BLOCK 563 LOT 68-72 ADDRESS (SITE) 437 South Community DR PERMIT NO. 2270-97

RECEIVED
JUL 17 1997

CONSTRUCTION PERMIT APPLICATION

Plans will come from Engle

Mail

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

I. IDENTIFICATION / LOCATION OF INSPECTION

1. Proposed Work-site at: 437 South Community DR
2. Name of Owner in Fee: Sam Reynolds Tel [redacted]
   Address 63 Channel DR (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: Kristi Shay Construction Tel. (732) 477-4665
   Address 63 Channel DR Brick NJ. 08723
   License No. OR, if new home, Builder Reg. No. 26391 Exp. Date 11-98
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer DCS Tel. (732) 367-1100
   Address 3Rd St Lakewood
6. Responsible Person in Charge of Work Sam Reynolds [redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	366		
2. Electrical		195		
3. Plumbing		219		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	780		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		23		
10. Subtotal	$	28		
11. Cert. of Occupancy				
12. Other ZIA PP		130		
13. TOTAL	$	911		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	26 ft.	
3. Area—Largest Floor	21 sq. ft.	
4. New Building Area	1295 sq. ft.	
5. Volume of New Structure	14,658 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	3080 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

NEW R-3

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	40,000
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	1000
7. ☒ Plumbing	3000
8. ☒ Electrical	1000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	40,000

Howard C/O

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
35,000	WP	7/17/97		7-31-97	FM	3/23/98		BK
					FIRE	11/12/98		BK
1000				7-30-97				
3000				7-30-97	BM	11/12/98		BK
1000		7/31/97	Elec.			11/26/97		BK
	CWG	7/28/97		7/28/97				

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 10109575

U.C.C. Form F-1009

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.

Signature Samuel Reynolds Date 7-17-97

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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.

(X) Check if contractor.

Agent Name Kristi Shay Construction

Address 63 Channel DR
Brick N.J. 08723

Telephone (732) 477-4665

Signature Samuel Reynolds Date 7-17-97

OFFICE DATE RECEIVED: ______________________

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	IMPORTANT
☐ Zoning Board			X	X	X	X	X	X	A.H.B.T. - EXEMPT
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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)**

	No.		DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. ______	______	______
☐ Temporary Certificate of Occupancy	No. ______	______	______
☐ Continued Certificate of Occupancy	No. ______	______	
☑ Certificate of Occupancy	No. 2270	3/27/98	
☐ Certificate of Approval	No. ______	______	
☐ None			

CERTIFICATE

Date Issued 3-27-98
Control #
Permit # 2270-97

IDENTIFICATION

Block 563 Lot 68-72
Work Site Location 437 South Community Drive

Owner in Fee Sam Reynolds
Address 63 Channel Dr.
Brick, NJ
Tele. ( )
Contractor Kristi Shay Construction
Address dame

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 129123
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Single family dwelling

Type of Warranty Plan: [X] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XXXX☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

UCC New Jersey Uniform Construction Code

CONSTRUCTION PERMIT

Date Issued 8/21/9
Control #
Permit # 2270-97

NTIFICATION Block 563 Lot 68

k Site Location 437 So Community Dr

Contractor Khristi Abay Const

Address 63 Channel Dr

Brick

ner in Fee A. Reynolds

ress 63 Channel Dr

Brick NJ

. ( )

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. [redacted]

or Social Security No [redacted]

ereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

[ ] ELEVATOR DEVICES

SCRIPTION OF WORK:

S.F. Dwelling

1295
14658

PAYMENTS (Office Use Only)		
Building	366	BLOCK 563 #
Plumbing	195	LOT 68 #
Electrical		
Fire Protection	219	BUILDING
Other		PLUMBING
Other		FIRE
DCA Training Fee	7	D.C.A.
Cert. of Occ.	75	C/O
Other ZPP	35	ZONE PLOT
Total	91	ENG R.K.
Check No.	# 72	TOTAL
Cash		CHECK
Collected By:		

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

nated Cost of Work $ 39000

CONSTRUCTION OFFICIAL

C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

truction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. TI
cy will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforn
e approved plans and the requirements of the Uniform Construction Code.

owner or other responsible person in charge of work must notify this agency when work is ready for any required inspectio
fied below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspectio
e performed within three business days of the time for which they are requested. The work must not proceed in a mann
will preclude the inspection until it has been made and approval given.

quired inspections for all subcodes for one and two family dwellings are the following:

The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections sh
be made in accordance with the requirements of the building subcode;

Foundations and all walls up to grade level prior to back filling;

All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rou
piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulati
installations;

Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devic
and fixtures; mechanical systems equipment.

quired special inspections. The applicant by accepting the permit will be deemed to have consented to these requiremen

nal inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issue
violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

complete copy of approved plans must be kept on the job site.

do not understand any of this information, please ask.

Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/01/97
Date Issued
Control #
Permit # 2270-97

2 BR Club Vaulted F-1 & 2nd F-2

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

Block 563 Lot 68-72
Work Site Location 439 South Community DR
Owner in Fee SAm Reynolds
Address 63 Channel DR Brick NJ 08723
Tele [redacted]
Contractor [illegible] Const.
Address 63 Channel DR Brick
Tel [redacted]
Lic. No. or Bldrs. Reg. No. 26571
Federal Emp. No. _____ or Social Security No. [redacted]

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 Samuel Reynolds

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Single family 2 story Home w/ GARAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	7-31-97	FH
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA
Date: 3/23/98
Approved By: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			8-5-97	
Foundation			8-14-97	
Slab				
Frame			8-28-97	
Insulation			9-29-97	
Finishes	1/12/98 JK		3/23/98 JKC	
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		X
Constr. Class		X
No. of Stories		2
Height of Structure		26 Ft.
Area—Largest Floor		2125 Sq. Ft.
New Bldg. Area/All Floors		1295 Sq. Ft.
Volume of New Structure		14658 Cu. Ft.
Total Land Area Disturbed		3000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 48,000
2. Alteration $ _____
3. Total (1 + 2) $ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

1/12/98 No Plans-OK No ins in OK Stairs OK Garage step
no sin and under stairs not completed. OK Headroom OK
at bottom of stairs OK

Letter

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/01/97
Date Issued
Control #
Permit # 2270-97

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

Block 563 Lot 68-72
Work Site Location 437 South Community DR
Owner in Fee SAM Reynolds
Address 63 Channel DR Brick NJ. 08723
Tel [redacted]
Contractor [illegible] Const.
Address 63 Channel DR Brick
Tele [redacted]
Lic. No. or Bldrs. Reg. No. 26391
Federal Emp. No. _____ or Social Security No. [redacted]

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 Samuel Reynolds

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Single family 2 story Home w/ GARAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	7-31-97	FW
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

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

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

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		X
Constr. Class		X
No. of Stories		2
Height of Structure		26 Ft.
Area—Largest Floor		212 Sq. Ft.
New Bldg. Area/All Floors		1295 Sq. Ft.
Volume of New Structure		14658 Cu. Ft.
Total Land Area Disturbed		3000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 40,000
2. Alteration $ _____
3. Total (1 + 2) $ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Buck
rough ready
Prompt before Chambers

ELECTRICAL SUBCODE TECHNICAL SECTION

D9

Date Received
Date Issued
Control #
Permit #

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

Block 63 Lot [redacted] 68

Work Site Location South Common TV 437
Brick NJ (corner of Hopkins + South Common N)

Owner in Fee/Occupant Sam Reynolds

Address 63 Chelsea Drive
Brick NJ

Tele. ( ) [redacted]

Contractor [illegible]

Address [illegible]

Tele. ( ) [redacted] Fax ( ) [redacted]

Lic. No. [illegible]

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS WR# 0227610

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[+ CO] [ ] CCO [ ] CA

Date: 11/26/97

Approved by: [illegible] 5433

INSPECTIONS

Type:	Failure	Failure Date (Month/Day)	Approval Date (Month/Day)	Initial
Rough		8/27	Re 9/5/97	5450
Temp. Serv.	6/27	9/5/97	5433	
Constr. Temp.			CO 7/50	
TCO	9/4/97 and 9/9/97			
Other				
Service			[illegible]	
Final			[illegible] 5433	

Temp. Cut-In-Card Date Issued 9/5/97 5433

Final Cut-In-Card Date Issued 11/26/97 5433

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
6		Lighting Fixtures
52		Receptacles
12		Switches
3		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
76		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
1	1	KW Dishwasher
1	3	KW Central A/C Unit BOXED
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
100		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1		gas furnace

FEE (Office Use Only)

AUG 22 97 0 0 7 9 3 2

	$ 50
	9
	9
	40

CK # 3298

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
RPF TOTAL FEE	$ 108.—

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

U.C.C. F120 (rev. 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

8/27/97 Ø Garage floor wet concrete
can't check panel CB 4182

9/4/97 MD P6884 Locked 9:45 Am

Brick rough ready

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 97 0079 32

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

Block 563 Lot 61
Work Site Location South Community Drive Brick NJ (corner of Hopkins Rd + South Community)
Owner in Fee/Occupant Sam Reynolds
Address 43 Change Drive Brick NJ
Tele. ( ) [redacted]
Contractor Dickson Electric
Address 503 Brick Blvd. Brick NJ
Tele. ([redacted] Fax ( ) [redacted]
Lic. No. #3176
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] ECO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-In-Card Date Issued _____
Final Cut-In-Card Date Issued _____

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
9		Lighting Fixtures	
50		Receptacles	
12		Switches	
5		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
76		TOTAL NUMBERS	$ 50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
✓	1	KW Dishwasher	9
		HP Garbage Disposal	
✓	3	KW Central A/C Unit	9
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
100		AMP Service	40
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		30 Fluorescent	

CK # 3298

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
PPC TOTAL FEE	$	108

U.C.C. F120 (rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

2-0-6

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/01/97
Date Issued
Control #
Permit # 2270-97

of 6 Drum Part

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

Block 563 Lot 68-72
Work Site Location 437 South Community DR

Owner in Fee Sam Reynolds
Address 63 Channel DR
Brick 08723
Tele. [redacted]
Contractor Kristi Shay Cont.
Address 63 Channel DR
Brick NJ.
Te[redacted]
Lic. No. 26391
Federal Emp. No. _____ or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed ~~X~~ R-3
Constr. Class. Present _____ Proposed ~~X~~ 5B
Heating Systems (X) New [ ] Existing
Type: (X) Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: Utility Room
Total Est. Cost of Fire Prot. Work $ 1500 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 7-30-97
Approved by: [signature]
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] DCA
Date: 8-1-97
Approved by: [signature]

INSPECTIONS:

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other	1/8/98			

See back

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.

Sam Reynolds
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work NEW R-3
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision 2 STORY
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	6	
Heat Detectors		
TOTAL	6	25
Stand Pipes		
Kitchen Hood Exhaust Systems	1	46
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression	No Fireplace	
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	~~3~~ 3	138
OTHER ~~Per FPE Fee~~ 1		~~46~~

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 219
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ ~~219~~

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/01/97
Date Issued
Control #
Permit # 2270-97

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

Block 563 Lot 68-72
Work Site Location 437 South Community DR

Owner in Fee Sam Reynolds
Address 63 Channel DR
Brick 08723
Tele. [redacted]
Contractor Kristi Shay cont.
Address 63 Channel DR
Brick NJ.
Te [redacted]
Lic. No. 26391
Federal Emp. No. _____ or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class. Present _____ Proposed 5B
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: Utility Room
Total Est. Cost of Fire Prot. Work $ 1500 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 7-30-97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

Sam Reynolds
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work NEW R-3
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision 2 STORY
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	6	
Heat Detectors		35
TOTAL	6	
Stand Pipes		
Kitchen Hood Exhaust Systems	1	46
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	3	138
OTHER Fee Exempt	1	~~46~~

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 219
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ ~~265~~

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/01/97
Date Issued
Control #
Permit # 2270-97

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

Block 563 Lot 68-72
Work Site Location 457 South Community DR

Owner in Fee Samuel Reynolds
Address 63 Channel DR
[redacted]
Contractor Nielsen Plumbing
Address 241 Cherry Quay Rd Brick N.J. 08723

Tele. (908) 920-1695
Lic. No. 8568
Federal Emp. No. _____ or Social Security N [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer 4" Private Septic _____
Water Service Size 3/4 Public Water 3/4" Private Well _____
Estimated Cost of Plumbing Work $ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[Y] Plumb. Plans Approved
Date: 7-30-97
Approved by: DN

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By: DN
Date: 1-12-98

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			8-26-97	DN
Water			10-24-97	DN
Sewer			10-29-97	DN
Fixtures	8-28		1-12-98	DN
Gas Equipment			8-26-97	DN
Gas Piping			8-26-97	DN
Solar				
TCO			8-28	

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 and perform the work listed on this application.

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
	Urinal/Bidet	
1	Bath Tub	10
2	Lavatory	20
	Shower	
	Floor Drain	
1	Sink	10
1	Dishwasher	10
	Drinking Fountain	
1	Washing Machine	10
2	Hose Bibb	20
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	35
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 195

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/01/97
Date Issued
Control #
Permit # 2270-97

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

Block 563 Lot 68-72

Work Site Location 437 South Community DR

Owner in Fee Samuel Reynolds

Address 63 Channel DR
Brick NJ 08723

Tel. [redacted]

Contractor Nielsen plumbing

Address 241 Cherry Quay Rd Brick N.J. 08723

Tele. (908) 920-1695

Lic. No. 8568

Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R

Building Sewer Size 4" Public Sewer 4" Private Septic _____

Water Service Size 3/4 Public Water 3/4" Private Well _____

Estimated Cost of Plumbing Work $ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[Y] Plumb. Plans Approved
Date: 7-30-97
Approved by: SJN

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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 and perform the work listed on this application.

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
	Urinal/Bidet	
1	Bath Tub	10
2	Lavatory	20
	Shower	
	Floor Drain	
1	Sink	10
1	Dishwasher	10
	Drinking Fountain	
1	Washing Machine	10
2	Hose Bibb	20
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	35
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____

Paid [ ] Check # _____ Minimum Fee $ _____

DCA Training Fee $ _____

Collected by: _____ TOTAL $ 145

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: July 24, 1997 1997 - 2112

Block 563 Lot 68 - 72 Zone R-7.5

Property Address: 437 South Community Drive

Owner: Sam Reynolds (Phone): [redacted]

Applicant: Same (Phone): Same

Mailing Address: 63 Channel Drive, Brick, N.J. 08723

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): Two-story single-family dwelling; 26' high.

Conditions: House must be setback at least 25' from the property line at each street, 6' from the side property lines, and 15' from the rear property line.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of 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 Kinnevy
Zoning Officer

INSPECTOR: Nick Murgolo

DATE: 3/27/98

JOB:

SECTION:

TYPE OF WORK: Final

WEATHER: Sunny

LOCATION: 864 Community Dr

TEMPERATURE: 60°

BLOCK: 563 LOT: 68-72

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	X	
2. Grading	X	
3. Sidewalk	N/A	
4. Road Pavement	X	
5. Landscaping & Sodding	X	
6. Clean-up Procedures	X	
7. Note on going construction in immediate area	X	
8. Safety	X	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 3/27/90

NAME MR. SAM REYNOLDS

ADDRESS 63 CHANNEL DRIVE BRICK, NJ 08724

PROPERTY LOCATION 437 SOUTH COMMUNITY DRIVE

Account No. 1032009 Block 563 Lot 68

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evans

SIZING FOR WATER AND SEWER SERVICES

Property Owner Reynolds Date 7-30-97

Property Address 437 S. Community Block 563 Lot 68

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1: Water Closet	2	( ) 6	( )
2. Lavatory	2	( ) 2	( )
3. Bath Tub	1	( ) 2	( )
4. Shower Stall	1	( ) 2	( )
5. Kitchen Sink	1	( ) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	( ) 1	( )
9. Washing Machine	1	( ) 2	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 17

Gallons per minute 12

Size of Service 3/4

Date: 7-30-97

Approved: Daniel Newman Jr.
Brick Township Plumbing Inspector

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: 7-31-97

JURISDICTION Building
(City, County, Township, etc.)

BUILDING LOCATION 437 S. Community Dr
(Street address)

BUILDING DESCRIPTION SFD

REVIEWED BY FF

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Does this House Have Off Basement?	
	No Basement	
	Called Left Messa	
	11:35 7/31/97	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60478-5795

06/93

190-31: Plot plan (Added 12-28-80 by Ord. No. 354-2P-80: amended 6-12-84 by Ord. No. 354-2XXX-84)

A. Except where approval has been obtained after application under Part 3 or 4 of this chapter, no principal building or addition to a principal building shall be constructed in the Township of Brick except after approval by the Township Engineer of a plot plan to be submitted in accordance with the folowing specifications.

(1) Such plot plan shall be a survey of the lot in question showing the existing topography of the lot and the proposed location and wlevation of the building and/or addition and the proposed grading. Existing topography and proposed grading shall a a minimum, consist of elevations at the property corners and the corners of the proposed building and/or addition. In the event that there is more than a two-foot difference in lot elevations, contours at one-foot intervals shall be shown. The existing topography of the lots immediately adjacent to the lot in question and the road fronting such lot shall also be indicated on the plot plan.

(2) Such plot plan shall include the following additional information:

(a) The width and type of pavement on the road in front of the proposed building and/or addition.
(b) The proposed method of drainage from the property in question.
(c) The proposed garage and first floor elevations.

(3) Plot plans must be prepared by a licensed engineer or land surveyor and shall bear his signature and seal. Surveys and topographical information certified to Nationsl Geodetic Vertical Datum must be prepared by a sicensed land surveyor and shall bear his signature and seal.

(4) Building or additions in a flood hazard area shall be in compliance with the National Flood Insurance Program (NFIP) as regulated by Federal Emergency Management Agency (FEMA).

B. Exemption from the plot plan requirement for an addition is subject to the approval of the Township Engineer, said exemption to be contingent upon:

(1) Proof that the subject addition is not in a flood hazard area.

(2) A survey locating the existing dwelling.

(3) A site inspection by a Brick Township Engineering Inspector to verify that the proposed addition will not create a drainage problem.

C. Petitions for plot plan exemptions are to be made to the Township Engineer in writing.

MAIL

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Sam Reynolds PHONE NO. 477-4665 (bus.)

ADDRESS: 63 Channel Dr. _____ (home)

Brick, NJ 08723

PROPERTY IN QUESTION: ADDRESS So. Community Dr. & Applegate

BLOCK(S) 563 LOT(S) 68-72

BTMUA ACCOUNT NO. 1032009 TAX MAP DRAWING NO. 36A

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS: **INITIAL SERVICE CHARGES**

WATER South Community Drive (STREET) 3/4" 1761.00 1" 3082.00

SEWER South Community Drive (STREET) 2326.00

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED.

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES.

DATE: July 7, 1997 SIGNED: Faiz M. S. Siddiqui

pae

NOTE: STATEMENT GOOD FOR ONE YEAR.

PLOT PLAN REVIEW

CHECK LIST

BLOCK 563 LOT 68-72 DATE RECEIVED 7-17-97

ADDRESS 6 South community DR

APPLICANT SAM Reynolds PHONE [redacted]

CONTRACTOR Kristi Shay Const. PHONE

ADDRESS 63 Channel DR SUBDIVISION

TYPE OF WORK New 2 Story single family ZONING APPROVAL

REVIEW FLOOD ZONE IDENTIFIED BY FIRM ELEV.

PANEL # MAP# DATED

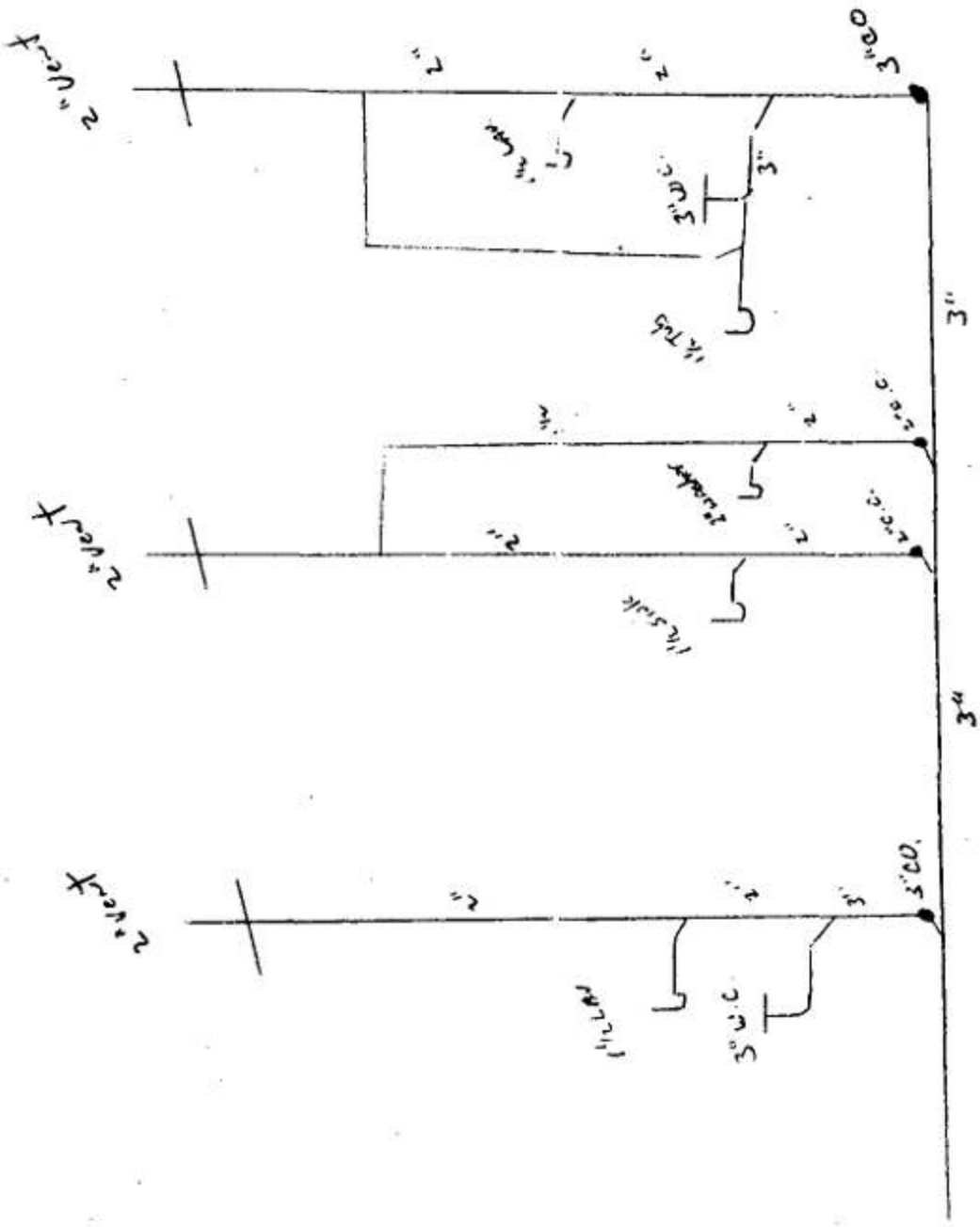
FEMA LETTER RECEIVED YES NO

	SHOWN	ACCEPTED	DEFICIENT	N/A
1. SITE PAN &/OR SURVEY SIGNED & SEALED		✓		
2. DRAW TO A SCALE OF NOT LESS THAN 1"-100'		✓		
3. EXISTING ELEVATIONS (NGVD IN FLOOD ZONES		✓		
4. SIDE PROPERTY LINES & DWELLING & PROP. CORNERS		✓		
5. STREET GUTTER, TOP CURB & CENTER LINE ELEV.		✓		
6. CONTOURS: 1' INCREMENTS/IF ELEV. FLUCTUATES 2'				✓
7. ADJACENT DWELLING CORNERS		✓		
8. PROPOSED GRADING		✓		
9. GARAGE/1ST FLOOR/CRAWL SPACE/BASEMENT ELEV.		✓		
10. LOT GRADING/FILLING & FINAL ELEVATION		✓		
11. METHOD OF DRAINING				✓
12. FLOOD OPENINGS SIZED & PLACED				✓
13. DRIVEWAY WIDTH/TYPE & DRAINAGE		✓		
14. DIMENSIONS/ACREAGE OF PARCEL IN QUESTION		✓		

		SHOWN	ACCEPTED	DEFICIENT	N/A
15.	LOCATION OF FLOODWAY BOUNDARY/HAZARD AREA				✓
16.	FRESH WATER WETLANDS		✓		
17.	PARKING AREAS		✓		
18.	FACILITY & CONNECTIONS: WATER/SEWER/GAS/ELEC.		✓		
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS				✓
20.	STREETS		✓		
21.	CURBING				✓
22.	DESCRIPTION OF ALTERATIONS/REL. OF WATERCOURSE				✓
23.	PRIOR APPR:ARMY CORP/D.E.P./WETLANDS, ETC.				✓
24.	DAM SAFETY				✓
25.	SOIL CONSERVATION SERVICE				✓
26.	PLANNING BOARD		✓		

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE	7/28/97	CLC ✓	
REVISED			
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER			
REVISED			
REVISED			
REVISED			

NIELSEN
Plumbing & Heating
241 Cherry Quay Road, Brick, New Jersey 08723 · 908-920-1695



NIELSEN
Plumbing & Heating
241 Cherry Quay Road, Brick, New Jersey 08723 • 908-920-1695

BRICK TOWNSHIP
HEATING & AIR CONDITIONING
465 Brick Blvd.
Brick Township, NJ 08723

	Htg	Clg
Outside db	0	95
Inside db	70	75
Design TD	70	20
Daily Range	-	M
Inside Humid.	-	50
Grains Water	-	31

Const. Quality a
# of Fireplaces 1

HEATING EQUIPMENT

Make
Model
Type
Efficiency / HSPF 0.0
Heating Input 0 Btuh
Heating Output 0 Btuh
Heating Temp Rise 0 Deg F
Actual Heating Fan 1077 CFM
Htg Air Flow Factor 0.018 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT

Make
Model
Type
COP/EER/SEER 0.0
Sensible Cooling 0 Btuh
Latent Cooling 0 Btuh
Total Cooling 0 Btuh
Actual Cooling Fan 1077 CFM
Clg Air Flow Factor 0.039 CFM/Btuh

Load Sensible Heat Ratio 91

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
LAUNDRY ROOM	59	6333	1155	115	45
POWDER ROOM	28	2022	1123	37	43
KITCHEN	189	4559	2620	83	101
DINING ROOM	151	8176	4165	148	161
LIVING ROOM	335	13067	4366	237	168
FAMILY ROOM	192	8034	4857	145	187
BATHROOM	54	2232	1330	40	51
MASTER BEDROOM	229	5706	3566	103	137
BEBROOM 2	189	3879	2158	70	83
BEDROOM 3	154	3633	2052	66	79
HALL	110	1851	552	33	21
Entire House		59492	27945	1077	1077
Ventilation Air		0	0		
Equip. @ 1.00 RSM			27945		
Latent Cooling			2824		
TOTALS		59492	30770	1077	1077

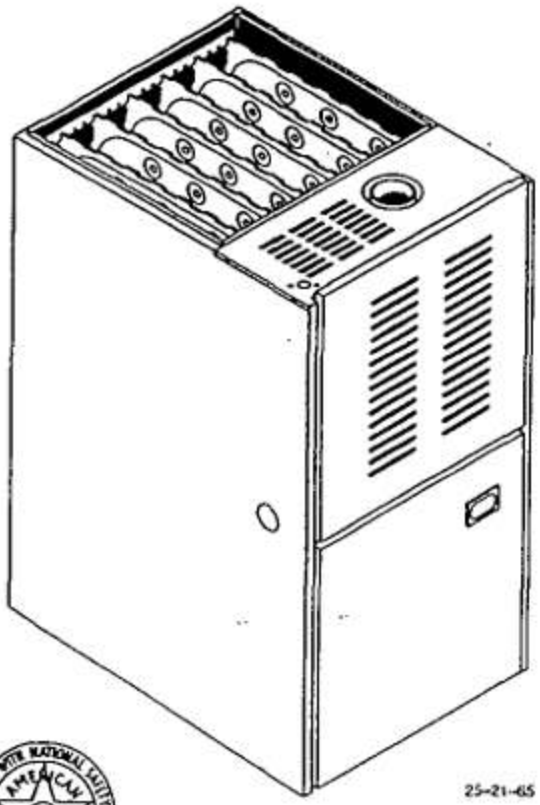
Comfortmaker®
Air Conditioning & Heating

GNJ

SPECIFICATIONS
Upflow/Horizontal
Gas Fired Furnace

Standard Equipment

- HSI Radiant Sense ignition device.
- Induced draft combustion blower.
- RPJII aluminized steel heat exchanger.
- 20 year limited heat exchanger warranty.
- Vertical category I and horizontal through the wall category III venting when vented in accordance with installation instructions and local codes.
- In-shot monoport. Aluminized steel burners.
- Multispeed, permanently lubricated PSC motors. Dynamically balanced. Heavy duty motor brackets. Resilient mounted motors.
- 40VA transformer.
- Color coded wiring.
- Low voltage terminal board.
- AGA and CGA design certified.
- 100% safety shut off. Redundant gas valve.
- High temperature limit control.
- Flue blockage pressure switch.
- Blower door interlock switch.
- May be installed as an upflow furnace or as a horizontal furnace.
- Compact design for minimum clearances.
- Convertible to (LP) Propane Gas.
- 80% AFUE



25-21-65

Design Certified by A.G.A.

Warranty (Limited)

Standard warranty extended to the original purchaser (homeowner), is a limited 20 year warranty on the primary heat exchanger. Limited warranties applicable to the equipment are set forth in the manufacturer's published warranty statement, which is available from our office (address on this literature) and from local distributors for our product in your area.

INTER-CITY PRODUCTS CORPORATION (USA)
P.O. BOX 3005
LAVERGNE, TENNESSEE 37086-1985

PRINTED: OCTOBER, 1995
SUPERSEDES AUGUST, 1995

MODEL NUMBER IDENTIFICATION GUIDE

MODEL NUMBER	G	N	J	050	N	12	A

PRODUCT GROUP
G = Gas

FUEL
U = Upflow
D = Downflow
H = Horizontal
N = Upflow / Horizontal
C = Downflow / Horizontal

SERIES

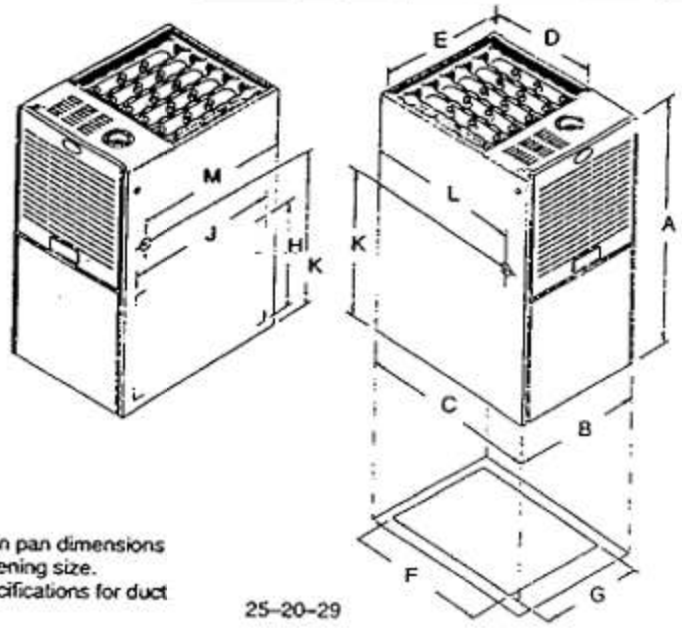
MARKETING REVISION

NOMINAL AIR FLOW (Tons)
12 = 1200
16 = 1600
20 = 2000

VOLTAGE
N = 115V 1 Ph

NOMINAL INPUT MBTUH

UNIT DIMENSIONS



NOTE: Evaporator "A" coil drain pan dimensions may vary from furnace duct opening size. Always consult evaporator specifications for duct size requirements.

25-20-29

Unit is designed for bottom return or side return.

Return air through back of unit is NOT allowed.

Unit Dimensions	A	B	C	D	E	F	G	H	J	K	L	M
050N12A & 075N12A	40	15-1/2	28-1/2	18-1/2	14	23-1/8	12-5/8	12-1/4	22-1/2	28-1/4	26	23-7/8
075N16A	40	19-1/8	28-1/2	18-1/2	17-5/8	23-1/8	14-3/4	14-1/2	22-1/2	28-1/4	26	23-7/8
100N12A, 100N16A	40	19-1/8	28-1/2	18-1/2	17-5/8	23-1/8	14-3/4	14-1/2	22-1/2	28-1/4	26	23-7/8
100N20A	40	22-3/4	28-1/2	18-1/2	21-1/4	23-1/8	18-3/4	14-1/2	22-1/2	28-1/4	26	23-7/8
125N20A & 150N20A	40	22-3/4	28-1/2	18-1/2	21-1/4	23-1/8	18-3/4	14-1/2	22-1/2	28-1/4	26	23-7/8

ALL DIMENSIONS IN INCHES

Unit Dimensions	A	B	C	D	E	F	G	H	J	K	L	M
050N12A & 075N12A	1.02M	394	724	470	356	587	321	311	572	718	660	606
075N16A	1.02M	486	724	470	448	587	375	368	572	718	660	606
100N12A, 100N16A	1.02M	486	724	470	448	587	375	368	572	718	660	606
100N20A	1.02M	578	724	470	540	587	476	368	572	718	660	606
125N20A & 150N20A	1.02M	578	724	470	540	587	476	368	572	718	660	606

ALL DIMENSIONS IN MILLIMETERS (except where specified)

ACCESSORIES

Furnace Model Number	Nat. To LP Kit	LP High Alt.	Twinning Kit	High Alt. Nat. Gas Kit	LP To Nat. Gas Kit	20x25 Duct Stand-off with Filter
GNJ050N12A GNJ075N12A GNJ075N16A GNJ100N12A GNJ100N16A GNJ100N20A GNJ125N20A GNJ150N20A	NAHL001LP	NEW KIT REQUIRED NAHL001HL	8896023	NEW KIT REQUIRED NAHL001HG	NAHL001NG	NAHA001TK1

Certificate of Participation

in the New Home Warranty Security Fund

Community Affairs

Owner ☐ **Check if for Common Elements***

1

Name of Owner who will be first resident. **When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

Registered Builder-Warrantor**

2

Name

Street and Number (Mailing Address)

City State Zip Code

Phone Number ( )

NJ Builder Registration Number

Print Builder Name

Registered Builder's Signature

***Where title is transferred, the seller must be the registered builder and warrantor.*

New Dwelling Location

3

Street Name and Number

Building Number Unit Number Total Number of Units in Building

City Zip Code

Block Number Lot Number

Municipality County

Commencement Date of Warranty

4

Commencement Date*** Month Day Year

****The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5

a.

Selling Price**** $

Amount of Premium $

(Rate ____ × Selling Price)

*****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable.*

A premium payment is not required if this certificate is for common elements in a condominium development.

b.

☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

For Office Use Only

Total Contract Price

Amount of Premium $

(1.25 × Total Contract Price × Rate ____)

FHA Mortgage

6

☐ Check if FHA Mortgage

FHA Case Number ☐☐☐–☐☐☐☐☐☐

☐ Check if VA Mortgage

VA Case Number

Exclusions

7

☐ Check if exclusion sheet is included.

Building Type (check one)

8

☐ Single family detached (101)
☐ Townhouse (102)
☐ Two Family (103)
  ☐ Side by Side
  ☐ Top/Bottom
☐ Condominium—*three or four units in each building* (104)
☐ Condominium—*five or more units in each building* (105)

Construction Type (check one)

9

☐ Premanufactured (industrial or modular) (M)
☐ Conventional Construction (C)

Stories

10

Number of stories

Owner Type (check one)

11

☐ Condominium or Cooperative (C)
☐ Homeowners' Association—fee simple (H)
☐ No Homeowners' Association—fee simple (N)

PRED

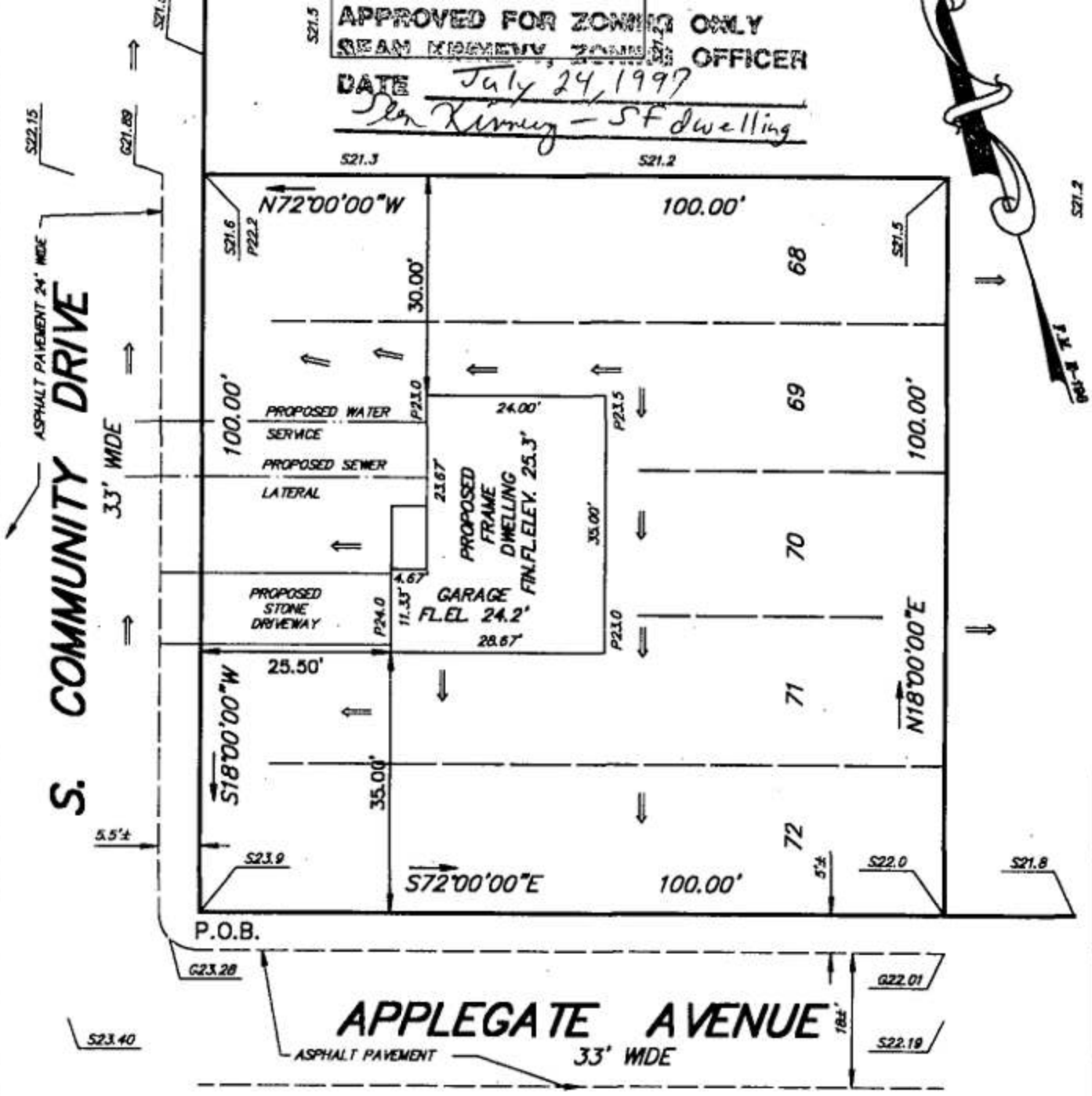
12

PRED Registration or Exemption Number (R or E)

Note: See reverse side for assignment of property.

Note to Owner:

VALIDATION STAMP



LOT AREA = 10,000 SQ.FT.
ALSO KNOWN AS LOTS 68,69,70,71 & 72
BLOCK 563 ON THE BRICK TOWNSHIP TAX MAP.

LEGEND:
S 0.00 = Spot Elevation
p 0.00 = Proposed Fin. Grade
TC 0.00 = Top of Curb Elev.
G 0.00 = Gutter Elev.
⟵ = Direction of Runoff
Elevations refer to N.G.V.D. 1929

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

BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY
Filed Map No. E-198 DATE FILED 11/30/28

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

MORRIS & GLASGOW, INC.
ENGINEERING & SURVEYING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
908-899-0965

7/15/97

ROBERT H. MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 30090
New Jersey Lic. Professional Planner No. 4266