BLOCK 646 LOT 41 QUALIFICATION CODE _____ ADDRESS (SITE) 216 ~~216~~ Drum Pt. Rd. Brick PERMIT NO. 10-2391

CONSTRUCTION PERMIT APPLICATION

C-10-003109

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

I. IDENTIFICATION

1. Proposed Work Site at: OSBORNVILLE SCHOOL 216 DRUM PT. RD
2. Name of Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION
   Tel. (732) 785-3000 e-mail _____
   Address 101 HENDRICKSON AVE (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: ALLIED BOILER REPAIR Tel. (732) 341-5907
   Address 1000 INDUSTRIAL WAY NORTH e-mail alliedboilerrepair.net
   TOMS RIVER, NJ 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3591300/000 FAX: (732) 914-1417
5. Architect or Engineer IAN HOUSE Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun MICHAEL BOGGIANO
   Tel. (908) 413-3512 FAX: (732) 914-1417

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 510		
11. Cert. of Occupancy			
12. Other	150		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building			8/24/10						
☐ Electrical					9/1/10	D			
☑ Plumbing					08.30.10	PA			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools. Spas and Hot Tubs
11. ☐ LPGas Tanks

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.ix:

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. 5:23-2.15(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 Allied Boiler Repair Corp.

Address 1000 Industrial Way N.
Toms River, NJ 08755

Telephone (732) 341-5907

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/05/2010
Control Number C-10-003109
Permit Number 10-2391
Permit Issue Date 09/02/2010
Certificate Number 10-2391

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 216 DRUM POINT RD. Osbornville School Brick Township, NJ Block: 646 Lot: 41 Qual:

Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION

Owner Address: CHAMBERS BRIDGE RD BRICK NJ 08723

Telephone:

Contractor Allied Boiler Repair

Address Micheal Boggiano Toms River NJ 08755

Telephone: (732) 341-5907 Fax: (732) 914-1417

License Number or Builders Registration Number: Federal Emp. Number: 22-3291306/000

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: Steam Boiler

Certificate Comments:

☐ **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 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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/05/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued
Control # C-10-003109
Permit #

IDENTIFICATION Block: 646 Lot: 41 Qualifier
Work Site Location: 216 DRUM POINT RD. Osbornville School Brick Township, NJ
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION CHAMBERS BRIDGE RD BRICK NJ 08723
Telephone:

Contractor Allied Boiler Repair
Address Micheal Boggiano Toms River NJ 08755
Telephone: (732) 341-5907
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3291306/000

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
Steam Boiler

Note: If constuction 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 $32,730

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR **4 GOLD - APPLICANT**

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 9/2/10
Control #:
Date Issued:
Permit #: 10-2391

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

Block 6416 Lot 41 Qualification Code

Work Site Location OSBORNVILLE SCHOOL

216 216 DRUM POINT RD. BRICK, NJ 08723

Owner in Fee BRICK TWP. BOARD OF EDUCATION

Address 216 DRUM POINT ROAD
BRICK, NJ 08723

Tel (732) 785-3000

Contractor Allied Boiler Repair Corp.

Address 1000 Industrial Way North
Toms River, NJ 08753

Tel (732) 341-5907 FAX (732) 914-1417

Contractor License No. EXEMPT

Federal Emp. No. 22-3291306/000

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	1/3HP	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required	9/2/10	

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 9/23/10
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/16/10	DD
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 9/2/10

Date Issued Permit # 10-2391

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

Block 2416 Lot 41 Qualification Code

Work Site Location OSBORNVILLE SCHOOL

216 DAVIS POINT RD. BRICK, NJ 08723

Owner in Fee: BRICK TWP. BOARD OF EDUCATION

Tel. (732) 785-3000 e-mail

Address 101 HENDRICKSON AVE. BRICK, NJ 08724

Contractor: ALLIED BOILER REPAIR CORP Tel. (732) 341-5907

Address 1000 INDUSTRIAL WAY NORTH e-mail alliedboiler@comcast.net

TOMS RIVER, NJ 08755

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3291306/000 FAX: (732) 914-1417

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size 3" Public Water Private Well

Est. Cost of Plumbing Work $ ~~32~~,730.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date 08.30.10 Approved by: PA

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8.31.10

Approved by: BJ

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 9-21-10

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			09.16.10	PA

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.

John G Boggiano Jr

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of new gas-fired, cast-iron sectional steam boiler

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
1	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11-9-10
Control #

Date Issued
Permit # 10-2391

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

Block 1446 Lot 41 Qualification Code

Work Site Location OSBORNVILLE SCHOOL

216 DRUM POINT RD. BRICK, NJ 08723

Owner in Fee BRICK TWP. BOARD OF EDUCATION

Address 216 DRUM POINT ROAD

BRICK, NJ 08723

Tel (732) 785-3000

Contractor Allied Boiler Repair Corp.

Address 1000 Fostertown Bay North

Toms River, NJ 08754

Tel (732) 341-5907 FAX (732) 914-1417

Contractor License No. EXEMPT

Federal Emp. No. 22-3291306/000

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	1/3HP	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required — Date 9/3/10 — Initial

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO	11			
Other				
Service				
Final		11-16 PA		
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/2/10
Control #
Date Issued
Permit # 10-2391

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

Block 646 Lot 41 Qualification Code

Work Site Location OSBORNVILLE SCHOOL
216 216 IRVIN POINT RD. BRICK, NJ 08723

Owner in Fee: BRICK TWP. BOARD OF EDUCATION

Tel. (732) 785-3000 e-mail

Address 101 HENDRICKSON AVE. BRICK, NJ 08724
street municipality zip code

Contractor: ALLIED BOILER REPAIR CORP Tel. (732) 341-5907

Address 1000 INDUSTRIAL WAY NORTH e-mail alliedboiler@comcast.net
TOMS RIVER, NJ 08755

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3291306/000 FAX: (732) 914-4117

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size 31 Public Water Private Well

Est. Cost of Plumbing Work $ ~~30~~ 730.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 08.30.10 Approved by: PA
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-31-10
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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.

John O'Connor Jr.
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of new gas-fired, cast-iron sectional steam boiler

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
1	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/2/10
Control #
Date Issued
Permit # 10-2391

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

Block 610 Lot 41 Qualification Code

Work Site Location OSBORNVILLE SCHOOL
210 DEVIL POINT RD. BRICK, NJ 08723

Owner in Fee: BRICK TWP. BOARD OF EDUCATION

Tel. (732) 785-3000 e-mail

Address 101 HENDRICKSON AVE. BRICK, NJ 08724
street municipality zip code

Contractor: ALLIED BOILER REPAIR CORP Tel. (732) 341-5907

Address 1000 INDUSTRIAL WAY NORTH e-mail alliedboiler@comcast.net
TOMS RIVER, NJ 08755

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22 3291300/000 FAX: (732) 914-4117

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size 3" Public Water Private Well

Est. Cost of Plumbing Work $ ~~30~~,730.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 8.30.10 Approved by: PA
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8.31.10
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of new gas-fired, cast-iron sectional steam boiler

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
1	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

FOR REPLACEMENT FURANCE

Submit b.t.u. input & output of both new & old units.

OLD B.T.U._____Input 1200 Output 1,084

NEW B.T.U._____Input 1356 Output 1,126

And/Or

Heat loss for new Unit.

***If you do not have old b.t.u. and new b.t.u. of units, you will have to submit a Heat Loss.

***If the New Unit B.T.U. are less than the Old Unit B.T.U. you will have to submit a Heat Loss.

+++++ We also will need a

****Copy of the brochure for the furnace.
****Chimney Certification

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS OSBORNVILLE SCHOOL 218 DRUM POINT ROAD, BRICK

Applicant ALLIED BOILER REPAIR CORP.

Certifying Individual MICHAEL BOGGIANO Company ALLIED BOILER REPAIR CORP.

Address 1000 INDUSTRIAL WAY N. (Street) TOMS RIVER (City) NJ (State) 08755 (Zip Code)

Tel. (732) 341-5907

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [✓] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [✓] Masonry Chimney – Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Michael Boggiano 9/19/10
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

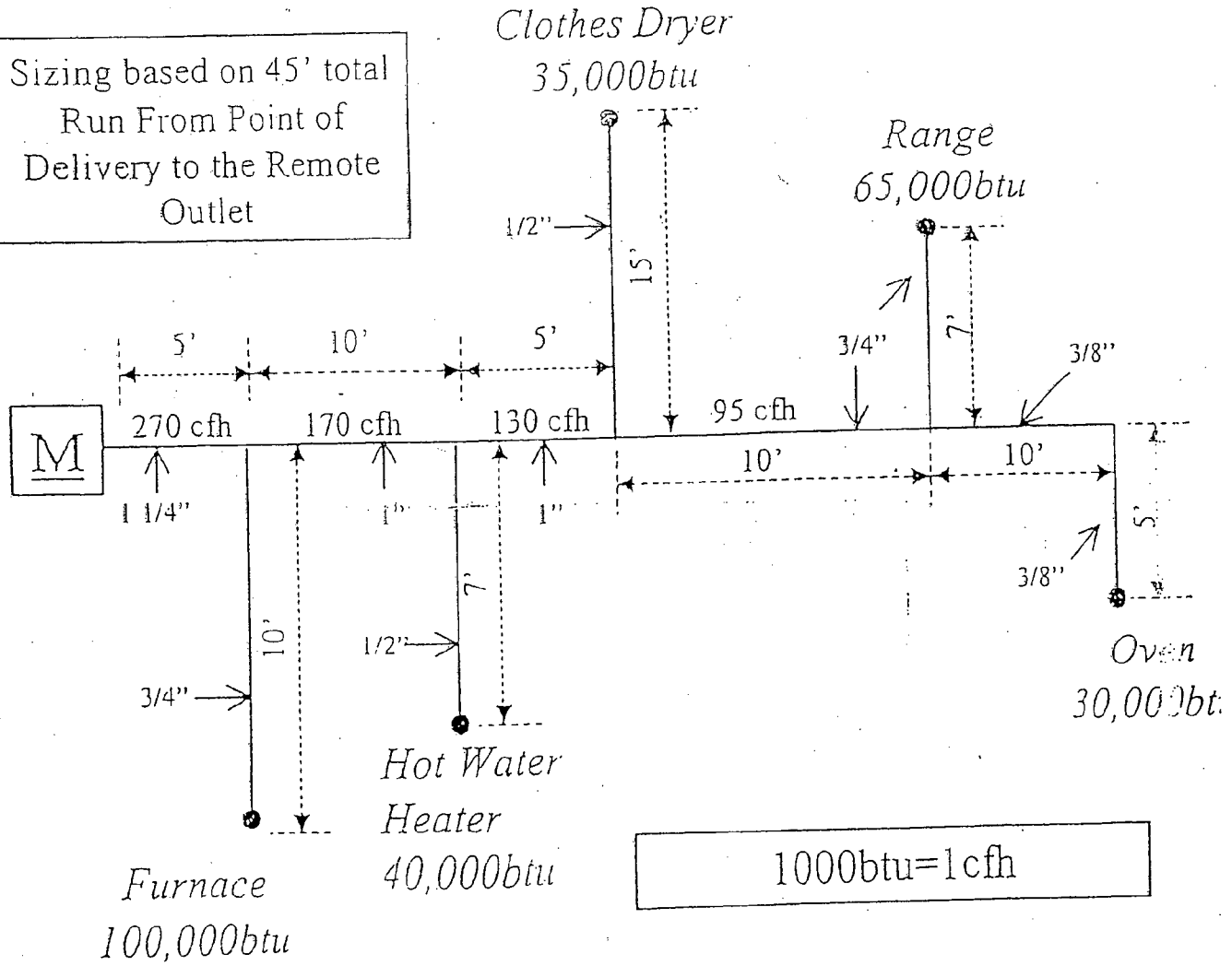
U.C.C. F370 (rev. 3/04)

TABLE 402.3(1)
MAXIMUM CAPACITY OF PIPE IN CUBIC FEET OF GAS PER HOUR FOR GAS PRESSURES OF 0.5 PSI OR LESS AND A PRESSURE DROP OF 0.3-INCH WATER COLUMN
Based on a 0.60 Specific Gravity Gas

NOMINAL IRON PIPE SIZE (inches)	INTERNAL DIAMETER (inches)	LENGTH OF PIPE (feet)													
		10	20	30	40	50	60	70	80	90	100	125	150	175	200
1/4	.364	32	22	18	15	14	12	11	11	10	9	8	8	7	6
3/8	.493	72	49	40	34	30	27	25	23	22	21	18	17	15	14
1/2	.622	132	92	73	63	56	50	46	43	40	38	34	31	28	26
3/4	.824	278	190	152	130	115	105	96	90	84	79	72	64	59	55
1	1.049	520	350	285	245	215	195	180	170	160	150	130	120	110	100
1 1/4	1.380	1,050	730	590	500	440	400	370	350	320	305	275	250	225	210
1 1/2	1.610	1,600	1,100	890	760	670	610	560	530	490	460	410	380	350	320
2	2.067	3,050	2,100	1,650	1,450	1,270	1,150	1,050	990	930	870	780	710	650	610
2 1/2	2.469	4,800	3,300	2,700	2,300	2,000	1,850	1,700	1,600	1,500	1,400	1,250	1,130	1,050	980
3	3.068	8,500	5,900	4,700	4,100	3,600	3,250	3,000	2,800	2,600	2,500	2,200	2,000	1,850	1,700
4	4.026	17,500	12,000	9,700	8,300	7,400	6,800	6,200	5,800	5,400	5,100	4,500	4,100	3,800	3,500

For SI: 1 inch = 25.4 mm, 1 foot = 304.8 mm, 1 cubic foot per hour = 0.0283 m³/h, 1 pound per square inch = 6.895 kPa, 1-inch water column = 0.2488 kPa.

Sizing based on 45' total Run From Point of Delivery to the Remote Outlet



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Sample Gas Sketch

Reliability... Redefined!

85.6% Thermal Efficiency

Water or Steam

Gas, Oil or Gas/Oil

1010 – 5845 MBH Input

24-145 H.P.

Complies to LEED

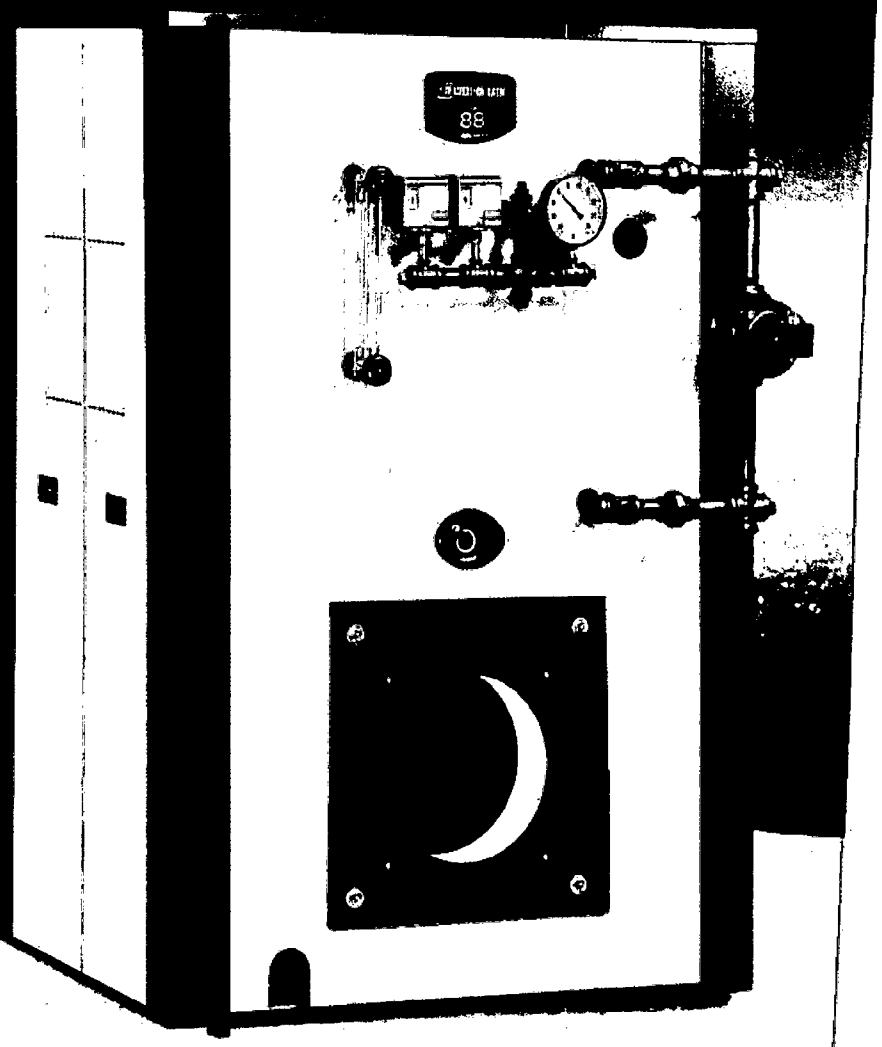
Single or Multiple Boiler Systems

With or without tankless heater

Packaged or Knock-down

On/Off, Low/High/Off,
Low/High/Low or Full Modulation

Model 88
-Est. 1985-
Weil-McLain



WEIL-McLAIN

www.weil-mclain.com

Dimensions

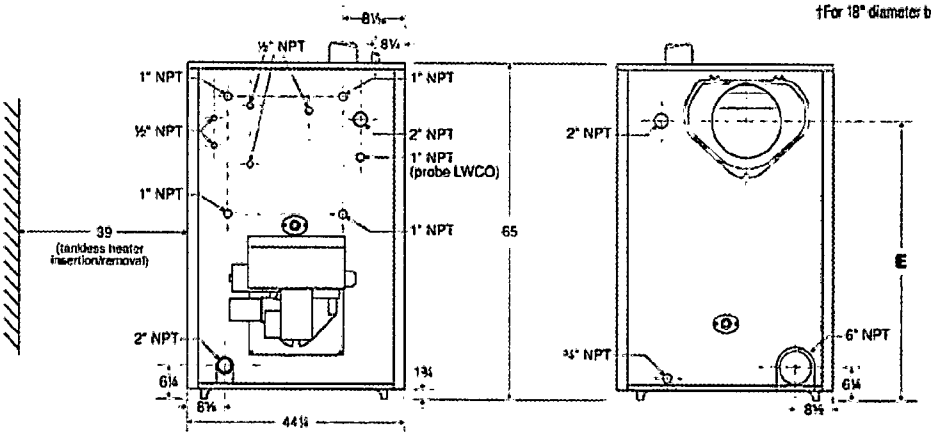
Dimensions (inches)								
Model	A	B	C	D	E	L	W	H
488	23	–	–	10	54 ¾	34 ¾	30	23 ⅜
588	31	–	–	10	54 ¾	42 ¾	38	31 ⅛
688	39	–	–	10	54 ¾	50 ¾	46	39 ⅛
788	47	–	–	12	53 ¾	58 ¾	54	47 ⅛
888	55	–	–	12	53 ¾	66 ¾	62	55 ⅛
988	63	–	–	14	52 ¾	74 ¾	70	63 ⅛
1088	71	–	–	14	52 ¾	82 ¾	78	71 ⅛
1188	79	–	–	14	52 ¾	90 ¾	86	79 ⅛
1288	87	39 ½	–	14	52 ¾	98 ¾	94	87 ⅛
1388	95	47 ½	–	14	52 ¾	106 ¾	102	95 ⅛
1488	103	55 ½	–	16	51 ¾	114 ¾	110	103 ⅛
1588	111	63 ½	–	16	51 ¾	122 ¾	118	111 ⅛
1688	119	47 ½	–	16	51 ¾	130 ¾	126	119 ⅛
1788	127	31 ½	79 ½	18†	51 ¾	138 ¾	134	127 ⅛
1888	135	39 ½	87 ½	18†	51 ¾	146 ¾	142	135 ⅛

†For 18" diameter breaching, flue collar is oval (19 1/8 x 16 1/8")

	Supply & return tappings				Dimension F
	Supply tappings (No. & size)*		Return tappings (No. & size)*		
Model	Steam	Water	Steam	Water	
488R	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
488	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
588	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
688	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
788	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
888	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
988R	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
988	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
1088R	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
1088	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
1188	2 – 5"	2 – 5"	1 – 6"	1 – 6"	
1288	3 – 5"	2 – 5"	1 – 6"	1 – 6"	
1388	3 – 5"	2 – 5"	1 – 6"	1 – 6"	
1488	3 – 5"	2 – 5"	1 – 6"	1 – 6"	
1588	3 – 5"	2 – 5"	1 – 6"	1 – 6"	
1688R	3 – 5"	2 – 5"	1 – 6"	1 – 6"	
1688	3 – 5"	2 – 5"	1 – 6"	1 – 6"	
1788	4 – 5"	2 – 5"	1 – 6"	1 – 6"	
1888	4 – 5"	2 – 5"	1 – 6"	1 – 6"	

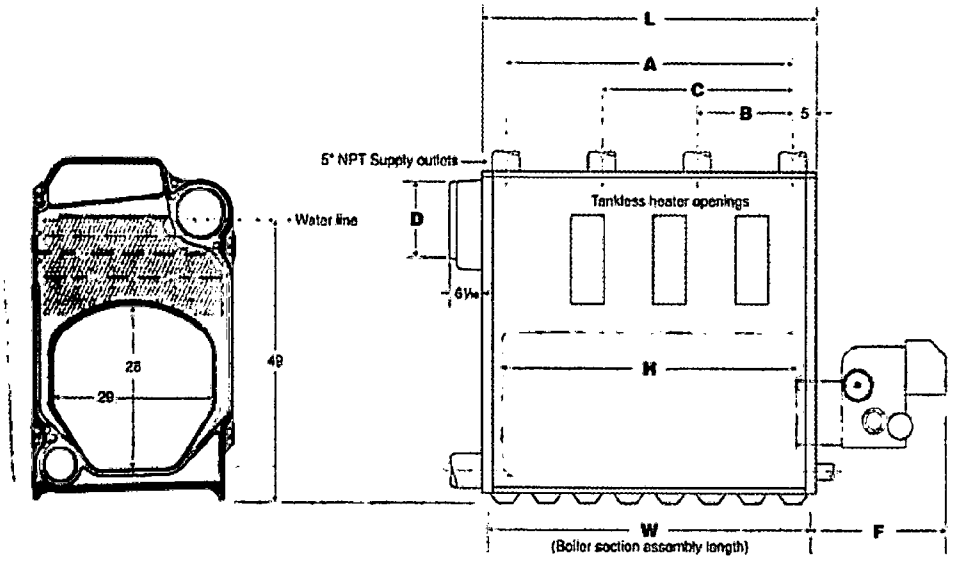
*Use recommended piping connections.
†For 18" diameter breaching, flue collar is oval (19 1/8 x 16 1/8")

See Burner Specification & Data Sheets

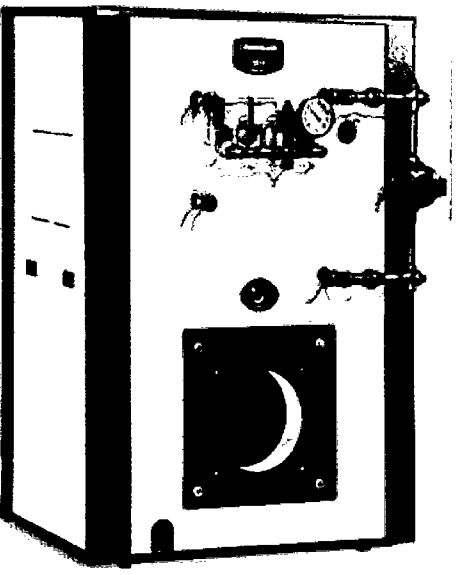


FRONT REAR

Model	I=B=R Vent or Liner Dia (in) Forced Draft	Balanced Draft	Boiler Flue Collar Dimensions (in)
488	10	12	10 round
588	10	15	10 round
688	12	15	10 round
788	12	18	12 round
888	14	18	12 round
988	14	18	14 round
1088	14	21	14 round
1188	16	21	14 round
1288	16	21	14 round
1388	16	24	14 round
1488	18	24	16 round
1588	18	24	16 round
1688	18	24	16 round
1788	18	24	16 1/8 x 19 7/8 oval
1888	20	27	16 1/8 x 19 7/8 oval



INTERMEDIATE SECTION LEFT SIDE

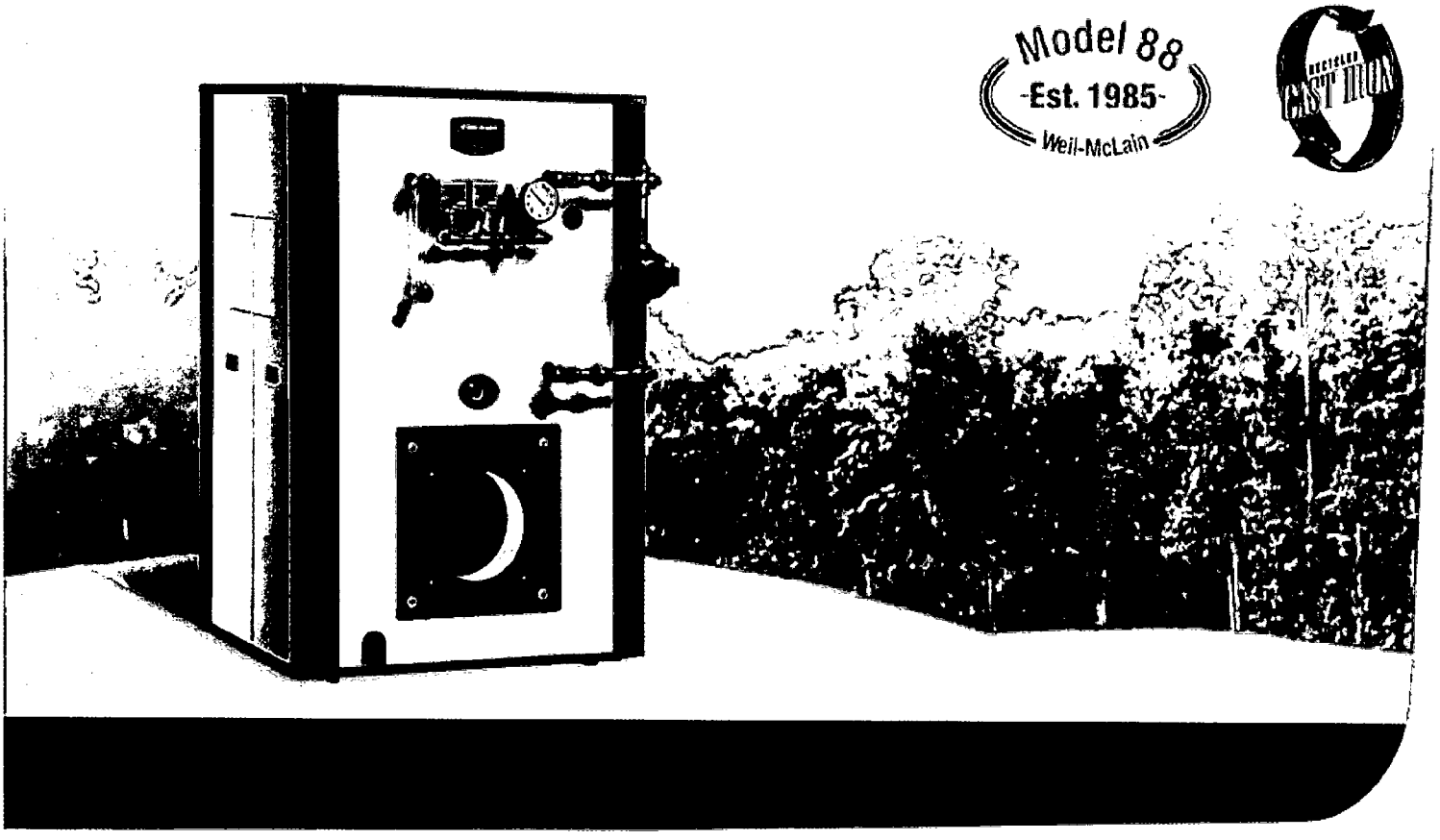


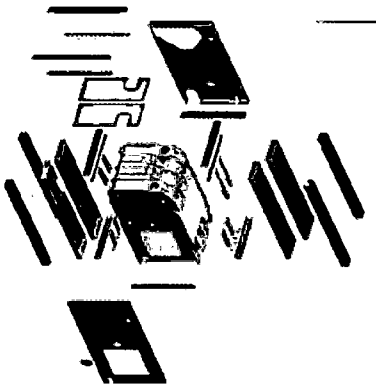
Model 88 -Est. 1985- Weil-McLain

Ratings

Model	I=B=R			I=B=R Net Rating				Flue Outlet (Dia)	Combustion Efficiency		Thermal Efficiency	
	Oil Input GPH	Gas Input MBH	Gross Output MBH	Steam MBH	Steam Sq. Ft.	Water MBH	Boiler H.P.		OIL	GAS	OIL	GAS
488R	6.9	996	827	620	2,583	719	24.7	10 in.	87.5	84.8	85.6	83.1
488	7.0	1,010	839	629	2,621	730	25.1	10 in.	87.5	84.8	85.6	83.1
588	9.4	1,356	1,126	845	3,521	979	33.6	10 in.	87.0	84.4	85.6	83.1
688	11.8	1,701	1,413	1,072	4,469	1,229	42.2	10 in.	86.7	84.1	85.6	83.1
788	14.2	2,046	1,700	1,311	5,463	1,478	50.8	12 in.	86.5	83.9	85.6	83.1
888	16.6	2,382	1,987	1,543	6,427	1,728	59.4	12 in.	86.3	83.7	85.6	83.1
988R	17.2	2,482	2,062	1,601	6,671	1,793	61.6	14 in.	86.2	83.7	85.6	83.1
988	18.8	2,737	2,274	1,766	7,358	1,977	67.9	14 in.	86.2	83.7	85.6	83.1
1088R	20.0	2,887	2,399	1,863	7,763	2,086	71.7	14 in.	86.2	83.6	85.6	83.1
1088	21.5	3,082	2,561	1,988	8,283	2,227	76.5	14 in.	86.2	83.6	85.6	83.1
1188	23.5	3,428	2,848	2,211	9,213	2,477	85.1	14 in.	86.1	83.5	85.7	83.1
1288	26.0	3,773	3,135	2,434	10,147	2,726	93.7	14 in.	86.0	83.5	85.7	83.1
1388	28.5	4,119	3,422	2,657	11,071	2,976	102.2	14 in.	86.0	84.4	85.7	83.1
1488	31.0	4,464	3,709	2,880	12,000	3,225	110.8	16 in.	86.0	83.4	85.7	83.1
1588	33.0	4,809	3,996	3,102	12,925	3,475	119.4	16 in.	85.9	83.3	85.7	83.1
1688R	34.5	4,979	4,137	3,212	13,383	3,597	123.6	16 in.	85.9	83.3	85.7	83.1
1688	35.5	5,155	4,283	3,325	13,854	3,724	127.9	16 in.	85.9	83.3	85.7	83.1
1788	38.0	5,494	4,570	3,548	14,783	3,974	136.5	18 in.*	85.9	83.3	85.7	83.1
1888	40.5	5,845	4,857	3,771	15,713	4,123	145.1	18 in.*	85.9	83.3	85.7	83.1

- Burner input based on maximum of 2,000 ft. altitude - for higher altitudes consult Weil-McLain representative.
- No.2 Fuel oil - Commercial Standard Spec. CS75-56. Heat value of oil - 140,000 BTU/G.
- Stack gas volume at outlet temperature
- With 0.10" WC positive pressure at flue collar.
- Consult Burner Specification Sheets for gas pressure required.
- Gross I=B=R ratings have been determined under the I=B=R provision governing forced draft boiler-burner units.
- Net I-B-R ratings are based on net installed radiation of sufficient quantity for the requirements of the building and nothing need be added for normal piping and pick-up. Water ratings are based on a piping and pick-up allowance of 1.15. Steam ratings are based on the following allowances: 488 and 588 - 1.333; 688 - 1.323; 788 - 1.300; 888 - 1.289; and 988 through 1888 - 1.288. An additional allowance should be made for gravity hot water systems or for unusual piping and pick-up loads. Consult Weil-McLain representative.
- *Flue collar connection is oval, 16 1/8" x 19 7/8".



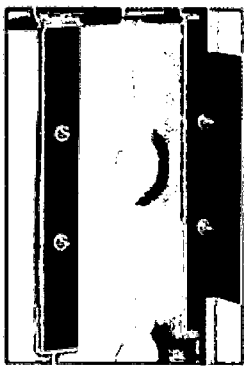


NEW Jacket design:

- Modular jacketing and toolless jacket panels for easy access
- 3 inches of insulation to minimize jacket losses, maximizing thermal efficiencies
- Modular side panels for ease of assembly
- High temperature site glass grommets
- Part number labels on all components for easy assembly

NEW Efficiencies!

- 85.7% Thermal Efficiencies (see ratings)
- HXT-bars optimize heat transfer



NEW clean-out plates:

- ¼ inch thick solid steel plates
- Coated Woven Fiberglass reusable gasket
- Reusable - cleaning after cleaning

Backwards Compatible:

- Can use up to 50% Series 2 iron on a Series 1 block without consulting Weil-McLain – no need to stock both!

Standard Equipment

All Boilers:

- ASME 80 PSI rated cast iron sections
- Insulated steel jacket
- Power burner for light oil, gas or gas/light oil (except H-XX88)
- Burner mounting plate with refractory (except H-XX88)
- Cast iron flue collar with built-in breaching damper
- Observation ports on front and back sections
- Cleanout plates with reusable gaskets
- Flue brush
- HXT-bars
- 3 inches of insulation (except front panel)

Water Boilers

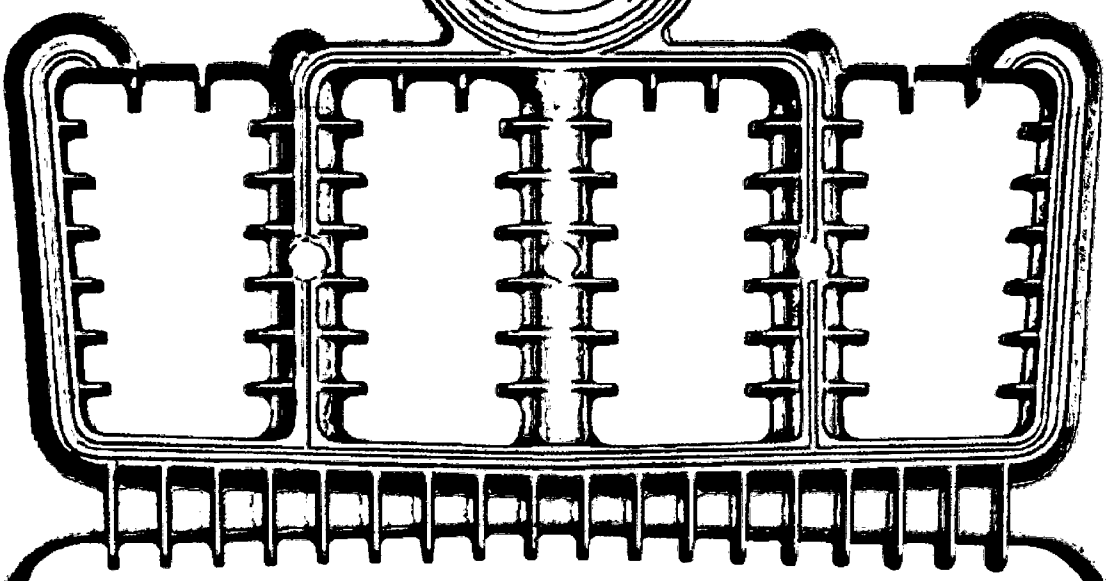
- 30 PSI ASME relief valve
- Combination high limit and low limit with manual reset control
- Combination pressure/temperature gauge
- Nipple and 5" x 6" reducing coupling (1288 – 1888 boilers only)
- Built-in air eliminator

Steam Boilers

- 15 PSI ASME safety valve side outlet
- Low limit and high limit pressure controls
- Steam pressure gauge siphon
- Gauge cocks, glass and guards

Optional Equipment

- Factory assembled sections
- Burner mounting plate with refractory for "H" units
- Intermediates with tankless heater opening
- Tankless heaters for domestic hot water (water or steam boilers)
- Tankless heater opening cover plates
- Low water cutoffs
- Barometric dampers
- Side inspection tappings with plugs – 2 per section
- Dual-range manometer
- Optional burners and burner controls



Clad in Cast Iron and Steel

Weil-McLain Commercial cast iron boilers are available as packaged, assembled blocks or as knockdowns with an array of approved burner options:

Beckett

Gordon-Piatt

PF

WEBSTER
Engineering & Manufacturing Co. LLC

Carlin
Combustion Technology, Inc.

RIELLO BURNERS
ADVANCED BURNER TECHNOLOGY

WEIL-McLAIN

www.weil-mclain.com

C 1017R2 0209

BLOCK 654 LOT 119 QUALIFICATION CODE _____ ADDRESS (SITE) 725 MANTOLOKING PERMIT NO. 08-3037

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 725 MANTOLOKING Rd.
2. Name of Owner in Fee: Shore Design Landscaping
   Tel. (732) 240-5592 e-mail _____
   Address 790 Rt. 37 West T.L. NJ 08755
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address owner e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	40		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work — Interior Clean out. ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	4500								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

III. PLAN REVIEW (optional) 4500

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____ Proposed _____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/27/2010
Control Number C-08-004807
Permit Number 08-3037
Permit Issue Date 10/08/2008
Certificate Number 08-3037

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 725 MANTOLOKING RD. Brick Township, NJ Block: 654 Lot: 119 Qual:

Owner in Fee: Shore Design Landscaping

Owner Address: 797 Route 37 West Toms River NJ 08755

Telephone: (732) 240-5592

Contractor Shore Design Landscaping

Address 797 Route 37 West Toms River NJ 08755

Telephone: (732) 240-5592 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INTERIOR DEMOLITION interior demo actual cost $4500

Certificate Comments:

☐ **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 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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 09/27/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 10/8/2008
Control # C-08-004807
Permit # 08-3037

IDENTIFICATION Block: 654 Lot: 119 Qualifier

Work Site Location: 725 MANTOLOKING RD. Brick Township, NJ

Owner in Fee: Shore Design Landscaping, 797 Route 37 West Toms River NJ 08755

Telephone: (732) 240-5592

Contractor: Shore Design Landscaping

Address: 797 Route 37 West Toms River NJ 08755

Telephone: (732) 240-5592

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR DEMOLITION interior demo actual cost $4500

Note: If constuction 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 $40

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	283
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-3031

Date Issued / Permit # 10-8-08

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

Block 6054 Lot 119 Qualification Code

Work Site Location 725 MANTOLOKING Rd. BRICK NJ 08723

Owner in Fee Shore Point Landscaping

Address 797 Rt. 37 West TR NJ 08755

Tel. (732) 240-5592

Contractor

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

interior clean out

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9-22-10
Approved by: KA/JC

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9/22/10	C.F.
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 4300

☑ Drop ☐ Switch ☐ Pickup

CAMARATO DISPOSAL, I
239 BAY STREAM
TOMS RIVER, NJ 08753

654
119

Service Address: Mantaloking Rd
Brick

Bill Address: Shore Design

12/12/08
DATE

Quantity	Size-Yds.	Overage	Discription	Price
1	30		Pull	$225
		3.35	Tow	301
			Total Due	$526

THERE IS A ___ TON LIMIT ON THE RENTAL CONTAIN
ANY OVERAGE WILL BE BILLED AT $ 90.00 PER T

X _____ ☐ Container

TYPE OF WASTE

☐ Commercial Refuse	☐ Stumps
☐ Residential	☐ Construction
☐ Wood/Pallets	☐ Roofing
☐ Demolition	☐ Tires
☐ Concrete	☐ Brush

"Positively No Chemical or Hazardous Waste Accepted"

Check ___
Cash ___
Visa or MC
Exp. ___
$35.00 Re

Driver | Truck | Box P.U.

*Driver not responsible for spillage if container overfilled. *Not curb. *Customer is responsible for any fines due to overfilled o any damage to driveways, sidewalks, curbs, walkways, lawns, sp and shrubbery in connection with delivery of your container.

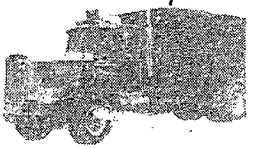
☑ Drop ☐ Switch ☐ Pickup

08-3037
No. 133

CAMARATO DISPOSAL, INC.
239 BAY STREAM
TOMS RIVER, NJ 08753

Service Address: Mantaloking Rd
Brick

10-20-30 yd. cont



Bill Address: Shore Design

Phone: 732-279-

12/29/08
DATE

WAITING TIN

Quantity	Size-Yds.	Overage	Discription	Price	
1	30		Pull	$225	00
		3.08	Tow	277	20
			Total Due	$502	20

THERE IS A ___ TON LIMIT ON THE RENTAL CONTAINER.
ANY OVERAGE WILL BE BILLED AT $ 90.00 PER TON.

Type of Service
☑ Open Roll-Of
☐ Closed Roll-C
☐ Truck Rental

C.O.D. customers
Containers will be le
site for a maximum
days. $25.00 per
thereafter.

X _____ ☐ Container Overfilled*

TYPE OF WASTE

☐ Commercial Refuse	☐ Stumps
☐ Residential	☑ Construction
☐ Wood/Pallets	☐ Roofing
☐ Demolition	☐ Tires
☐ Concrete	☐ Brush

"Positively No Chemical or Hazardous Waste Accepted"

PAYMENT METHOD

Check ___
Cash ___
Visa or MC ___
Exp. ___
$35.00 Return Check Fee

Driver | Truck | Box P.U. | Box D.O. | Dump

*Driver not responsible for spillage if container overfilled. *Not responsible for damages beyo curb. *Customer is responsible for any fines due to overfilled or overweight containers or for any damage to driveways, sidewalks, curbs, walkways, lawns, sprinkler systems, drain fields and shrubbery in connection with delivery of your container.

654 119

☒ Drop ☐ Switch ☐ Pickup

No. 13132

CAMARATO DISPOSAL, INC.

239 BAY STREAM
TOMS RIVER, NJ 08753

Serv. Address: Mantaloking Rd
Brick

10-20-30 yd. containers

Bill Address: Shore Landscape Design

Phone: 732-279-1988

10 / 20 / 08
DATE

WAITING TIME

Quantity	Size-Yds.	Overage	Discription	Price	
1	30		Pull	$225	00
		4.03	TON	362	70
			Total Due	$587	70

THERE IS A TON LIMIT ON THE RENTAL CONTAINER.
ANY OVERAGE WILL BE BILLED AT $ 90.00 PER TON.

Type of Service
☒ Open Roll-Off
☐ Closed Roll-Off
☐ Truck Rental

C.O.D. customers: Containers will be left on site for a maximum of 4 days. $25.00 per day thereafter.

X _____ ☐ Container Overfilled*

TYPE OF WASTE

☐ Commercial Refuse	☐ Stumps
☐ Residential	☐ Construction
☐ Wood/Pallets	☐ Roofing
☐ Demolition	☐ Tires
☐ Concrete	☐ Brush

"Positively No Chemical or Hazardous Waste Accepted"

PAYMENT METHOD

Check _____
Cash _____
Visa or MC _____
Exp. _____
$35.00 Return Check Fee

Driver	Truck	Box P.U.	Box D.O.	Dump

*Driver not responsible for spillage if container overfilled. *Not responsible for damages beyond curb. *Customer is responsible for any fines due to overfilled or overweight containers or for any damage to driveways, sidewalks, curbs, walkways, lawns, sprinkler systems, drain fields and shrubbery in connection with delivery of your container.

Mercer Group International
1519 Calhoun Street
Trenton, NJ 08638
609-393-4834

SCALE TICKET
INBOUND

206601
CAMARATO DISPOSAL
239 BAY STREAM DRIVE
TOMS RIVER, NJ 08753

Operator : Michelle20
Ticket # : 111589
Check/Ref. # :
Carrier : INDEPENDENT HAULER

ESCROW
732-279-1988

PC : 0

	WEIGHT/POUNDS	DATE	TIME		
GROSS:	43680	12/29/08	11:06:56	TRUCK :	CAM12
TARE:	36980	12/29/08	11:14:52		

COMMODITY

Construction and Demolition	6700 POUNDS
PAID NET:	6700 POUNDS

3.35 TON
301.50

ADDITIONAL INFORMATION
Mill #: OUTSIDE MERCER

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD, TINTON FALLS, NJ

Weighed: ART EDWARDS
Deposit: BOB ALBANESE
BILL TO: 455
CAMARATO DISPOSAL *PREPAY*

Vehicle ID: AL837V
Reference: 30 YDS

Origin: BRICK, OCEAN
DATE IN: 10/29/2008 TIME IN: 13:52:40
DATE OUT: 10/29/2008 TIME OUT: 14:02

INBOUND TICKET Number: 02-327560

SCALE 2 GROSS WT.	43300 LB
SCALE 3 TARE WT.	35240 LB
NET WEIGHT	8060 LB

Qty	Description
4.03	CONSTRUCTION & DEMOL

MAZZA
FACILITY ID# 195589
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: JIM WEIMER
Deposit: BOB ALBANESE
BILL TO: 455
CAMARATO DISPOSAL *PREPAY*

Vehicle ID: XH367T
Reference: 30 YD

Origin: BRICK, OCEAN
DATE IN: 02/03/2009 TIME IN: 11:29:40
DATE OUT: 02/03/2009 TIME OUT: 11:41

INBOUND TICKET Number: 02-344920

SCALE 2 GROSS WT:	43020	LB
SCALE 3 TARE WT.	36860	LB
NET WEIGHT	6160	LB

Qty	Description
3.08	Bulky Waste

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: 721 MANTOLOKING RD.

Block: 654 Lot: 119

Contractor: SHORE DESIGN

Contractor's Address: 797 RT. 37 WEST TOMS RIVER, N.J 08755

Type of Construction (minor, new home): REHABILITATION

Type of Debris (shingles, siding, wood, etc.): ASSORTED GARBAGE, WOOD, PLASTER

Party responsible for removal: CAMARATO DISPOSAL

Dumpster size: 30 YD.

Destination of debris: MAZZA TRANSFER TINTON FALLS NJ.

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.

Kenneth M. Munroe
Signature

10/7/08
Date

Kenneth M. Munroe
Print Name

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-3037

Date Issued / Permit # 10-8-08

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

Block 6054 Lot 119 Qualification Code

Work Site Location 725 MANTOLOKING RD. BRICK NJ 08723

Owner in Fee Shore Club Landscaping

Address 797 Rt. 37 West TR NJ 08755

Tel. (732) 240-5542

Contractor

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior clean out

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 4300

U.C.C. F110 (rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-3031

Date Issued
Permit # 10-8-08

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

Block 1054 Lot 119 Qualification Code
Work Site Location 765 Mantoloking Rd.
Brick NJ 08723
Owner in Fee Shore Realty Co. Management Inc.
Address 491 Rt. 37 West
T.R. NJ 08755
Tel. (732) 240-5592
Contractor
Address Owner
Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

interior clean out

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ________ Height (exceeds 6')
[ ] Sign ________ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other ________
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 4500

U.C.C. F110
(rev. 07/03)

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