

2 plots furnace space ADD 1200
bk
SUL. TOWNSH. CK

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT APPLICATION

RECEIVED

MAY 6/85

BUILDING

I. IDENTIFICATION

1. Proposed Work at: 1674 W. Princeton Ave
2. Owner Name: Carolyn Groel
Address: 1676 W. Princeton Ave
3. Principal Contractor: Carolyn Groel
Address: 1676 W. Princeton Ave
- Lic. No. or Builder Reg. No. 09329 Federal Emp. No. _____
4. Architect or Engineer: Yock Schenke Tel. (516) 742-1780
Address: 226 7th St Garden City, NY
5. Responsible Person in Charge of Work: Carolyn Groel 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: _____

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☒ Building/Structural	\$1700.00
2. ☒ Plumbing	1500.00
3. ☒ Electrical	1500.00
4. ☒ Fire Protection	10.00
5. ☐ Other _____	
6. ☐ Other _____	

50,271.59 TOTAL COST ~~24,000.00~~ X
20,010.00
30,261.59

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, Infirmarys (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: 1
15. Height of Structure: 15 Ft.
16. Area—Largest Floor: 221 Sq. Ft.
17. Bldg. Area—All Fls.: 1495 Sq. Ft.
18. Volume of Structure: 36400 Cu. Ft.
19. Total Land Area Disturbed: 1695 Sq. Ft.

LDS BR 10208863

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

Carolyn A. Shiel

DATE

5/6/85

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

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	Receiver	Approval Date	Reviewer	Comments
☒	BUILDING			5-17-85	ED	
	Footings/Foundations					
	Framing					
	Architectural					
	Other <u>mm</u>			5/21/85	JPK	44A-72 AC 44A-72 AC
☒	PLUMBING	5/20/85		5-20-85	ED	
☒	ELECTRICAL			5-21-85	JPK	
☒	FIRE PROTECTION			5-21-85	JPK	NO AS NOTED
☒	OTHER <u>Eng</u>			5/23/85	SCL	

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
☒	ALL CONSTRUCTION			
☒	BUILDING		10-8-85	
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
☒	PLUMBING		9-26-85	Pay 500 to State
☒	ELECTRICAL		9-26-85	JPK
☒	FIRE PROTECTION		10-8-85	Q.A.
☒	OTHER <u>Eng</u>		10-7-85	M.T.

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. 3869 10-8-85
- ☐ 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	\$ 254.8
PLUMBING	100.0
ELECTRICAL	.
FIRE PROTECTION	.
OTHER	.
SUBTOTAL	\$ 354.8
- LESS: 20% of subtotal (when plan review performed by state agency)	
	(35.4)
D.C.A. TRAINING FEE .0006 x 36400	21.8
CERTIFICATE OF OCCUPANCY	53.2
OTHER	.
OTHER	5.0
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 470.3
DATE <u>5-23-85</u> Collected By _____	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
CERTIFICATE OF OCCUPANCY <u>10-8-85</u>	5.0
OTHER <u>Petugas (Palo)</u>	5.0
OTHER	.
- LESS: Refunds	.
TOTAL COLLECTED AFTER PERMIT ISSUED	\$ 5.0

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	\$.

TOWNSHIP OF BRICK



CERTIFICATE

CERT. NO.	3869
DATE ISSUED	10-8-85
Block	835-10 Lot 13,14
Subdivision	Laurelton Park

IDENTIFICATION

Owner Carolyn Groel Agent _____
 Address 1676 West Princeton Ave. Address _____
Brick, NJ
 Tel. (____) _____ Tel. (____) _____
 Work Site Address _____ Lic. No. _____
1674 West Princeton Ave. Federal Emp. No. _____

PAYMENTS

Fees Remitted \$ _____
☐ Check No. _____
☐ Cash _____
☐ Other _____
 Collected By: _____
 Date: _____

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ 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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK:

single family dwelling

USE GROUP R-3 FIRE GRADING 1 hour

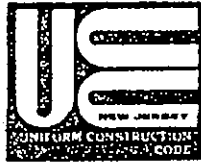
MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE single family dwelling

FINAL COST OF CONSTRUCTION: \$ 45,000.

Arthur J. Cioffi
 CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block _____ Lot _____
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:

Name Carolyn Groel
Address 1676 W. Princeton Ave
Town/State/Zip Brick 08724

CONSTRUCTION LOCATION:

Address 1674 W. Princeton Ave
Brick

Te

ACTION

- ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: \$ 45,000

(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

- ☒ Owner
☐ Agent

OWNER/AGENT

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 2869
DATE ISSUED 5-23-85
REVISION DATE _____
Block 835-10 Lot 1374
Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When-changing contractors, notify this office

Owner Carolyn Grevel

Contractor Carolyn Grevel

Address 1676 W. Princeton Ave

Address 1676 W. Princeton Ave

Back

Brick

Tel. () _____

Tel. () _____

Work Site Address 1674 W. Princeton

Lic. No. 09329 - April 30, 1987

File

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.

Single Family
1 car garage
3 Bedrooms
Front to Back ranch

TYPE OF WORK:

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

Fee Basis

Fee

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

Total Building Area—All Floors 1995 Sq. Ft.

Height of Structure 15 Ft.

Volume of Structure 2250 Cu. Ft.

Area—Largest Floor 221 Sq. Ft.

Total Land Area Disturbed 1695 Sq. Ft.

Estimated Cost of Building Work: \$ _____

D. COMMENTS

☒ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE _____

JOB CONDITION/COMMENTS[illegible]

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW		Date	Initials
☐	No Plans Required		
☒	All	5-17-75	ES
☐	Footings/Foundation		
☐	Frame		
☐	Architectural		
☐	Other		
INSPECTIONS FINAL			
☒	CO	☐	CCO
		☐	CA
Date:	10-8-75		
Inspected By:	Edward J. [Signature]		

INSPECTIONS			
Type	Failure Dates		Approval Date
☐ Footing/Foundation			
☐ Slab			
☐ Frame			
☐ Architectural			
☐ Insulation			
☐ Finishes			
☐ Energy			
☐ Mechanical			
☐ TCO			
☐ Other			



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 3869
DATE ISSUED 5-23-85
REVISION DATE _____
Block 835-10 Lot 13-14
Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner

Carolyn Goel

Contractor

Carolyn Goel

Address

1676 W. Princeton Ave

Address

1676 W. Princeton AveBRICKBRICK

Tel. () _____

Work Site Address

1674 W. Princeton Ave

P.C. No.

09329 - April 30, 1987BRICK

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 SYSTEMSTYPE: ☐ Dry Chemical ☐ CO₂☐ Halon ☐ Foam☐ Other _____Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARMTYPE: ☐ Manual ☒ Automatic FEE _____Supervision Type: ☐ Local ☒ Central☐ Proprietary ☒ Remote LocationEstimated Cost of Work: \$ 10.00**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) \$ _____

C. FIRE PROTECTION CHARACTERISTICSX USE GROUP _____ Present R-3 ProposedHeating Systems — Location: BASEMENTType: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank — Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: \$ 10.00**D. COMMENTS**NEW HOUSE R-3☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

5-9-85

Review: APP AS NOTE

① I HR Rated Garage

② smoke Det - Base

10-1-85

PRIVATE

① NO Elect For Det

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved

Date: 5-9-85

Approved By: *Mike Clayton*

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

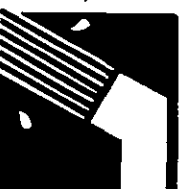
Date: 10/8/85

Inspected By: *C. Carullo*

INSPECTIONS

Type	Failure Date	Approval Date
☐ Fire Suppression Test		
☐ Fire Alarm Test		
☐ Smoke Test		
☐ TCO		
☒ Other <i>Final</i>	10-1-85	10/8/85
☐ Other		
☐ Other		
☐ Other		

TOWNSHIP OF BRICK

PLUMBING
SUBCODE
TECHNICAL SECTION

PERMIT NO. 38867
 DATE ISSUED 5-23-85
 REVISION DATE _____
 Block 835-10 Lot 13-14
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner CAROLYN GroelContractor CAROLYN GroelAddress 1676 W. Princeton Ave Address 1676 W. Princeton Ave

Brick

Brick

Tel. _____

Work Site Address 1674 W. Princeton AveLic. 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	Fee
1	Water Closer/Bidet/Urinal	\$ 10	7	Garbage Disposal	\$ 15	COLUMN 1 \$ 53
2	Bathub	\$ 10		Air Conditioner Unit		COLUMN 2 \$ 45
3	Lavatory/Sink			Indirect Connection		SUBTOTAL \$ 100
4	Shower/Floor Drain	\$ 5		Sewer Ejector		Maximum Plumbing Fee (if applicable) \$ _____
5	Washing Machine	\$ 5		Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ 100
6	Dishwasher	\$ 5		Interceptor		
7	Commercial Dishwasher	\$ 5		Backflow Device		
8	Water Heater			Reduced Pressure Backflow Device		
9	Domestic Boiler/Furnace	\$ 15	8	Vent Stack	\$ 10	
10	Steam Boiler			Solar System		
11	Water Util. Connection			Other <u>Cbk</u>	\$ 15	
12	Sewer Util. Connection			Other <u>Sink</u>	\$ 5	
13	Hose Bibb			Other _____		
14	Water Cooler			Other _____		
	COLUMN 1 \$ 35			COLUMN 2 \$ 45		

C. PLUMBING CHARACTERISTICS

USE GROUP: _____

Present _____

Proposed _____

Drainage - Material 4" PVC Size 4"Size 4"Building Sewer - Material PVC Size 4"Size 4"Water Service - Material BTM Size 3"Size 3"Venting - Material 3" PVC Size 3"Size 3"Estimated Cost of Plumbing Work: \$ 1500.00

D. COMMENTS

☒ Partial Releases

☐ Prototype Processing

**PLUMBING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 516-03
DATE ISSUED _____
REVISION DATE 2-1-85
Block 255 Lot 1314
Subdivision _____

When changing contractors, notify this office

Owner WILLIAM J. BOST Contractor WILLIAM J. BOST
Address 1716 W. 11th St. Address 1716 W. 11th St.
City OKLA City OKLA
Tel. [REDACTED]
Work Site Address 1614 W. 11th St. Lic. No./Bus. Permit [REDACTED]
City OKLA Federal Emp. No. [REDACTED]

**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

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
<u>EX</u>	Water Closet/Bidet/Urinal	\$ _____	<u>N/O</u>	Garbage Disposal	\$ _____
_____	Bathrub	_____	<u>N/O</u>	Air Conditioner Unit	_____
<u>C/O</u>	Lavatory/Sink	_____	_____	Indirect Connection	_____
<u>N/O</u>	Shower/Floor Drain	_____	_____	Sewer Ejector	_____
_____	Washing Machine	_____	_____	Grease Trap	_____
<u>I/O</u>	Dishwasher	_____	_____	Interceptor	_____
_____	Commercial Dishwasher	_____	_____	Backflow Device	_____
<u>I</u>	Water Heater	_____	_____	Reduced Pressure	_____
<u>I</u>	Domestic Boiler/ Furnace	_____	_____	Backflow Device	_____
_____	Steam Boiler	_____	<u>C/O</u>	Vent Stack	_____
_____	Water Util. Connection	_____	_____	Solar System	_____
_____	Sewer Util. Connection	_____	_____	Other <u>GAS</u>	_____
_____	Hose Bibb	_____	_____	Other	_____
_____	Water Cooler	_____	_____	Other	_____
_____		_____	_____	Other	_____

COLUMN 1 \$ _____
COLUMN 2 \$ _____

Fee

COLUMN 1 \$ _____

COLUMN 2 \$ _____

SUBTOTAL \$ _____

Maintenance Plumbing Fee
(if applicable) \$ _____

Total Plumbing Fee
(Greater of Minimum
or Subtotal) \$ _____

Tp Test Sheet #5

Proposed

Drainage —	Material	Size
Building Sewer—	Material	Size
Water Service—	Material	Size
Venting —	Material	Size
Estimated Cost of Plumbing Work: \$		

☐ Partial Releases

Prototype Processing

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

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

CERTIFICATE OF COMPLIANCE

Date..... September 30, 1985.....

NAME..... Groel, Carolyn.....

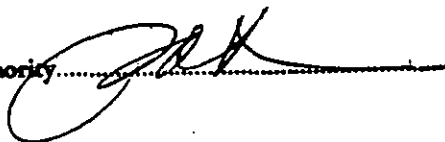
ADDRESS..... 1676 W. Princeton Ave. West..... Brick, NJ.....

PROPERTY LOCATION..... 1674 W. Princeton Ave.....

Account No..... L351203..... Block..... 835-10..... Lot..... 13-14.....

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.....

A handwritten signature in black ink, appearing to be "JH", is written over a horizontal line that follows the text "For the Authority.....".



DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING
BUREAU OF CONSTRUCTION CODE ENFORCEMENT
NEW HOME WARRANTY PROGRAM
CN 805
Trenton, New Jersey 08625

CERTIFICATE OF PARTICIPATION
in New Home Warranty Security Fund

PURCHASER

1 *Edward & Margaret Kjersgaard*
NAME
4 Manton Ave
STREET AND NO.
East Brunswick, NJ 08816
CITY STATE ZIP

NEW DWELLING UNIT LOCATION

3 *1674 W Princeton Ave*
STREET NAME AND NUMBER
Brick NJ 08724
CITY ZIP
835.10 13-14
BLOCK NUMBER LOT NUMBER
Brick Ocean
MUNICIPALITY COUNTY

COMMENCEMENT DATE OF WARRANTY

4 month day year
COMMENCEMENT DATE *Oct. 15, 1985*
(The date of closing or first occupancy, whichever occurs first.)
NOTE: Any change in the commencement date must be reported to the Bureau.

BUILDER

2 *Carolyn A Groel*
NAME
1676 W. Princeton Ave
STREET AND NO.
Brick NJ 08724
CITY STATE ZIP
PHONE NUMBER: [REDACTED]
SELLING PRICE: *\$100,000.*
Amount of Premium *\$400.00*
(.4 x 1% x Selling Price)
N.J. BLDR. REGISTRATION # *09329* (April 30, 1987)
Carolyn A Groel
Registered Builder's Signature
*Any change in the selling price & premium must be reported to the Bureau along with supplemental payment if applicable.

MORTGAGEE INFORMATION

5 *NONE*
NAME OF MORTGAGEE
"Cash Transaction"
STREET AND NUMBER
CITY STATE ZIP

CHECK TYPE OF HOME:

SINGLE FAMILY ☒ TWO-FAMILY ☐ CONDOMINIUM ☐ TOWNHOUSE ☐

PURCHASER: If you disagree with any of the above information please notify this office in writing as soon as possible.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, Chapter 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years subject to the terms and conditions of the Act and Regulations.

NOTE: See reverse side in case of sale of property.

Charles M. Decker
Charles M. Decker, Chief
Bureau of Construction
Code Enforcement



VALIDATION STAMP
CERTIFICATE NUMBER
38296
AUG 20 85

PLEASE REMOVE ALL CARBON PAPER BEFORE RETURNING

MUNICIPAL COPY

SIZING FOR WATER AND SEWER SERVICES

Property Owner Carolyn A. Groel Date 5-15-85
 Property Address 1674 W. Princeton Ave Block 835-10 Lot 13-14
 Zoning R-75 ^{Single family} (approved Sect. 44A-72) Use-Group _____
 Contractor Carolyn Groel License No. Registration _____
 Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	<u>2</u>	() <u>6</u>	() <u>8</u>
2. Lavatory	<u>2</u>	() <u>2</u>	() <u>2</u>
3. Bath Tub	<u>1</u>	() <u>2</u>	() <u>2</u>
4. Shower Stall	_____	() _____	() _____
5. Kitchen Sink	<u>1</u>	() <u>2</u>	() <u>2</u>
6. Service Sink	_____	() _____	() _____
7. Laundry Tray	_____	() _____	() _____
8. Dishwasher	<u>1</u>	() <u>1</u>	() <u>1</u>
9. ^{hook-up} Washing Machine	<u>1</u>	() <u>3</u>	() <u>3</u>
10. Urinal	<u>0</u>	() _____	() _____
11. Floor Drain	_____	() _____	() _____
12. Drinking Fountain	<u>0</u>	() _____	() _____
13. Air Conditioner (water cooled)	_____	() _____	() _____
14. Dental Unit	_____	() _____	() _____
15. Lawn Sprinkler, No. of Heads	<u>0</u>	() _____	() _____
16. Fire Sprinkler No. of Heads	<u>0</u>	() _____	() _____
17. _____	_____	() _____	() _____
18. _____	_____	() _____	() _____

Water \$ 15
 Sewer \$ 15

Total 16 18
 Gallons per minute 12.4
 Size of Service 3/4

Date: 5-15-85

Approved: [Signature]
 Brick Township Plumbing Inspector

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West
Brick, New Jersey 08724
(201) 458-7000

April 26
A. J. L. I. U.

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME 19. Israel TEL. NO. 16

ADDRESS 1676 W. Princeton Ave.

PROPERTY IN QUESTION:

BLOCK 835-10 LOT(S) 13-14 ADDRESS W. Princeton Ave.

BTMUA ACCOUNT NUMBER 8351203

SINGLE FAMILY RESIDENTIAL (IN EXISTING SUB-DIVISIONS ONLY)

1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION
FOR SERVICE IS REQUIRED.

WATER	SEWER
X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS:

WATER W. Princeton Ave
(STREET)

SEWER W. Princeton Ave
(STREET)

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.

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: 4-25-85

SIGNED: K. Donnell

NOTE: STATEMENT GOOD FOR
90 DAYS ONLY

45B

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.



Township of Brick

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

Office of
Division of Inspections

CHECK LIST

Re: Block 835-10 Lot 13-14

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

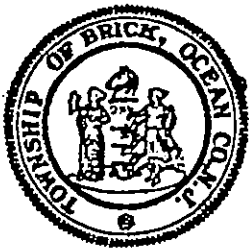
Administrative	_____
Zoning	_____
Engineering	_____
Building	_____
Plumbing	_____
Electric	_____
Fire	_____

Need Plumbing on this one
EQ

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official



Township of Brick

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

Office of Zoning, ext ~~XXX~~ 269
Division of Inspections

April 10, 1985

Carolyn A. Groel
1676 W. Princeton Ave.
Brick, NJ

Lots 13-14 in Block 835.10 at West Princeton Avenue
are/is in a R-7.5, Single-family residential zone, and

may be built upon in accordance with the following zoning requirements:

Minimum lot area	<u>7500</u> sq ft	Minimum front yard depth	<u>25</u> ft
Minimum lot width	<u>50</u> ft	Minimum side yard depth	<u>6</u> ft
Minimum lot depth	<u>150</u> ft	Minimum rear yard depth	<u>15</u> ft
Maximum lot coverage by building	<u>30%</u>	Maximum height	<u>35</u> ft

NOTE: All yard areas facing on a public street shall be considered as front yards and shall conform to the minimum front yard requirements for the particular zone. The rear yard shall be deemed to be the area opposite the narrower lot frontage and the remaining lot yard areas shall be determined to be the side yards.

IMPORTANT: For a lot to be buildable, it must meet all applicable township, county, state, and federal regulations.

The lot is buildable and meets the requirements of Section 44A-72 of the Township Code.

Very truly yours,

John Kinnevy
John Kinnevy
Zoning Officer

cc: DivInsp(3)

Proposal

Page No.

of

Pages

MOORE-JOHNSON
Heating - Air Conditioning
1209 Bay Avenue
POINT PLEASANT, NEW JERSEY 08742
(201) 899-4950

PROPOSAL SUBMITTED TO

DATE

STREET

CITY, STATE AND ZIP CODE

ARCHITECT

DATE OF PLANS

JOB PHONE

We hereby submit specifications and estimates for:

Heat loss 750 inside 0 outside
Doors & glass 272 x 72 - 19,590
Foundation 519 x 13.5 - 7,010
Walls 1112 x 4.5 - 5,010
Ceilings 1474 x 3 - 4,430
Total 36,040 B.T.U.

1" gas pipe
to furnace
added to 1/2"
Connections on fuel

Install (1) Ruud gas fired horizontal furnace model 4G-1D075CER
(75,000 B.T.U. input)

(1) Ruud cooling coil model RCHZ0375
(1) Ruud condensing unit model UACCO30JA } 2 1/2 TON A/C
(1) Honeywell clock thermostat / Heat cool sub base
Complete duct system in crawl space

LINE VOLTAGE AND GAS PIPING BY OTHERS
SKUTHE 90 S humidifier + \$200.00
Honeywell Electronic Air Cleaner + \$550.00

< HEAT only \$2810 - >

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Forty ONE Hundred Sixty

dollars (\$ 4160.00)

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance:

Signature

Signature

5/20/85

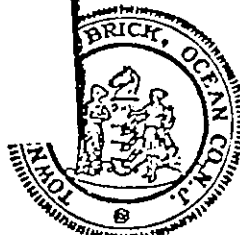
TOWN OF BRICK

COUNTY, NEW JERSEY

BRICK ROAD, BRICK TOWN, N.J. 08723

(201) 477-3000

one Determination



RECEIVED

MAY 08 1985

ENGINEERING

PILOT PLAN REVIEW CHECK LIST

BLOCK: 835-10 LOT: 13, 14

ADDRESS: 1674 W. Princeton Ave

5-5-85
✓

A. PLAN REVIEW

	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
1. Survey of Lot		/			
2. Width & Type of Road Pavement		/			
3. Existing Elevations:		/			
Property: Corners & Lines		/			
Street Centerline & Gutterline		/			
Contours (if required)					
4. Existing Topography on Adjacent Properties		/			
5. Proposed Grading:		/			
Garage & 1st floor elevations		/			
Lot Grading		/			
Method of Draining		/			
6. Certification Signed & Sealed		/			

B. FIELD CHECK (INSPECTOR) -

Signature

Comments

Signature

Comments

Dated

Dated

Accepted

Rejected

PLOT PLAN REVIEW CHECK LIST

FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

Signature _____ Dated _____ Accepted

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

S. Hallows 5/23/85 Accepted
Signature _____ Dated _____

Comments: *Owner agrees to*
Changes

Signature _____ Dated _____ Rejected

Comments: _____

E. C. O. APPROVALS

1. Field Inspection (Inspector)

M. J. Teller 10-1-85 Accepted
Signature _____ Dated _____

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

2. Temporary C. O. (Municipal Engineer)

Signature _____ Dated _____ Accepted

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

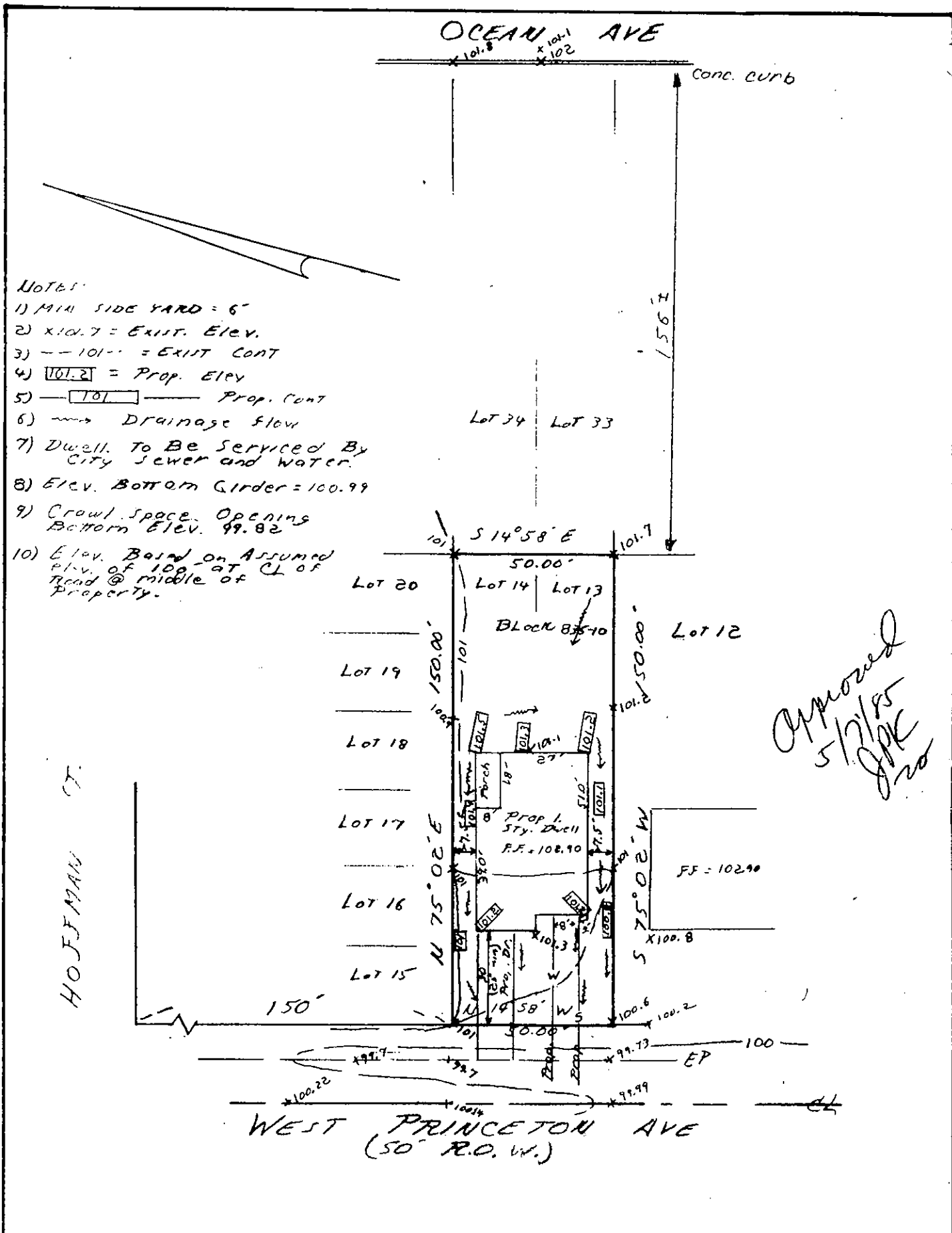
3. Final C. O. (Municipal Engineer)

M. J. Teller 10-1-85 Accepted
Signature _____ Dated _____

Comments: _____

Signature _____ Dated _____ Rejected

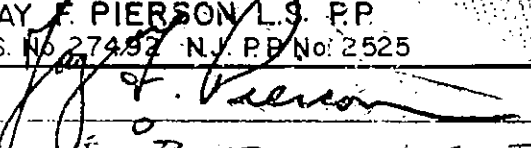
Comments: _____



PLOT PLAN

Lot(s) 12+14 Block 835-10 Tax Map Sheet Number 45B
 BRICK TWP. OCEAN County, New Jersey

 East Coast Engineering Inc.	Engineering · Surveying · Planning 1517 Route 37 East Toms River, New Jersey 08753 201 929-2970
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JAY F. PIERSON L.S. P.P. N.J. L.S. No. 27492 N.J. P.P. No. 2525 	WILLIAM A. BROOKS P.E. N.J. P.E. Lic. No. 07502				
JAY F. PIERSON L.S. P.P. N.J. L.S. No. 27492, 2525	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Scale 1" = 40'</td> <td style="width: 50%; padding: 2px;">Date 5-5-85</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Drawn C.R. 17</td> <td style="width: 50%; padding: 2px;">Job No. 85-4-33</td> </tr> </table>	Scale 1" = 40'	Date 5-5-85	Drawn C.R. 17	Job No. 85-4-33
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