BLOCK 664 LOT 1 ADDRESS (SITE) 730 Lynnwood Rd (755 Mantoloking Rd) PERMIT NO. 595-91

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Rectory (Church of the Visitation)
2. Name of Owner in Fee: Church of the Visitation Tel. ( ) 477-0028
   Address 730 Lynnwood Rd (755 Mantoloking Rd) Brick
   street municipality zip code
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Robert Frizell, Inc Tel. (609) 693 9679
   Address 7820 Dover Rd Bamber Lake, N.J. 08731
   License No. OR, if new home, Builder Reg. No. 00278 Exp. Date ____
   Federal Emp. No. 22-2025734 Social Security No. ____
5. Architect or Engineer Barlo Assoc Tel. (477) 7751
   Address 92 Manoloking Rd
6. Responsible Person In Charge of Work Bob Frizell Tel. (609) 693 9679

RECEIVED APR 1 1991 BUILDING

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	60,000
6. ☑ Fire Protection	
7. ☑ Plumbing	10,000
8. ☑ Electrical	10,000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	80,000

Comm. Alter

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
			4/24/91		9-4-91		
		4-16-91	4-24-91		10-11-91		
	4-24-91		4-24-91		10-15-91		

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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 600		
2. Electrical			
3. Plumbing	130. 75.		
4. Fire Protection			
5. Other			
6. Subtotal	$ 795		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 820		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 15' ft.	
3. Area—Largest Floor 5467 sq. ft.	
4. Building Area—All Floors 8520 sq. ft.	
5. Volume of Structure 73,966 cu. ft.	
6. Construction Classification 5-B	
7. Total Land Area Disturbed 100 sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

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: A-4 R-3
3. Change in Use Group, Indicate Former:

LDS BR 10408682

20C

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. 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 or 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 or 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 _____ Date _____

II. AGENT SECTION

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

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): th proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make th 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 Stat county, and local prior approvals have been given, including such certification as the construction official may requir

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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	
☐ Zoning Board			X	X	X	X	X	X	
☐ 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 Zoning	SK	4/12/91	alt.						
☐									
☐									

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

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

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4-26-91
Control #
Permit # 595-91

IDENTIFICATION Block 664 Lot 1

Work Site Location 730 Hamburg Ave / Manheim

Owner in Fee Manheim Township

Address 730 Hamburg Ave

Tele. ( )

Contractor Robert Fitzgerald Inc.

Address 2820 Hwy 70 E
Barber Lake NJ

Tele. ( )

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

Federal Emp. No. _____

or Social Security No. _____

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm. Alter

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

Estimated Cost of Work $ 80,000.

C.O. Cuoco
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	600.00	BUILDING 600.00
Plumbing	120	PLUMBING 120.00
Electrical		
Fire Protection	75	
Other	P/E 5	
Other		
DCA Training Fee	2.00	
Cert. of Occ.	P/P	
Other		CHECK
Total	720.00	
Check No.	4396	
Cash		
Collected By:		

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-26-91
Control #
Permit # 595-91

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

Block 664 Lot 1
Work Site Location 755 Manoloking Rd Brick
Owner in Fee Visitation Church
Address 755 Manoloking Rd Brick
Tele. (201) 477-0028
Contractor Bob Frizell
Address 2620 Dover Rd Bamber Lake, N.J.
Tele. (609) 693-9679
Lic. No. or Bldrs. Reg. No. 00278
Federal Emp. No. ~~22-7054094~~ 2025734 or Social Security No.

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 4/11/91

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Finish the basement of Rectory i.e.
Construct outside stair-entry
Construct Restrooms and other Rooms
Drop Ceiling, finish floor, Air Cond, Gas fired
Base bd Heat

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	4/24/91	RK	Footing			5/13/91	JC
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 5/13/91			Other				
Approved By: J. Chrusla			Final				

B. BUILDING CHARACTERISTICS

Use Group	Present ~~R-3~~ R-4	Proposed ~~A-4~~ R-3 & R-4
Constr. Class	Present 5	Proposed 5-B
No. of Stories	1	
Height of Structure	15' Ft.	
Area—Largest Floor	~~6173~~ 5447 Sq. Ft.	
Total Bldg. Area/All Floors	~~6173~~ 8520 Sq. Ft.	
Volume of Structure	73,966 (New) Cu. Ft.	(72,200 old)
Total Land Area Disturbed	0 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ ~~80000~~
2. Alteration $ ~~80000~~
3. Total (1+2) $ ~~80,000~~

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence ____ Height
  - [ ] Sign ____ Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other

(Office Use Only)
FEE $

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

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-26-91
Control #
Permit # 595-91

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

Block 664 Lot 1
Work Site Location 755 Manoloking Rd Brick
Owner in Fee Visitation Church
Address 755 Manoloking Rd Brick
Tele. (201) 477-0028
Contractor Bob Frizell
Address 7620 Dover Rd Bamber Lake, N.J.
Tele. (609) 693-9679
Lic. No. or Bldrs. Reg. No. 00278
Federal Emp. No. 22-2054094 2025734 or Social Security No.

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 4/11/91

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Finish the basement of Rectory ie. Construct outside stair-entry Construct Restrooms and other Rooms Drop Ceiling, finish floor, Air Cond, Gas fired Base bd Heat

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	4/24/91	RB	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ~~B-2~~ R-3 Proposed ~~A-2~~ R-3 & R-4
Constr. Class Present 5 Proposed 5-B
No. of Stories 1
Height of Structure 15' Ft.
Area—Largest Floor ~~6173~~ 5447 Sq. Ft.
Total Bldg. Area/All Floors ~~6173~~ 8520 Sq. Ft.
Volume of Structure 73,966 (New) Cu. Ft. (72,200 old)
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ ~~80000~~ 40,000
3. Total (1+2) $ ~~80,000~~ 40,000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-26-91
Control #
Permit # 595-91

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

Block 604 Lot
Work Site Location 730 Lynnwood Rd (Rectory) Brick 755 Manotoking Rd
Owner in Fee Church of the Visitation
Address 730 Lynnwood Rd Brick
Tele. (201) 477-0028
Contractor Bob Frizell
Address 2820 Dover Rd Bamber NJ.
Tele. (609) 693 9679
Lic. No. 00278
Federal Emp. No. 22-2025734 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ~~A-1~~ R-3 Proposed ~~A-1~~ R-3/b
Constr. Class. Present 5 Proposed 5-B
Heating Systems ~~[X]~~ New [ ] Existing
Type: ~~[X]~~ Gas [ ] Oil [ ] Electrical [ ] Solar Baseb'd.
[ ] Other
Location: BASEMENT
Total Est. Cost of Fire Prot. Work $ ±1000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 4-26-91
Approved by: AS NOTED

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 10/11/91
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test			9/6/91	MC
Fire Alarm Test				
Smoke Test			10/11/91	
Mechanical			10/11/91	MC
TCO				
Other Final			10/11/91	
Other				
Other CA ALT/REN Recdd 9-6-91 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.

SIGNATURE 9/11/91

* FIRE SPRINKLER PLANS COME LATER DATE

D. TECHNICAL SITE DATA

Description of Work ALT/REN EXISTING BASEMENT (FINISH OFF)

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
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	5	
Smoke Detectors		
Heat Detectors		
TOTAL		10.00
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	25
OTHER Plan Review		20.00
Administrative Surcharge		$
Minimum Fee		$ 20.00
TOTAL FEE		$ 75.00

Paid [ ] Check #
Collected by

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

PERMIT 595-91 BL: 664 LOT 1

M 9-6-91 SMOKE DETECTOR ALARM TEST - FAIL

M 9-6-91 FIRE SPRINKLER HYDRO TEST - FAIL MC

M 9-6-91 CA ALT/REP TO BASEMENT OF RECTORY - FAIL

✓(1) COMB AIR FOR RM - INCLUDE

✓(2) TAMPER SWITCH NOT HOOKED TO

✓(3) PROVIDE 200 PSIG HYDRO TEST (05)

(4) INSIDE ALARM SPRINKLER ALARM

(5) OUTSIDE ALARM TEST

(6) INSIDE FIRE SPR. ALARM? 3/01

✓(7) FIRE EXTINGUISHERS

✓(8) SMOKE DET NOT CONNECT FIRST FLOOR, 10/11/91 jm

(9) VALVE TAGS.

(10) SPARE HEADS W RENCH

✓(11) CHECK PLANS RE (SPR SYSTEM) MC

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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 _____ Lot _____
Work Site Location _____
_____
Owner in Fee _____
Address _____
_____
Tele. (____) _____
Contractor _____
Address _____
_____
Tele. (____) _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3/U
Constr. Class. Present _____ Proposed _____
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: BASEMENT
Total Est. Cost of Fire Prot. Work $ 1100 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	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.

_____
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work ALT/REM BASEMENT (FINISH OFF)

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
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	3	
Smoke Detectors		
Heat Detectors		
TOTAL		11.00
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	22.00
OTHER Valve		22.00
Administrative Surcharge		$
Paid [ ] Check # _____ Minimum Fee		$ 20.00
Collected by _____ TOTAL FEE		$ 75.00

U.C.C. Form F-140A

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4-26-91
Date Issued
Control #
Permit # 595-91

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

Block 664 Lot 1
Work Site Location 730 Lynnwood Rd Brick Twns
Owner in Fee Church of the Visitation
Address Same
Tele. ( ) 477-0078
Contractor Haack Plumbing & Heating, Inc.
Address 201 Lincoln Avenue
Pine Beach, N.J. 08741
Tele. (201) 244-1682
Lic. No. 4768
Federal Emp. No. 22-2063414 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓
Building Sewer Size 4" CAST IRON
Water Service Size 1"
Estimated Cost of Plumbing Work $ 6500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 4-24-91
Approved by: W. Apl

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: Jack
Date: 10-15-91

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			5-9-91	Jack
Rough			6-12-91	Jack
Water				
Sewer				
Fixtures				
Gas ~~Equipment~~			6-12-91	Jack
Gas Final				
Solar				
TCO				
CO	5-11-91	9-20-91		

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.

R. Haack
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	15.—
1	Urinal/Bidet	5.—
	Bath Tub	
2	Lavatory	10.—
	Shower	
2	Floor Drain	10.—
2	Sink	10.—
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.—
	Fuel Oil Piping	
1	Water Heater	5.—
	Steam Boiler	
1	Hot Water Boiler	15.—
1	Sewer Pump	25.—
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other ~~Sewer Line Test~~	10.—

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 120.—

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

9-11-91 locked 3:00 PM

9-20-91 No gate valves on sewer pump
no inducts for heaters
Check valves on fire system upstairs downstairs
need prime on trap for air cond.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4-26-91
Date Issued
Control #
Permit # 595-91

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

Block 664 Lot 1
Work Site Location 730 Lynnwood Rd Bricktown
Owner in Fee Church of the Visitation
Address Same
Tele. ( ) 477-0078
Contractor Haack Plumbing & Heating, Inc.
Address 201 Lincoln Avenue
Pine Beach, N.J. 08741
Tele. (201) 244-1682
Lic. No. 4768
Federal Emp. No. 22-2063414 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓
Building Sewer Size 5" CAST IRON
Water Service Size 1"
Estimated Cost of Plumbing Work $ 6500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 4-24-91
Approved by: W. Spl

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 Final				
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.

W. Haack
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	15.—
1	Urinal/Bidet	5.—
	Bath Tub	
2	Lavatory	10.—
	Shower	
2	Floor Drain	10.—
2	Sink	10.—
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.—
	Fuel Oil Piping	
1	Water Heater	5.—
	Steam Boiler	
1	Hot Water Boiler	15.—
1	Sewer Pump	25.—
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other Survey Fee	10.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 120.—

U.C.C. Form F-130A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

Date 9-26-91

NAME Church of the Visitation

ADDRESS 730 Lybbwood Ave. Brick, NJ

PROPERTY LOCATION 730 Lynnwood Ave.

Account No. J919201 Block 662 Lot 1

Sinck Fire Protector

Residential	Commercial—Specify Type	No. of Units
R02		1

Size Sewer Svc.	Size Water Svc.	Meter Size
4"	1 1/2	1

	WATER SVC.	SEWER SVC.
APPLICATION FEES Tap -	690.00	
CONNECTION FEES ded 3/4 & 1 1/2	1940.00	
INSPECTION FEES pd. 7/2/91	15.00	
Meter fee - ded 3/4 & 1	40.00	
due @ C.C. # 2670.00		

Pd 9/26/91

For the Authority

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 9-26-91

NAME Church of the Visitation

ADDRESS 730 Lynnwood Ave. Brick, NJ

PROPERTY LOCATION 730 Lynnwood Ave.

Account No. J919201 Block 664 Lot 1

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 Joan Trostyn

TO: OCEAN COUNTY CONSTRUCTION INSPECTION DEPARTMENT
ATTN: PLUMBING SUB-CODE OFFICIAL

REF.: DCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

DATE: 4/24/91

THIS IS TO CERTIFY THAT I, (NAME) Haack Plumbing & Heating, Inc.,

(BUSINESS ADDRESS) 201 Lincoln Ave., Pine Beach, N.J. 08741,

(TEL. NO.) 201 244-1682.

WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM IN THE FOLLOWING BUILDING, (OWNER) Visitation Church Rectory

(ADDRESS) 730 Lynnwood Road, Brick Town,

(BLOCK & LOT) 664 - 1;

USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PERCENT IN ACCORDANCE WITH THE ABOVE REFERENCES.

R Haack

(SIGNATURE & SEAL)
(NOTARIZED IF HOMEOWNER)

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Daniel F. Newman, Mayor

Members of Township Council
Mary Anne L. Butler, Council President
Charles E. Anderson
Patrick L. Bottazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe

Division of Inspections
A.J. Cierzo,
Construction Official
(201) 477-3000, ext. 262

CHECK LIST

RE: Block 664 Lot 1 Address 730 Lynnwood Rd

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

Administrative _____

Zoning _____

Engineering USE GROUP CHANGE — USE BASEMENT

Building _____

Plumbing _____

Electric _____

Fire WRONG USE GROUP ② Needs. ~~Letter from Asst Office to be for his use only,~~ 4 R-3

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 construction 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.

Architect to Complete

Arthur J. Cierzo,
Construction Official

Date _____

BLOCK 664 PLUMBING & MECHANICAL CHECK LIST

LOT 1

DATE 4-17-91

Called 4-17-91 10:10 AM N/A JW

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

✓ ISOMETRIC SKETCH no good - shows S traps

✓ LIST OF EXISTING FIXTURES

✓ GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

No. Stories ONE

Ht. Structure ~~OVE~~ 14'

Sq. Feet 6,173

PLAN REVIEW RECORD

BOCA BASIC/NATIONAL BUILDING CODE

Plan Review # 4-91

Date 4-26-91

JURISDICTION BRICK TWP, OCEAN CTY, N.J. 08723
(City, County, Township, etc.)

BUILDING LOCATION 730' CYNWOOD RD - (755 MANTOLOKING RD) BRICK
(Street address)

Job Name CHURCH OF VISITATION - RECTORY HOUSE

New Building ☐ Addition ☐ Alteration ☒ Other ☒ EXISTING FINISH BASEMENT

Construction Classification 5 Use Group R-3/B Block 664 Lot 1

CORRECTION LIST

No.	DESCRIPTION	Page	Review By	Code Sect.	Dept. Chk. Off
1	INTER CONNECT EXIT. DET TO FIRST FLOOR	3	MR	1018.1	
2	FIRE SPRINKLER - STORAGE/MECH RM	3	MR	313.1.4.1	
3	PROVIDE ADDITIONAL EXIT SIGNS	3	MR	822.1	
4	PROVIDE ADDITIONAL EMER LIGHTS	3	MR	823.1	
5	2 HR. FIRE RATING - SHEETROCK OR ACCOUSTIC TILES	3	MR	313.1	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Comments: BARLO + ASSOC ARCHITECT 201-477-7751

* ARCHITECT NOTE - FIRE SPRINKLER IN BASEMENT. PG 3

No. Stories ONE
Ht. Structure ~~ONE~~ 14'
Sq. Feet 6,173

PLAN REVIEW RECORD
BOCA BASIC/NATIONAL BUILDING CODE

Plan Review # 4-91
Date 4-26-91

JURISDICTION BRICK TWP, OCEAN CTY, N.J. 08723
(City, County, Township, etc.)

BUILDING LOCATION 730' CYNWOOD RD - (755 MANTOLOKING RD) BRICK
(Street address)

Job Name CHURCH OF VISITATION - RECTORY HOUSE

New Building ☐ Addition ☐ Alteration ☒ Other ☒ EXISTING FINISH BASEMENT

Construction Classification 5 Use Group R-3/B Block 664 Lot 1

CORRECTION LIST

No.	DESCRIPTION	Page	Review By	Code Sect.	Dept. Chk. Off
1	INTER CONNECT ELECT. DET TO FIRST FLOOR	3	MR	1018.1	
2	FIRE SPRINKLER STORAGE/UNFINISH	3	MR	313.1.4.1	
3	PROVIDE ADDITIONAL EXIT SIGNS	3	MR	822.1	
4	PROVIDE ADDITIONAL EMER LIGHTS	3	MR	823.1	
5	1 HR. FIRE RATING - SHEETROCK OR ACCOUSTIC TILES	3	MR	313.1	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Comments: BARLO & ASSOC ARCHITECT 201-477-7751

* ARCHITECT NOTE - FIRE SPRINKLER IN BASEMENT, PG 3

No. Stories ONE

Ht. Structure ~~ONE~~ 14'

Sq. Feet 6,173

PLAN REVIEW RECORD

BOCA BASIC/NATIONAL BUILDING CODE

Plan Review # 4-91

Date 4-26-91

JURISDICTION BRICK TWP, OCEAN CTY, N.J. 08723
(City, County, Township, etc.)

BUILDING LOCATION 730' CYNWOOD RD - (755 MANTOLOKING RD) BRICK
(Street address)

Job Name CHURCH OF VISITATION - RECTORY HOUSE

New Building ☐ Addition ☐ Alteration ☒ Other ☒ EXISTING FINISH BASEMENT

Construction Classification 5 Use Group R-3/B Block 664 Lot 1

CORRECTION LIST

No.	DESCRIPTION	Page	Review By	Code Sect.	Dept. Clrk. Off
1	INTER CONNECT ELECT. DET TO FIRST FLOOR	3	MR	1018.1	
2	FIRE SPRINKLER STORAGE/MECH RM	3	MR	313.1.4.1	
3	PROVIDE ADDITIONAL EXIT SIGNS	3	MR	822.1	
4	PROVIDE ADDITIONAL EMER LIGHTS	3	MR	823.1	
5	1 HR. FIRE RATING - SHEETROCK OR ACCOUSTICAL TILES	3	MR	313.1	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Comments: BARLO & ASSOC ARCHITECT 201-477-7751

* ARCHITECT NOTE - FIRE SPRINKLER IN BASEMENT, PG 3

SIZING FOR WATER AND SEWER SERVICES

Property Owner VISITATION CHURCH RECTORY Date 4-24-91

Property Address 730 LYNNWOOD RD. Block 664 Lot 1

Zoning _____ Use Group _____

Contractor HARCK License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1: Water Closet	9	(5) 45	( )
2. Lavatory	7	(2) 14	( )
3. Bath Tub	2	(4) 8	( )
4. Shower Stall	2	(4) 8	( )
5. Kitchen Sink	5	(4) 20	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	(2) 2	( )
9. Washing Machine		( )	( )
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		81	

Gallons per minute 38

Size of Service 1 1/2"

Date: 4-24-91

Approved: _____
Brick Township Plumbing Inspector

Church of the Visitation

October 15, 1991

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attention Buiilding Department:

Re: Rectory - Church of the Visitation
Block #664 Lot #1, 730 Lynnwood Avenue

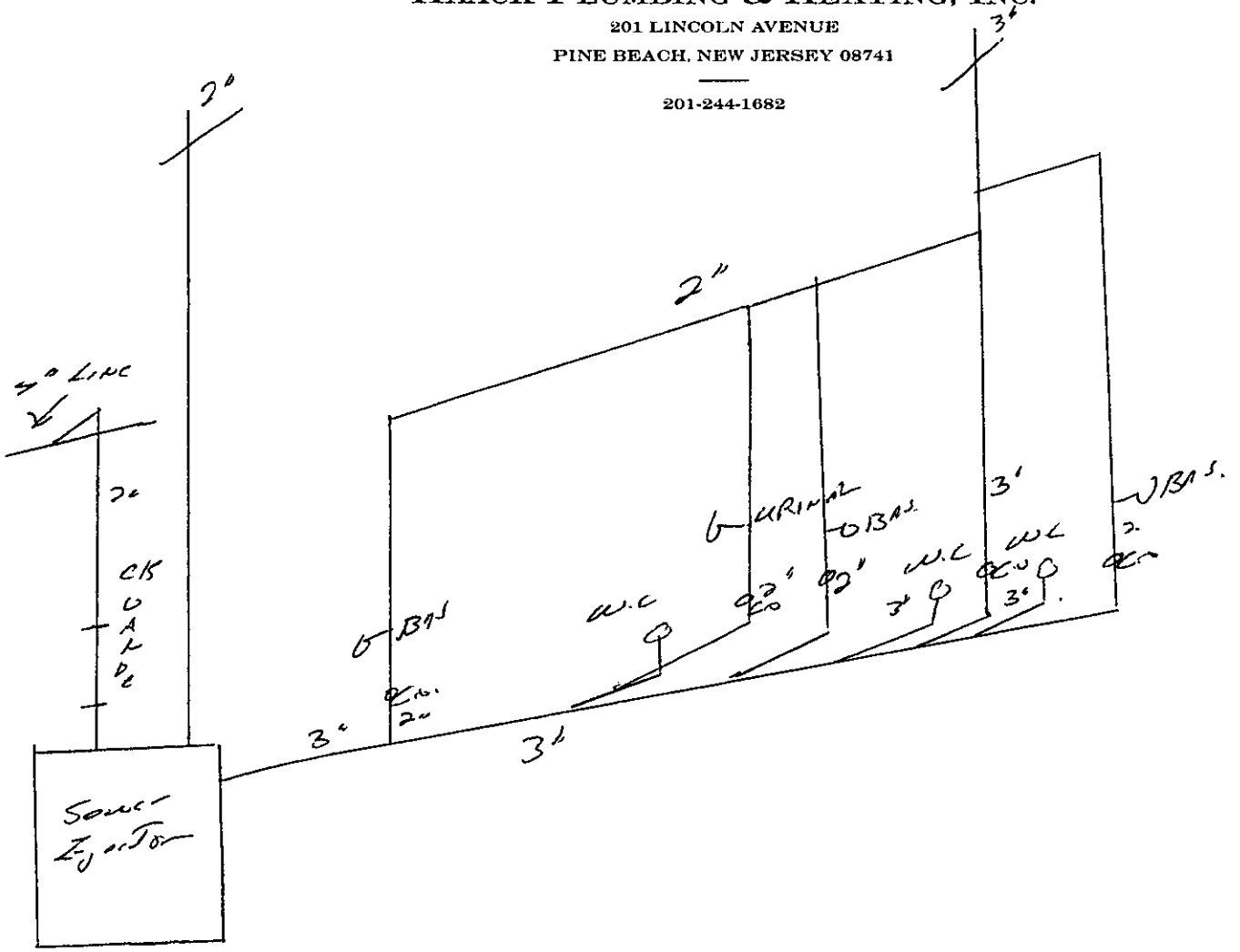
Please be advised that we have a floor drain in our furnace room. This drain should handle any water from a boiler blow out in the furnace or hot water heater. We are satisfied with this accommodation. Any water that should occur in this type of emergency will be absorbed by the drain.

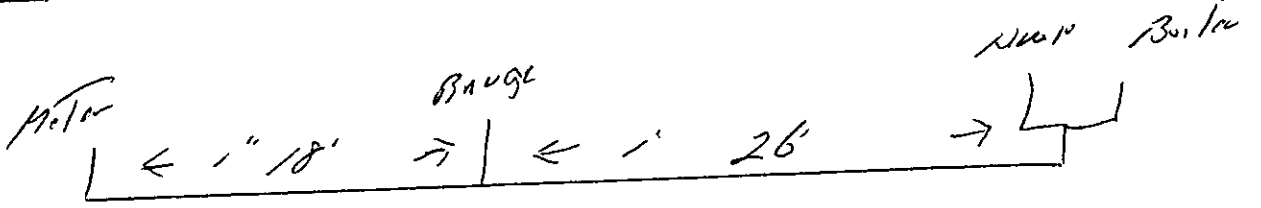
Sincerely yours,

Deacon Edward Fischer III
Business Administrator

730 Lynnwood Avenue, Brick, New Jersey 08723 • (908) 477-0028

HAACK PLUMBING & HEATING, INC.
201 LINCOLN AVENUE
PINE BEACH, NEW JERSEY 08741
201-244-1682





	B.T.U
Boiler	90,000
S.W.H	50,000
Range	30,000
Total	170,000

Present Fixtures

6 Toilets
5 Basins
1 Slop Sink
2 Kit Sink
1 DW
1 WH
2 tubs
2 Showers