BLOCK 844 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 169 LAUREL LAURELTON PERMIT NO. 04-2498

CONSTRUCTION PERMIT APPLICATION

C01 · 01

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

I. IDENTIFICATION

1. Propsed Work Site at: 169 LAUREL LAURELTON
2. Name of Owner in Fee: KRISTI-SHAY CONSTRUCTION Tel. (732) 477-4665
   Address 63 CHANNEL DR (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ 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. 026379 Exp. Date 11/04
   Federal Employee No. 22-3528180 FAX: (732) 477-9115
5. Architect or Engineer DAVE HARTMAN Tel. (732) 899-1608
   Address 332 DEERFOOT LANE BRICK NJ 08723
6. Responsible Person in Charge of Work SAM REYNOLDS
   Tel. (732) 477-4665 FAX (732) 477-9115

NEW SINGLE FAMILY HOME
WITH 1 CAR GARAGE
4 BR 2½ BATH WITH BASEMENT

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 534		
2.	Electrical	240		
3.	Plumbing	390		
4.	Fire Protection	105		
5.	Elevator Devices	25		
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	50		
10.	Subtotal			
11.	Cert. of Occupancy	133		
12.	Other	30		
13.	TOTAL	$ 567		

trees

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	25 ft.	
3. Area — Largest Floor	~~2240~~ 1845 sq. ft.	
4. New Building Area	~~2240~~ 1845 sq. ft.	
5. Volume of New Structure	~~20,160~~ 18,492 cu. ft.	
6. Construction Classification	~~5B~~ 5B	
7. Total Land Area Disturbed	~~2200~~ 2200 sq. ft.	
8. Flood Hazard Zone	ND	
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☒ New Building	60,000	INT	5/28/04		6/17/04		9/14/04		
3. ☐ Addition									
4. ☐ Alteration									
5. ☒ Fire Protection	500.00				6/16/04				
6. ☒ Plumbing	4,000				6/17/04				
7. ☒ Electrical	3,000				6/16/04				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		GW	6/10/04		6/10/04				
TOTAL COSTS	67,500								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☒ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction	1
After Construction	1
Net Gain or Loss	0

B. NON-RESIDENTIAL

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

LDS BR 10202063

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 _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name Kristi Shay Construction Inc

Address 63 Channel Dr

Brick NJ 08723

Telephone (732) 477-4665

Signature _____

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

OFFICE DATE RECEIVED: _____

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

IMPORTANT
A.H.B.T. - EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

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

Constituent Contact Report

Date	Comments	Initials
6/6/04	Called contractor - spoke w/ MARY to have SAM or Mike call me back Regarding if this house is on slab or basement -	GP
06/6/04	Mary from Kleist - Stacy called me back - BASEMENT	GP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/17/2004
Control #
Permit # 04-2498

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 844 Lot 12 Qual

Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT
Owner in Fee/Occupant KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

Home Warranty No. 167379
Type of Warranty Plan: [X] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SF DWELLING/GAS BIREPLACE

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] 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/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 133
Paid [X] Check No. 14558
Collected by: ERP

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/18/2004
Control #
Permit # 04-2498

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 844 Lot 12 Qual

Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665

Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SF DWELLING/GAS FIREPLACE

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 $ 67,500

Construction Official 06/18/2004 Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	534
Electrical	140
Plumbing	390
Fire Protection	265
Elevator Devices	0
Other	25
DCA State Permit Fee	50
Cert. of Occupancy	133
Other	50
Total	1,512
Check No.	14558
Cash	
Collected By	ERP

06/18/04 8:10AM 001558#0364
XX07 SERV.007

BUILDING	$534.00
ELECTRIC	$140.00
PLUMBING	$390.00
FIRE	$265.00
MISC	$25.00
DCA	$50.00
C/O	$133.00
ZPA	$15.00
EPA	$15.00
CHECK	$1567.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2004
Date Issued 6/18/04
Control # ~~C01-01~~
Permit # 04/2498

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

Block 844 Lot 12 Qual
Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

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

SF DWELLING/GAS BIREPLACE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/17/04	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 9-14-04
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing			6/21/04	
Foundation			7/6/04	T.K.
Slab				
Frame	7/27/04			
BarrierFree			7/29/04	
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final OVER	09/10/04		09/13/04	TEK
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 499
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0. Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other GAS FIREPLACE	35
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group	Present R-5	Proposed R-5
Constr. Class	Present	Proposed
No. of Stories	2	
Height of Structure	25 Ft.	
Area Largest Floor	240 Sq. Ft.	
New Bldg. Area/All Floors	1,845 Sq. Ft.	
Volume of New Structure	18,492 Cu. Ft.	
Total Land Area Disturbed	0 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 59,000
2. Alteration $ 1,000
3. Total (1+2) $ 60,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 534
DCA State Permit Fee	$ 50

Paid [ ] Check #
Collected by:

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

2-6-04

7/21/04 Need as Blocking FIRST + Second Floor / OR Has Flush Beam in GARAGE INSTEAD Dropped Beam on Plans - Re Inspection INSULATION INSPECTION JKC

7/29/04 INS - Frame O/K Pending letter from Arch on flush Beam in Garage Ok

09/10/04 VERIFY REC'T OF LETTER ABOVE
REPLACE MISSING VINYL SIDING - AROUND FRONT PORCH
- SIDE WALL @ FIREPLACE VENT
NO GARAGE DOOR YET
-NO ACCESS DOOR HATCH IN GAR CLG
-MISSING STORM LEADER - FRONT ROOF
CUT SEWER LINE CLEANOUTS TO GRADE
CAULK SHOWER ESCUTCHEON RINGS
DSM'T INSUL - PERIM JSTS
REAR STEPS - APP'D LANDING REQ'D @ BOTTOM VERIFY EQUAL RISERS

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY BUILDING SUBCODE TECHNICAL SECTION

Date Received 05/28/2004
Date Issued 6/18/04
Control # ~~C01-01~~
Permit # 04/2498

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

Block 844 Lot 12 Qual
Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

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

SF DWELLING/GAS FIREPLACE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 499
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other GAS FIREPLACE	35
Other	0
Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 25 Ft.
Area Largest Floor 240 Sq. Ft.
New Bldg. Area/All Floors 1,845 Sq. Ft.
Volume of New Structure 18,492 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 59,000
2. Alteration $ 1,000
3. Total (1+2) $ 60,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 534
DCA State Permit Fee	$ 50

Paid [ ] Check #
Collected by:

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2004
Date Issued 6/18/04
Control # ~~C01-01~~
Permit # 04/2498

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

Block 844 Lot 12 Qual
Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT
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Address 63 CHANNEL DR
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Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
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Federal Emp. No. 22-3528180

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Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SF DWELLING/GAS FIREPLACE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/17/04	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 499
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other GAS FIREPLACE	35
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 25 Ft.
Area Largest Floor 240 Sq. Ft.
New Bldg. Area/All Floors 1,845 Sq. Ft.
Volume of New Structure 18,492 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 59,000
2. Alteration $ 1,000
3. Total (1+2) $ 60,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 534
DCA State Permit Fee	$ 50

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

C E NJ I CA

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/07/2004
Date Issued 06/07/2004
Control #
Permit # 04-2218

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

Block 844 Lot 12 Qual

Work Site Location 1691 LAURELTON

Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665

Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
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Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

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

INTERIOR CLEAN OUT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Pl s Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

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

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

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other INT. CLEAN OUT	40
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 40
DCA State Permit Fee	$ 1

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

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2004
Date Issued 6/1/04
Control # ~~001-01~~
Permit # 042498

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

Block 844 Lot 12 Qual
Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor DICKSON ELEC
Address 347 DRUM POINT RD
BRICK, NJ 08723-
Tele.(732)920-6441
Lic. No. or Bldrs. Reg. No. 8392
Federal Emp. No. 15-3627109

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved as noted
Date: 6/16/04
Approved By: MM

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9/10/04
Approved By: MM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			7/27/04	MM
Temp Serv			7/27/04	MM
Const Serv				
TCO				
Other				
Service				
Final			9/10/04	MM
Temp. Cut-in-Card Date Issued			7/27/04	MM
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

NO.	SIZE	ITEM	FEE (Office Use Only)
26		Lighting Fixtures	
13		Receptacles	
30		Switches	
5		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
6		Communications Points	
0		Alarm Devices/F.A.C. Panel	
81		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	1	KW Dishwasher	0
0	0	HP Garbage Disposal	0
2	5	KW Central A/C Unit	20
2	3	HP/KW Space Heater/Air Handler	20
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	50
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 140
DCA State Permit Fee $ 0

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

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2004
Date Issued 6/18/04
Control # ~~001~~-01
Permit # 042498

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

Block 844 Lot 12 Qual
Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor DICKSON ELEC
Address 347 DRUM POINT RD
BRICK, NJ 08723-
Tele.(732)920-6441
Lic. No. or Bldrs. Reg. No. 8392
Federal Emp. No. 15-3627109

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved no visit
Date: 6/16/04
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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 an 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

NO.	SIZE	ITEM	FEE (Office Use Only)
26		Lighting Fixtures	
13		Receptacles	
30		Switches	
5		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
6		Communications Points	
0		Alarm Devices/F.A.C. Panel	
81		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	1	KW Dishwasher	0
0	0	HP Garbage Disposal	0
2	5	KW Central A/C Unit	20
2	3	HP/KW Space Heater/Air Handler	20
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	50
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 140
DCA State Permit Fee $ 0

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2004
Date Issued 6/1/04
Control # ~~C01-01~~
Permit # 04 2498

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

Block 844 Lot 12 Qual
Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3528180

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: ATTIC/UTILITY ROOM
Total Est Cost of Fire Prot Work $ 500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved AS NOTED
Date: 6 16 04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-16 04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			9-16-04	
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical	9-10-04		9-16-04	
Smoke Ctl				
TCO				
Final	9/10/04		9/16/04	
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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	~~8~~	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices CO DECT	~~3~~	
TOTAL	~~4~~ 7	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other 2 FURNACES		92
Other GAS FIREPLACE		46

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	265
DCA State Permit Fee	$	0

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2004
Date Issued 6/18/04
Control # ~~C01-01~~
Permit # 04/2498

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

Block 844 Lot 12 Qual
Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3528180

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: ATTIC/UTILITY ROOM
Total Est Cost of Fire Prot Work $ 500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved AS NOTED
Date: 6/16/04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	~~84~~	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices CO DECT	~~33~~	
TOTAL	11 7	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other 2 FURNACES		92
Other GAS FIREPLACE		46

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: TOTAL FEE		$ 265
	DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2004
Date Issued 6/18/04
Control # ~~C01-01~~
Permit # 042498

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

Block 844 Lot 12 Qual

Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT

Owner in Fee KRISTI-SHAY CONSTRUCTION

Address 63 CHANNEL DR
BRICK, NJ 08723-

Tele.(732)477-4665

Contractor BODE MECH

Address 312 HAYES AVE
BAYVILLE, NJ 08721-

Tele.(732)232-3300

Lic. No. or Bldrs. Reg. No. BI08957

Federal Emp. No. 22-3640635

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/17/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 7.14.04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			7/23/04	
Water			8/6/04	
Sewer			8/6/04	
Fixtures			9/13/04	
Gas Equip.			9/13/04	
Gas Piping			7/23/04	
Solar				
TCO			9/13/04	
Yoke A/C			9/13/04	

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
0	Urinal / Bidet	0
1	Bath Tub	10
3	Lavatory	30
1	Shower	10
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	40
0	Fuel Oil Piping	0
6	Gas Piping 60' short 1 1/4 - 200,000.	60
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	50
1	Water Service Connection	50
0	Stacks	0
	Other 2 A/C	70
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	390
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

3/4" WATER

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2004
Date Issued 6/18/04
Control # ~~CO1-01~~
Permit # 042498

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

Block 844 Lot 12 Qual
Work Site Location 1691 LAURELTON
SF DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor BODE MECH
Address 312 HAYES AVE
BAYVILLE, NJ 08721-
Tele.(732)232-3300
Lic. No. or Bldrs. Reg. No. 8108957
Federal Emp. No. 22-3640635

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/17/04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
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
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
0	Urinal / Bidet	0
1	Bath Tub	10
3	Lavatory	30
1	Shower	10
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	40
0	Fuel Oil Piping 50' OF 1" PT - 200,000.	0
6	Gas Piping - 1 1/4	60
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	50
1	Water Service Connection	50
0	Stacks	0
	Other 2 A/C	70
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 390
	DCA State Permit Fee	$ 0

3/4" WATER

U.C.C. F130 (rev. 3/96)

Township of Brick
Zoning Permit

Approved:	Wednesday, June 02, 2004	**Number:**	853
Block 844	**Lot** 12	**Zone:**	R-7.5

Property Address:	1691 Laurelton Street
Applicant:	Sam Reynolds, Kristi-Shay Construction
Property Owner:	Kristi-Shay Construction
Existing Use:	Single Family Residential (to be removed)
Proposed Use:	Single Family Residential
Proposed Construction:	Two story single family dwelling 39.67' x 34.33', eave height 12' 8", building height 22' 4", ridge height 32'.
Conditions:	The house must be set back at least 25 feet from the front property lines, 6 feet from the side property line and 15 feet from the rear property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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

RECEIVED
JUN 1 2004
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 844 LOT 12 QUALIFIER _____

PROPERTY ADDRESS 1691 [illegible] LAUREL TRL NE

PERSONAL NAME OF APPLICANT SAM REYNOLDS

BUSINESS NAME OF APPLICANT KRISTI-SHAY CONSTRUC.

MAILING ADDRESS OF APPLICANT 63 CHANNA PL BRICK

PROPERTY OWNER'S FULL NAME KRISTI-SHAY CONSTRUCTN

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

☒ New Building (please describe) NEW SINGLE FAMILY Height 25'
☐ Addition - Height [illegible] 4 BR 2½ BTH & 2 CAR GARAGE BASEMENT
☐ Alteration
☒ Porch or deck - Height FRONT PORCH 14' x 6' x 30"
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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

SIGNATURE OF APPLICANT [signature] Date 5-28-04

Reviewed by Zoning Office _____ Date 6/2/04 ( ) Approved ( ) Denied

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 9-14-04

NAME Kristi Shay Construction

ADDRESS 63 Channel Dr. Brick NJ 08723

PROPERTY LOCATION 1691 Laurelton St.

Account No L396805 Block 844 Lot 12

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 Carol Hendel

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(908) 364-3760

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 844 Lot 12
Work Site Location 1191 LAUREL AVE
BRIELL NJ 08723
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRIELL NJ 08723
Tele. (732) 477-4665

Contractor KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRIELL NJ 08723
Tele. (732) 477-4665
Lic. No. 26379
Federal Emp. No. 22-3538180
or Social Security No.

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 65,000 ±
(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.

DESCRIPTION OF WORK/USE:

NEW SINGLE-FAMILY HOME

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

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

Department of Administration & Finance
Office of the Tax Collector
Jo Anne R. Lambusta, CTC
Tax Collector
(732) 262-1021
Fax: (732) 477-3746
jlambusta@twp.brick.nj.us
http://www.twp.brick.nj.us

Receipt for Public Works Garbage Can Deposit

Date: 9-14-04

Block: 844 Lot: 12

Property Address: 1691 LAUREL TON ST

Date of Payment: 9-14-04 CK#15337

Jennie
Tax Collectors Office

Kristi Shay Construction Inc.
63 Channel Drive
Brick NJ 08723
Tel.# 732-477-4665
Fax# 732-477-9115

facsimile transmittal

To: JUDY - BLDG DEPT From: MICHAEL

Fax: Date: 7/28/04

Phone: Pages:

Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

JUDY,

HERE IS RECIEPT FOR SILL PLATE FOR 1691 LAUREL AV.

THANKS,

MICHAEL

OFFICE COPY

HOURS: MON-FRI 7AM-6PM
SAT 8AM-5PM
SUNDAY CLOSED

<< DUPLICATE COPY / REPRINT >>

ASSOCIATE: JIM P. THANK YOU! / THANK YOU MIKE 07/01/04 17:41 1110-278398

Please Remit to: 84 Lumber. P.O. Box 365. Eighty Four Pa. 15330-0365

P.O.S.#	QTY	DESCRIPTION	PRICE	EXTENDED
		** DELIVERED		
2061627	12	2X6X16 SYP #2 BORATES INT	11.97	143.64
2101606	1	2X10X16 SYP TREATED #2	21.83	21.83
2041270	2	2X4X12 #2 PRIME TTD	6.25	12.50
5533600	6	ITT39.5 9.5 TH HANGER	2.65	15.90
49200	1	N100HDG 1-1/2 HNGR NAIL BO	3.62	3.62
91400	5	10D HARD CUT MASONARY LB	2.84	14.20
4935200	1	10"X50' STD GALV FLASHING	20.84	20.84
6919400	3	4X8 CMT LALLY CLM W/PLATE	27.25	81.75
7393500	4	STILL SEALER 6-1/2X50'	4.93	19.72
5869600	12	SF450 SUBFLR ADH29OZ(TUBE)	3.47	41.64
4264500	28	5-1/4X9-1/2" LVL 1/28'	11.25	315.00
9860501	784	2-1/2X9-1/2 AJS 140 21/28' 14/14'	1.34	1,050.56
2001500	28	1-3/4X9-1/2 LVL 2.0E 2/14'	3.26	91.28
1971000	9	1-1/4X9-1/2X16 STRNDBRD	27.50	247.50
1999200	12	5-1/4X11-7/8 LVL 2.0E 1/12'	14.25	171.00
2061408	3	2X6X14 S-DRY H-FIR #2&BTR (BAND 2X6X14 W/ I-JOIST)	8.12	24.36

CODE: ~~018611000-000-000~~

JOB: 1691 LAURELTON P.O. # DEL 7/1 IC Pts: 3236

KRISTI SHAY CONSTRUCTION INC Ship: 1691 LAURELTON DRIVE
63 CHANNEL DRIVE BRICK, NJ 08724
BRICK, NJ 08723
(732) 477-4665

SUBTOTAL	2,275.34
TAX	68.26
TOTAL	$2,343.60
A.R.	2,343.60

Customer acknowledges receipt of the above goods in the quantities and prices shown and agrees to pay 84 Lumber Company in accordance with the Credit Agreement Terms and Conditions, the prior disclosure of which is acknowledged. Past due invoices will accrue interest at 1.5 % per month.

Customer Signature: _____ Name (Print): _____

04-2498

Certificate of Occupancy Single Family Dwelling

Address 1691 Laurelton Ave Block 844 Lot 12

Final Inspections:

1. Final Building
2. Final Electric
3. Final Plumbing
4. Final Fire
5. Certificate of Compliance
6. Final Engineering
7. Final Ocean County Soil
8. Home Owners Warranty/Affidavit

Report of compliance from Ocean County Soils is needed when more than 5000 sq. ft. are disturbed, always when more than 1 house is constructed (Major/Minor Subdivisions).

Building _____ Approval Date 9/14/04 OK

Plumbing _____ Approval Date 9/14/04 OK

Fire _____ Approval Date 9/16/04 OK

Electrical _____ Approval Date 9/10/04 OK

Cert. Of Compliance _____ Approval Date 9/14/04 OK

HOW/ Affidavit _____ Approval Date 167379 DCA

Engineering _____ Approval Date 9/16/04 OK

Soil _____ Approval Date n/a

Affordable Housing _____ Approval Date EXEMPT

Occupancy Load _____ Approval Date n/a

Garbage Can Receipt _____ Approval Date 9/14/04 OK

CO Application _____ Approval Date 9/14/04 OK

call when ready

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Kristi Shay Const PHONE NO: 278-0350 (bus.)

ADDRESS: 63 Channel Dr _____ (home)

Brick NJ 08723

PROPERTY IN QUESTION: ADDRESS ~~1693 W Princeton Ave~~ 1691 LAUREL TON AVE

BLOCK(S) 844 LOT(S) 12

BTMUA ACCOUNT NO. L396805 TAX MAP DRAWING NO. 45A

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

* LOT HAS EXISTING SERVICE

	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 WEST PRINCETON AVENUE (STREET) 3/4" 2397.00 1" 4205.00

* SEWER WEST PRINCETON AVENUE (STREET) 2748.00

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: April 27, 2004 SIGNED: James R Allen

NOTE: STATEMENT GOOD FOR ONE YEAR.

pae
4/27/04

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.

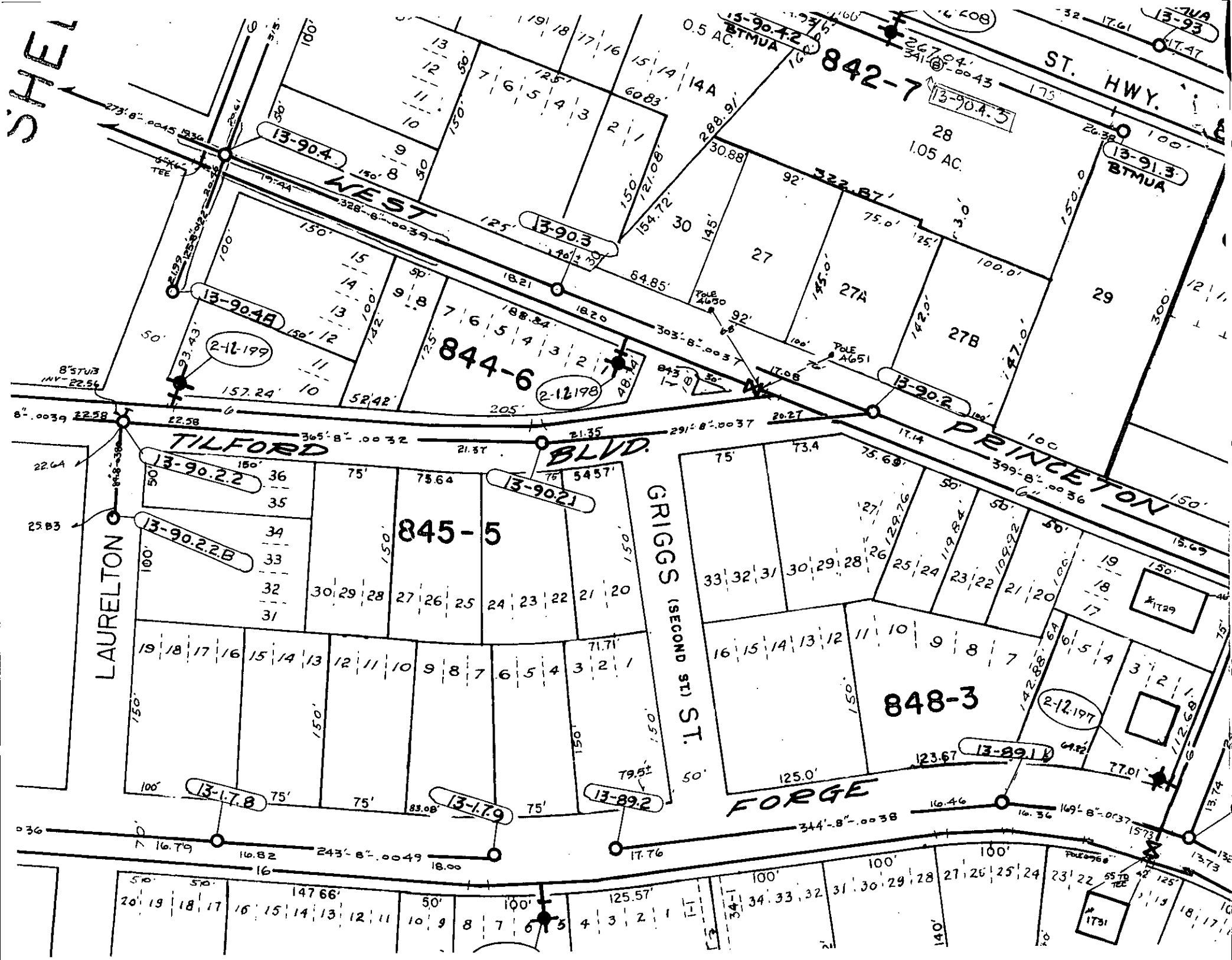
LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

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.
6. CERTIFICATE OF COMPLIANCE

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

ATTACHMENT 'A'

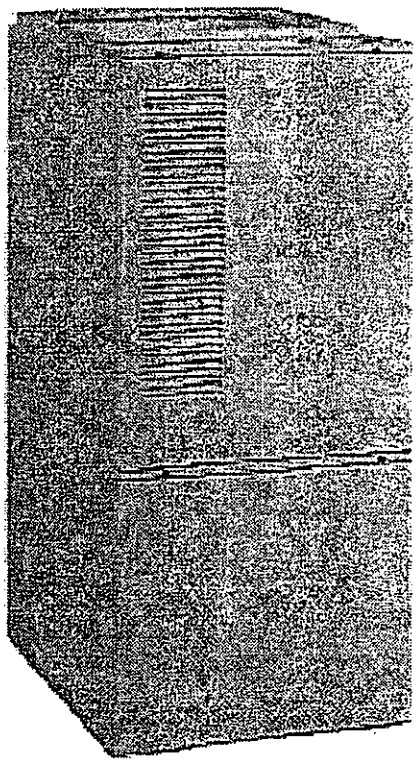
If during construction the existing sanitary sewer clean out and water service curb box is found to be located in the driveway apron or walkways, the applicant will be required to re-locate the sewer clean out and/or water curb box at the applicant's expense.


842-7
844-6
845-5
848-3
WEST
TILFORD BLVD.
PRINCETON
ST. HWY.
LAURELTON
GRIGGS (SECOND ST) ST.
FORGE
13-90.4
13-90.3
13-90.4.2
13-90.4.3
13-91.3
13-90.2
13-90.2.2
13-90.2.1
13-90.2.2.B
13-1.7.8
13-1.7.9
13-89.2
13-89.1
2-12.199
2-12.198
2-12.197
28
1.05 AC.
0.5 AC.
27
27A
27B
29
30
BTMUA

TECHNICAL SPECIFICATIONS

G6RA Series

High Efficiency Upflow/Horizontal Gas Furnace



Induced Draft - 80+ AFUE

Input 45,000 - 144,000 Btuh

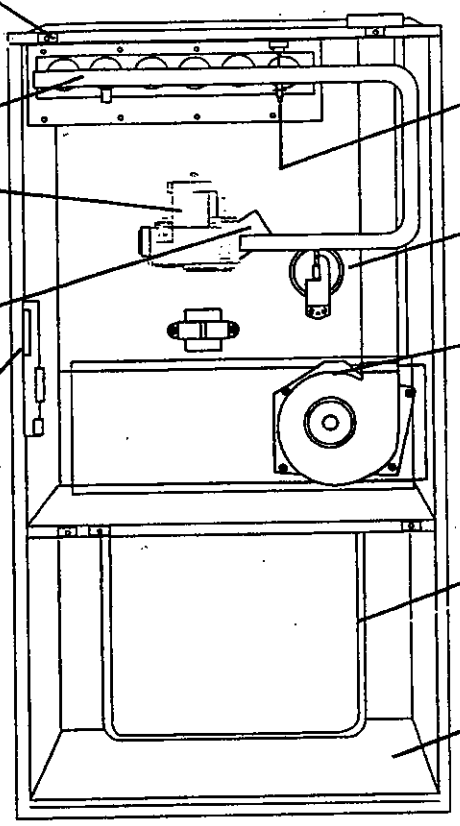
The high efficiency upflow gas furnace may be installed free standing in a utility room, basement, or enclosed in an alcove or closet. The extended flush jacket provides a pleasing "appliance appearance." Design certified by the American Gas Association (AGA) Laboratories and the Canadian Gas Association (CGA) Laboratories. The product is truly designed with the contractor and the consumer in mind.

FEATURES and BENEFITS

- Best warranty in the business —
  – A full 20 years on the heat exchanger
  – 6 years on all parts
- 100% fired and tested — All units and each component (both mechanical and electrical) are tested on the manufacturing line.
- Best packaging in the industry — Unique design assures product will arrive to the homeowner dent free.
- Clean and quiet operation — Due to the unique design of in-shot burners, location of inducer, return air vents, and use of insulation.
- Fixed 30-second blower delay at burner start-up assures a warm duct temperature at furnace start-up. Adjustable blower off settings (60, 90, 120 and 180 seconds).
- Fixed 30-second post purge increases life of heat exchanger.
- Dependable, shock-mounted hot surface ignitor — Innovative application of an appliance type igniter with a 20-year history of reliability, assures no call-backs because of handling.
- Color coded wire harness — Designed to fit the components, all with quick-connect fittings for ease of service and replacement.
- Approved for categories I and III venting systems — May be common, dedicated, or through-the-wall vented for maximum flexibility in installation.
- Tubular primary heat exchanger — Heavy gauge aluminized steel heat exchanger assures a long life.
- 90-second fixed cooling cycle blower-off delay (TDR) increases cooling performance when matched with a NORDYNE coil.
- Variable speed blower kit is available to maximize air conditioner and heat pump efficiencies. On selected units, SEER ratings up to 14 and HSPF ratings up to 8.5 are ARI listed.
- Multi-speed direct drive blower — Designed to give a wide range of cooling capacities. 40VA transformer included.
- LP convertible — Simple burner orifice and regulator spring change for ease of convertibility.
- Diagnostic lights flash to identify limit failure, pressure switch failure, improper ground and polarization, and low flame signal — for easy troubleshooting.
- Incorporates new integrated control board with connections for electronic air cleaner, humidifier and twinning.
- New two piece door design enhances furnace appearance and uses screw fasteners for easier accessibility.
- 3 amp fuse protection against low voltage shorts; protects transformer and control board.
- Low voltage terminal board for easy field wiring.
- Components and Controls — Designing quality into our products means selecting manufacturers that have a reputation for delivering high quality, dependable products.

FEATURES

High Efficiency Upflow/Horizontal 80+ Gas Furnace



STANDARD EQUIPMENT

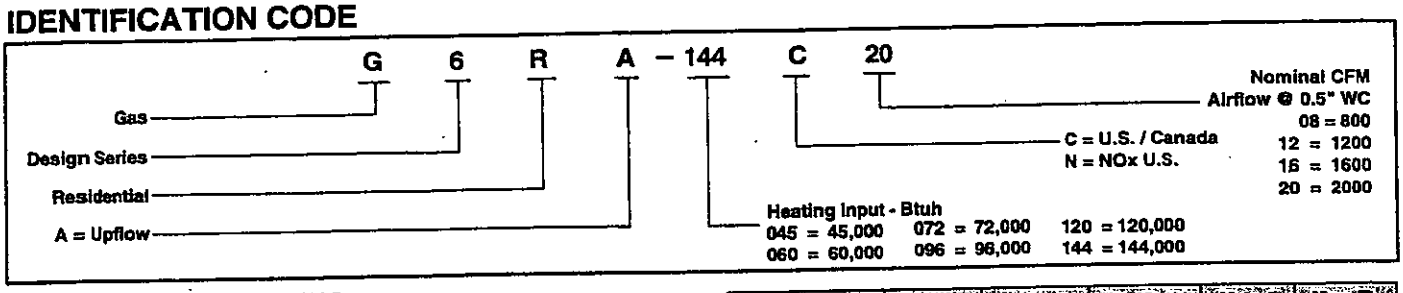
Draft inducer; pressure switch; redundant main gas control; hot-surface ignition; timed ON/OFF blower controls(TDR) ; 40VA transformer for air conditioner application; limit controls; solid base plate with knock-out for easy removal; direct drive motor; all models can be converted to use L.P. (propane) gas. Factory approved kits *only* must be used and are available as an optional accessory from your distributor.

SPECIFICATIONS

GSRA MODEL NUMBERS:	-045()08	-060()12	-072()12	-072()16	-096()12	-096()16	-096()20	-120()16	-120()20	-144()20
Input-Btuh (a)	45,000	60,000	72,000	72,000	96,000	96,000	96,000	120,000	120,000	144,000
Heating Capacity - Btuh	36,000	48,000	58,000	58,000	77,000	77,000	77,000	96,000	96,000	115,000
AFUE	80+	80+	80+	80+	80+	80+	80+	80+	80+	80+
Max. Htg. Ext. St. Press. In W.C.	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5
Blower Wheel D x W	10 x 6	10 x 6	10 x 6	10 x 10	10 x 9	10 x 10	11 x 10	10 x 10	11 x 10	11 x 10
Motor H.P. -Speed -Type	1/5 - 3 - PSC	1/3 - 3 - PSC	1/3 - 3 -PSC	1/2 - 4 -PSC	1/3 - 3 - PSC	1/2 - 4 -PSC	3/4 - 4 -PSC	1/2 - 4 -PSC	3/4 - 4 -PSC	3/4 - 4 -PSC
Motor FLA	2.8	6.0	6.0	7.9	6.0	7.9	11.1	7.9	11.1	11.1
Temperature Rise Range - °F	45 - 75	45 - 75	45 - 75	40 - 70	50 - 80	50 - 80	40 - 70	50 - 80	45 - 75	45 - 75
Approximate Shipping Wt. - lbs.	108	120	120	125	157	158	165	172	174	183

All models are 115 V, 60 HZ. Gas connections are 1/2" N.P.T
AFUE= Annual Fuel Utilization Efficiency

IDENTIFICATION CODE



Through-the-Wall VENTING
Venting Requirements

These furnaces are approved to use with 3" single wall AL29-4C stainless steel vent pipe in through-the-wall vent applications, and with the required through-the-wall vent kit listed below. The pipe is available from the following manufacturers:

Z-Flex Inc. - vent brand name **(Z-VENT)**
Heat-fab Inc. - vent brand name **(Saf-T Vent)**
Flex-L International - vent brand name **(STAR-34 Vent)**

When venting through-the-wall, this is a Category III furnace, the vent pressure is positive, and the venting system must be sealed in both horizontal and vertical runs.

Model Number G6RA	Min. Pipe Size	Reducer Needed	Flue Outlet (in.)	Max. # Elbows	Max. Ft. Vent Pipe
045( )-08	3"	None	3	4	35
060( )-12	3"	4" to 3"	4	4	35
072( )-12	3"	4" to 3"	4	4	35
072( )-16	3"	4" to 3"	4	4	35
096( )-12	3"	4" to 3"	4	4	35
096( )-16	3"	4" to 3"	4	4	35
096( )-20	3"	4" to 3"	4	4	35
120( )-16	3"	4" to 3"	4	4	35
120( )-20	3"	4" to 3"	4	4	35
144( )-20*	3"	4" to 3"	5	3	30

* NOTE: Special 5" to 4" Reducer Kit (#902249) required for model G6RA144C-120.

High Efficiency 80+ with Honeywell VR Gas Valve		
Kit		**Order Number**
U.S. High Altitude Natural Gas Conversion Kit (2,000 to 10,000 ft.)		903491
U.S. Propane Kit (0 to 2,000 ft.)		903492
U.S. High Altitude Propane Gas Conversion Kit (2,000 to 10,000 ft.)		903493
Canadian High Altitude Natural Gas Conversion Kit (2,000 to 4,500 ft.)		903494
Canadian Propane Gas Conversion Kit (0 to 4,500 ft.)		903495
Fossil Fuel Kit		914762
Side Return Filter Kit		541036
Bottom Return Filter Kit	A Cabinet	903088
	B Cabinet	903089
	C Cabinet	903090
Downflow Sub-Base	A Cabinet	902974
	B Cabinet	902677
Horizontal Vent Kit		903196
Internal Side Return Filter Wire		903152

VENTING

All models, with the exception of the reduced NOx models, are approved for vertical and through-the-wall venting applications (see table above). All models may be common vented with a gas water heater. Type B gas vent materials may be used when connected to a vertical vent system. The installation must be in accordance with the venting instructions supplied with the furnace.

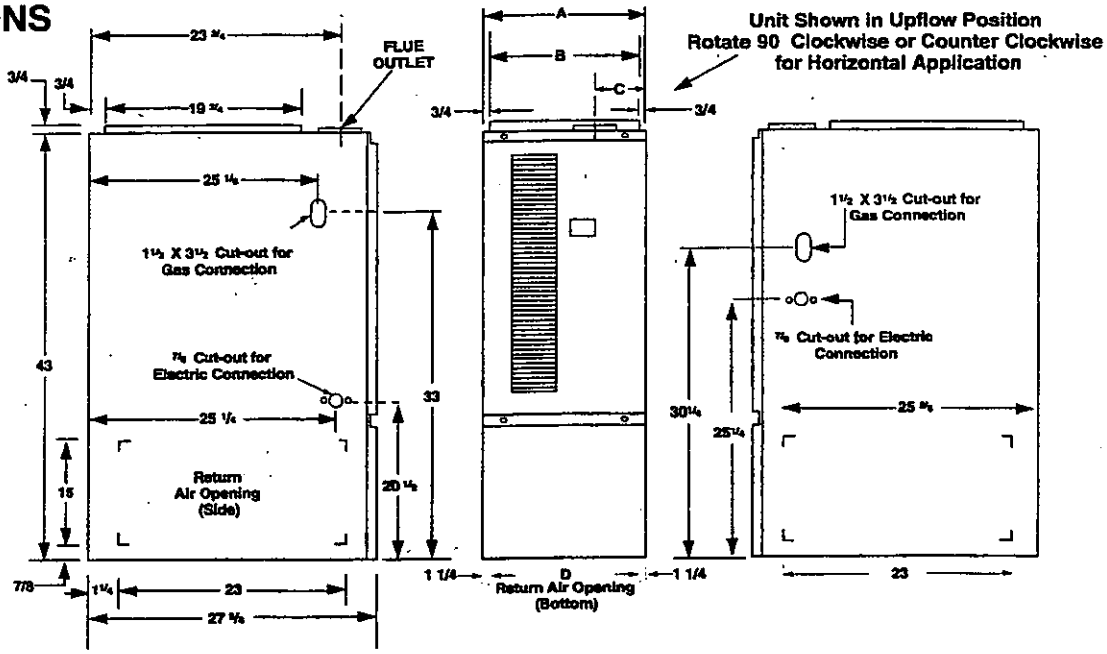
GENERAL TERMS OF LIMITED WARRANTY **

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the applicable periods stated below, in accordance with the terms of the warranty.

G6RA Models Warranty
Gas Heat Exchanger ..... 20-Year Limited Warranty
Any Other Part ..... 6-Year Limited Warranty

** For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the factory for a copy.

DIMENSIONS



MODEL NUMBER G6RA	A (in.)	B (in.)	C (in.)	D (in.)	MODEL NUMBER G6RA	A (in.)	B (in.)	C (in.)	D (in.)
045(*)-08	14 1/4	12 3/4	3 1/4	11 3/4	096(*)-16	19 3/4	18 1/4	3 3/4	17 1/4
060(*)-12	14 1/4	12 3/4	3 3/4	11 3/4	096(*)-20	22 1/2	21	3 3/4	20
072(*)-12	14 1/4	12 3/4	3 3/4	11 3/4	120(*)-16	19 3/4	18 1/4	3 3/4	17 1/4
072(*)-16	19 3/4	18 1/4	3 3/4	17 1/4	120(*)-20	22 1/2	21	3 3/4	20
096(*)-12	19 3/4	18 1/4	3 3/4	17 1/4	144(*)-20	22 1/2	21	4 1/4	20

BLOWER PERFORMANCE

Upflow Furnace Airflow Data

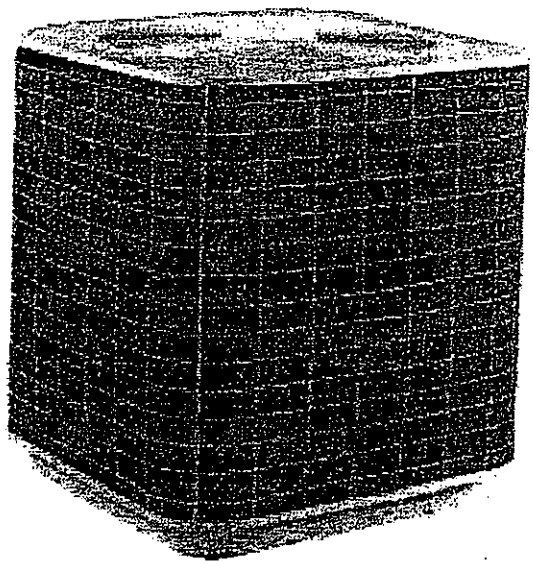
G6RA Furnace Model No.	Motor HP	Motor Speed	External Static Pressure (inches Water Column) 0.1 CFM	0.1 Rise	0.2 CFM	0.2 Rise	0.3 CFM	0.3 Rise	0.4 CFM	0.4 Rise	0.5 CFM	0.5 Rise
045C-08	1/5	High *	1000	-	970	-	950	-	920	-	870	-
		Medium	760	48	740	47	730	47	720	48	690	50
		Low **	630	55	620	56	610	57	600	58	570	61
060C-12	1/3	High *	1380	-	1350	-	1310	-	1260	-	1210	-
		Medium	1220	-	1190	-	1160	-	1120	-	1070	-
		Low **	820	57	800	58	780	59	760	61	730	63
072C-12	1/3	High *	1380	-	1350	-	1310	-	1260	-	1210	-
		Medium	1220	46	1190	47	1160	48	1120	49	1070	52
		Low **	820	68	800	69	780	71	760	73	730	76
072C-16	1/2	High *	1980	-	1910	-	1830	-	1760	-	1660	-
		Med-High	1710	-	1660	-	1610	-	1540	-	1470	-
		Med-Low	1490	-	1470	-	1420	-	1380	-	1320	-
		Low **	1270	44	1250	45	1230	45	1190	47	1140	49
096C-12	1/3	High *	1530	-	1450	-	1390	-	1300	-	1220	-
		Medium**	1380	64	1320	67	1250	71	1190	75	1100	81
		Low	930	-	900	-	870	-	820	-	750	-
096C-16	1/2	High *	1980	-	1910	-	1840	-	1760	-	1680	-
		Med-High	1720	-	1670	-	1610	-	1560	-	1480	-
		Med-Low **	1470	50	1440	52	1410	53	1370	54	1320	56
		Low	1270	58	1240	60	1220	61	1190	62	1140	65
096C-20	3/4	High *	2340	-	2290	-	2280	-	2180	-	2150	-
		Med-High	1910	-	1880	-	1860	-	1830	-	1810	-
		Med-Low	1520	49	1510	49	1490	50	1480	50	1460	51
		Low **	1370	54	1350	55	1340	55	1320	56	1300	57
120C-16	1/2	High *	1900	-	1830	-	1750	-	1630	-	1580	-
		Med-High **	1720	54	1670	56	1610	58	1560	59	1480	63
		Med-Low	1450	64	1420	65	1380	67	1340	69	1280	72
		Low	1260	-	1230	-	1200	-	1170	-	1120	-
120C-20	3/4	High *	2300	-	2250	-	2190	-	2130	-	2090	-
		Med-High	1910	49	1880	49	1860	50	1830	51	1800	52
		Med-Low**	1540	60	1530	61	1520	61	1500	62	1480	63
		Low	1320	-	1310	-	1300	-	1280	-	1260	-
144C-20	3/4	High *	2240	-	2190	-	2130	-	1070	-	2020	-
		Med-High**	1900	49	1860	50	1820	51	1780	52	1740	53
		Med-Low	1520	61	1510	61	1490	62	1480	63	1450	64
		Low	1330	-	1310	-	1290	-	1280	-	1250	-

*Factory wired cooling speed tap. **Factory wired heating speed tap.

- Not Recommended

TECHNICAL
SPECIFICATIONS

S3BA Series
High Efficiency Air Conditioner
10 SEER
1-1/2 – 5 Ton Capacity



The S3BA Series of air conditioners offers exceptional performance from a small, compact package. The unit, when combined with our engineered coils or air handlers, offers a full line of quality, split system cooling equipment. Units are ideally sized for slab or rooftop mounting in single, multifamily, and light commercial applications.

FEATURES and BENEFITS

- **Durable, Attractive Cabinet**–Designed using galvanized steel with a high gloss polyester urethane powder coat finish. The 750 hour salt spray finish is 1.5 mil thick and resists corrosion 50% better than comparable units.
- **Copper Tube / Aluminum Fin Coils** – Both indoor and outdoor coils are designed to optimize heat transfer, minimize size and cost, and increase durability and reliability.
- **Permanently Lubricated Motor** – A heavy duty PSC motor for long lasting reliability and quiet operation. Requires no maintenance and is completely protected from rain and snow.
- **Full Service Valves** – These brass valves are easily accessible and simplify servicing of the refrigeration system.
- **Plastic Coated Coil Guard**–A wire guard that will never rust and protects the units coil from being damaged by balls, lawnmowers, etc.
- **Removable Top Grille Assembly** – Allows ease of service from the top without disconnecting fan motor leads.
- **One Piece Top/Orifice** – Designed for maximum airflow and quiet operation.
- **2-1/2" Pedestal Base** – The sturdy base keeps the bottom of the coil out of harms way. Secondly, the base has weep holes along the edge to allow the water from rain to flow away from the unit.
- **Five Minute Restart Time Delay** – When the unit shuts down, a five minute delay keeps the unit from restarting, eliminating the highest cause for compressor failure.
- **Easy Compressor and Control Access** – Designed to make servicing easier for the contractor, access panels are provided to all controls and the compressor from the side of the unit.
- **6 Year Limited All Parts Warranty** – The best in the industry and has proven to be a major benefit to the consumer.

MODEL IDENTIFICATION CODES

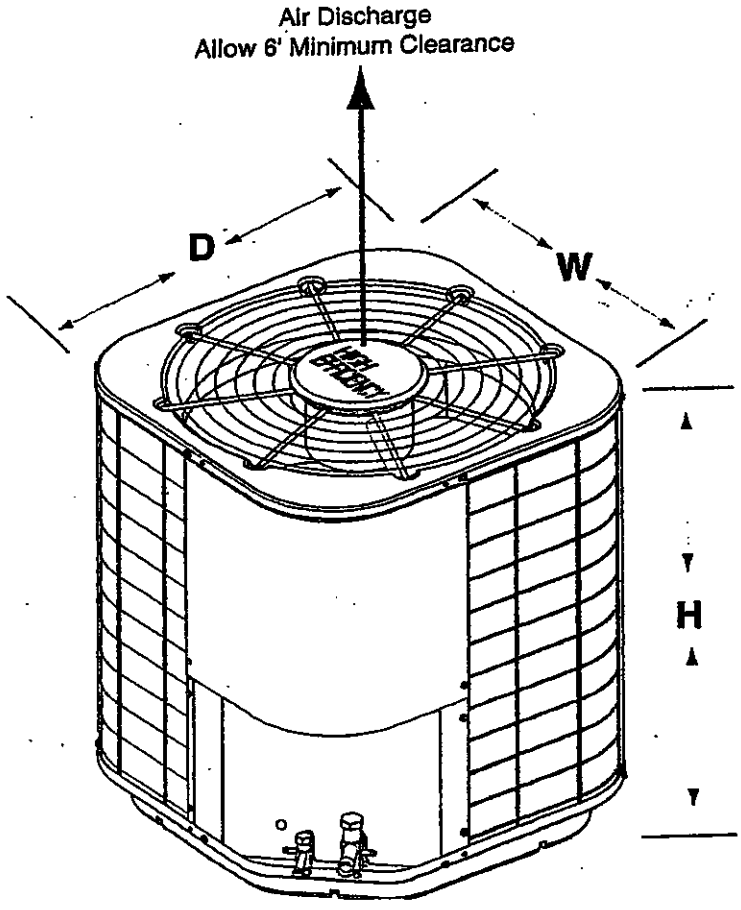
EX: S3BA-036K

S **3** **B** **A** - **036** **K**

- **S** - S - Air Conditioner; T - Heat Pump
- **3** - Generation 1, 2, 3. etc.
- **BA** - Product Identifier: BA = Braze 10 SEER; BC = Braze 12 SEER; BE = Braze 14 SEER
- **036** - Nominal Capacity (000) BTU
- **K** - Electrical Code: C = 208/230-60-3; K = 208/230-60-1

DIMENSIONS
OUTDOOR SECTION

S3BA-	018	024	030	036	042	048	060
H	22-1/2	22-1/2	26-1/2	30-1/2	34-1/2	26-1/2	34-1/2
W	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	30-1/2
D	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	30-1/2



PHYSICAL AND ELECTRICAL SPECIFICATIONS / OUTDOOR UNITS

10 SEER — High Efficiency — Single Phase

Model No. S3BA-			018K	024K	030K	036K	042K	048K	060K
Electrical Data	Volts-Cycles-Phase		208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1
	Total Amps		9.2	10.5	14.9	15.7	18.3	19.6	26.5
	Delay Fuse Max.		20	20	30	30	40	40	50
	Min. Circuit Ampacity		11.4	12.9	18.4	19.3	22.5	24.2	32.7
Component Data	Coil	Area	8.3	8.3	10.0	11.7	13.3	15.3	20.4
		Rows-FPI	1-16	1-18	1-20	1-20	1-22	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC	PSC	PSC	PSC	PSC
		Amps	0.67	0.67	1.25	1.25	1.25	1.4	1.5
		Watts-HP	145-1/10	145-1/10	210-1/8	210-1/8	210-1/8	245-1/4	300-1/4
	Fan Blade	Dia.-#Blades	18 in. - 3	18 in. - 3	18 in. - 3	18 in. - 3	18 in. - 3	24 in. - 2	24 in. - 3
		SCFM	2100	2100	2500	2500	2500	3300	4000
	Compress	RLA	8.6	9.8	13.7	14.4	17.0	18.2	25.0
		LRA	49	56	75	82	105	102	170
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15 ft.	5/8"	5/8"	3/4"	3/4"	3/4"	7/8"	7/8"
		25 ft.	5/8"	3/4"	3/4"	3/4"	7/8"	7/8"	1-1/8"
		40 ft.	3/4"	3/4"	3/4"	7/8"	7/8"	7/8"	1-1/8"
Refrigerant Charge R-22 Ounces	(Outdoor unit, Indoor Unit 15' Line Set)		62	72	76	90	102	105	130
Weight Approximate (lbs.)		Net	140	142	148	154	160	166	178
		Ship	152	154	160	166	172	178	190

10 SEER — High Efficiency — Three Phase

Model No. S3BA-			036C	048C	060C
Electrical Data	Volts-Cycles-Phase (1)		208/230-60-3	208/230-60-3	208/230-60-3
	Total Amps		10.2	14	16.9
	Delay Fuse Max. (2)		20	30	35
	Min. Circuit Ampacity		12.5	17.2	20.8
Component Data	Coil	Area	11.7	15.3	20.4
		Rows-FPI	1-20	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC
		Amps	1.25	1.4	1.5
		Watts-HP	210-1/8	245-1/4	300-1/4
	Fan Blade	Dia.-#Blades	18 in. - 3	24 in. - 2	24 in. - 3
		SCFM	2500	3000	3600
	Compress Data*	RLA	9.0	12.6	15.4
		LRA	70	91	124
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15 ft.	3/4"	7/8"	7/8"
		25 ft.	3/4"	7/8"	1-1/8" (5)
		40 ft.	7/8" (4)	7/8"	1-1/8" (5)
Refrigerant Charge R-22 Ounces	(Outdoor unit, Indoor Unit 15' Line Set)		90	105	130
Weight Approximate (lbs.)		Net	154	166	178
		Ship	166	178	190

COPPER WIRE SIZE — AWG (1% Voltage Drop)				
Supply Wire Length-Feet				Supply Circuit
200	150	100	50	Ampacity
6	8	10	14	15
4	6	8	12	20
4	6	8	10	25
4	4	6	10	30
3	4	6	8	35
3	4	6	8	40
2	3	4	6	45
2	3	4	6	50

Wire Size based on N.E.C. for 60° type copper conductors.

* Values shown are most severe and may vary slightly depending on the make of the compressor supplied.

(1) Operating Voltage Range: 198v min. — 253v max.

(2) HACR Type Circuit Breakers may be used.

(3) Requires 3/4" to 5/8" reducer from unit to line.

(4) Requires 7/8" to 3/4" reducer from line to unit.

(5) Requires 7/8" to 1-1/8" reducer from line to unit.

SYSTEM HEATING & COOLING CAPACITIES

10 SEER — High Efficiency — Single Phase

Outdoor Unit	With This Coil				
Model Number	Model Number	Cooling Btuh	SEER	Nominal cfm	Required Orifice Size
S3BA-018K	C3BL-018C/U-A	17,800	10.0	675	.051
S3BA-024K	C3BA-024C/U-B	23,600	10.0	800	.060
S3BA-024K	C3BL-023C/U-A	22,800	10.0	800	.060
S3BA-030K	C3BA-030C/U-B	29,600	10.0	1100	.067
S3BA-030K	C3BL-028C-A	28,200	10.0	1100	.067
S3BA-036K	C3BA-036C/U-B	34,600	10.0	1250	.073
S3BA-042K	C3BA-042C/U-C	40,000	10.0	1400	.077
S3BA-048K	C3BA-048C/U-C	45,500	10.0	1600	.082
S3BA-048K	C3BA-048C/U-B	45,000	10.0	1500	.082
S3BA-060K	C3BA-060C/U-C	56,500	10.0	1800	.096

Outdoor Unit	With This Air Handler				
Model Number	Model Number	Cooling Btuh	SEER	Nominal cfm	Required Orifice Size
S3BA-018K	B2B(M,V)-018K-A	17,800	10.0	675	.051
S3BA-024K	B2B(M,V)-024K-A	22,800	10.0	800	.060
S3BA-030K	B2B(M,V)-030K-B	29,600	10.0	1100	.067
S3BA-036K	B2B(M,V)-036K-B	34,600	10.0	1250	.073
S3BA-042K	B2B(M,V)-042K-C	40,000	10.0	1400	.077
S3BA-048K	B2B(M,V)-048K-C	45,500	10.0	1600	.082
S3BA-060K	B2B(M,V)-060K-C	56,500	10.0	1800	.096

ACCESSORIES - Condensing Unit

Start Assist Kit - 912933
Provides additional starting torque for the compressor motor when operating with low line voltage or high operating temperatures.

Thermostat
Two thermostats are available.
911096 - Single-Stage
911100 - Two-Stage Heat / One-Stage Cool

Permit Number

Checked By/Date

RES*check* Compliance Certificate

1995 MEC

RES*check* Software Version 3.5 Release 1d
Data filename: Untitled.rck

PROJECT TITLE: KRISTY SHAY CONSTRUCTION

CITY: Lakewood
STATE: New Jersey
HDD: 5294
CONSTRUCTION TYPE: Single Family

DATE: 05/13/04
DATE OF PLANS: 05-07-04

PROJECT DESCRIPTION:
NEW RESIDENCE
1693 WEST PRINCETON AVENUE
BRICK, NEW JERSEY

DESIGNER/CONTRACTOR:
DAVID HARTDORN, R.A.
ARCHITECT & PLANNER

COMPLIANCE: Passes

Maximum UA = 3765
Your Home UA = 2751
26.9% Better Than Code (UA)

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	1716	0.0	30.0		53
Wall 1: Wood Frame, 16" o.c.	26829	0.0	13.0		2550
Window 1: Wood Frame:Double Pane with Low-E	269			0.340	91
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	1325	0.0	19.0		57

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 1995 MEC requirements in RES*check* Version 3.5 Release 1d (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Builder/Designer _____ Date 05-13-04

Table 1: ***Minimum Insulation Thickness for Circulating Hot Water Pipes.***

	Insulation Thickness in Inches by Pipe Sizes			
Heated Water	Non-Circulating Runouts		Circulating Mains and Runouts	
Temperature (F)	Up to 1"	Up to 1.25"	1.5" to 2.0"	Over 2"
170-180	0.5	1.0	1.5	2.0
140-160	0.5	0.5	1.0	1.5
100-130	0.5	0.5	0.5	1.0

Table 2: ***Minimum Insulation Thickness for HVAC Pipes.***

	Fluid Temp.	Insulation Thickness in Inches by Pipe Sizes			
Piping System Types	Range (F)	2" Runouts	1" and Less	1.25" to 2"	2.5" to 4"
Heating Systems					
Low Pressure/Temperature	201-250	1.0	1.5	1.5	2.0
Low Temperature	120-200	0.5	1.0	1.0	1.5
Steam Condensate (for feed water)	Any	1.0	1.0	1.5	2.0
Cooling Systems					
Chilled Water, Refrigerant,	40-55	0.5	0.5	0.75	1.0
and Brine	Below 40	1.0	1.0	1.5	1.5

NOTES TO FIELD (Building Department Use Only)

RES*check* Inspection Checklist

1995 MEC

RES*check* Software Version 3.5 Release 1d

DATE: 05/13/04

PROJECT TITLE: KRISTY SHAY CONSTRUCTION

Bldg. Dept. Use

Ceilings:

[ ] 1. Ceiling 1: Flat Ceiling or Scissor Truss, R-30.0 continuous insulation
Comments: _____

Above-Grade Walls:

[ ] 1. Wall 1: Wood Frame, 16" o.c., R-13.0 continuous insulation
Comments: _____

Windows:

[ ] 1. Window 1: Wood Frame:Double Pane with Low-E, U-factor: 0.340
For windows without labeled U-factors, describe features:
Panes____ Frame Type_____ Thermal Break? [ ] Yes [ ] No
Comments: _____

Floors:

[ ] 1. Floor 1: All-Wood Joist/Truss:Over Unconditioned Space,
R-19.0 continuous insulation
Comments: _____

Air Leakage:

[ ] Joints, penetrations, and all other such openings in the building envelope that are sources of air leakage must be sealed.

[ ] Recessed lights must be 1) Type IC rated, or 2) installed inside an appropriate air-tight assembly with a 0.5" clearance from combustible materials. If non-IC rated, the fixture must be installed with a 3" clearance from insulation.

Vapor Retarder:

[ ] Required on the warm-in-winter side of all non-vented framed ceilings, walls, and floors.

Materials Identification:

[ ] Materials and equipment must be identified so that compliance can be determined.

[ ] Manufacturer manuals for all installed heating and cooling equipment and service water heating equipment must be provided.

[ ] Insulation R-values and glazing U-factors must be clearly marked on the building plans or specifications.

Duct Insulation:

[ ] Ducts in unconditioned spaces must be insulated to R-5.
Ducts outside the building must be insulated to R-6.5.

Duct Construction:

[ ] All ducts must be sealed with mastic and fibrous backing tape. Pressure-sensitive tape may be used for fibrous ducts. Duct tape is not permitted.

[ ] The HVAC system must provide a means for balancing air and water systems.

Temperature Controls:

[ ] Thermostats are required for each separate HVAC system. A manual or automatic means to

partially restrict or shut off the heating and/or cooling input to each zone or floor shall be provided.

Circulating Hot Water Systems:

[ ] Insulate circulating hot water pipes to the levels in Table 1.

Swimming Pools:

[ ] All heated swimming pools must have an on/off heater switch and require a cover unless over 20% of the heating energy is from non-depletable sources. Pool pumps require a time clock.

Heating and Cooling Piping Insulation:

[ ] HVAC piping conveying fluids above 120 °F or chilled fluids below 55 °F must be insulated to the levels in Table 2.

R.C. BURDICK, P.E., P.C.

1023 OCEAN RD., PT. PLEASANT, N.J. 08742 TEL. (732) 892-5050 FAX (732) 892-5888

Brick Township Construction Code Official
401 Chambers Bridge Road
Brick, NJ 08723

May 21, 2004
Re: West Princeton Avenue (1691 LANCLTON)
Brick, NJ
Project No. 04-2416

Dear Construction Code Official

Please be advised that our office has performed a soil boring at the above referenced lot to determine the adequacy of the site for the construction of a basement for a single-family residence at the site. The soil around the basement and footings consists primarily of medium to coarse sand to a depth of 9'. The seasonal high water table was not encountered. Based on this, we believe a basement can be built at this site.

Based on the above, we believe that the home is exempt from foundation drainage system due to the high permeability of the sandy soils and the low seasonal high water table.

Should you require additional information or have any questions, please call.

Sincerely yours,

Robert C. Burdick P.E.

Soil Boring No. 1
1693 West Princeton Avenue
Brick Township
Ocean County, New Jersey
Project No. 04-2416

0" – 4"	Silty Sand Topsoil
4" – 26"	Brownish Yellow, sandy clay, 10 YR 6/6
26" – 45"	Yellow, gravels and coarse sand, 10 YR 7/6
45" – 92"	Yellow, coarse sand with gravels, 10 YR 8/6
92" – 112"	Very Pale Brown, coarse sand, 10 YR 7/4, damp

Boring performed May 15, 2004
Standing water not encountered
Weather: 65°, cloudy
Boring elevation approximately at road elevation

Robert C. Burdick P.E. 30929

Kwiecinski and Associates
ARCHITECTS
architecture space planning

May 20, 2004

Brick Township Building Department
401 Chambers Bridge Road
Brick, N.J. 08723

Re: New Residence for:
Kristi Shay Construction
Block 844 Lot 12
Brick, N.J.

Dear Construction Official,

As per Ordinance No. 354-2D-03, following is the building height information for the above referenced project:

Building Eave Height – 19'-0"
Building Height – 25'-0"
Building Ridge Height – 30'-0"

Based upon the proposed heights shown, the building is within the height requirements of the township ordinance.

Please feel free to contact our office should you have any additional questions.

Very Truly Yours,

Kenneth S. Kwiecinski

1100 Ocean Road ▫ Point Pleasant ▫ New Jersey ▫ 08742
Phone: 732-295-4515 ▫ Fax: 732-295-5330

SHADE TREE PERMIT

RECEIPT OF FEES

BLOCK: 844

LOT: 12

FEE: $ 25.00

INSPECTION: _____

APPLICATION FOR SHADE TREE PERMIT
ORDINANCE # 158-E-99

1. Name of Applicant: Kristi Shay Construction, Inc.

   Address: 63 Channel Dr. Brick NJ 08723.
   Give name and address of person applying for permit. If Applicant is other than owner, give and identify names and addresses of both.

   Telephone: 732 477-4665

2. Block: 844 Lot: 12
   This information is located on deed or tax bill

3. Address if different from Applicant: 1691 LAUNELTON AVE
   Give street & number if one is assigned. If there is no street number assigned, estimate distance and direction from nearest intersection or other easily recognizable landmark.

4. Location of trees on property SEE SURVEY and number of trees presently on property _____.

A. FOR INDIVIDUAL BUILDING LOTS:
Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch. Include existing buildings, driveways, and other construction IN SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and a D for deciduous trees.

*Note Trees to be removed will have an X through the circle.

If removal is desired because of proposed construction of any kind, include such construction in DOTTED LINES and identify if planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any reason, show approximate proposed location with a DOTTED circle and specify species and approximate planting size (height & caliper)

There should be a minimum of one tree for each 2000 square foot after all tree removal and replacement (e.g. and 80 x 100 ft lot includes 8000 sqft & would require a minimum of 4 trees).

B. FOR OTHER ACREAGE
Include copy of subdivision plot plan or equivalent outling all wooded areas and solitary trees. Identify each (e.g. "heavily wooded mature oak with scattered Dogwood" or "sparsely wooded mixed Pitch Pine and small oak", etc.)

APPLICATION FOR SHADE TREE PERMIT
Page 2

*Note "Tree" for the purpose of this permit means
1. Any live coniferous tree 4' or more DBH (diameter breast high).
2. Any deciduous tree (live) 3' or more DBH.
3. Any live American Holly or Dogwood 1' or more, one foot above ground.
4. Any live Laurel 3' or more across root crown.

Date: 5/14/04

Name of Applicant: Kristi Shay Construction, Inc

Address: 63 Channel Drive

Brick NJ 08723

Block: 844 Lot: 12

Residential ✓ Commercial _____

Address if different from Applicant: 1691 LAURELTON AVE

SEE SURVEY

LOCATION OF TREES ON PROPERTY

NUMBER OF TREES PRESENTLY ON PROPERTY

Fees:

$5.00 per tree (maximum $25.00) on individual building lot

$25.00 per acre for approved subdivision/site plans

Amount of fee: $ 25.00

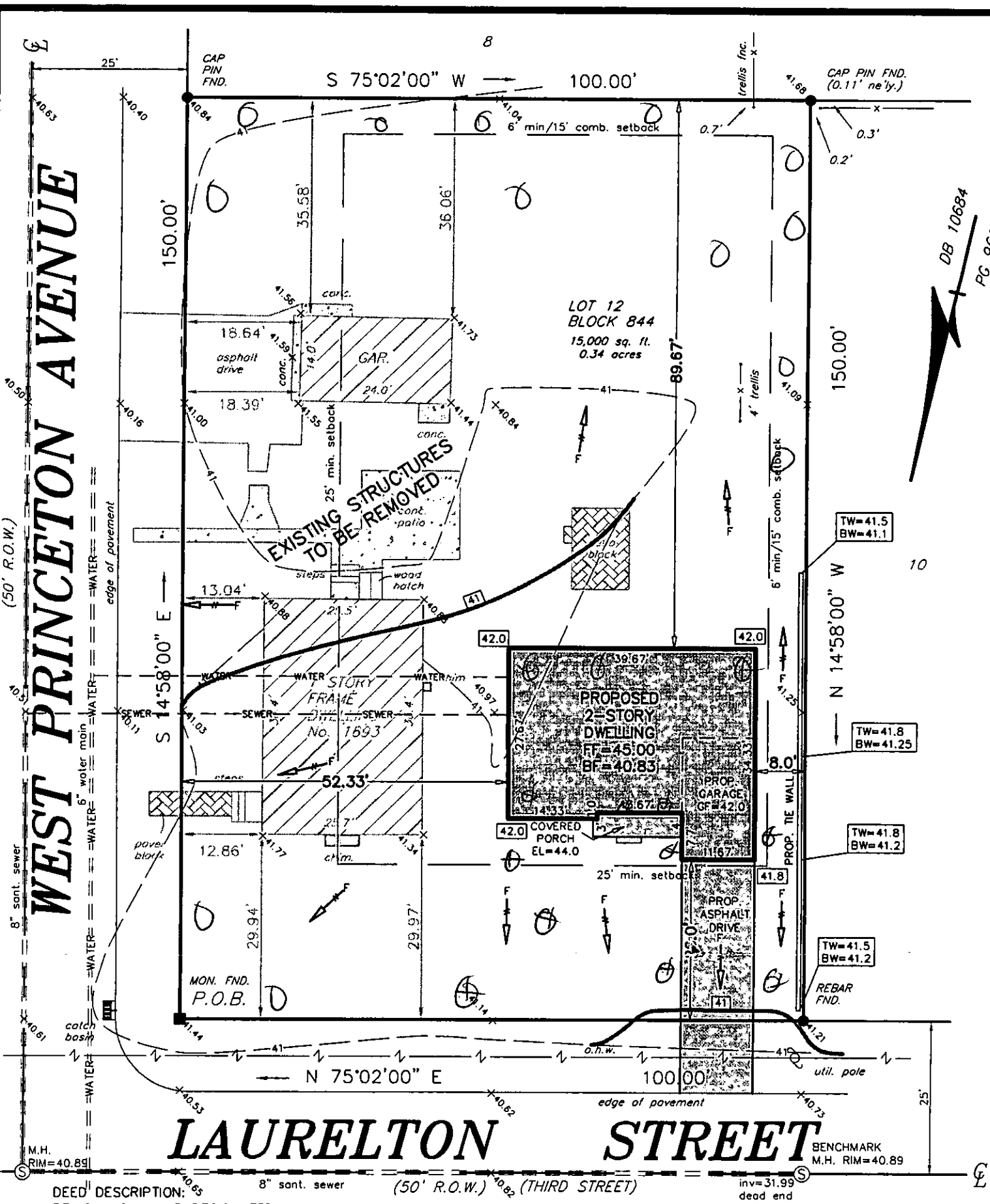
Reviewed by _____

Approved _____ Date: 6/3/04
Township Engineer

SHADE TREE SURVEY

⊙ - TREES TO REMAIN

⊗ - TREES TO BE REMOVED



DEED DESCRIPTION:
BEING KNOWN AND DESIGNATED AS LOTS 12, 13, 14 & 15 IN BLOCK 6 AS SHOWN ON A MAP ENTITLED, "LAURELTON PARK, LAURELTON-OCEAN COUNTY, NEW JERSEY", WHICH SAID MAP WAS DULY FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON SEPT. 25, 1929 AS MAP NO. A-328.

NOTES:
1. ALSO KNOWN AS LOT 12 IN BLOCK 844 AS SHOWN ON THE OFFICIAL TAX MAP OF THE TOWNSHIP OF BRICK, COUNTY OF OCEAN AND STATE OF NEW JERSEY.
2. THE PREMISES ARE COMMONLY KNOWN AS 1693 WEST PRINCETON AVENUE, BRICK, NEW JERSEY.
3. CORNER MARKERS LOCATED, VERIFIED AND STAKED.
4. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY. ANY/ALL CONTRACTORS SHALL VERIFY THE LOCATION OF ALL UNDERGROUND UTILITIES PRIOR TO THE START OF ANY CONSTRUCTION WORK ON THIS SITE. THE TELEPHONE NUMBER TO MARK OUT UTILITIES IN FIELD IS "NEW JERSEY ONE CALL" 1-800-272-1000.
5. ELEVATIONS BASED ON 1929 N.G.V.D.
6. NO WETLANDS EXIST ON SUBJECT PROPERTY
7. SUBJECT PROPERTY IS NOT IN A FLOOD ZONE.
8. UTILIZE EXISTING SEWER AND WATER AT STREET.
9. AVERAGE GRADE TO ROOF EAVE=12'-8", MEAN PEAK=22'-4", ROOF PEAK=32'-0".
10. THIS PLAN IS FOR THE PURPOSE OF OBTAINING A BUILDING PERMIT. HOUSE DIMENSIONS SET FORTH HEREON ARE TO BE VERIFIED BY BUILDER PRIOR TO STARTING CONSTRUCTION.

THIS SURVEY IS CERTIFIED TO HAVE BEEN PERFORMED IN ACCORDANCE WITH THE STANDARDS OF LAND SURVEYING PROFESSION AS SET FORTH IN N.J.A.C. 13:40-5.1 AND AS PRACTICED IN THE STATE OF NEW JERSEY.
IT IS ONLY CERTIFIED TO:
- KRISTI SHAY CONSTRUCTION INC.

NO.	DATE	DESCRIPTION	BY
1	5-25-2004	PROP. DWELLING CHANGED	W.G.P.

RWP

Ronald W. Post Surveying, Inc.
Professional Land Surveying and Planning
1792 Hinds Road, Toms River, NJ, 08753
Phone:(732)-255-9050 Fax:(732)-255-9196

Ronald W. Post
Professional Land Surveyor N.J. Lic: 28534
Professional Planner N.J. Lic: 02940
Certificate of Authorization No. 24GA27969400

5-25-2004
date

SURVEY OF PROPERTY & PLOT PLAN

for: KRISTI SHAY CONSTRUCTION INC.
1693 WEST PRINCETON AVENUE
LOT 12 BLOCK 844
BRICK TOWNSHIP
OCEAN COUNTY, NEW JERSEY

Scale	Dr.	Chk.	Date	Job No.
1"=20'	W.G.P.	RWP	5-12-2004	040336

REVISED 9/24/02

TOWNSHIP OF BRICK
PLOT PLAN REVIEW
CHECK LIST

BLOCK 844 LOT 12 DATE RECEIVED _____

PROPERTY ADDRESS 1691 [illegible] LAUREL TON AVE

APPLICANT KRISTI-SHAY CONSTRUCTION PHONE 732 477-4665

ADDRESS 63 CHANNEL DR. BRICK NJ

CONTRACTOR Kristi Shay Construction PHONE 732-477-4665

ADDRESS 63 Channel Dr Brick NJ 08723

TYPE OF WORK NEW HOME ZONING APPROVAL _____

FLOOD ZONE NO FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES _____ NO _____

		YES	NO	N/A
1.	PLAN SIGNED & SEALED	X		
2	SCALE OF NOT LESS THAN 1"-50"	X		
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)	X		"C"
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	X		
5	STREET GUTTER, CURB & CENTER LINE ELEVATIONS	X		
6.	CONTOURS 1' INCREMENTS	X		
7.	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS	X	X	
8.	PROPOSED GRADING/ELEVATIONS	X	X	
9.	GARAGE/ST FLOOR/CRAWL SPACE/BASEMENT ELEVATIONS	X	X	
10.	PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS	X	X	
11.	METHOD OF DRAINAGE		X	
12.	NORTH ARROW	X		
13.	DRIVEWAY WIDTH/TYOE	X		
14.	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	X		
15.	PROPERTY ADDRESS/LOT AND BLOCK NUMBER	X		
16.	SIDEWALK, CURB AND APRONS	—	—	—
17.	PARKING AREAS	X		
18.	UTILITY AND CONNECTIONS; WATER/SEWER/GAS/ELECTRIC	X		
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS	—	—	—
20.	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH	X		
21.	LIMITS OF CLEARING	—	—	—
22.	BASEMENTS/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS	—	—	—
23.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.	—	—	—
24.	EXISTING STRUCTURES	X		
25.	RETAINING WALLS/SERVICE WALKS, OTHER MISC. ITEMS	X		

PLOT PLAN REVIEW:

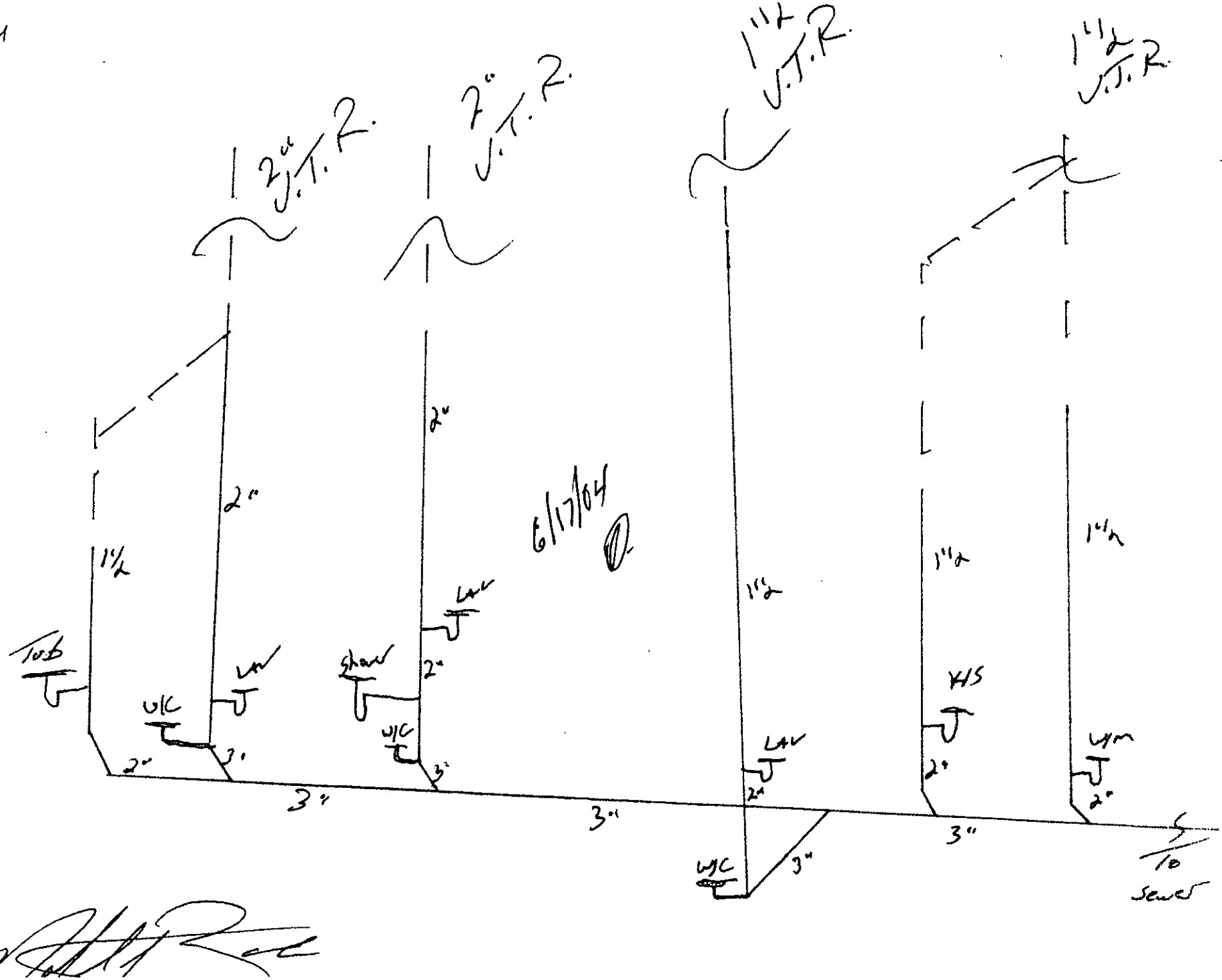
APPROVED X REJECTED _____ SIGNED [signature] DATE 6/10/04

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: Sub dividing Lot 2 Grading

1691 LAUNCESTON RD
BLK 844
LOT 12



SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER KRISTE-SHAY DATE 6/17/04

PROPERTY ADDRESS 1691 LOURELTON AVE BLOCK 844 LOT 12

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

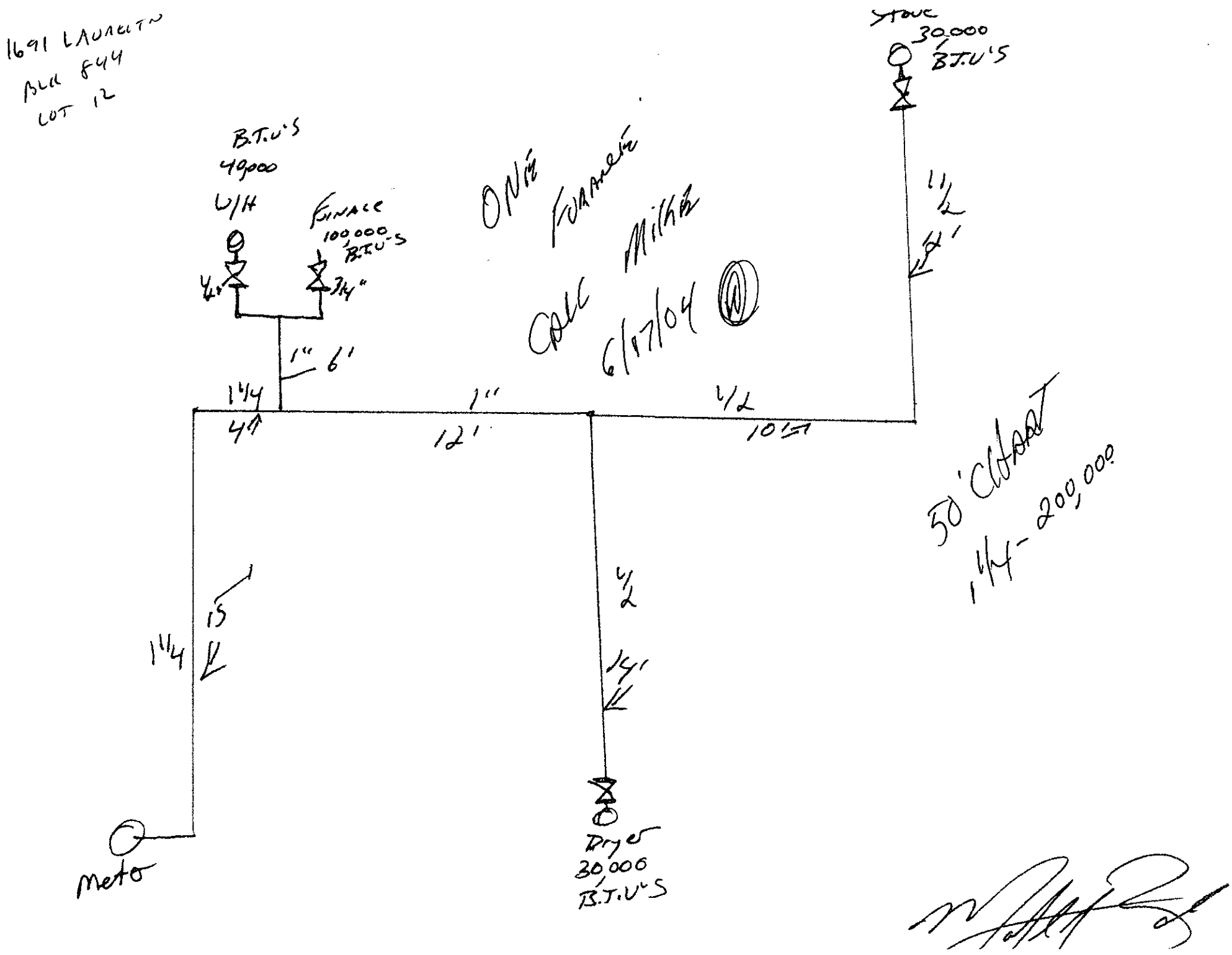
PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	2.5	8.0	
2:KITCHEN GROUP	1	2.0	
3:~~WATER CLOSETS~~			
4:LAVATORY			
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK			
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE	1	4.0	
12:URINAL			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS	2	3.5	

TOTAL 17.5

GALLONS PER MINUTE _____

SIZE OF SERVICE 3/4"

DATE: 6/17/04 APPROVED: _____


1691 LAUREL TN
BLK 644
LOT 12
B.T.U'S
40,000
U/H
FURNACE
100,000
B.T.U'S
OVEN
FURNACE
CALL
MILLER
6/17/04
STOVE
30,000
B.T.U'S
1" 6'
1 1/4
4'
1"
12'
1/2
10'
1 1/2
4'
50' CUTOFF
1 1/4 - 200,000
1 1/4
15'
1/2
14'
METO
DRYER
30,000
B.T.U'S

INSPECTOR: K. Shafer

DATE: 9/16/04

JOB: /

SECTION: Forge Pond

TYPE OF WORK: Final

WEATHER: Pt Cloudy

LOCATION: 1691 Lawrelton Ave

TEMPERATURE: 70's

BLOCK: 844 LOT: 12

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

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.

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address 1691 ~~Wellington Ave~~ LAUREL TON AVE

Block 844 Lock 12

Contractor Kristi Shay Construction, Inc

Contractor's Address 63 Channel Dr.

Type of Construction (minor, new home) New home

Type of Debris (shingles, siding, wood, etc.) Shingles - siding - wood

Party Responsible for removal Sindel Carting

Dumpster Size 40 Yard

Destination of Debris Discard OC Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

5/14/04
Date

MICHAEL STUCHIO
Print Name

SINGLE FAMILY DWELLING CHECKLIST

1. Construction Permit Jacket Completed and Signed — Yes ✓ No
2. Zoning Application Completed — Yes ✓ No
3. Two True Size Surveys — Yes ✓ No
4. Engineering Form:
   - Single Family Home Checklist — Yes ✓ No
   - Major Subdivision — Yes No ✓
5. Shade Tree Application — Yes ✓ No
6. Debris Form — Yes ✓ No
7. BTMUA Availability Statement — Yes ✓ No
8. Building, Plumbing, Electrical and Fire Permits — Yes ✓ No
9. Gas Pipe Drawing — Yes ✓ No
10. Drain Waste Venting Schematic (DWV) — Yes ✓ No
11. Brochures:
    - Furnace — Yes ✓ No
    - Air Conditioner — Yes ✓ No
    - Fireplace — Yes ~~✓~~ No ✓
    - Boiler — Yes No ✓
12. Indicate options:
    - Fireplace (Gas or Wood) — Yes ~~✓~~ No ✓
    - Basement — Yes ✓ No ~~✓~~
    - Crawl — Yes ~~✓~~ No ✓
    - Slab — Yes No ✓
    - Deck — Yes No ✓
13. Two Sets of Plans-architectural plans signed and sealed Homeowners Plans signed by homeowner on all pages — Yes ✓ No
14. Soil Boring Report showing seasonal high water table required for any new basements — Yes ✓ No N/A
15. Joist layout showing blocking for any engineered floor joist (TJI) — Yes No ✓
16. Modular Homes separate cost - the house is new building; site preparation, garages and decks are alterations — Yes No ✓
17. Model Energy Code — Yes ✓ No

Please separate the cost for fireplaces and decks from the cost of the new building - they are considered alterations

YOUR PERMIT APPLICATION WILL NOT BE ACCEPTED IF ANY OF THE ABOVE INFORMATION IS MISSING

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

********PLEASE READ AND SIGN********

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: KRISTI SHAW CONSTRUCTION

SIGNATURE: [signature] DATE: 5/05/04

BLOCK: 644 LOT: 12 ADDRESS: 1691 LAUREL AVE

Received on 7-12-2004

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
PO Box 805
Trenton, NJ 08625-0805

Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ Check if for Common Elements*

1 Courtney Gruss & Jeffrey Gabriel
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 Kristi Shay Construction Inc
Name
63 Channel Drive
Street and Number (Mailing Address)
Brick NJ 08723
City State Zip Code
Phone Number (732) 477-4665
NJ Builder Registration Number 026379
Print Builder Name Samuel Reynolds
Sam Reynolds
Registered Builder's Signature

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

New Dwelling Location

3 1691 Courelton Street
Street Name and Number

Building Number	Unit Number	Total Number of Units in Building
Brick	NJ	08723
City		Zip Code
844	12	
Block Number	Lot Number	
Brick	Ocean	
Municipality	County 506	

Commencement Date of Warranty

4 Commencement Date*** 07 2004
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**** $ 349,900 ~
Amount of Premium $ 892 00
(Rate .00255 x 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 x Total Contract Price x 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 2

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:
Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

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

VALIDATION STAMP
VALIDATION STAMP
CERTIFICATE NUMBER
WARRANTY NUMBER 167370

7685c rev.7/93

MUNICIPAL COPY

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1693 W PRINCETON AVE
Block: 844 Lot: 12
Owner's Name: KRISTI-SHAY CONSTRUCTION
Owner's Mailing Address: 63 CHANNEL DR
BRICK NJ 08723
Phone: (732) 477-4665

BUILDING

Contractor: KRISTI-SHAY CONSTRUCTION
Address: 63 CHANNEL DR
BRICK NJ 08723
Phone#: 732 477-4665
Lis # 26379
Federal Emp # or SSN 22-3528140

Technical Data

Description of Work:

NEW SINGLE-FAMILY HOME
4 BR 2½ BATH
2 CAR GARAGE
GAS FIREPLACE
CRAWL SPACE

Type of Work

X New Building	___ Siding
___ Addition	___ Fence
___ Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present: INC-45 Proposed: _____
No of Stories: 2
Height of Structure: 000' 25
Area of the largest floor: ~~1,400~~ 240
Area of New Structure: ~~1,400~~ 1845
Volume of New Structure: ~~18,480~~ 18,492
Total Land Disturbed: 2200 sq ft

Cost of Alteration: $ _____
Cost of New Building: $ 60,000.00
Cost of Site Work $ _____
Total Cost of New Building Work: $ 60,000 =

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: [signature]
Please Print Name MICHAEL STUHLMAN

ELECTRICAL

Contractor: Dickson Electric,
Address: 2597 old Hooper
Brick NJ
Phone#: 732-920-6441,
Lis #: 8392,
Federal Emp # or SSN 153-62-7109

Technical Data

Item	Quantity
Lighting Fixtures	24
Receptacles	63
Switches	28
Detectors	5
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	6
Alarm Devices/FAC Panel	
Total	128

Pool (Receptacles, Switches, Lights, Motor 1HP)		
Spa/Hot Tub/Storable Pool		
Electric Range		KW
Oven/Surface Unit		KW
Electric Water Heater		KW
Electric Dryer		KW
Dishwasher	1/2	KW
Garbage Disposal		HP
A/C Unit –Central Air	2 5	KW
Space Heater/Air Handler		KW
Baseboard Heating		KW
Motors 1+ HP		
Transformer/Generator		KW
Light Stander		AMP
Service	200	AMP
Subpanel		AMP
Motor Control Center		AMP
Sign/Outline Light		KW
Furnace	2 Direct 20 Amp	
Steam Boiler		
Other:		

Estimated Cost of Electrical Work: 3,000 =

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: [signature]
Please Print Name James C. Dickson

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Bode Mech
Address: 312 Hayes Ave
Bay. Ike, N.J. 08721
Phone #: 732-237-3300
Lis #: BZO-8957
Federal Emp # or SSN 22-3640636

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	3
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	1
Lavatory (BR Sink)	3
Shower	1
Floor Drain	
Sink Kit	1
Dishwasher	
Drinking Fountain	
Washing Machine	1
Hose Bib	2
Gas Piping	1
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	2 Future
Septic Tank Closure	
Sewer Service Connection	1
Water Service Connection	1
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: Mark S Bode

CONTRACTOR'S SEAL

FIRE

Contractor: RAISTI-SHAY CONSTRUCTION
Address: 63 CHANNOR DR
ANCHOR NJ 08723
Phone #: 732 477-4665
Lis #: 26379
Federal Emp # or SSN 22-3528-80

Technical Data

Description of Work:

Heating Type: X Gas ___ Oil ___ Electric ___ Solar
Heating System is ___ New ___ Existing
Location of Furnace/Boiler: UTIL ROOM / ATTIC
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	6
Heat Detectors	CO det.
Total	6
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Gas Stove	1
Gas Dryer	1
Furnace (Gas or Oil)	2
Gas Fireplace	1
Gas Logs	
Total Appliances	6

Wood Burning Stove _____
Wood Fireplace _____
Other:
H/W HEATER

Estimated Cost of Fire Work 500.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: MICHAEL STRACHAN