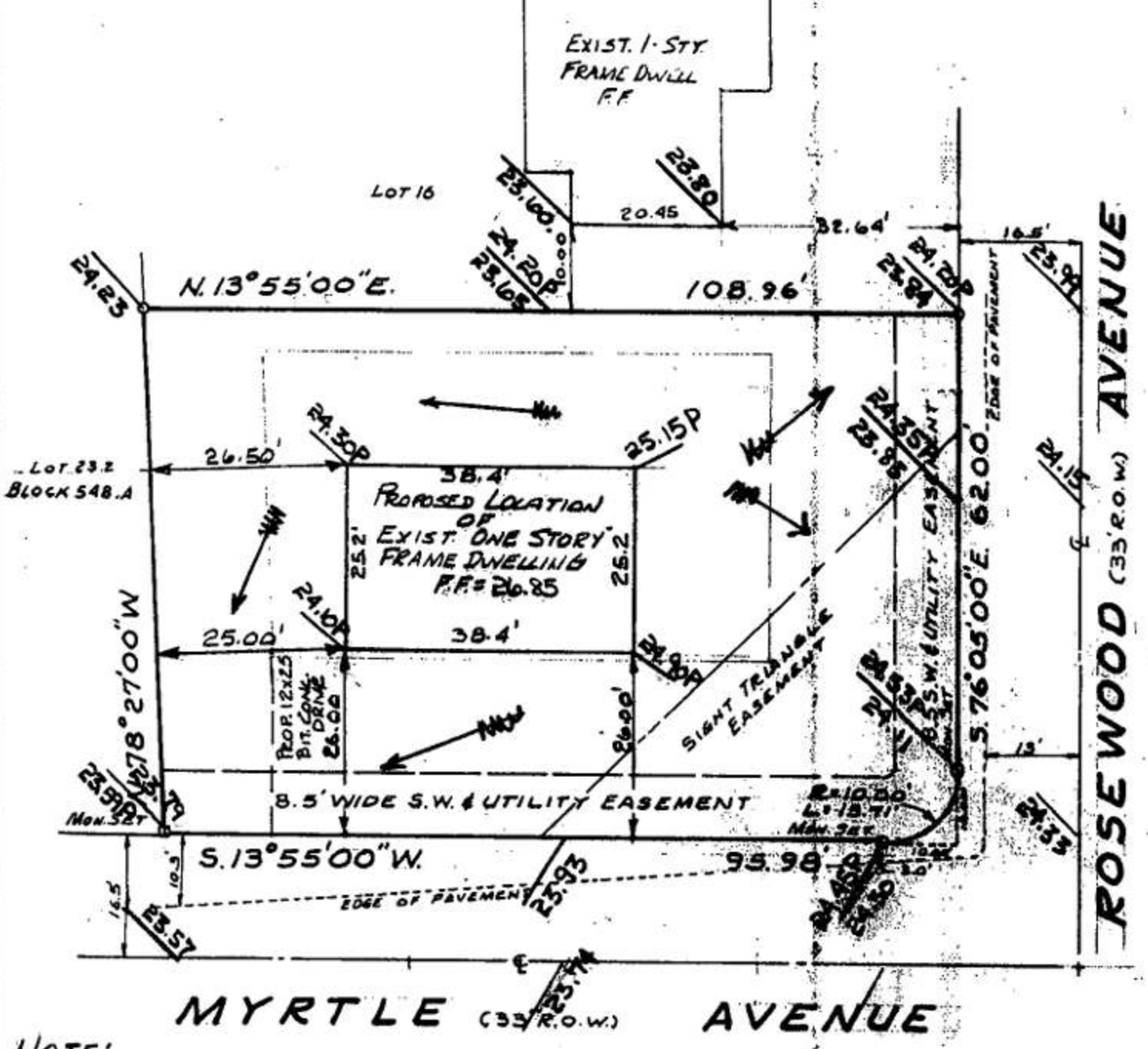
BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY



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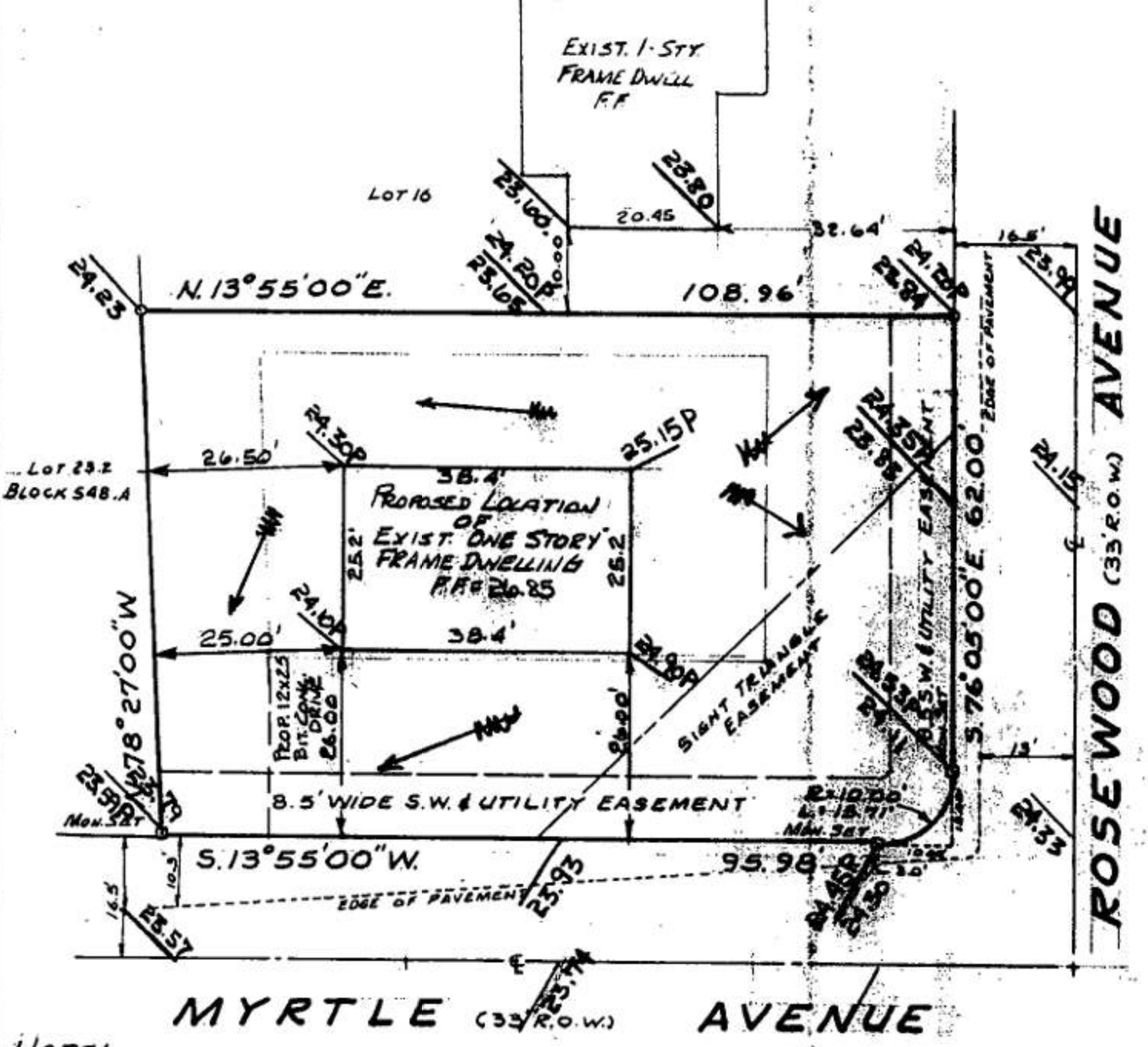

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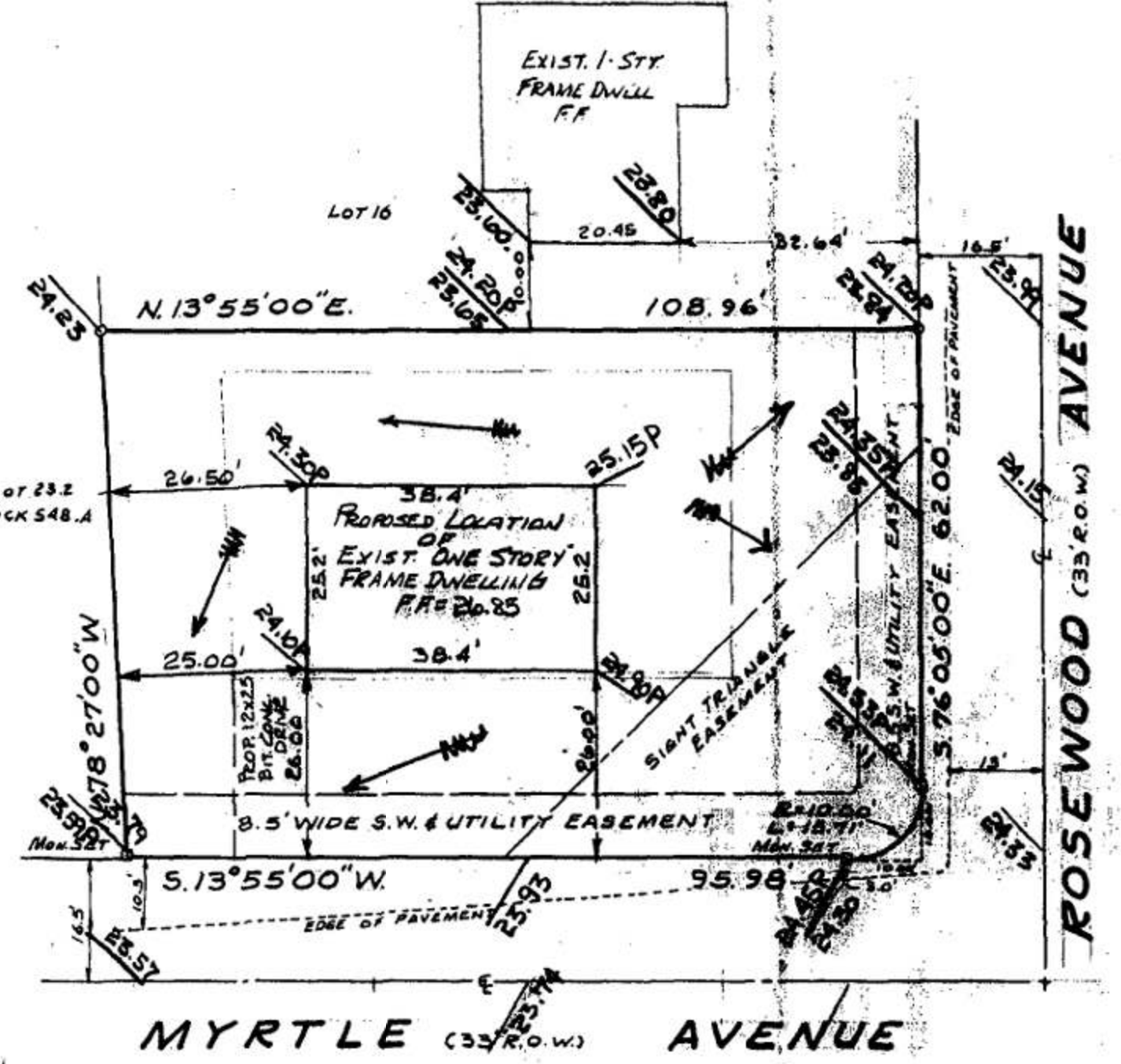

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