RECEIVED

MAY 2 1989

DIV. OF INSPECTION

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 1629 WEST PRINCETON AVE BRICK N.J. 08723
2. Owner Name: GERTRUDE O'BRIEN [redacted]
   Address SAME AS ABOVE
3. Principal Contractor: D+S CONTRACTING Tel. (201) 477-7687
   Address 25 UNITY DR. BRICK NJ. 08723
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22-208642
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$13,000.-
2. ☑	Plumbing	1,500.-
3. ☑	Electrical	3,000.-
4. ☐	Fire Protection	
5. ☐	Other Siding	2000
6. ☐	Other	
	TOTAL COST	$ 19,500.-

C. DO YOU WANT:

1. ☑ Partial Releases 2. ☐ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: 1
After Construction: 2
Net Gain (or loss): 1

B. NON-RESIDENTIAL

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

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure 12 Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

$19,500.-

21

LDS BR 10209029

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

SIGNATURE Gertrude O'Brien DATE May 2, 1989

II. AGENT SECTION

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

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

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

☐ **Check if contractor.**

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 828.17 LOT NO. 21 SUBDIVISION _____ PERMIT NO. 4500

PRIOR APPROVALS CHECKLIST

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

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

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

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			5-22-89	Ikes	
	Footings/Foundations					
	Framing					
	Architectural 2			7-14-89	JC	8/21/89 JC check
	Other					
☒	PLUMBING			5/22/89	JE	
☐	ELECTRICAL			5/30/89	JE	
☐	FIRE PROTECTION			6-7-89	FO. OK	
☐	OTHER 2					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	✓ BUILDING		10-24-89 JC	
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	✓ PLUMBING		10-23-89 JE	
	✓ ELECTRICAL		10-26-89 BK	
	✓ FIRE PROTECTION		10-23-89 JE	
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

☐ Temporary Certificate of Occupancy — Date Issued
Date Expired
☐ Temporary Certificate of Occupancy — Date Issued
Date Expired
☐ Certificate of Occupancy — Date Issued
No.
☐ Certificate of Continued Occupancy — Date Issued
No.
☐ Certificate of Approval — Date Issued
No.
☐ None

IV. ON-GOING INSPECTIONS

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

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 37.63
PLUMBING	30.00
ELECTRICAL	•
FIRE PROTECTION	15.00
OTHER	•
SUBTOTAL	$ 72.63
– LESS: 20% of subtotal (when plan review performed by state agency)	(7.26)
D.C.A. TRAINING FEE .0006 x 5376 Gr Ft	= 3.23
CERTIFICATE OF OCCUPANCY	20.00
OTHER Subms	15.00
OTHER	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 108.12
DATE 6/7/89 Collected By JE	118.12

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	8-22-89	Deeks	15. –
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

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

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 4500
DATE ISSUED 6/2/87
REVISION DATE

Block 828.17 Lot 21
Subdivision

A. IDENTIFICATION

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

Owner GERTRUDE O'BRIEN
Address 1629 W. PRINCETON AVE. BRICK NJ 08723
Tel. [redacted]

Work Site Address SAME

Contractor D+S CONSTRUCTION
Address 25 UNITY DR. BRICK NJ 08723
Tel. (201) 477-7687
Lic. No.
Federal Emp. No. 22-208642

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Addition
bedroom & kitchen

☑ See Plans

TYPE OF WORK:

- ☐ New Building
- ☑ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other 5376 Cu Ft

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

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present ✓ Proposed

No. of Stories 1 Total Building Area—All Floors 448 Sq. Ft.

Height of Structure 8 Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor 256 Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 19,500.-

D. COMMENTS

☑ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant's Copy Manila = Inspector's Copy

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 4500
DATE ISSUED 6-2-89
REVISION DATE 5-22-89
Block 628.17 Lot 21
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner GERTRUDE O'BRIEN
Address 1629 W. PRINCETON AVE. MARGATE
Tel. ( ) [redacted]
Work Site Address

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

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

1 - 10x12 DECK

1 - 8 x 10 DECK

☒ See Plans

TYPE OF WORK:

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

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

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 45607
DATE ISSUED 6/15/07
REVISION DATE

Block 225.17 Lot 21
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner BERTRAND DUARTE
Address 1629 W. PARTERSON AVE. BRICK N.J 08723
Tel [redacted]

Contractor D+S CONSTRUCTION
Address 25 DAVID DR. BRICK N.J 08723
Tel. (732) 477-2687

Work Site Address SAME

Lic. No.

Federal Emp. No. 22-2086417

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Addition
bedroom & kitchen

☑ See Plans

TYPE OF WORK:

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

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

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present ✓ Proposed

No. of Stories 1 — Total Building Area—All Floors 448 Sq. Ft.

Height of Structure 8 Ft. — Volume of Structure _____ Cu. Ft.

Area—Largest Floor 256 Sq. Ft. — Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 19,500.-

D. COMMENTS

☑ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant's Copy Manila = Inspector's Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
6·22 89	No electrical inspection / roof leaks where existing dormer meets new roof - JK

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	5-22-89	JK
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 10-24-89

Inspected By: J. Chrusler

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				6-5-89 JK
☐ Slab				6-13-89 JK
☒ Frame	6-22-89 JK			7-11-89 JK
☐ Architectural				
☒ Insulation				7-20-89 JK
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other Footing/Slab				10-20-89 JK

U.C.C. Form F-110 (8/83)

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 95002
DATE ISSUED 8-22-89
REVISION DATE 8-22-89
Block 5517 Lot 21
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner GERTRUDE O'BRIEN
Address 1629 W. PRINCETON AVE. , HATCH
Tel. ( ) [redacted]
Work Site Address

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

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

1 - 10 x 12 DECK

1 - 8 x 10 DECK

8-22-89
Added Pd 15. —
upodate

☒ See Plans

TYPE OF WORK:

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

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

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) GREEN - Office Copy, WHITE - Applicant Copy, MANILA TAG - Inspector's Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	2 Dec 89	16M
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 10-24-89

Inspected By: L. Chrisler

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				10 20 89
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 4500
DATE ISSUED 6/2/89
REVISION DATE
Block 828.17 Lot 21
Subdivision

A. IDENTIFICATION

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

Owner GERTRUDE O'BRIEN
Address 1629 W. PRINCETON AVE BRICK N.J. 08724
Tel. ([redacted]

Contractor D+S CONTRACTING
Address 25 UNITY DR. BRICK N.J.
Tel. ( ) 477-7687

Work Site Address SAME
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

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

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

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

$

B3. ALARM

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

FEE $

B4. STAND PIPES

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

$

B5. OTHER

ELECTRIC SMOKE DETECTOR & EXHAUST FAN

$
$
$

Subtotal $

Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 45

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 4500
DATE ISSUED 6/2/89
REVISION DATE
Block 5?.17 Lot 21
Subdivision

A. IDENTIFICATION

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

Owner [illegible]
Address [illegible]
[illegible]
Tel. ([redacted]
Work Site Address [illegible]

Contractor [illegible]
Address [illegible]
[illegible]
Tel. ( ) 477-7657
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

FEE

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

B2. SPECIAL SUPPRESSION SYSTEMS

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

B3. ALARM

FEE

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

B4. STAND PIPES

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

B5. OTHER

[illegible handwriting] $
$
$

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

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems — Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank — Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
10/23/89	Smoke detector works only add less
	than 5% of increase Complies with
	Code

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: 5/30/89

Approved By: [signature]

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 10/23/89

Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☑ Smoke Test				10/23/89
☐ TCO				
☐ Other Final				10/23/89
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 4509
DATE ISSUED 6/27/89
REVISION DATE

Block 828.18 Lot 21
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner GERTRUDE O'BRIEN
Address 1629 W PRINCETON AVE BRICK NJ 08724
Tel. ([redacted]

Work Site Address SAME

Contractor LARRY COUDRICK
Address 2016 Teakwood Rd Toms River N.J.
Tel. ( ) 270-5973
Lic.No./Bus. Permit 5518
Federal Emp. No. 137-38-6661

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

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

Larry Coudrick
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal			Garbage Disposal	
	Bathtub			Air Conditioner Unit	
1	Lavatory/Sink	5.—		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
1	Dishwasher	5.—		Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	10.—
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 10.—		COLUMN 2	$ 10.—

COLUMN 1	$ 10.—
COLUMN 2	$ 10.—
SUBTOTAL	$ 20.—
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 20.—

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material	ABS	Size	2 - 1½
Building Sewer—	Material	Exist Tying	Size	
Water Service—	Material	"	Size	
Venting —	Material	ABS	Size	1½

Estimated Cost of Plumbing Work: $ 2,700

D. COMMENTS

Addition

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant's Copy Blue Ink = Inspector's Copy

TOWNSHIP OF BRICK

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO.	[illegible]
DATE ISSUED	1/17/89
REVISION DATE	
Block 826.18	Lot 21
Subdivision	

A. IDENTIFICATION

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

Owner [illegible]	Contractor LARRY COWDRICK
Address 1674 [illegible]	Address 2016 Teakwood Rd
[illegible]	Toms River N.J
Tel. ( ) [redacted]	Tel. ( ) 270-5973
Work Site Ad[redacted]	Lic.No./Bus. Permit 5518
	Federal Emp. No. 137-38-6161

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

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

[illegible signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
1	Lavatory/Sink	5		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
1	Dishwasher	5		Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/Furnace		1	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 10		COLUMN 2	$ 10

Fee	
COLUMN 1	$ 10
COLUMN 2	$ 10
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 20

C. PLUMBING CHARACTERISTICS

USE GROUP: ________ Present ________ Proposed

	Material	Size
Drainage –	ABS	3 - 1½
Building Sewer –	[illegible]	
Water Service –	"	
Venting –	ABS	1½

Estimated Cost of Plumbing Work: $ [illegible]

D. COMMENTS

Addition
10-23-89 extra charges
1-Kit Sink/1 stall shower $20

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant's Copy Blue Ink = Inspector's Copy

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 5-22-89
Approved By: [signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 10-23-89
Inspected By: [signature]

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				6/13/89
☒ Rough				7/10/89 BVL
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION _____ UTILITY CO PP.

1626 West Princeton BLK 826.14 LOT 21

OWNER O'Brien OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☑FINAL ☐TEMPORARY This approval void after _____ days

SERVICE 150A. RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS Downstairs addition

DATE 10.26.88 PERMIT # 7032 INSPECTOR K. Fowler 24

Elec. 104 P. 8.17.89 Insp. Lic# _____

APPLICANT GERTRUDE O'BRIEN

LOCATION: LOT 21 BLOCK 828.17 STREET W. PRINCETON SECTION FORGE POND

TYPE:

PERMIT #

TYPE ROOFING FIBERGLASS STRIP SHINGLES OVER 15LB. FELT

RAFTER SIZE AND SPACING 2x8 16" O/C

ROOF SHEATHING 1/2" CDX

CEILING JOIST SIZE AND SPACING 2X6 16" O/C

TYPE SIDING VINYL COATED ALUM.

WALL SHEATHING

TYPE WINDOWS VINYLINE DOUBLE HUNG

WALL FRAMING SIZE AND SPACING 2x4 16" O/C

CEILING INSULATION -R #19

WALL INSULATION -R 19

FLOOR INSULATION -R

SUB-FLOOR SOLID POURED SLAB

FLOOR JOIST SIZE AND SPACING

GIRDER

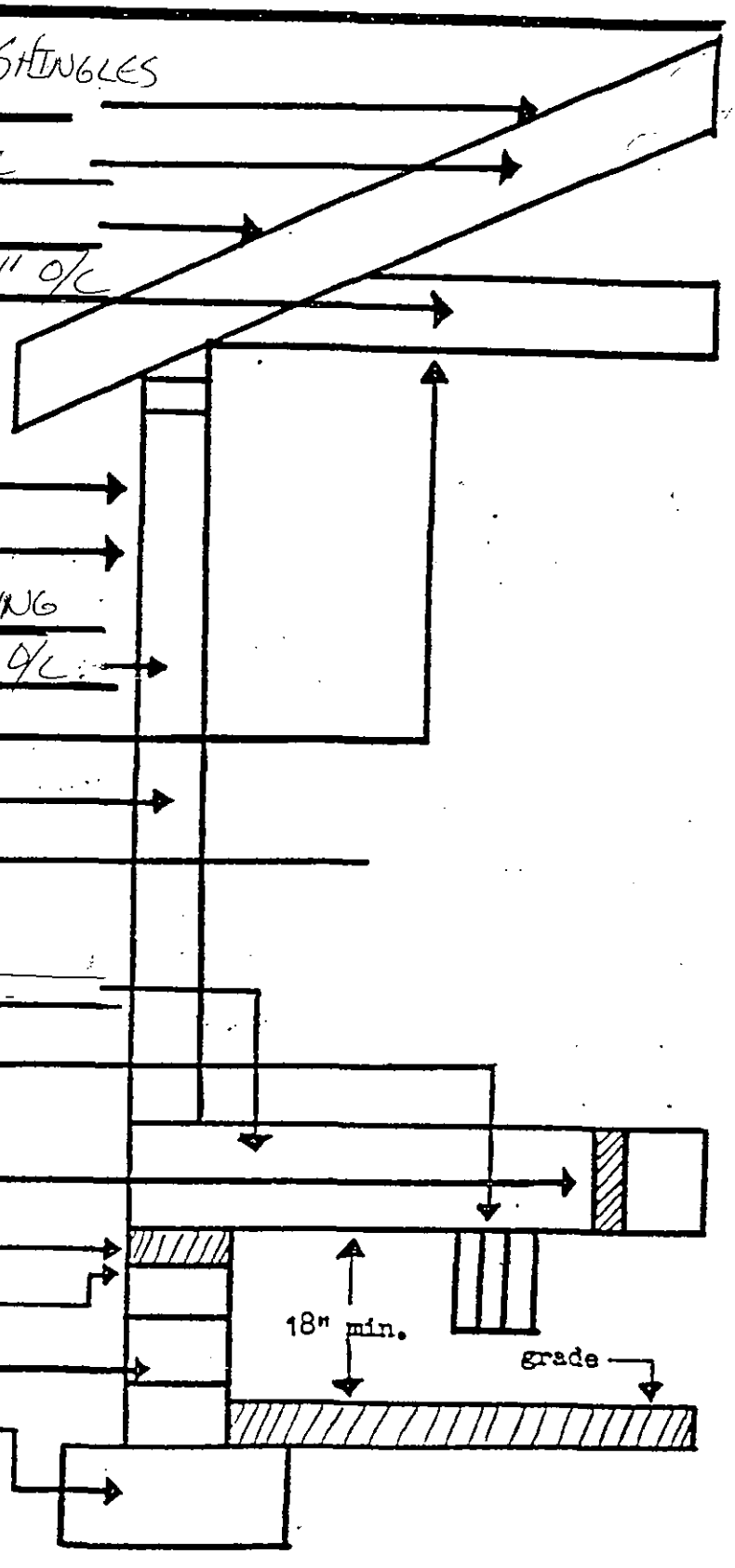
BRIDGING

SILLPLATE 2X4 CCA

TERMITE SHIELD

BLOCK FOUNDATION 4 COURSES 8x16 BLOCK

FOOTING 8" W/1" DIA REBAR



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

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

owner called us 5/8/89

CHECK LIST

RE: Block 828, 17 Lot 21 Address _____

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

Administrative _____

Zoning _____

Engineering _____

Building Must have Fire & Plumbing Tech Cards

Plumbing _____

Electric _____

Fire _____

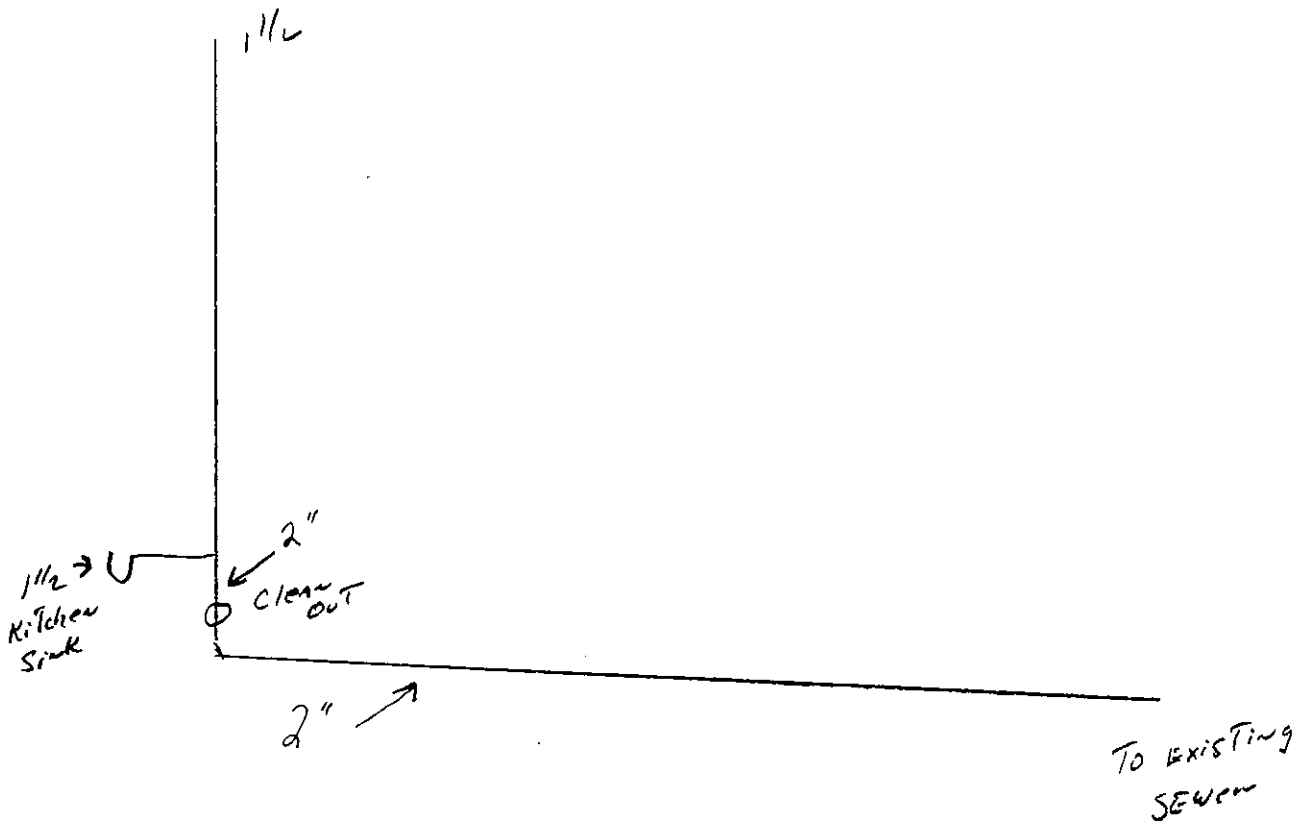
See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

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

_____

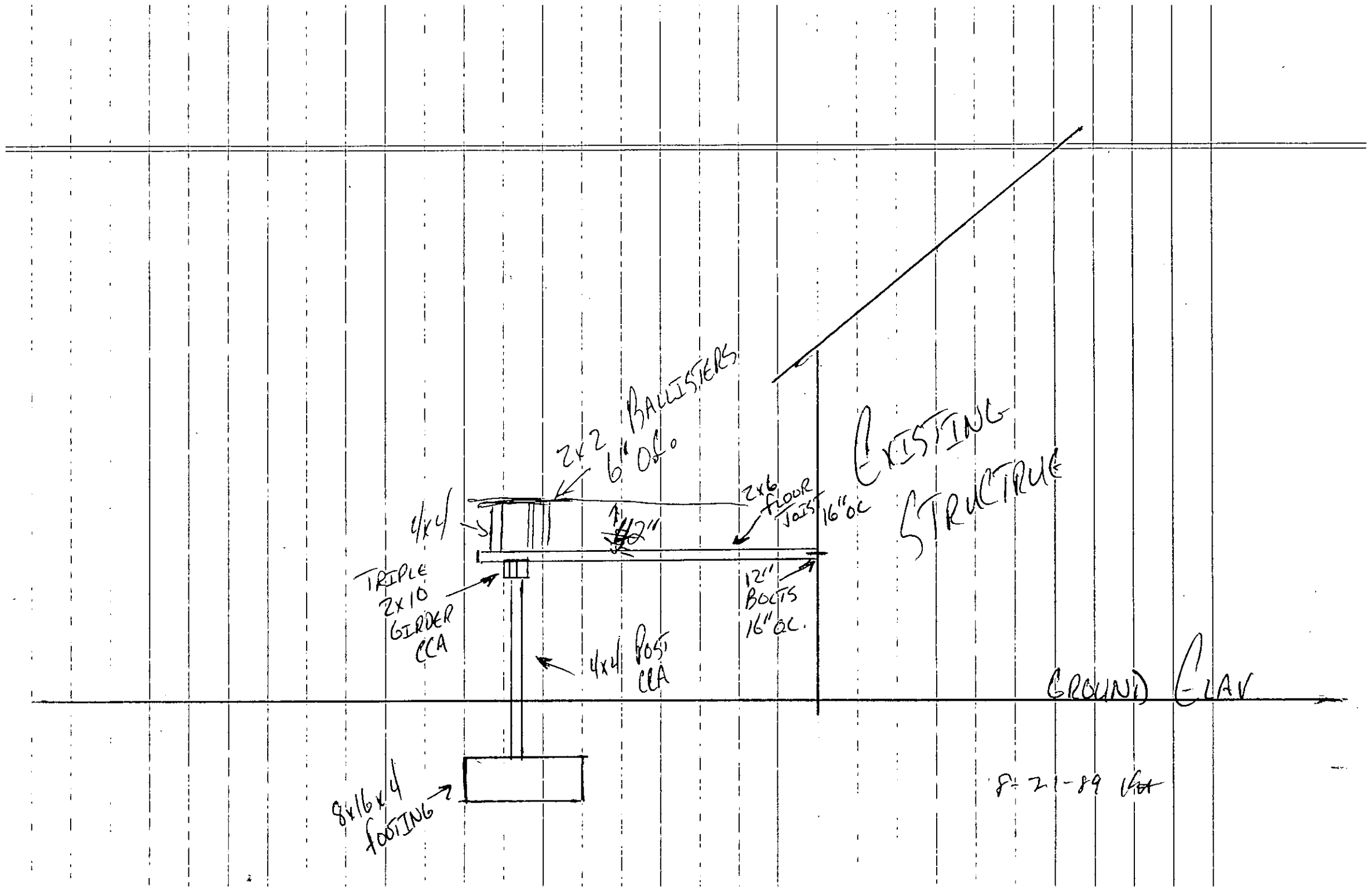
Arthur J. Cierzo,
Construction Official

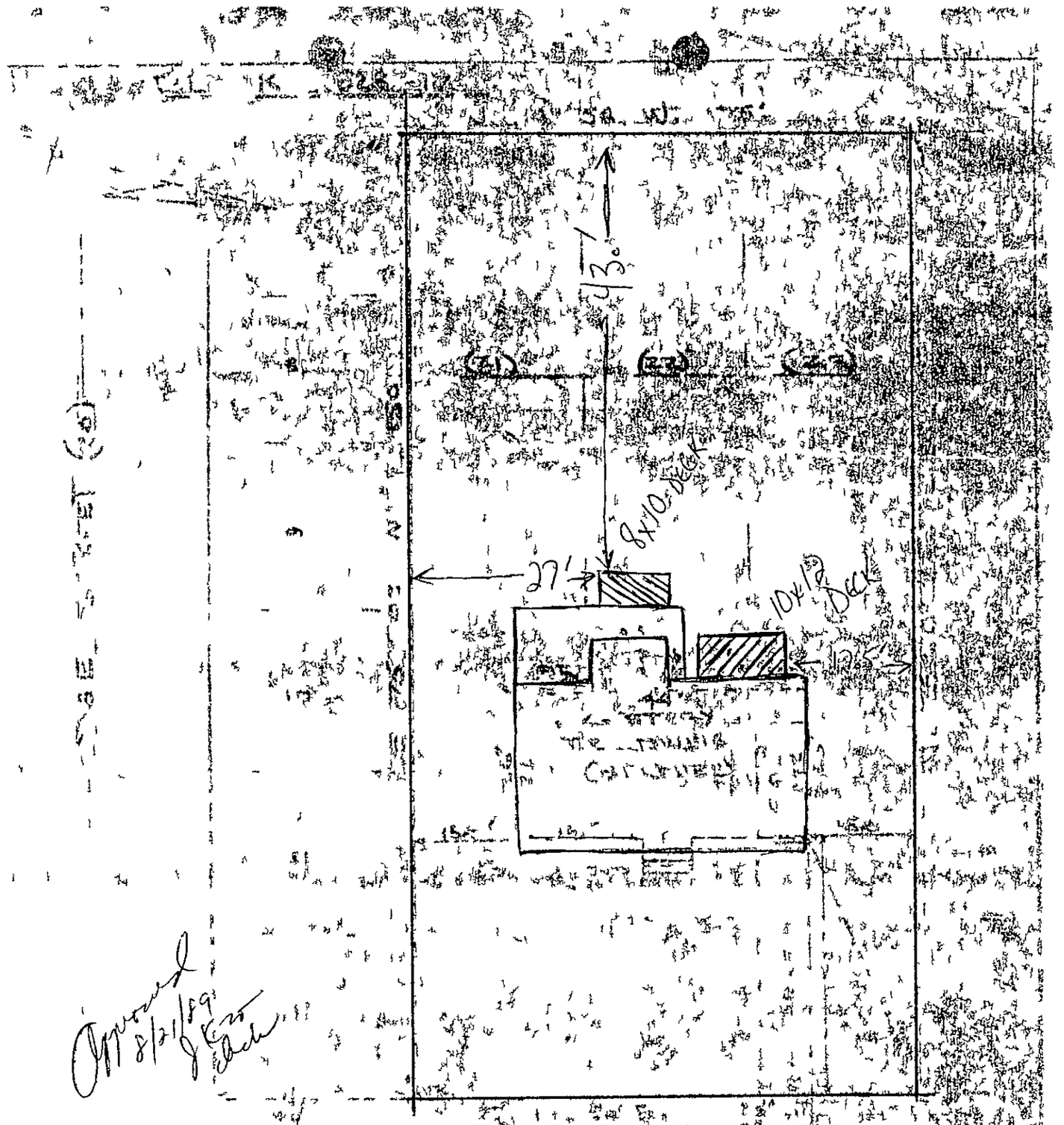
Date _____



New Kitchen Addition

Jerry Cowdrick


2x2 BALLISTERS 6" OC
4x4
2x6 FLOOR JOIST 16" OC
EXISTING STRUCTURE
TRIPLE 2x10 GIRDER CCA
12" BOLTS 16" OC.
4x4 POST CCA
GROUND CLAY
8x16x4 FOOTING
8÷21-89



260-878

709

ENGINEERING DEPARTMENT
INSPECTION REPORT

ADDRESS 1629 W Princeton BLOCK 828.17

OWNER _____ LOT 21

☐ BULKHEAD ☐ DOCK ☐ SWIMMING POOL ☑ DWELLING

INSPECTION NO. 1 DATE 5/6/89 BY RSS

☐ APPROVED
☑ REJECTED
☐ OTHER

RECEIVED MAY 6 1989 MUNICIPAL ENGINEER

COMMENTS:
① Needs surgent drainage design for addition @ F Floor

INSPECTION NO. ✓ DATE 5/31/89 BY J Mulcahy

☑ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

OFFICE OF
DIVISION OF INSPECTION

BLOCK 828.17
LOT 21

ENGINEERING DEPARTMENT,

I request to be exempted from the plot plan ordinance for the minor addition to be constructed at 1629 W. PRINCETON AVE.
BRICK N.J. 08723

THANK YOU,

PHONE NUMBER 458-3207

Gertrude O'Brien
APPLICANT SIGNATURE

1. YES ☐ NO ☑ Are you removing excavated materials from site? Please explain.

2. YES ☐ NO ☑ Are you constructing a retaining wall? If yes, provide following information

Type:

☐ Railroad ties Height: _____
☐ Concrete Length: _____

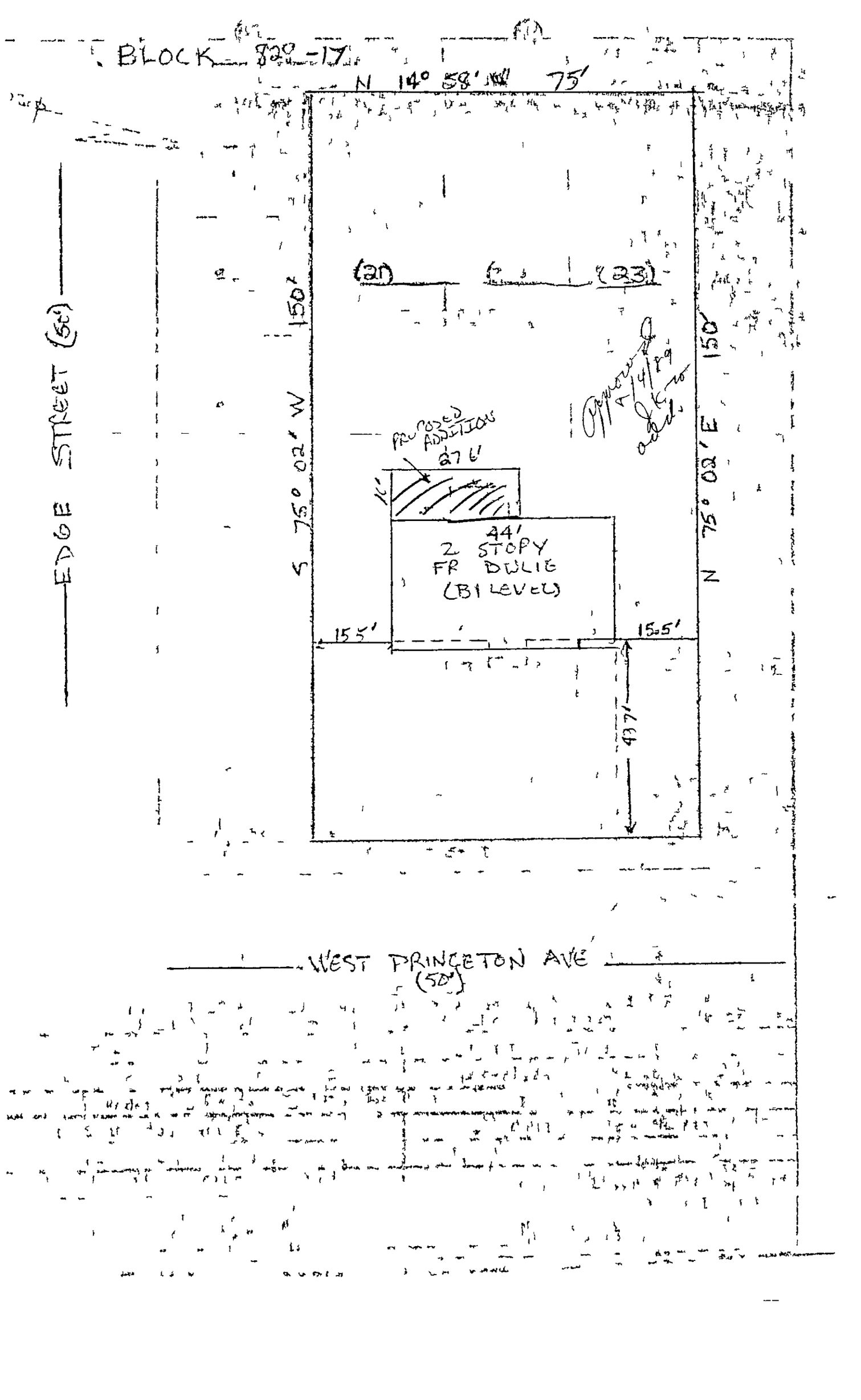
Attach plan providing details location - Plan must be certified by licensed Engineer or Architect.

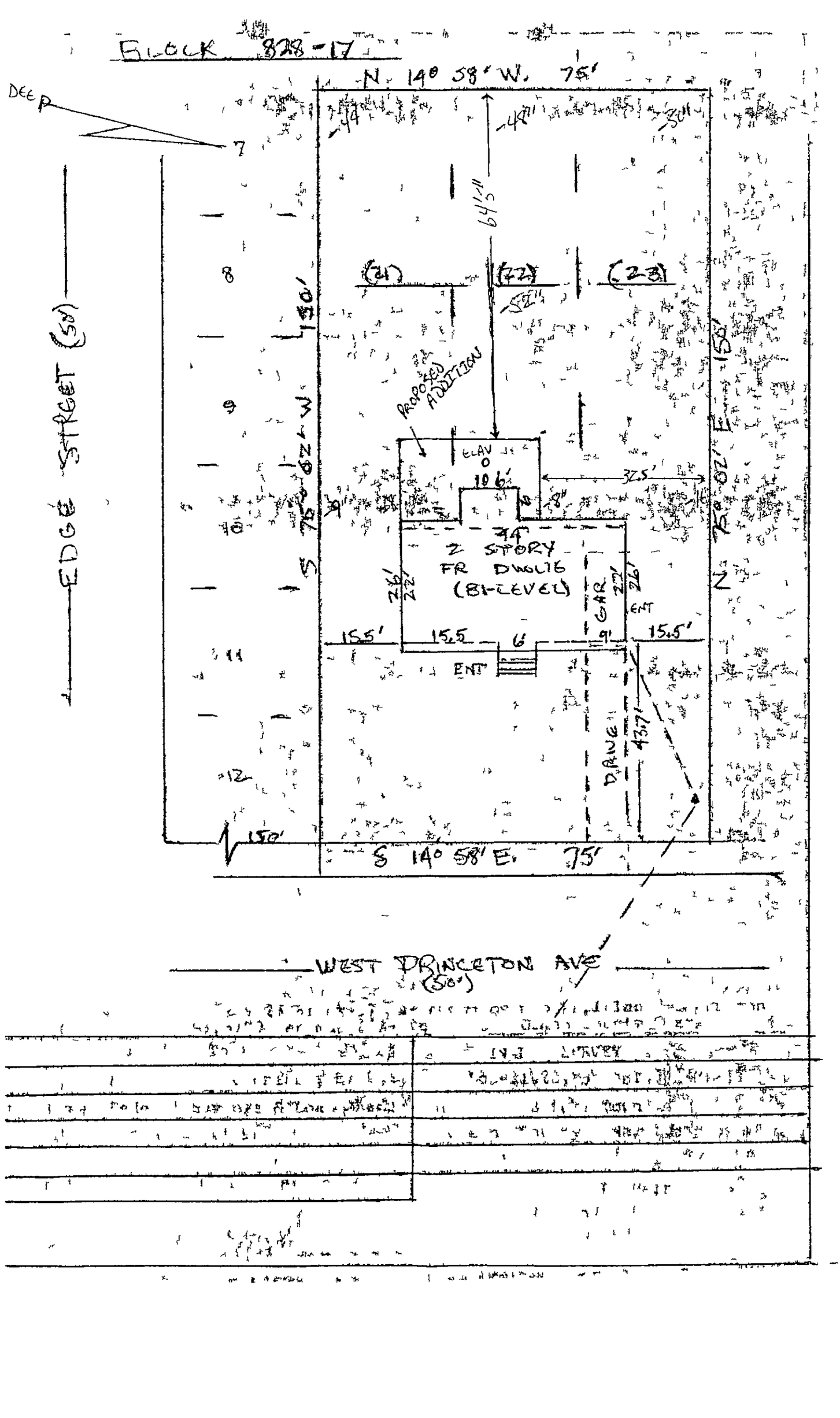
RECEIVED
MAY 5 1989
MUNICIPAL ENGINEER

OFFICIAL USE ONLY

Preliminary Inspection	Construction Inspection	Final Inspection
Accepted ☐	Accepted ☐	Accepted ☐
Rejected ☑	Rejected ☐	Rejected ☐
Date 5/6/89	Date _____	Date _____
Signature [illegible]	Signature _____	Signature _____

See cover sheet.


BLOCK 829-17
N 14° 58' W 75'
EDGE STREET (50')
150'
S 75° 02' W
(21)
(23)
150'
N 75° 02' E
PROPOSED ADDITION
27.6'
14'
44'
2 STORY
FR DWLG
(BI LEVEL)
15.5'
15.5'
49.7'
WEST PRINCETON AVE
(50')


BLOCK 828-17
N. 14° 58' W. 75'
DEEP
EDGE STREET (50')
PROPOSED ADDITION
ELEV
10.6'
32.5'
2 STORY
FR DWLG
(BI-LEVEL)
GAR
ENT
15.5'
15.5'
6'
9'
15.5'
ENT
DRIVE
43.7'
S 14° 58' E. 75'
WEST PRINCETON AVE
(50')

ENGINEERING DEPARTMENT
INSPECTION REPORT

ADDRESS 1629 W Princeton BLOCK 828.17

OWNER _____ LOT 21

☐ BULKHEAD ☐ DOCK ☐ SWIMMING POOL ☒ ~~DWELLING~~

INSPECTION NO. 1 DATE 5/6/89 BY RSS

RECEIVED MAY 6 1989 MUNICIPAL ENGINEER

☐ APPROVED
☒ REJECTED
☐ OTHER

COMMENTS: ① Needs rear yard drainage design for addition @ 1st Floor

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

ENGINEERING DEPARTMENT
INSPECTION REPORT

ADDRESS 1629 W Princeton BLOCK 828.17

OWNER _____ LOT 21

☐ BULKHEAD ☐ DOCK ☐ SWIMMING POOL ☑ ~~DWELLING~~

INSPECTION NO. _____ DATE 5/6/59 BY RSS

☐ APPROVED
☑ ~~REJECTED~~
☐ ~~OTHER~~ MUNICIPAL ENGINEER

RECEIVED MAY 6 1989

COMMENTS: ① Needs rear yard drainage design for addition @ F Floor

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

OFFICE OF
DIVISION OF INSPECTION

BLOCK 828.17
LOT 21

ENGINEERING DEPARTMENT,

I request to be exempted from the plot plan ordinance for the minor addition to be constructed at 1629 W. PRINCETON AVE. BRICK NJ. 08723

THANK YOU,

PHONE NUMBER 477-2687 458-3207

Gertrude O'Brien
APPLICANT SIGNATURE

1. YES ☐ NO ☑ Are you removing excavated materials from site? Please explain.

2. YES ☐ NO ☑ Are you constructing a retaining wall? If yes, provide following information

RECEIVED
MAY 5 1989
MUNICIPAL ENGINEER

Type:

☐ Railroad ties
☐ Concrete

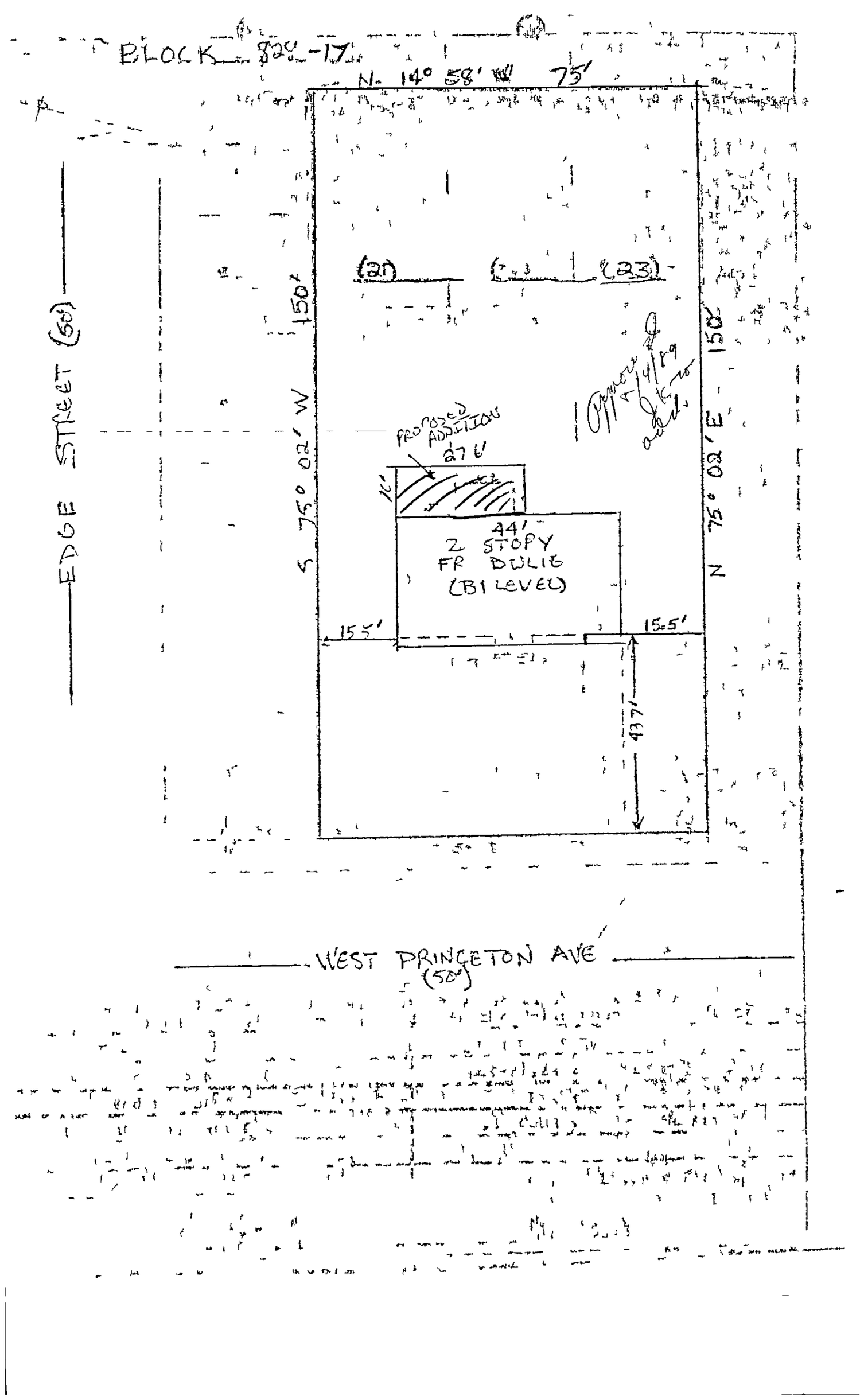
Height: _____
Length: _____

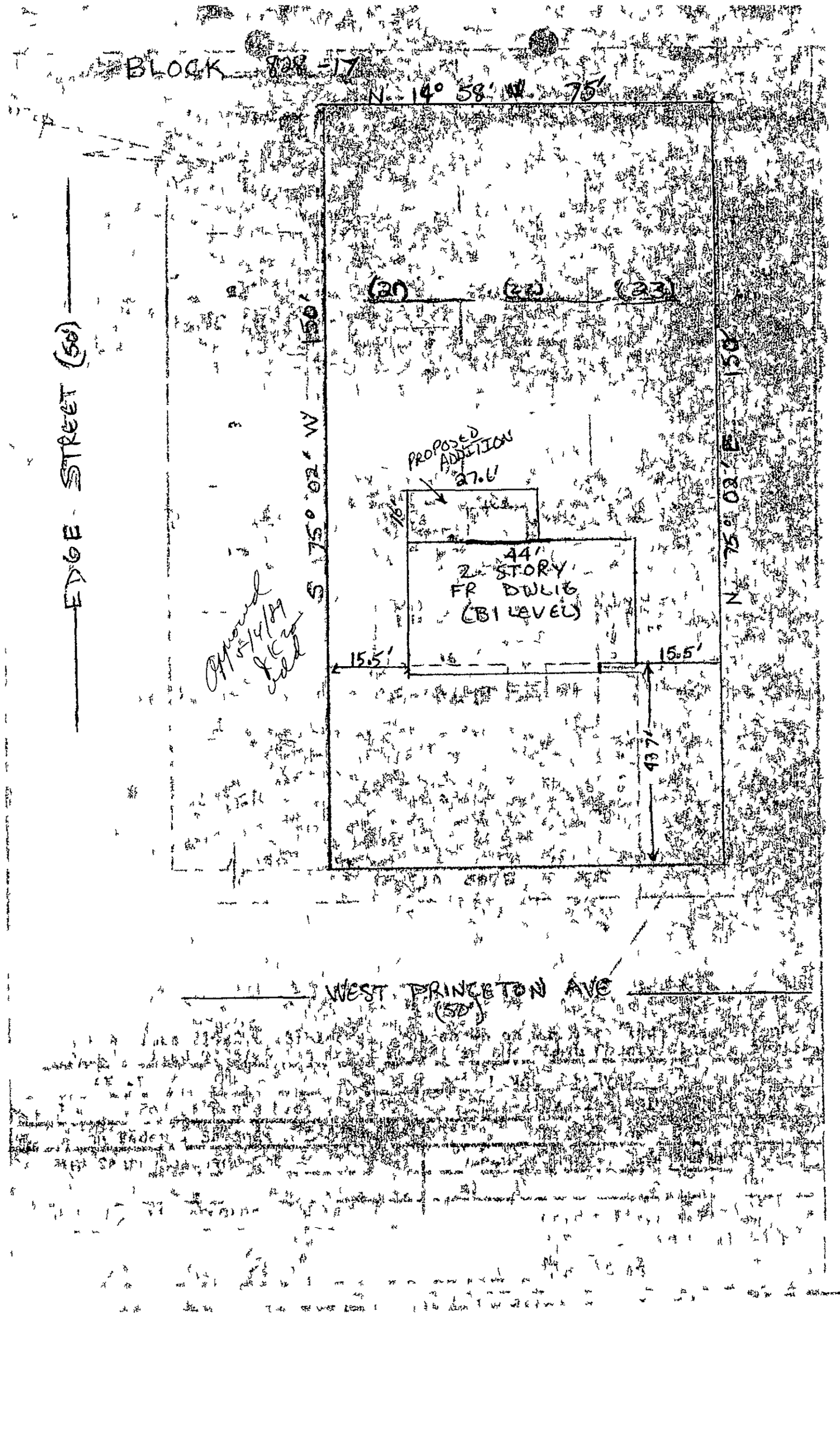
Attach plan providing details location - Plan must be certified by licensed Engineer or Architect.

OFFICIAL USE ONLY

Preliminary Inspection	Construction Inspection	Final Inspection
Accepted ☐	Accepted ☐	Accepted ☐
Rejected ☑	Rejected ☐	Rejected ☐
Date 5/6/89	Date _____	Date _____
Signature [illegible]	Signature _____	Signature _____

See cover sheet.


BLOCK 824-17
N. 14° 58' W 75'
EDGE STREET (60')
(21)
(23)
150'
S 75° 02' W
N 75° 02' E
150'
PROPOSED ADDITION
27 6'
12'
44'
2 STORY
FR DWLG
(BI LEVEL)
15.5'
15.5'
43.7'
WEST PRINCETON AVE
(50')


BLOCK 828-17
N. 14° 58' W. 75'
EDGE STREET (50')
(20)
(22)
(23)
S. 75° 02' W. 150'
N. 75° 02' E. 150'
PROPOSED ADDITION
27.6'
18'
44'
2 STORY
FR DWLG
(B1 LEVEL)
15.5'
15.5'
43.7'
Approved
5/14/89
WEST PRINCETON AVE
(50')