



MAY 21 1990

V. FEE SUMMARY (for office use only)

Update

1. Building	\$	93.60	75.00
2. Electrical			
3. Plumbing			
4. Fire Protection		65.17	
5. Other			
6. Subtotal	\$	158.60	
7. Less 20% for			
State Plan Review		15.86	
Subtotal	\$	14.36	
9. DCA Training Fee			
10. Subtotal	\$	23.79	
11. Cert. of Occupancy			
12. Subtotal	\$	212.81	

pls.
Pd.
8-1-90

1. Proposed Work-site at: 1679 WEST PRINCETON AVENUE

2. Name of Owner in Fee: DEBRA + EDWARD J. SZARIN JR. Tel. ()

Address 1679 W. Princeton Ave Beck
street municipality

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: EDUARDO DESA SECAFIN Te

Address SAME

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. (_____) _____

Address

6. Responsible Person
In Charge of Work Edward & Debra Serafin

(office use only)

1. Number of Stories 16 _____

2. Height of Structure _____ ft.

3. Area—Largest Floor 800 sq. ft.

4. Building Area—All Floors 800 sq. ft.

5. Volume of Structure 10,400 cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed 800 sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

Wetlands yes _____ sq. ft.
no _____

Fire Grading _____

Max. Live Load _____

Max. Occupancy Load _____

Est. Cost

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

TOTAL COSTS

25 mm.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
<i>[Signature]</i>	5-22-90		5/24/90	KC			
	5/21/90	5/22/90	5/21/90	<i>[Signature]</i>			
<i>[Signature]</i>		5-23-90	5/24/90	<i>[Signature]</i>			

Cont. 4/9 5-25 KP.

Aug 11/9 5-25 KP

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

A. RESIDENTIAL.

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

No of dwelling units:

Before Construction

After Construction

Net gain or loss

B. NON-RESIDENTIAL

1. State Specific Use:

- 2. Use Group:**

3. Change in Use Group,
Indicate Former:

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 Edward J. Sgrajda Date 5/20/90

II. AGENT SECTION

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

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

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (____) _____

Signature _____ Date _____

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☒ Other <i>Zoning</i>	<i>SC</i>	<i>5/21/98</i>	<i>add.</i>						
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____



CONSTRUCTION PERMIT

Date Issued 5-30-90
Control #
Permit # 985-90

IDENTIFICATION Block 836 Lot 18
Work Site Location 1679 W. Princeton Ave Contractor Same
Owner In Fee Edward T. Serafini, Jr. Address _____
Address Same Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date 000289
Tele. (____) _____ Federal Emp. No. _____
or Social Security No. _____ BLOCK 836 # 18

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

*Addition
Vol. 10,400,*

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 \$ 25,000.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)		836 #	
Building	LOI	18 #	0.00
Plumbing			
Electrical	BUILDING		93.60
Fire Protection	FIRE		65.00
Other	PLAN ROW		15.96
Other	D.C.A.		14.56
DCA Training Fee	C / O		23.79
Cert. of Occ.	TOTAL		212.81
Other	CHECK		212.81
Total	CHANGE		0.00
Check NO.	05/30/90 NO. 5	0014A005	16:10
Cash			
Collected By:			

A.J. Reizo

TOWNSHIP OF BRICK



NOTICE OF PERMIT UPDATE

PERMIT NO.	985-90
DATE ISSUED	8-1-90
Block	836 Lot 18
Subdivision	

IDENTIFICATION

Owner	Edward J. Serafin	Agent	
Address	1679 W. Princeton Ave.	Address	
[Redacted Address]			
WORK SITE ADDRESS		LIC. NO.	
	Agne	Federal Emp. No.	

PAYMENTS

Permit Fee	\$ 75.00
Fees Remitted	\$
☐ Check No.	
☐ Cash	\$\$\$102.42
☐ Other	985.00
Collected By:	BLICK
Date:	836 #

is hereby granted permission
to perform the following work:

- ☐ BUILDING
 ☐ ELECTRICAL
☒ PLUMBING
 ☐ FIRE PROTECTION
☐ OTHER _____

Description of work:

PLUMBING 75.00
 TOTAL 75.00
 CHECK 75.00
 CHANGE 0.00
 07/25/90 NO. 5 000BA005 15.22

Estimated Cost of Work: \$ 388.00

CONSTRUCTION OFFICIAL

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

Block 836A Lot 18
Work Site Location 1679 WEST PRINCETON AVENUE
Owner in Fee BRICK, 08724
Address 2680 OLD EDWARD STREET, JR.
Tele. [REDACTED]
Contractor JAME
Address _____
Tele. () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☒ All	5/2/70	[Signature]	Footings	8-13-70	[Signature]
☐ Footing			Foundation	8-21-70	[Signature]
☐ Foundation			Shab		
☐ Frame			Frame	8-23-70	[Signature]
☐ Other			Insulation	8-28-70	[Signature]
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date: _____			Other		
Approved By: _____			Final		

B. BUILDING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Constr. Class _____ Present _____ Proposed _____
No. of Stories 1 _____
Height of Structure 16' _____ Ft.
Area—Largest Floor 800 _____ Sq. Ft.
Total Bldg. Area/All Floors 800 _____ Sq. Ft.
Volume of Structure 10400 _____ Cu. Ft.
Total Land Area Disturbed 800 _____ Sq. Ft.

*Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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 Edward J. Jenkins

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK A 20' x 40' Addition will be built on house. The entire house will get new windows & siding. The electrical system will be upgraded from fuses to breakers 150 amps. The heating system will be changed from a oil burning unit to a gas system.

TYPE OF WORK:

☐ New Building	
☒ Addition	
☐ Alteration	
☒ Roofing	
☒ Siding	
☒ Other <u>Windows</u>	
☐ Demolition	
☐ Miscellaneous	
☐ Fence _____ Height _____	
☐ Sign _____ Sq. Ft. _____	
☐ Pool _____	
☐ Elevator _____	
☐ Asbestos Abatement _____	
☐ Other _____	

DeA. 1456

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 5-30-90
Control #
Permit # 985-90

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

Block 836/18
Work Site Location 1679 WEST PULMONTON AVENUE
Owner in Fee DEBRA AND EDWARD J. SEEFEN, JR.
Address SAME
Tele. () SAME
Contractor SAME
Address SAME

Tele. () SAME
Lic. No. SAME
Federal Emp. No. SAME or Social Security # SAME

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present K-3 Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems New _____ Existing _____
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other _____
Location: LAUNDRY ROOM AREA
Total Est. Cost of Fire Prot. Work \$ _____ ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type: <u>_____</u>	Failure Failure Approval Initial
Joint Plan Review Required:		
☐ Bldg. ☐ Plumb. ☐ Elec.	Suppression Test	_____
☐ Fire Plans Approved	Fire Alarm Test	_____
Date: <u>5/21/90</u>	Smoke Test	_____
Approved by: <u>_____</u>	Mechanical	_____
SUBCODE APPROVAL:	TCO	_____
☐ CO ☐ LCCO ☐ CA	Other	_____
Date: <u>_____</u>	Other	_____
Approved by: <u>_____</u>	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.

Edward J. Seefen, Jr.
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work from old to new

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks
e Liquid Storage Tanks
age Tanks
age Tanks
age Tanks
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL

Smoke Detectors
Heat Detectors
TOTAL

Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance
OTHER _____

Paid ☐ Check # _____ Minimum Fee \$ 20.00
Collected by _____ TOTAL FEE \$ 105.00

PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

8-1-90
985-90
update

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

Block # 836 Lot 18
Work Site Location 1679 West Princeton Ave.

Owner in Fee EDUARDO J - DEBRA SERAFIN
Address SAME

Tele. [REDACTED]
Contractor DAVE
Address _____

Tele. () 584-6
Lic. No. _____ or Social Security No. [REDACTED]
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present P.V.C. Plastic Proposed P.V.C. Plastic
Building Sewer Size 4"
Water Service Size 3"
Estimated Cost of Plumbing Work \$ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)		
	Type	Failure	Approval	Initial
☐ No Plans Required				
Joint Plan Review Required:				
☐ Bldg. ☐ Elec. ☐ Fire	<u>ROUGH</u>		<u>8-22-90</u>	<u>JS</u>
☒ Plumb. Plans Approved				
Date: <u>7-22-90</u>				
Approved by: <u>[Signature]</u>				
SUBCODE APPROVAL:				
☐ CO ☐ CCO ☐ CA				
Approved by: _____				
Date: _____				

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]
Signature-Contractor Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 75.-



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

8-1-90
985-90
update

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

Block # 832 Lot 18
Work Site Location 1679 West Princeton Ave.

Owner in Fee EDWARD J - DEBRA STEIN
Address same

Tele. [REDACTED]
Contractor DANE
Address [REDACTED]

Tele. () same
Lic. No. [REDACTED]
Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed [REDACTED]
Building Sewer Size 4"
Water Service Size 1/2"
Estimated Cost of Plumbing Work \$ 3000.00

JOB SUMMARY (Office Use Only)	
PLAN REVIEW:	INSPECTIONS:
☐ No Plans Required	Type: _____
Joint Plan Review Required:	Failure Failure Approval Initial
☐ Bldg. ☐ Elec. ☐ Fire	Slab _____
☒ Plumb. Plans Approved	Rough _____
Date: <u>7-8-90</u>	Water _____
Approved by: <u>[Signature]</u>	Sewer _____
	Fixtures _____
	Gas Equipment _____
	Gas Final _____
	Solar _____
	TCO _____
SUBCODE APPROVAL:	
☐ CO ☐ CCO ☐ CA	
Approved by: _____	
Date: _____	

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]
Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge	\$ _____
Paid ☐ Check # _____ Minimum Fee	\$ _____
Collected by: _____ TOTAL	\$ <u>70-</u>

BUILDING SUBCODE TECHNICAL SECTION



Date Received _____
 Date Issued 5-30-90
 Control # _____
 Permit # 985-90

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

Block 836 Lot 18
 Work Site Location 1679 WEST PRINCETON AVENUE
 Owner in Fee ARICK, 08734
 Address ARICK AND EDWARD ST. SEAHAM, WA 98148
 Address SAME
 Tele. [REDACTED]
 Contractor JAME
 Address [REDACTED]
 Tele. [REDACTED]
 Lic. No. or Bids. Reg. No. [REDACTED]
 Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK A 20'x40' Addition will be built on horse. The service hose will get new windows going. The electrical system will be upgraded from fuses to breakers 150 amps. The heating system will be changed from a oil burning heat unit to a gas system.

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Type:		Failure		Failure		Approval		Initial	
☐	No Plans Req.																		
☐	All																		
☐	Footings																		
☐	Foundation																		
☐	Frame																		
☐	Other																		
Joint Plan Review Required:																			
☐	Elec. ☐ Plumb. ☐ Fire																		
SUBCODE APPROVAL																			
☐	CO ☐ CCO ☐ CA																		
Date:																			
Approved By:																			

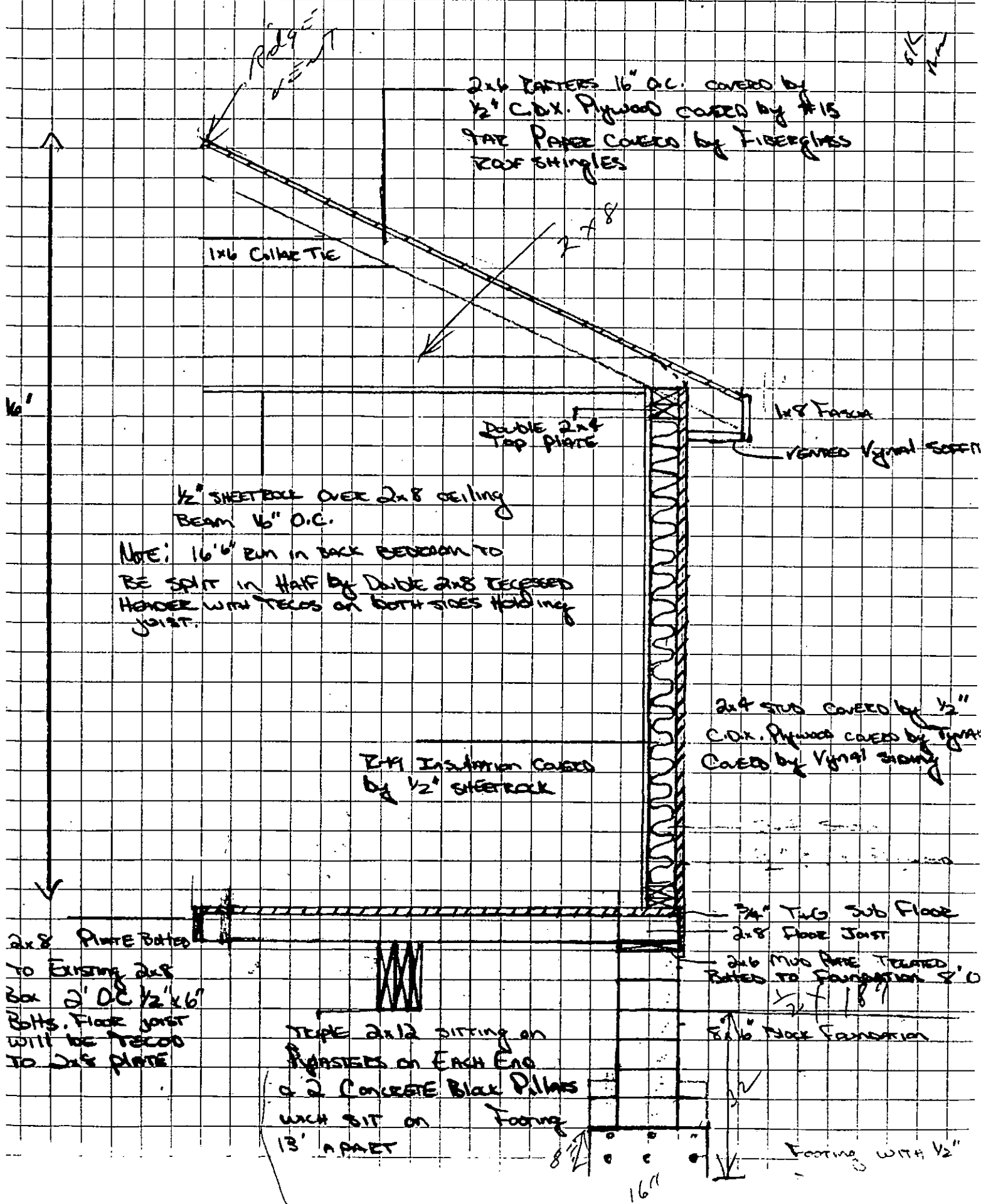
B. BUILDING CHARACTERISTICS

Use Group Present Proposed
 Constr. Class Present Proposed
 No. of Stories 16 1
 Height of Structure 16' 1 Ft.
 Area—Largest Floor 500 Sq. Ft.
 Total Bldg. Area/All Floors 800 Sq. Ft.
 Volume of Structure 10,400 Cu. Ft.
 Total Land Area Disturbed 800 Sq. Ft.

* Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Alteration \$ _____
 3. Total (1+2) \$ _____

TYPE OF WORK:		(Office Use Only)	
☐	New Building		
☒	Addition		
☐	Alteration		
☒	Roofing		
☒	Siding		
☒	Other <u>Windows</u>		
☐	Demolition		
☐	Miscellaneous		
☐	Fence	Height	
☐	Sign	Sq. Ft.	
☐	Pool		
☐	Elevator		
☐	Asbestos Abatement		
☐	Other		

Administrative Surcharge \$ _____
 Paid ☐ Check # _____ Minimum Fee \$ _____
 Collected by: _____ TOTAL FEE \$ _____



2x6 RAFTERS 16" O.C. COVERED BY
1/2" C.O.X. Plywood COVERED BY #15
TAR PAPER COVERED BY FIBERGLASS
ROOF SHINGLES

1x6 COLLECTIVE

DOUBLE 2x8
TOP PLATE

1x8 FLOOR

VENTED Vinyl Scaff

1/2" SHEETROCK OVER 2x8 CEILING
BEAM 16" O.C.

NOTE: 16" RUN IN BACK BEDROOM TO
BE SPLIT IN HALF BY DOUBLE 2x8 RECESSED
HEADER WITH TECS ON BOTH SIDES HOLDING
JOIST.

2x4 INSULATION COVERED
BY 1/2" SHEETROCK

2x4 STUD COVERED BY 1/2"
C.O.X. Plywood COVERED BY TYPAR
COVERED BY Vinyl Scaff

2x8 PLATE BOLTED
TO EXISTING 2x8
BOX 2' O.C. 1/2"x6"
BOLTS. FLOOR JOIST
WILL BE TIED TO
2x8 PLATE

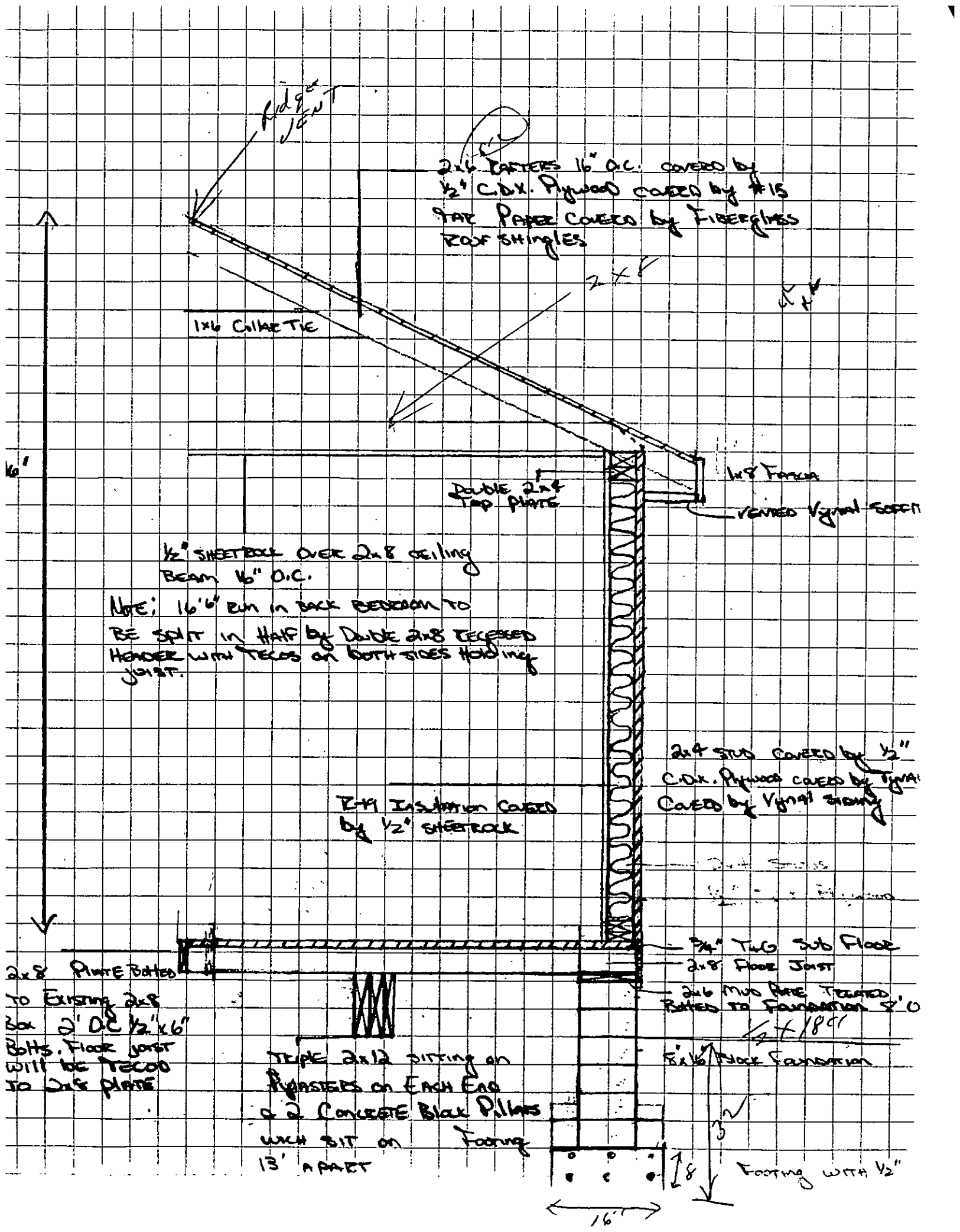
TYPE 2x12 SITTING ON
RAFTERS ON EACH END
2 CONCRETE BLOCK PILLARS
WICH SIT ON
FOOTING
13' APART

3/4" T&G SUB FLOOR
2x8 FLOOR JOIST

2x6 MUO BATT TIED
BOLTED TO FOUNDATION 8' O
1/2" T 18"

8x6 BLOCK FOUNDATION

FOOTING WITH 1/2"





MAIN OFFICE:
190 OBERLIN AVENUE N.
LAKEWOOD, NEW JERSEY 08701
FAX # (201) 905-9628
(201) 905-1000
TOLL FREE IN NJ 1-800-852-0124

Dear Customer:

Enclosed is the Load Calculation Report that you have requested. L&H Plumbing and Heating Supply Inc. is happy to provide this as a quality service to our valued customers.

This report was prepared using A.C.C.A. Manual-J 7th edition data, an approved industry standard for residential load calculations. As such, we feel confident that the results in this report are as accurate as is reasonably possible.

If you have any questions regarding this report or need any other assistance, please feel free to contact L&H Plumbing and Heating Supply's Technical Services department. Thank you for your continued patronage.

Sincerely,

L&H Plumbing and Heating Supply, Inc
Technical Services Staff

Computed results are estimates, since building construction and operating conditions are subject to variations

L&H PLUMBING
190 OBERLIN AVE. N.
LAKEWOOD, NJ, 08701

M.HIBBARD 458-7843

Saturday, May 5, 1990

BUILDING REPORT: SERAFIN

Reference city: Long Branch, New Jersey Latitude: 40 deg.
Design temperatures: Heating: 0 Cooling: 95 Daily range: 18

Building is 1 story high
Volume: 12288.0 cu.ft.
50% of wall area exposed to wind

Total ventilation:	Summer:	52 CFM	Winter:	173 CFM
Required ventilation:	Summer:	51 CFM	Winter:	51 CFM
Air distribution flow:	Summer:	0 CFM	Winter:	2114 CFM
Hydro distribution flow:	Summer:	0.0 GPM	Winter:	4.7 GPM
Air Changes/Hour:	Summer:	0.25	Winter:	0.85

Total Floor Area: 1484.00 sq. ft

Window Area (sq. ft.)

N: 196.00

Total Window Area: 196.00 sq. ft.

Window/Floor ratio: 0.13

Btu/(Floor area): 31.34

Total heating load: 46505 Btuh

Average heat loss: 3.78 Btuh per cu.ft.

Average heat gain: 0.00 Btuh per cu.ft.

L&H PLUMBING
190 OBERLIN AVE. N.
LAKEWOOD, NJ, 08701

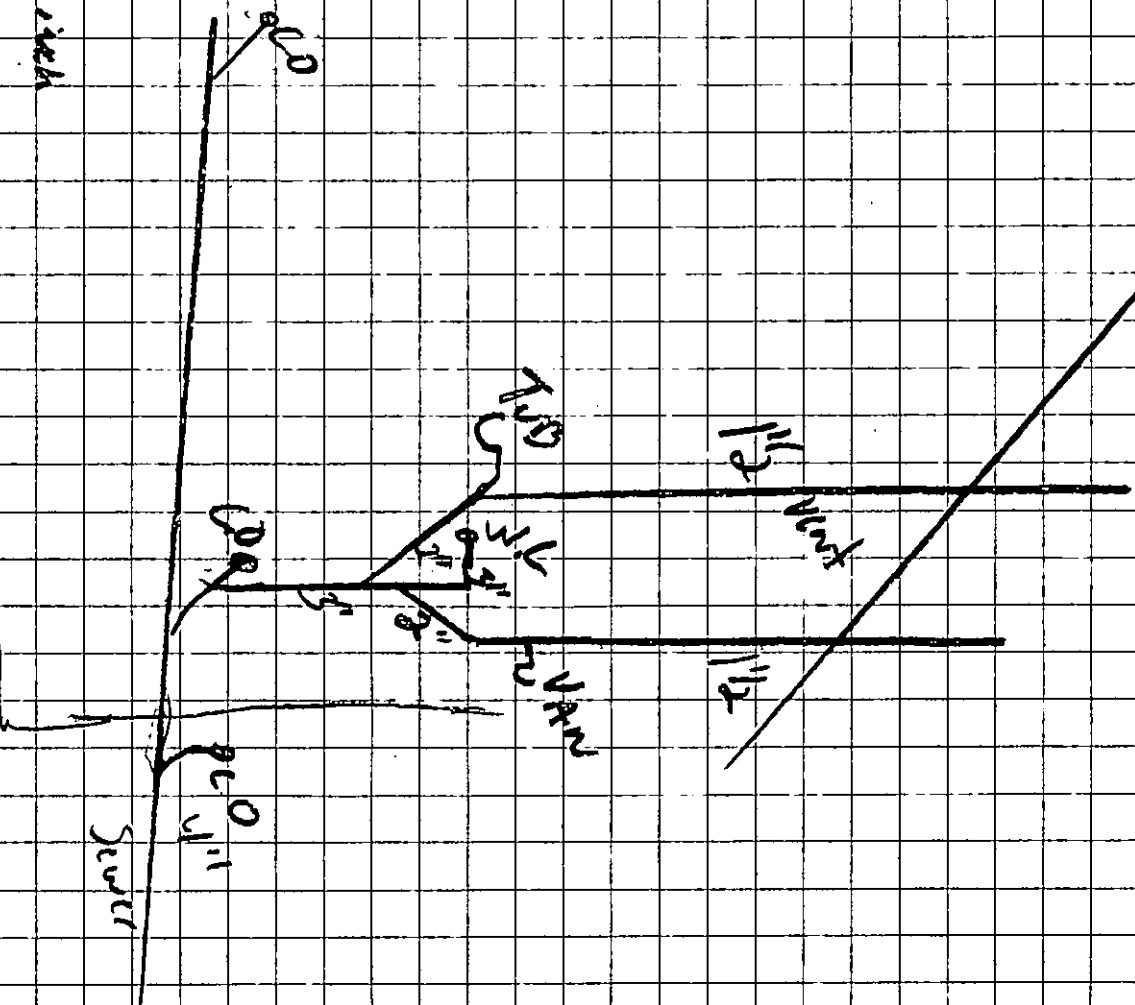
M.HIBBARD 458-7843

Saturday, May 5, 1990

SERAFIN Room Summary Load Report (Btuh)

Room Name	Total Heating	Required Heating CFM/GPM	Max Required CFM/GPM
A	8376	381/0.8	381/0.8
B	3510	160/0.4	160/0.4
C	5750	261/0.6	261/0.6
D	3234	147/0.3	147/0.3
E	5594	254/0.6	254/0.6
F	2535	115/0.3	115/0.3
BATH	1634	74/0.2	74/0.2
LNDRY	1930	88/0.2	88/0.2
MAS BATH	1887	86/0.2	86/0.2
MAS BED	9345	425/0.9	425/0.9

A hand-drawn graph on grid paper. The vertical axis is labeled "New Bathroom" and the horizontal axis is labeled "Total". A straight line is drawn through the points (0, 1 1/2) and (1, 2 1/2). The line has a positive slope of 1. The y-intercept is marked with a tick and labeled 1 1/2. The x-intercept is marked with a tick and labeled 1 1/2.



Two old m.c. And variety
Two Foot.

Also changing water dir after than meter to 3/4 note water line only 1/2 inch

Called
- 24-90
8:45 AM
message on tape

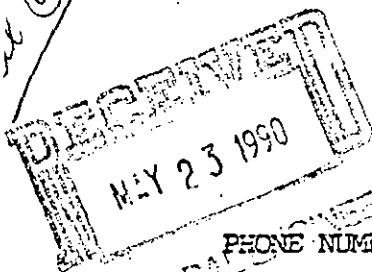
OFFICE OF
DIVISION OF INSPECTION

BLOCK 836.9
LOT 18

ENGINEERING DEPARTMENT,

I request to be exempted from the plot plan ordinance for the minor addition to be constructed at 1679 WEST PRINCETON AVE, BRICK.

THANK YOU,



PHONE NUMBER 201-840-0693

Edward J. Gopak
APPLICANT SIGNATURE

1. YES ☐ NO ☒

Are you removing excavated materials from site?
Please explain.

MATERIALS WILL BE USED TO
GRADE BACKYARD.

2. YES ☐ NO ☒

Are you constructing a retaining wall?
If yes, provide following information

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 ☒ 5/24/90

Accepted ☐

Accepted ☐

Rejected ☒

Rejected ☐

Rejected ☐

Date 5/23/90

Date _____

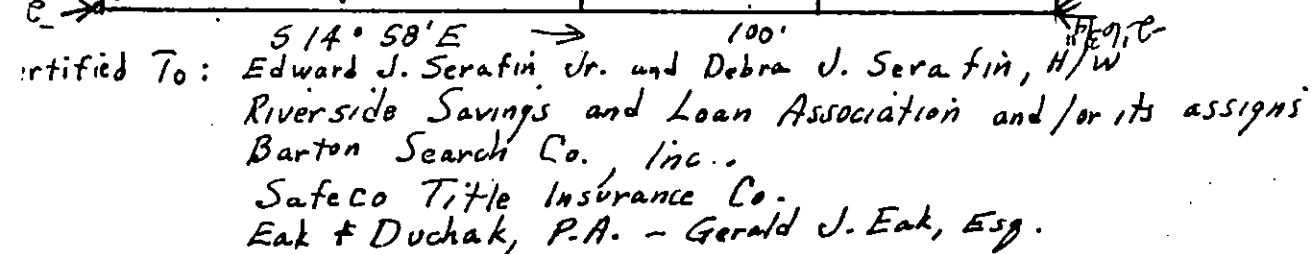
Date _____

Signature [Signature]

Signature _____

Signature _____

5-24-90
Plot Plan
Requested
Applicant
J.T.V.



Job Number 14,085

Called
5-24-90
8:45 AM
Message on type

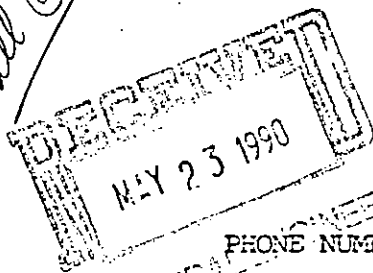
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Accepted ☐

Accepted ☐

Rejected ☒

Rejected ☐

Rejected ☐

Date 5/23/90
Signature [Signature]

Date _____

Signature _____

Date _____

Signature _____

b

b

c

d

METAL STK. SET

S 14 58' E 100 FEET

ENTRANCE TO CRAWL

NEIL
SBD

RECEIVED
MAY 23 1990
MUNICIPAL ENGINEER

ST