BLOCK 848 LOT 22 & 23 QUALIFICATION CODE _____ ADDRESS (SITE) 1721 W. PRINCETON Ave PERMIT NO. 09-0292

CONSTRUCTION PERMIT APPLICATION 08-05620

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

I. IDENTIFICATION

1. Proposed Work Site at: 1721 W. PRINCETON AVE
2. Name of Owner in Fee: KAIDOY INC Costas N. KAIAFAS
   Tel [redacted] e-mail _____
   Address 1164 W. PRINCETON AVE (street) 307 River Ave (municipality) Pt Pleasant Beach (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: OWNER Tel. ( ) _____
   Address _____ 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 RICHARD GAFFNEY RA Contact R. GAFFNEY
   Address 2001 HILLWOOD RD e-mail _____
   Tel. (609) 242-1991 FAX: (609) 242-1010
6. Responsible Person in Charge once Work has Begun COSTAS KAIAFAS
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 164 ✓		470 ✓
2. Electrical	105 ✓	40 ✓	
3. Plumbing	45 ✓		45 ✓
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 15		3
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 35		
11. Cert. of Occupancy			
12. Other 2 PTEP	60 424	40	88
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	✓
2. Height of Structure	18 ft.	375
3. Area — Largest Floor	707 sq. ft.	375
4. New Building Area	1049 sq. ft.	5,200
5. Volume of New Structure	4525 cu. ft.	✓
6. Max. Live Load	40psf	2
7. Max. Occupancy Load		—
8. If Industrialized Building: State Approved ___ HUD ___		400
9. Total Land Area Disturbed	sq. ft.	X
10. Flood Hazard Zone		NA
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	7,000	KB	12/11/08	01/21/09			2/11/09	2/4/09	~~KA~~ RG ✓
☒ Electrical	2,500				1-14-9	AS	3-3-09	4/5	AS
☒ Plumbing	1,000			1-14-09	6-4-09	JVL	2-25-09	6/18/09	JVL
☒ Fire Protection	200				1-13-09	AS	6/16/09		
☐ Elevator		Eng	1/12/09		1/12/09				
TOTAL COST	10,700								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: RES. ADDITION
2. Use Group, Proposed: R-5
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

U.C.C. F100-1 (rev. 12/07)

VIOLATION VIOLATION

1C 550 ✓ 90 ✓ 140

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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. (X) 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 12-05-08

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

IMPORTANT - MANDATORY FEE - RESIDENTIAL

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☐ Zoning Application deemed complete Initialed: _____ Date: _____

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

09-022

Date Issued 2-20-09
Control # C-08-005620
Permit #

IDENTIFICATION Block: 848 Lot: 22 Qualifier
Work Site Location: 1721 W. PRINCETON AVE. Brick Township, NJ
Contractor KAI-BOY, INC. C/O OCEAN QUEEN
Address 1721 W PRINCETON AVENUE BRICK NJ 08724
Telephone: (732) 604-1329
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Owner in Fee COSTAS N. KAIAFAS
307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742
Telephone: [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RESIDENTIAL ADDITION

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 $9,700

Construction Official

Date 2-20-09

PAYMENTS (Office Use Only)	
Building	$164
Electrical	$105
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$15
CO Fee	$35.00
Other	$60
Total	$424
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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/23/2009
Control Number C-08-005620
Permit Number 09-0292
Permit Issue Date 2/20/2009
Certificate Number 09-0292

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1721 W. PRINCETON AVE. Brick Township, NJ Block: 848 Lot: 22 Qual:

Owner in Fee: COSTAS N. KAIAFAS

Owner Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742

Telephone: [redacted]

Contractor RTF ELECTRIC SERVICE

Address 22 SAINT THOMAS AVE TOMS RIVER NJ 08753-

Telephone: 732/831-0437 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 83-10437

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: RESIDENTIAL ADDITION

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: $35.00
Check Number:
Collected By: Allison Peltier

Date Printed: 6/23/2009

U.C.C. F260 (rev. 08/05)

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	*848.00*	**LOT:**	*22 & 23*
SITE ADDRESS:	*1721 W. Princeton Ave.*		
CONTROL #:	*08-005620*	**WORK TYPE:**	*1st story addi*
APPLICANT:	*Kay-Boy Inc.*	**PHONE #**	[redacted]
APPLICANT ADDRESS:	*1721 W. Princeton Ave.*	**CITY/STATE/ZIP:**	*Brick, NJ 08724*

MANDATORY DEVELOPER FEES

_X__ Residential is 1% **Business Name:**
___ Commercial is 2.5%
___ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value: **Residential** *$ 136,370.00*
Commercial

12/23/2008
Date

The final equalized assessed value at the above referenced site is: **Residential** *$50,700.00*
Commercial

06/18/2009
Date

Prel. Fee (Res)	*$681.85*	**Final Fee (Res)**	*($174.85)*	*REFUND DUE*
Prel. Fee (Comm)	*$0.00*	**Final Fee (Comm)**	*$ -*	*06/23/2009*
Waiver Fee(Res. Only)				

Check #	*1959*	**Check #**	
Date Paid	*01/09/2009*	**Date Paid**	
Paid by	*H/O*	**Paid by**	

Total Fee Paid (Res) *$ 507.00*
Total Fee Paid (Com) *$ -*

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Authorized Signature – Township of Brick

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/27/09
Control # 09-0292 +A

Date Issued
Permit # C08-005620 +A

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

Block 848 Lot 22 & 23 Qualification Code ____
Work Site Location 1721 W. PRINCETON AVE

Owner in Fee ~~KAY-BOY INC~~ COSTAS N. KAIA +AS
Address ~~1721 W. PRINCETON AVE~~ 307 Rice Ave
Pt Pleasant Beach 08742
Tel [redacted]

Contractor John Campbell P+H
Address 3240 Windsor Avenue
Toms River NJ 08753
Tel (732) 773-4670 FAX ( ) ____
Contractor License [redacted]
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ____
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size ____ Public Water ____ Private Well ____
Est. Cost of Plumbing Work $ $3000.00

Cancelled 2/27/09

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 2-25-09
Approved by: ____

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 6-18-09
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	04.06.09	04.06.09	04.07.09	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	06.10.09		06.11.09	PA
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL	05.29.09	06.10.09	06.12.09	PA

UPDATE 1-FURNACE 1-WATER HEATER

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 Campbell
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks ____	
1	Other A/C	
	Other ____	

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

U.C.C. F130 (rev. 01/04)

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

04.06.09 PA

(1) VENTING DOESN'T MEET OK-04.02.09PA
CROSSECTIONAL AREA OF
3" BLDG. DRAIN 1-2 + 1½.

(2) KITCHEN SINK VENTING TOILET — OK 04.02.09 PA

04.06.09 PA
NO ENTRY

05.29.09 PA

(1) NO GAS PIPING INSP. — OK 06-10-09PA
NEED ACCURATE GAS
DRAWING.

(2) H.W.H. BONDING WIRE OK
06.10.09PA

(1) GAS TEST ON ZERO - OK - 06-12-09 PA.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

09-0292 +C
6/5/09

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

Block 848 Lot 27 Qualification Code

Work Site Location 1721 West Princeton

Owner in Fee: COSTAS N. KAIAFAS

Tel. ([redacted] e-mail

Address 307 River Ave (street) Pt Pleasant (municipality)

Contractor: John Campbell Tel. (732) 773-4670 (zip code)

Address 3240 Windsor Avenue e-mail
Toms River NJ

Contractor License No. 10298 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 6-4-09 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 6-18-09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			06-12-09 PM	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			06-17-09 PM	

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 Campbell
Applicant's Signature/Contractor's Seal and Signature

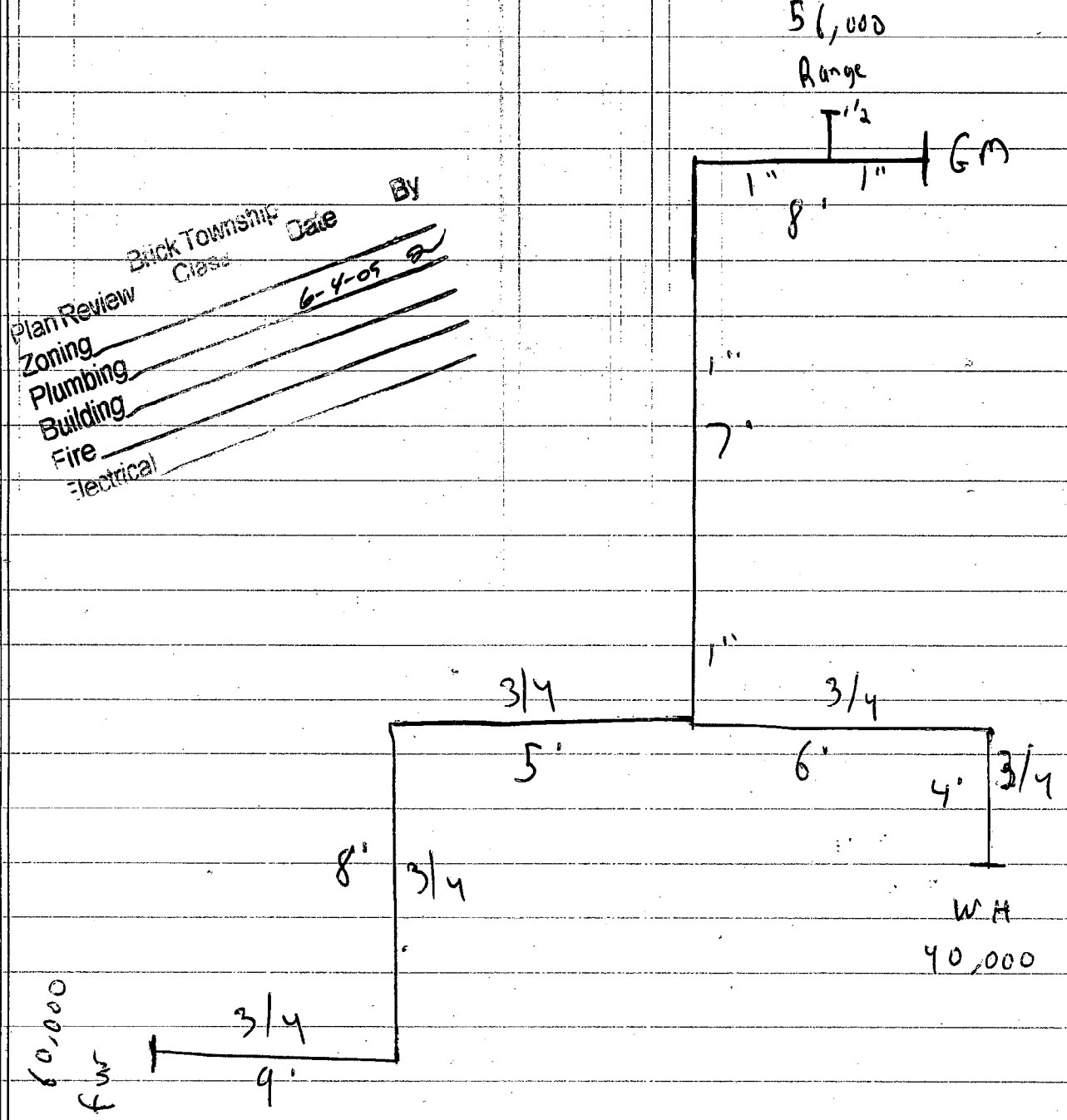
[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
UPDATE

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	
1	Water Heater	
	Fuel Oil Piping	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
*	Other Furnace	
	Other	

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



Total BTU

156,000

Total Run 37ft

update -

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0292 HB
Date Issued / Permit # 4-10-09 / 09-010800

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

Block 8406 Lot 22 Qualification Code ____

Work Site Location 1721 W-Princeton Brick

Owner in Fee: Robert Fiore

T [redacted] e-mail ____

Address 22 St Thomas Ave

Contractor: (street) RTF Electrical Service (municipality) Tel. (732) 831-0437 (zip code)

Address 22 St Thomas Ave e-mail ____
Toms River NJ

Contractor License No. 11350 Exp. Date 3-2012

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

Federal Emp. ID No. 22-3378676 FAX: (732) 831-9190

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 1700.00

Called 4/3/09

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-31-09 KD

[ ] Partial -Underslab Utilities Approved

Date: ____ Approved by: ____

[ ] Electric Plans Approved

Date: ____ Approved by: ____

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: ____

Approved by: ____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6-1-9

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough	____	____	____	____
Barrier-Free	____	____	____	____
Trench	____	____	____	____
Temp. Serv.	____	____	____	____
Constr. Serv.	____	____	____	____
TCO	____	____	____	____
Other	____	____	____	____
Service	____	____		
Final	____	____	5-29-09 KD	
Barrier-Free	____	____	____	____

Temp. Cut-in-Card Date Issued ____

Final Cut-in-Card Date Issued ____

Annual Pool Inspection ____ ____ ____ ____

Date of Grounding and Bonding Certification ____

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. Robert Fiore

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
19		Receptacles	
16		Switches	
2		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	____
____	____	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 $ ____

848 – 22

Access to Home Depot

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 02-20-09

Date Issued Permit # 09-0292

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

Block 848 Lot 22 Qualification Code _____

Work Site Location 1721 W. PRINCETON AVE

Owner in Fee: ~~KAY BOY~~ COSTAS D. KaiAFAS

T[redacted] e-mail 307 River Ave Pt Pleasant Beach

Address 1721 W. PRINCETON Ave (street)

Contractor: RTF Electrical Service (municipality) Tel. 732)831-0437 (zip code)

Address 22 ST Thomas Ave e-mail Fist07@Comcast

Toms River NJ 08753

Contractor License No. 11350 Exp. Date 3-2009

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

Federal Emp. ID No. 22-3376778 FAX: (732)831-9190

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 1-14-09 RS

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [/] TCO [ ] CAO

Date: 6-1-9 4-3

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			3-31-09	DD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-29-09	DD
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

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. Robert Ryan

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition For Room Reno

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
12		Receptacles	
5		Switches	
4		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	
1	8	KW Central A/C Unit	
1	8	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	150	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 02-20-09

Date Issued / Permit # 09-0292

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

Block 848 Lot 22 & 23 Qualification Code

Work Site Location 1721 W. PRINCETON AVE

Owner in Fee: TAY-RAY INC Castas N. Kaiafas

Tel. [redacted] e-mail 307 River Ave, Pt Pleasant Beach 08742

Address 1721 W. PRINCETON AVE (street / municipality / zip code)

Contractor: OWNER Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] ~~Interior~~	2/11/09	KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 6/11/09
Approved by: KA

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing	*4-16-09		2/26/09	G.P.
Footing Bonding				
Foundation			4-21-09	JM
Slab				
Frame	*4-3-09		4.21.09	JM
Truss Sys./Bracing				
Barrier-Free				
Insulation	*4-24-9		4-28-09	JM
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ SHEATH			4-21-09	JM
Mechanical				
TCO				
Other				
Final	*6-2-09		6-15-09	JM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
No. of Stories 1
Height of Structure 18 ft.
Area — Largest Floor 707 sq. ft.
New Bldg. Area/All Floors 1049 sq. ft.
Volume of New Structure 4525 cu. ft.
Max. Live Load 40PSF
Max. Occupancy Load SINGLE FAMILY

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 6,000
2. Rehabilitation $ 1,000
3. Total (1+ 2) $ 7,000

U.C.C. F110 (rev. 12/07)

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:

ADDITION & ALTERATIONS to SINGLE FAMILY DWELLING

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

FEE (Office Use Only)
$

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

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

4-3-09 J.L.

* NO FOUNDATION INSPECTION
* NO SHEATHING INSPECTION
* NO ROUGH PLUMBING INSPECTION

4-16-09 J.L.

* SITE VISIT BY BLDG SUBCODE OFFICIAL
* ITEMS DISCUSSED TO BE CORRECTED

4-21-09 J.L.

PARTIAL FOUNDATION INSPECTION O.K
SHEATHING INSPECTION FROM INTERIOR O.K
FRAME INSPECTION ITEMS CORRECTED O.K.

4-24-09 WINDOWS, DOORS & PENETRATIONS NOT DONE

6-2-09 G.P

LETTER FOR OPEN DECK
GUTTERS & LEADERS
GRADE & PROBLEMS
SEAL PENETRATIONS IN SIDING
" "
IN FLUE IN BASEMENT
HANDRAIL IN BASEMENT

PERMIT # 01-0292 LOT: 848 BLOCK: 22+23

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- [B] [I] SPACING
- [B] [I] SIZE

STRAPS
- [B] [I] SPACING (PER MANUFACTURER'S SPECS)
- [B] [I] SIZE

2. SILL PLATES:
- [B] [I] SIZE
- [B] [I] GRADE, SPECIES
- [B] [I] TREATMENT
- [B] [I] LAPS
- [B] [I] SILL SEALER
- [B] [I] PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- [B] [I] TERMITE PROTECTION

3. BEAM POCKETS:
- [B] [I] BEARING/SHIMS
- [B] [I] TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:
- [B] [I] SIZED PER PLAN
- [B] [I] ATTACHMENT/PLATES
- [B] [I] SPACING/LOCATION
- [B] [I] PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD	FLOOR
[B] [I]	[B] [I]	[B] [I]	SIZE
[B] [I]	[B] [I]	[B] [I]	GRADE, SPECIES
[B] [I]	[B] [I]	[B] [I]	SINGLE OR DOUBLE
[B] [I]	[B] [I]	[B] [I]	PRE-ENGINEERED PER MANUFACTURER'S SPECS
[B] [I]	[B] [I]	[B] [I]	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:
- [B] [I] SIZED PER PLAN
- [B] [I] TYPE
- [B] [I] GRADE, SPECIES
- [B] [I] LOCATION AND RELATION TO THE PLAN
- [B] [I] NAILING
- [B] [I] ATTACHMENT SCHEDULE
- [B] [I] BEARING
- [B] [I] LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD	FLOOR
[B] [I]	[B] [I]	[B] [I]	SIZED PER PLAN
[B] [I]	[B] [I]	[B] [I]	GRADE, SPECIES
[B] [I]	[B] [I]	[B] [I]	PRE-ENGINEERED COMPONENTS AS SPECIFIED
[B] [I]	[B] [I]	[B] [I]	BEARING
[B] [I]	[B] [I]	[B] [I]	NAILING
[B] [I]	[B] [I]	[B] [I]	BRIDGING
[B] [I]	[B] [I]	[B] [I]	CUTTING AND NOTCHING (AS PER CODE)
[B] [I]	[B] [I]	[B] [I]	POINT LOADS - SUPPORTED AS PER PLAN
[B] [I]	[B] [I]	[B] [I]	SPAN HANGERS
[B] [I]	[B] [I]	[B] [I]	HEADERS
[B] [I]	[B] [I]	[B] [I]	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

	1ST	2ND	3RD	FLOOR
MATERIAL	[B] [I]	[B] [I]	[B] [I]	PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

[B] [I]	[B] [I]	[B] [I]	EDGE BLOCKING (IF REQUIRED)
[B] [I]	[B] [I]	[B] [I]	GAPPING
[B] [I]	[B] [I]	[B] [I]	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD	FLOOR
[B] [I]	[B] [I]	[B] [I]	BEARING
[B] [I]	[B] [I]	[B] [I]	NAILING

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: _____ Date: 4-20-09

Building Inspector Initials: _____

Date: _____

U.C.C. F390-1 (01/06)

PERMIT # _____ LOT: _____ BLOCK: _____

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST	2ND	3RD	
☑ I	B I	B I	SIZE
☑ I	B I	B I	SPACE
☑ I	B I	B I	SPECIES AND GRADE
☑ I	B I	B I	CUTTING, NOTCHING, AND BORING
☑ I	B I	B I	HEADER SIZES
☑ I	B I	B I	JACK STUD BEARING
TOP PLATES			
☑ I	B I	B I	NAILING
☑ I	B I	B I	LAPS
☑ I	B I	B I	RAFTER TIES
☑ I	B I	B I	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST	2ND	3RD	
☑ I	B I	B I	SIZE
☑ I	B I	B I	SPACE
☑ I	B I	B I	LAYOUT - SUPPORT BELOW PER CODE
☑ I	B I	B I	SPECIES AND GRADE
☑ I	B I	B I	CUTTING, NOTCHING, AND BORING
☑ I	B I	B I	FIRE BLOCKING
☑ I	B I	B I	HEADER SIZES
☑ I	B I	B I	JACK STUD BEARING
TOP PLATES			
☑ I	B I	B I	NAILING
☑ I	B I	B I	LAPS
☑ I	B I	B I	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST	2ND	3RD	
☑ I	B I	B I	SIZE
☑ I	B I	B I	SPACE
☑ I	B I	B I	SPECIES AND GRADE
☑ I	B I	B I	CUTTING, NOTCHING, AND BORING
☑ I	B I	B I	FIRE BLOCKING
☑ I	B I	B I	HEADER SIZES
☑ I	B I	B I	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

- ☑ I LAYOUT PLANS
- B I TRUSS MEMBERS
- B I CONNECTION SCHEDULE
- ☑ I PERMANENT BRACING DETAILS
- B I DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- ☑ I EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS
- ☑ I LOCATION AS PER LAYOUT
- ☑ I ALIGNMENT
- ☑ I BEARING
- ☑ I SPACING
- ☑ I CONNECTIONS TO BEARING POINTS
- ☑ I NO CONNECTION TO NON-BEARING POINTS
- ☑ I DAMAGE AND DEFECTS
- B I ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION
- B I TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION

4. SOLID SAWN ROOF FRAMING:

- B I SIZE
- B I GRADES, SPECIES

LAYOUT

- B I SPACING
- B I SPAN
- B I BEARING
- B I FASTENING
- B I DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- B I CUTTING, NOTCHING, AND BORING
- B I BRIDGING
- B I RIDGE SIZE
- B I HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

- ☑ I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- B I GAPPING
- B I LAYOUT
- B I CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

- ☑ I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- B I BLOCKING, EDGE (IF REQUIRED)
- B I GAPPING
- B I CLIPS (IF REQUIRED)
- B I LAYOUT

SHEATHING, FRT - ROOF

- B I FOUR FEET FROM FIREWALL
- B I NONCORROSIVE FASTENERS

U.C.C. F390-2 (01/06)

Initials: Resp. Person in Charge of Work _____ Building Inspector _____

Richard Gaffney, Architect
2001 Hillwood Road
Forked River, NJ 08731
Phone 609-242-1991
Fax 609-242-1010

6/9/09

Chris Karamanos, President
SBN Contractors
951 Old Freehold Road
Toms River, NJ 08753
(via fax to 732-244-9790 and sealed hard copy via regular mail)

RE: Addition/Alterations - Single Family Dwelling at
1721 W. Princeton Avenue
Brick, NJ (Block: 848 Lot: 22 & 23)
(Kai-Boy, Inc. c/o Ocean Queen)

Dear Mr. Karamanos:

Per your request with respect to the above referenced project, the new 2 x 8-16" c/c floor joists (hem fir #2) for the addition as indicated on the plans and installed are in compliance with Table R502.3.1(2) of the 2006 IRC, which allows a maximum span of 12 feet. The actual span of the floor joists is approximately 10'-6".

Please contact me if there are any further questions regarding this matter.

Richard Gaffney, R.A. 6/9/09
Richard Gaffney, R.A. Date Signed
New Jersey Registered Architect
License # 12752

Attachments/Enclosures: None
Copies To: Arch. File

Richard Gaffney, Architect
2001 Hillwood Road
Forked River, NJ 08731
Phone 609-242-1991
Fax 609-242-1010

6/9/09

Chris Karamanos, President
SBN Contractors
951 Old Freehold Road
Toms River, NJ 08753
(via fax to 732-244-9790 and sealed hard copy via regular mail)

RE: Addition/Alterations - Single Family Dwelling at
1721 W. Princeton Avenue
Brick, NJ (Block: 848 Lot: 22 & 23)
(Kai-Boy, Inc. c/o Ocean Queen)

Dear Mr. Karamanos:

Per your request with respect to the above referenced project, the new 2 x 8-16" c/c floor joists (hem fir #2) for the addition as indicated on the plans and installed are in compliance with Table R502.3.1(2) of the 2006 IRC, which allows a maximum span of 12 feet. The actual span of the floor joists is approximately 10'-6".

Please contact me if there are any further questions regarding this matter.

Richard Gaffney, R.A. 6/9/09
Richard Gaffney, R.A. Date Signed
New Jersey Registered Architect
License # 12752

Attachments/Enclosures: None
Copies To: Arch. File

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 09-0292+C

Date Issued
Permit # 6/5/09

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

Block 848 Lot 22 Qualification Code _____

Work Site Location 1721 W. PRINCETON AVE

Owner in Fee: COSTAS N. KAIAFAS

Tel. [redacted] e-mail _____

Address 307 KIVER AVE (street) Pt PLEASANT (municipality)

Contractor: RTF ELECT Tel. (732) 830-0437 (zip code)

Address 22 ST THOMPSON AVE e-mail _____

TOMS RIVER

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 22-3376781 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other _____

Location: _____

Total Cost of Fire Protection Work $ 100

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

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. _____

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

UP DATE

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date 6/4/09 Approved by: BD

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 6/4/09

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	6/4/09		6/4/09	RCO/RW
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	6/4/09		6/4/09	RCO/RW
Other				

See back

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0292

Date Issued / Permit # 02-2109

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

Block 848 Lot 22 & 23 Qualification Code _____

Work Site Location 1721 W. PRINCETON AVE BRICK NJ

Owner in Fee KAY-BOY Castor N. Kyriafas

Address 1721 W PRINCETON AVE BRICK 307 River Ave Pt Pleasant Beach NJ

[redacted]

Contractor KTF ELECTRICAL SERVICE

Address 223 ST THOMAS AVE

Tel (732) _____ FAX (732) 831-9190

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. 22-3376-78

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 200

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. Robert Cleo

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: SMOKE DET.

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	45
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 1-13-09

Approved by: DR

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 6-16-09

Approved by: Ken

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System			6/16/09	RSD
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	6/16/09		6/16/09	RSD
Other				

Dates (Month/Day)

U.C.C. F140 (rev. 1/04) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

update

Date Received
Control #

09-0292 +B

Date Issued
4-10-09

Permit #

M09-000880

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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

Block 644 Lot 22 Qualification Code

Work Site Location 1721 W Princeton

Brick

Owner in Fee Robert Fiore

Address 22 ST Thomas Ave

[redacted]

Contractor JT F Electrical Service

Address 22 ST Thomas Ave

Toms River

Tel (732) 831-0437 FAX (732) 831-9180

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No. 22 3378626

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* _____

Total Cost of Fire Protection Work $ 200.00

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. Robert Fiore

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected - 2		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	45
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 3-27-09

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System			6/10/09	RKO
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	6/10/09		6/10/09	RKO
Final				
Other _____				

6/10/05

~~Basement~~ - ~~HUAC~~?

kitchen stove - unable to inspect

Dryer vent

PERMIT UPDATE

Date Update Issued 06/05/2009
Control # C-09-001877
Permit # 09-0292+C

IDENTIFICATION Block: 848 Lot: 22 Qualifier

Work Site Location: 1721 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: COSTAS N. KAIAFAS
307 RIVER AVENUE POINT PLEASANT BEACH N.J 08742

Telephone: [redacted]

Contractor: COSTAS N. KAIAFAS
Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742

Telepho[redacted]
Lic. No.
Federal Employee. No.

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:

FIRE ALTERATIONS, PLUMBING ALTERATIONS

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 $300

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$140
Check No.	
Cash	$140
Credit	$0
Collected By	Kim Bogan

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 09-0292+C

Date Issued
Permit # 6/5/09

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

Block 8UK Lot 22 Qualification Code _____

Work Site Location 1721 W. PRINCETON AVE

Owner in Fee: COSTAS N. KAIAFAS

Te[redacted] mail _____

Address 3407 RIVER AVE PT PLEASANT
street municipality zip code

Contractor: RTE ELECT Tel. (732) 530-0437

Address 22 ST THOMPSON AVE e-mail _____

TOMS RIVER

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 22-337678 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other _____

Location: _____

Total Cost of Fire Protection Work $ 100

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date 6/4/09 Approved by: DD

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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. _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

UP DATE

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 09-0292+C

Date Issued
Permit # 6/5/09

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

Block 8406 Lot 22 Qualification Code _____

Work Site Location 1721 W. PRINCETON AVE

Owner in Fee: COSTAS N. KALAFAS

[redacted] e-mail _____

Address 307 RIVER AVE (street) PT PLEASANT (municipality) _____ (zip code)

Contractor: RTE ELECT Tel. (732) 530-0437

Address 77 ST THOMPSON AVE e-mail _____

TOMS RIVER

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 22-337678 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other _____

Location: _____

Total Cost of Fire Protection Work $ 100

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: 6/4/09 Approved by: DD

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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. _____

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

UPDATE

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

09-0292 +C
6/5/09

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

Block 848 Lot 22 Qualification Code
Work Site Location 1721 West Princeton

Owner in Fee: COSTAS N. KALAFAS
[redacted] e-mail
Address 307 River Ave (street) Pt Pleasant (municipality)

Contractor: John Campbell Tel. (732) 773-4670
Address 3240 Windsor Avenue (street) Toms River NJ (municipality) e-mail

Contractor License No. 10298 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date 6-4-09 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
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

2008

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
UPDATE

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	
1	Water Heater	
	Fuel Oil Piping	
#2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
4	Other F	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

09-0292 +C
6/5/09

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

Block 848 Lot 27 Qualification Code _____

Work Site Location 1721 West Princeton

Owner in Fee: COSTAS N. KAIAFAS

T [redacted] e-mail _____

Address [redacted] Ave Pt PLEASANT
street municipality

Contractor: John Campbell Tel. (732) 773-4670
zip code

Address 3240 Windsor Avenue e-mail _____
Toms River NJ

Contractor License No. 10298 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[✓] Plumbing Plans Approved
Date 6-5-09 Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
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 1				
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

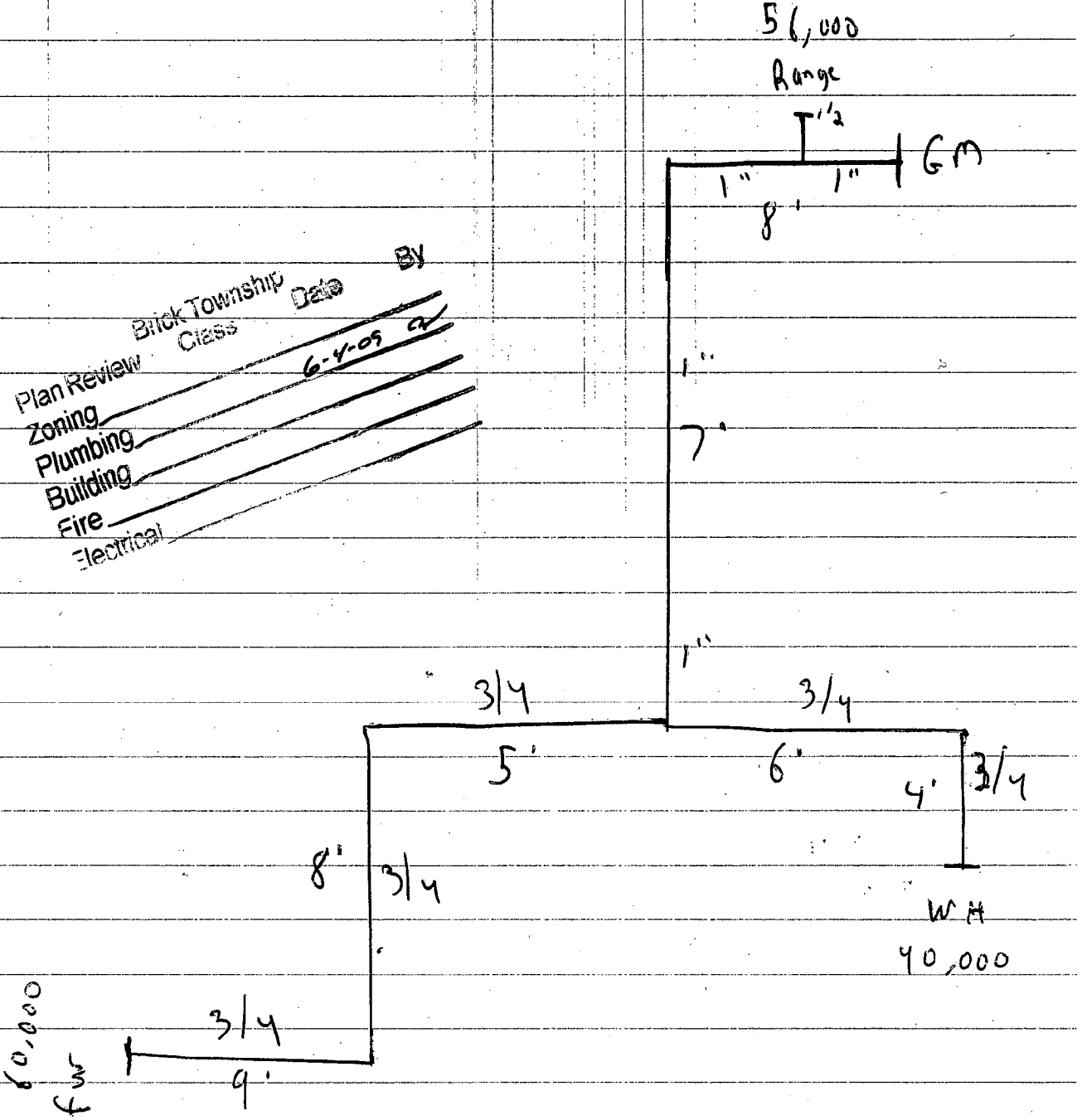
[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
UPDATE

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	
1	Water Heater	
	Fuel Oil Piping	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Fire	
	Other	

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



Total BTU

156,000

Total Run 37 ft

56,000
Range
1½
GM
1"
1"
8'
Brick Township
Class
Date
By
Plan Review
Zoning
Plumbing
Building
Fire
Electrical
6-4-09
BV
1"
7'
1"
3/4
3/4
5'
6'
4'
3/4
8'
3/4
WH
40,000
60,000
3/4
9'

Total BTU

156,000

Total Run 37ft

Goodman®

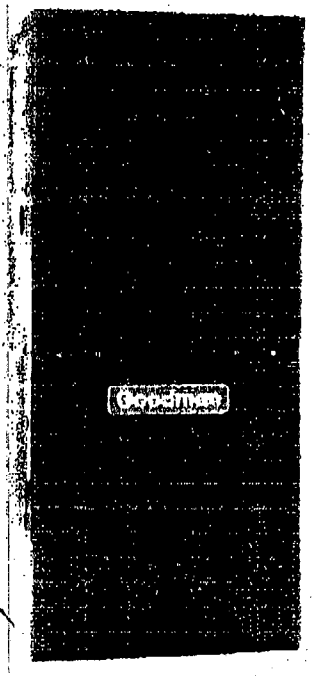
Air Conditioning & Heating

PRODUCT SPECIFICATIONS

GMS8/GDS8/GHS8

MULTI-POSITION, SINGLE-STAGE/ MULTI-SPEED GAS FURNACES

The Goodman® GMS8/GHS8/GDS8 80% AFUE Single-Stage, Multi-Speed Gas Furnaces feature a patented aluminized-steel tubular heat exchanger and energy-efficient Hot Surface Ignition system. This furnace is run-tested for heating or combination heating/cooling applications. With a heavy-gauge, reinforced steel cabinet and durable baked enamel finish, this unit can be installed in a variety of locations.



80% AFUE

HEATING INPUT:
45,000–140,000 BTU/H

Standard Features

- Patented TuffTube™ dual-diameter tubular heat exchanger
- Single-stage combination redundant gas valve
- Hot surface igniter and patented adaptive learning control for maximum igniter life
- Energy-saving, quiet four-speed direct-drive circulator blower motor
- Furnace control board with self-diagnostics and low-voltage terminal block
- Quiet single speed, induced-draft blower

Cabinet Features

- Foil-faced insulation lines the heat exchanger compartment
- Designed for multi-position installation:
  GMS8 and GHS8: upflow, horizontal left or right
  GDS8: dedicated downflow
- Coil and furnace fit flush for most installations

Contents

Nomenclature 2
Product Specifications 3
Dimensions 5
Blower Performance Specifications 7
Wiring Diagrams 10
Schematics 11
Accessories 12

HEAT EXCHANGER 10 YEAR PARTS LIMITED WARRANTY

For full warranty details, visit www.goodmanmfg.com.

GoodCare

PRODUCT SPECIFICATIONS

NOMENCLATURE

G	M	S	8	045	4	B	X	A
1	2	3	4,5	6,7,8	9	10	11	12

Brand
- G Goodman® Brand or Distinctions™

Airflow Direction
- C Downflow/Horizontal
- D Dedicated Downflow
- H High Airflow
- K Dedicated Upflow
- M Upflow/Horizontal

Description
- V Two-Stage/Variable-speed
- H Two-Stage/Multi-speed
- S Single-Stage/Multi-speed
- E Two-Stage/X-13 Motor

AFUE
- 95 95%
- 9 90%*
- 8 80%

Revisions
- A Initial Release
- B 1st Revision
- C 2nd Revision

NOx
- N Natural Gas
- X Low NOx

Cabinet Width
- A 14"
- B 17½"
- C 21"
- D 24½"

Maximum CFM @ 0.5" ESP
- 3 1200
- 4 1600
- 5 2000

MBTU/h
- 045: 45,000
- 070: 70,000
- 090: 90,000
- 115: 115,000
- 140: 140,000

GMS8 SPECIFICATIONS

	GMS8 0463ANB*	GMS8 0703ANB*	GMS8 0704BNB*	GMS8 0904BNB*	GMS8 0905CNB*	GMS8 1155CNB*	GMS8 1405DNB
Heating Capacity							
Input[1]	45,000	70,000	70,000	90,000	90,000	115,000	140,000
Natural Gas Output[1]	36,000	56,000	56,000	72,000	72,000	92,000	112,000
LP Gas Output[1]	32,000	48,000	48,000	64,000	64,000	80,000	96,000
AFUE[2]	80	80	80	80	80	80	80
Temperature Rise Range (°F)	25 - 55	25 - 55	20 - 50	35 - 65	35 - 65	35 - 65	40 - 70
Available AC @ 0.5" ESP	3	3	4	4	5	5	5
Circulator Blower							
Size (D x W)	10" x 6"	10" x 6"	10" x 8"	10" x 8"	10" x 10"	10" x 10"	10" x 10"
Horsepower @ 1750 RPM	⅓	⅓	½	½	½	½	¾
Speed	4	4	4	4	4	4	4
Vent Diameter[3]	4"	4"	4"	4"	4"	4"	4"
No. of Burners	2	3	3	4	4	5	6
Filter Size (in²)							
Permanent	290	290	385	385	480	480	480
Disposable	580	580	770	770	960	960	960
Electrical Data							
Min. Circuit Ampacity[4]	8.5	8.5	12.9	12.9	12.9	12.9	15.2
Max. Overcurrent Device (amps)[5]	15	15	15	15	15	15	15
Ship Weight (lbs)	120	130	143	153	163	163	183

* Low NOx model available.

1- Natural Gas BTU/h. For altitudes above 2,000', reduce input rating 4% for each 1,000' above sea level.

2- DOE AFUE based upon Isolated Combustion System (ICS)

3- Vent and combustion air diameters may vary depending upon vent length. Refer to the latest editions of the National Fuel Gas Code NFPA 54/ANSI Z223.1 (in the USA) and the Canada National Standard of Canada, CAN/CSA B149.1 and CAN/CSA B142.2 (in Canada).

4- Minimum Circuit Ampacity = (1.25 x Circulator Blower Amps) + ID Blower amps. Wire size should be determined in accordance with National Electrical Codes. Extensive wire runs will require larger wire sizes.

5- Maximum Overcurrent Protection Device refers to maximum recommended fuse or circuit breaker size. May use fuses or HACR-type circuit breakers of the same size as noted.

Notes:

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single-phase electrical supply.
- Gas Service Connection ½" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.

GDS8/GHS8 SPECIFICATIONS

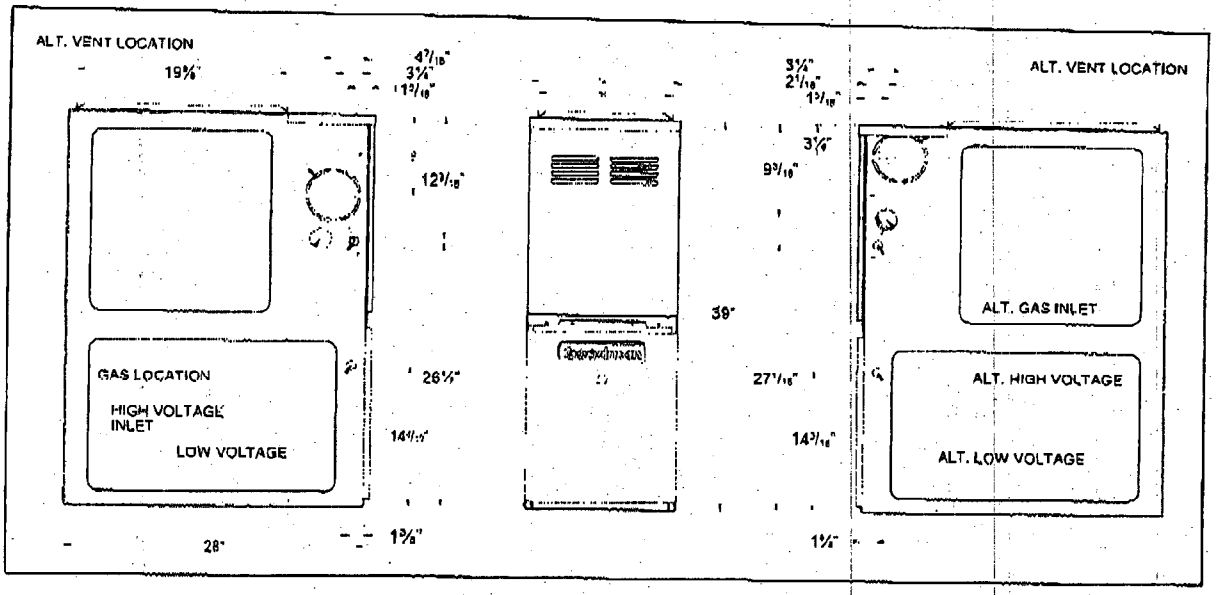
	GDS8 0453AXB	GDS8 0703AXB	GDS8 0904BXB	GDS8 1155CXB	GHS8 0453AXB	GHS8 0704BXB	GHS8 0905CXB
Heating Capacity							
Input[1]	45,000	70,000	90,000	115,000	45,000	70,000	90,000
Natural Gas Output[1]	36,000	56,000	72,000	92,000	36,000	56,000	72,000
LP Gas Output[1]	32,000	48,000	64,000	80,000	32,000	48,000	64,000
AFUE[2]	80	80	80	80	80	80	80
Temperature Rise Range (°F)	20 - 50	30 - 60	35 - 65	40 - 70	15 - 45	20 - 50	35 - 65
Available AC @ 0.5" ESP	3	3	4	5	3	4	5
Circulator Blower							
Size (D x W)	10" x 6"	10" x 6"	10" x 8"	10" x 10"	10" x 6"	10" x 8"	11" x 10"
Horsepower @ 1750 RPM	⅓	⅓	½	½	½	¾	¾
Speed	4	4	4	4	4	3	3
Vent Diameter[3]	4"	4"	4"	4"	4"	4"	4"
No. of Burners	2	3	4	5	2	3	4
Filter Size (in²)							
Permanent	290	290	385	480	290	385	480
Disposable	580	580	770	960	580	770	960
Electrical Data							
Min. Circuit Ampacity[4]	8.5	8.5	12.9	12.9	12.9	12.2	12.2
Max. Overcurrent Device (amps)[5]	15	15	15	15	15	15	15
Ship Weight (lbs)	120	130	153	175	120	130	153

1- Natural Gas BTU/h. For altitudes above 2,000', reduce input rating 4% for each 1,000' above sea level.
2- DOE AFUE based upon Isolated Combustion System (ICS)
3- Vent and combustion air diameters may vary depending upon vent length. Refer to the latest editions of the National Fuel Gas Code NFPA 54/ANSI Z223.1 (in the USA) and the Canada National Standard of Canada, CAN/CSA B149.1 and CAN/CSA B142.2 (in Canada).
4- Minimum Circuit Ampacity = (1.25 x Circulator Blower Amps) + ID Blower amps. Wire size should be determined in accordance with National Electrical Codes. Extensive wire runs will require larger wire sizes.
5- Maximum Overcurrent Protection Device refers to maximum recommended fuse or circuit breaker size. May use fuses or HACR-type circuit breakers of the same size as noted.

Notes:

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single-phase electrical supply.
- Gas Service Connection ½" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.

GMS8/GHS8 DIMENSIONS



Model	A	B
GMS80453ANB*	14"	12½"
GMS80703ANB*	14"	12½"
GMS80704BNB*	17½"	16"
GMS80904BNB*	17½"	16"
GMS80905CNB*	21"	19½"
GMS81155CNB*	21"	19½"
GMS81405DNB	24½"	23"

* Low NOx model available.

Model	A	B
GHS80453AXB	14"	12½"
GHS80704BXB	17½"	16"
GHS80905CXB	21"	19½"

MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS

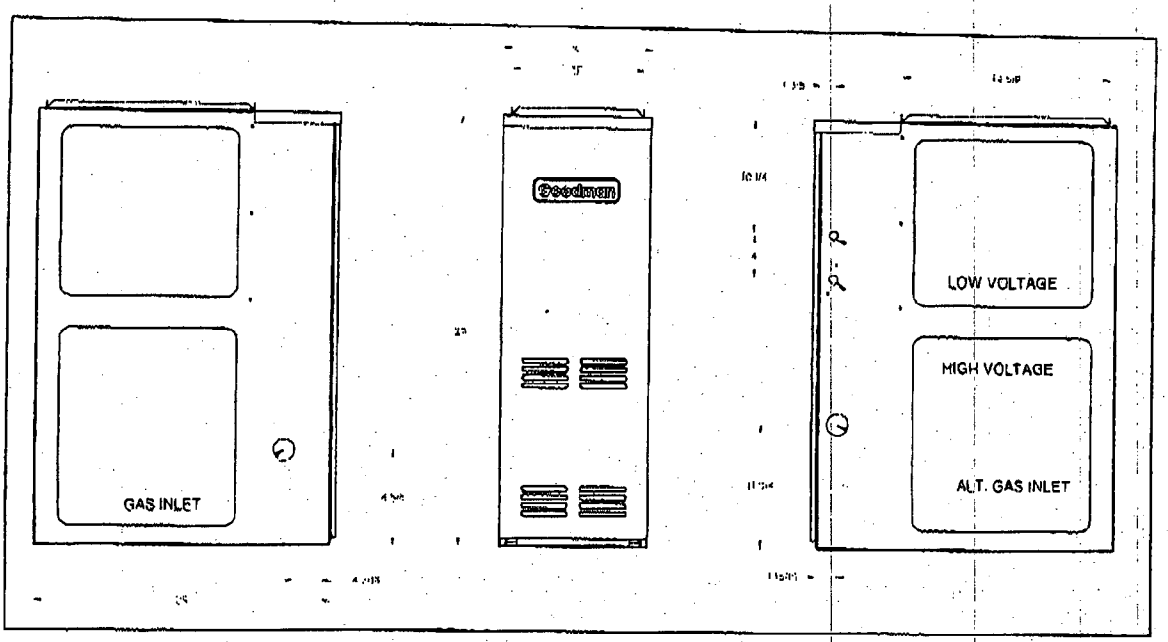
Sides	Rear	Front[1]	Vent[2]		Top
			SW	B	
1"	0"	3"	6"	1"	1"

[1] 24" clearance for serviceability recommended.

[2] Single Wall Vent (SW) to be used only as a connector. Refer to the latest editions of the National Fuel Gas Code NFPA 54/ ANSI Z223.1 (in the USA) and the Canada National Standard of Canada. CAN/CSA B149.1 and CAN/CSA B142.2 (in Canada).

Note: GMS8 and GHS8 models approved for line contact in the horizontal position.

GDS8 DIMENSIONS



Model	A	B	Non-Combustible Floor Base
GDS80453AXB*	14"	12½"	SBT14
GDS80703AXB*	14"	12½"	SBT14
GDS80904BXB*	17½"	16"	SBT17
GDS81155CXB*	21"	19½"	SBT21

* Low NOx model available.

MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS

Sides	Rear	Front[1]	Vent[2]		Top
			SW	B	
1"	0"	3"	6"	1"	1"

[1] 24" clearance for serviceability recommended.

[2] Single Wall Vent (SW) to be used only as a connector. Refer to the latest editions of the National Fuel Gas Code NFPA 54/ ANSI Z223.1 (in the USA) and the Canada National Standard of Canada, CAN/CSA B149.1 and CAN/CSA B142.2 (in Canada).

BLOWER PERFORMANCE SPECIFICATIONS

(CFM & Temperature Rise vs. External Static Pressure)																
Model	Motor Speed	Tons AC[1]	External Static Pressure, (Inches Water Column)													
			0.1		0.2		0.3		0.4		0.5		0.6	0.7	0.8	
			CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	CFM	CFM	
GMS8 0453ANB* (Med)[2]	High	3.0	1,555	---	1,511	---	1,459	---	1,392	---	1,344	25	1,279	1,201	1,120	
	Med	2.5	1,166	28	1,123	30	1,100	30	1,090	30	1,048	32	1,017	970	903	
	Med-Lo	2.0	927	36	907	37	889	37	863	38	853	39	822	800	746	
	Low	1.5	699	47	694	48	668	50	646	51	636	52	592	566	524	
GMS8 0703ANB* (Med)[2]	High	3.0	1,437	36	1,310	39	1,295	40	1,310	39	1,273	41	1,202	1,129	1,039	
	Med	2.5	1,127	46	1,100	47	1,095	47	1,075	48	1,050	49	1,018	967	904	
	Med-Lo	2.0	895	---	917	---	878	---	867	---	853	---	830	786	743	
	Low	1.5	694	---	681	---	663	---	640	---	625	---	591	562	522	
GMS8 0704BNB* (Med)[2]	High	4.0	2,234	23	2,151	24	2,076	25	1,990	26	1,897	27	1,803	1,710	1,569	
	Med	3.5	1,676	31	1,653	31	1,648	31	1,581	33	1,555	33	1,492	1,414	1,352	
	Med-Lo	3.0	1,342	38	1,335	39	1,321	39	1,313	39	1,291	40	1,261	1,215	1,149	
	Low	2.5	1,089	47	1,085	48	1,078	48	1,071	48	1,057	49	1,040	986	932	
GMS8 0904BNB* (Med)[2]	High	4.0	2,182	---	2,127	31	2,056	32	1,974	33	1,895	35	1,809	1,715	1,588	
	Med	3.5	1,645	40	1,628	40	1,615	40	1,597	41	1,541	43	1,491	1,440	1,350	
	Med-Lo	3.0	1,320	49	1,305	49	1,310	49	1,310	50	1,295	51	1,267	1,217	1,139	
	Low	2.5	1,063	60	1,061	60	1,057	61	1,056	61	1,039	61	1,025	1,005	948	
GMS8 0905CNB* (Med)[2]	High	5.0	2,334	---	2,334	---	2,284	---	2,135	---	2,051	35	1,910	1,748	1,605	
	Med	4.0	1,754	39	1,735	39	1,728	40	1,685	40	1,628	42	1,551	1,469	1,346	
	Med-Lo	3.5	1,367	47	1,360	47	1,371	47	1,374	48	1,335	50	1,293	1,246	1,165	
	Low	3.0	1,098	58	1,109	59	1,109	59	1,088	60	1,066	62	1,050	998	916	
GMS8 1155CNB* (Med)[2]	High	5.0	2,481	---	2,395	35	2,288	37	2,217	38	2,076	41	1,999	1,858	1,732	
	Med	4.0	1,738	49	1,732	49	1,709	50	1,686	50	1,639	52	1,585	1,492	1,385	
	Med-Lo	3.5	1,364	62	1,378	62	1,372	62	1,372	62	1,350	63	1,313	1,261	1,125	
	Low	3.0	1,137	---	1,142	---	1,140	---	1,114	---	1,090	---	1,056	954	860	
GMS8 1405DNB (Med)[2]	High	5.0	2,554	41	2,435	43	2,375	44	2,240	47	2,152	49	2,002	1,863	1,744	
	Med	4.0	1,846	57	1,773	59	1,762	60	1,712	61	1,672	63	1,583	1,526	1,442	
	Med-Lo	3.5	1,520	69	1,500	70	1,483	---	1,470	---	1,435	---	1,373	1,308	1,245	
	Low	3.0	1,301	---	1,274	---	1,260	---	1,231	---	1,207	---	1,177	1,093	931	

* Low NOx model available.

[1] at 0.5" ESP

[2] Heating speed as shipped

Notes:

- CFM in chart is without filter(s). Filters do not ship with this furnace, but must be provided by the installer. If the furnace requires two return filters, this chart assumes both filters are installed.
- All furnaces ship as high-speed cooling and medium-speed heating. Installer must adjust blower cooling and heating speed as needed.
- For most jobs, about 400 CFM per ton when cooling is desirable.
- INSTALLATION IS TO BE ADJUSTED TO OBTAIN TEMPERATURE RISE WITHIN THE RANGE SPECIFIED ON THE RATING PLATE.
- This chart is for information only. For satisfactory operation, external static pressure should not exceed value shown on the rating plate. The shaded area indicates ranges in excess of recommended maximum heating static pressure.
- The dashed (----) areas indicate a temperature rise not recommended for this model.
- The above chart is for U.S. furnaces installed at 0-2000 feet. At higher altitudes, a properly derated unit will have approximately the same temperature rise at a particular CFM, while ESP at the CFM will be lower.

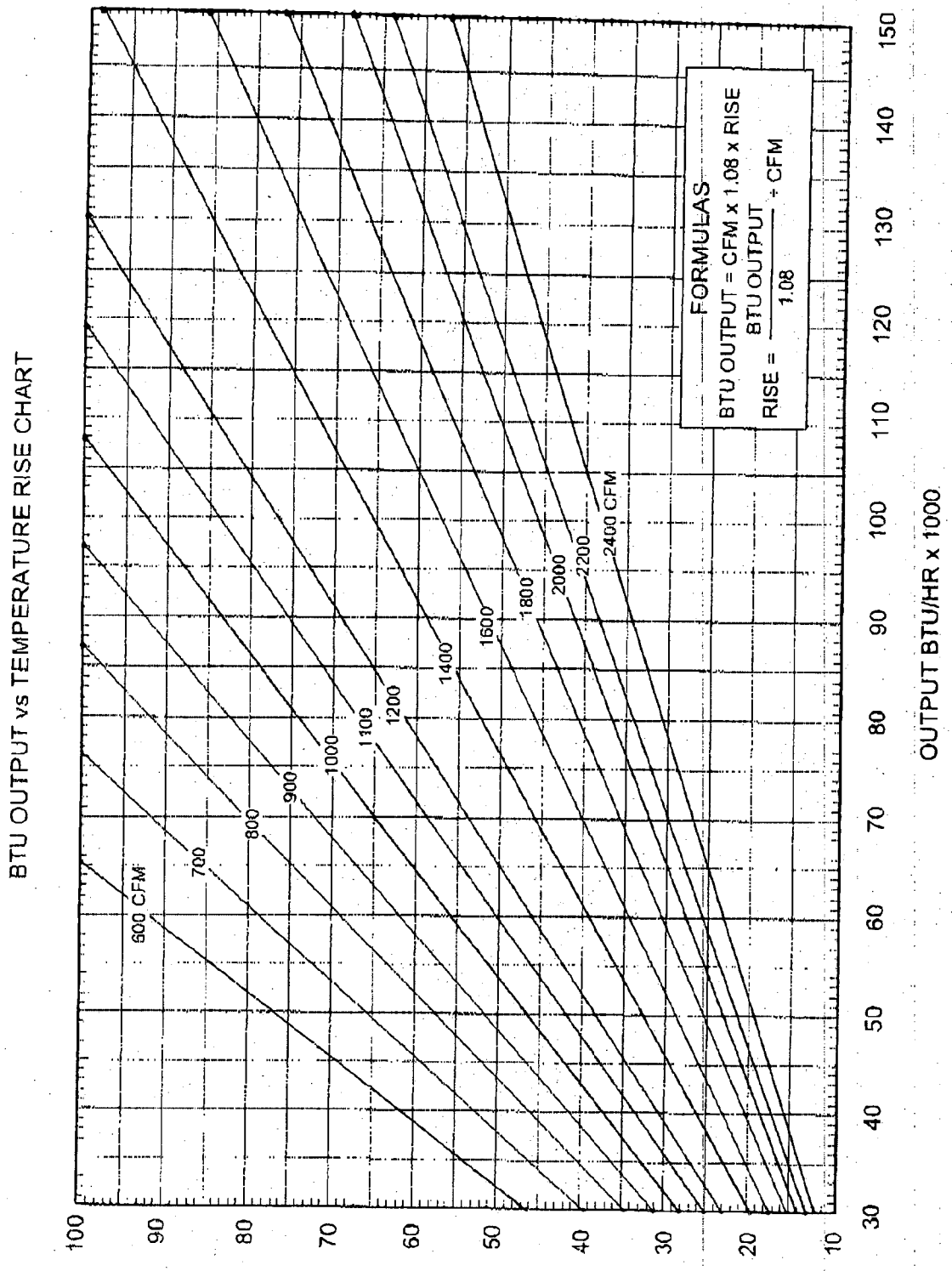
BLOWER PERFORMANCE SPECIFICATIONS (CONT.)

(CFM & Temperature Rise vs. External Static Pressure)																
Model	Motor Speed	Tons AC[1]	External Static Pressure, (Inches Water Column)													
			0.1		0.2		0.3		0.4		0.5		0.6	0.7	0.8	
			CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	CFM	CFM	
GDS8 0453AXB (Med)[2]	High	3.0	1,435	---	1,421	---	1,380	---	1,322	25	1,262	26	1,200	1,144	1,064	
	Med	2.5	1,140	29	1,114	30	1,084	31	1,063	31	1,039	32	1,002	943	897	
	Med-Lo	2.0	899	37	889	37	875	38	871	38	857	39	821	780	745	
	Low	1.5	691	48	674	49	665	50	651	51	637	52	618	562	525	
GDS8 0703AXB (Med)[2]	High	3.0	1,406	37	1,393	37	1,379	37	1,307	39	1,262	41	1,208	1,145	1,070	
	Med	2.5	1,153	45	1,101	47	1,077	48	1,039	50	1,028	50	987	947	885	
	Med-Lo	2.0	890	58	896	58	873	59	862	60	834	---	798	771	727	
	Low	1.5	690	---	682	---	664	---	631	---	616	---	583	549	509	
GDS8 0904BXB (Med)[2]	High	4.0	2,007	---	1,993	---	1,975	---	1,940	---	1,844	36	1,770	1,668	1,559	
	Med	3.5	1,612	41	1,606	41	1,570	42	1,533	43	1,501	44	1,448	1,373	1,301	
	Med-Lo	3.0	1,325	50	1,299	51	1,280	52	1,244	53	1,222	54	1,186	1,140	1,079	
	Low	2.5	1,043	64	1,040	64	1,032	64	1,002	---	981	---	955	915	869	
GDS8 1155CXB (Med)[2]	High	5.0	2,381	---	2,312	---	2,312	---	2,219	---	2,134	40	2,024	1,930	1,839	
	Med	4.0	1,801	47	1,667	51	1,667	51	1,638	52	1,613	53	1,513	1,441	1,369	
	Med-Lo	3.5	969	---	1,062	---	1,140	---	1,223	69	1,269	67	1,292	1,322	1,358	
	Low	3.0	1,100	---	1,094	---	1,060	---	1,031	---	1,001	---	953	937	874	

(CFM & Temperature Rise vs. External Static Pressure)																		
Model	Motor Speed	Tons AC[1]	External Static Pressure, (Inches Water Column)															
			0.1		0.2		0.3		0.4		0.5		0.6		0.7		0.8	
			CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise
GHS8 0453AXB (Med)[2]	High	3.0	1,654	---	1,647	---	1,605	---	1,537	---	1,499	---	1,493	---	1,406	---	1,307	25
	Med	2.5	1,489	---	1,463	---	1,456	---	1,416	---	1,403	---	1,346	25	1,271	26	1,185	28
	Med-Lo	2.0	1,349	25	1,282	26	1,246	27	1,235	27	1,218	27	1,187	28	1,128	29	1,051	32
	Low	1.5	1,088	30	1,086	31	1,082	31	1,069	31	1,045	32	1,013	33	968	34	908	37
GHS8 0704BXB (Med)[2]	High	4.0	2,040	25	1,991	26	1,942	27	1,912	27	1,891	27	1,850	28	1,828	28	1,785	29
	Med	3.5	1,563	33	1,527	34	1,490	35	1,461	35	1,444	36	1,423	36	1,401	37	1370	38
	Low	3.0	1165	44	1149	45	1133	46	1122	46	1,111	46	1,089	47	1,048	49	994	52
GHS8 0905CXB (Med)[2]	High	5.0	2,402	---	2,321	---	2,265	---	2,193	---	2,134	---	2,057	---	1,962	---	1,895	35
	Med	4.0	1,754	38	1,718	39	1,661	40	1,622	41	1,581	42	1,519	44	1,433	46	1,387	48
	Low	3.5	1,266	52	1,234	54	1,177	56	1,143	58	1,071	62	1,024	65	964	---	878	---

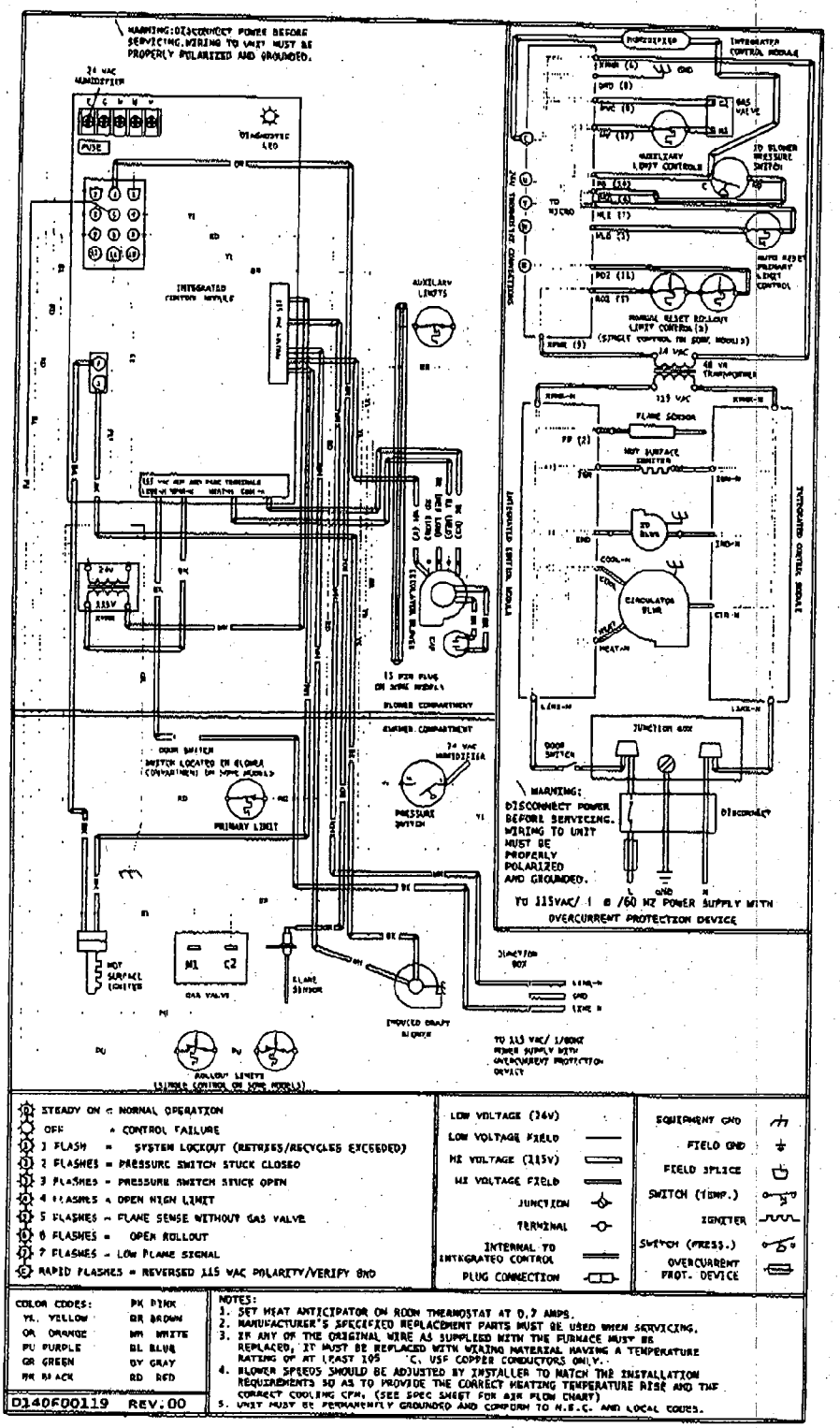
[1] at 0.5" ESP
[2] Heating speed as shipped
[3] See **Notes** on previous page.

BLOWER PERFORMANCE SPECIFICATIONS (CONT.)



Product Specifications

Wiring Diagram

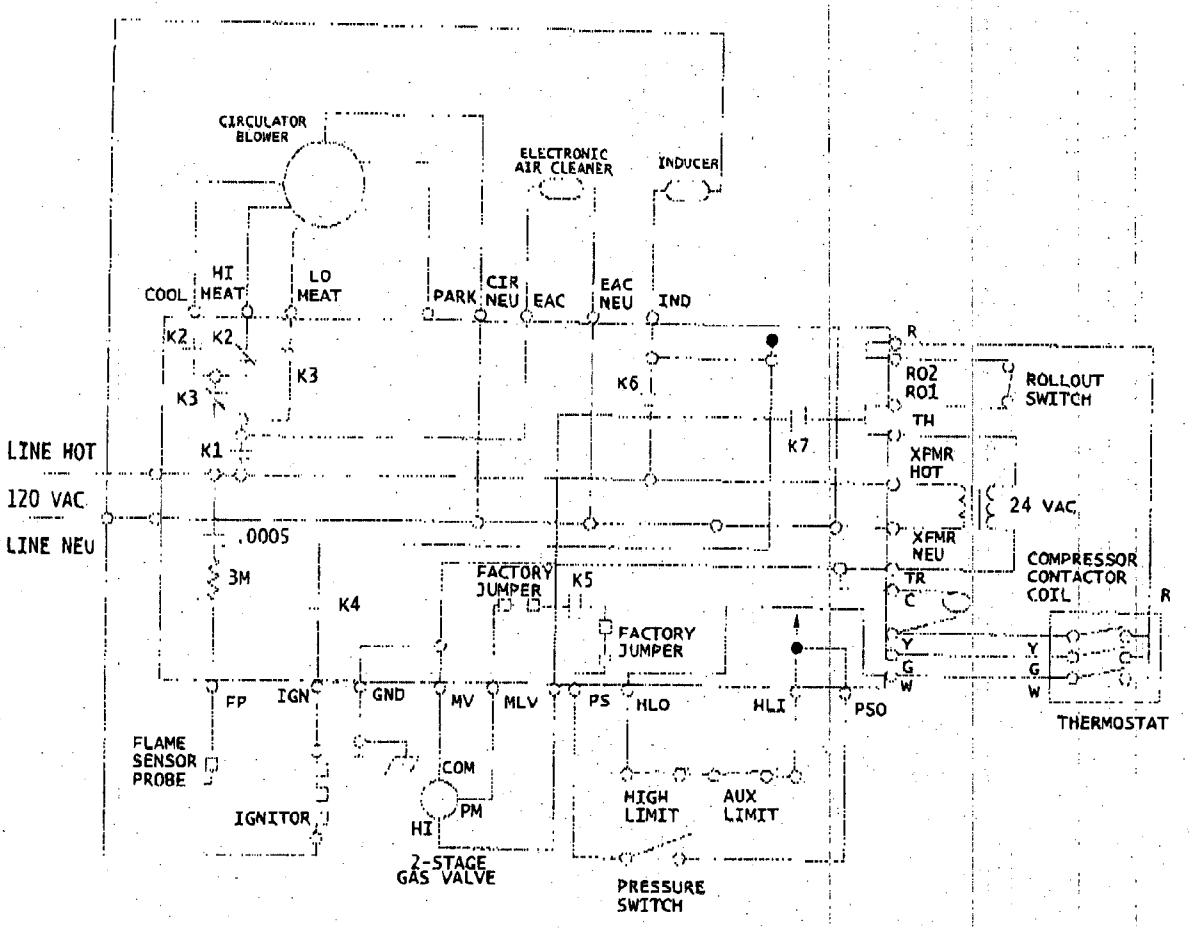


WARNING

High Voltage:
Disconnect all power before servicing or installing this unit. Multiple power sources may be present. Failure to do so may cause property damage, personal injury, or death.

Wiring is subject to change. Always refer to the wiring diagram on the unit for the most up-to-date schematic.

SCHEMATICS



TYPICAL SCHEMATIC
GM58* & GH58* MODEL FURNACES
WR50M56-289 INTEGRATED IGNITION CONTROL

ACCESSORIES

Model	Description	GMS8 0453ANB*	GMS8 0703ANB*	GMS8 0704BNB*	GMS8 0904BNB*	GMS8 0905CNB*	GMS8 1155CNB*	GMS8 1405DNB*
LPT-00A	Propane (LP) Conversion Kit	√	√	√	√	√	√	√
HA02	High-Altitude Natural Gas Kit	√	√	√	√	√	√	√
AFE18-60A	Fossil Fuel Kit	√	√	√	√	√	√	√
FTK-03A	Twinning Kit	√	√	√	√	√	√	√
	Downflow Sub-base for:							
SBT14	14" Furnace							
SBT17	17½" Furnace							
SBT21	21" Furnace							

* Low NOx model available.

Model	Description	GDS8 0463AXB	GDS8 0703AXB	GDS8 0904BXB	GDS8 1155CXB	GHS8 0453AXB	GHS8 0704BXB	GHS8 0905CXB
LPT-00A	Propane (LP) Conversion Kit	√	√	√	√	√	√	√
HA02	High-Altitude Natural Gas Kit	√	√	√	√	√	√	√
AFE18-60A	Fossil Fuel Kit	√	√	√	√	√	√	√
FTK-03A	Twinning Kit	√	√	√	√	√	√	√
	Downflow Sub-base for:							
SBT14	14" Furnace	√	√					
SBT17	17½" Furnace			√				
SBT21	21" Furnace				√			

* Low NOx model available.

THERMOSTATS

Model	Description
CHT18-60	Cooling/Heating, Mechanical
CH70TG	Cooling/Heating, Digital, Non-programmable
CHSATG	Cooling/Heating, Mechanical
H20TWR	Heating Only, Mechanical

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/27/09
Control # 09-0292
Date Issued
Permit # CU8-005620+A

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

Block 848 Lot 22 & 23 Qualification Code
Work Site Location 1721 N. PRINCETON AVE
Owner in Fee ~~KAT BOY INC~~ COSTAS N. KOKKINAS
Address ~~1721 N. PRINCETON AVE~~ 307 First Ave Pt Pleasant Beach 08742
[redacted]
Contractor Juan Campbell P+H
Address 3240 Windsor Avenue Toms River NJ 08753
Tel (732) 773-4670 FAX ( )
Contractor License No. [redacted]
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ $3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 2-25-09
Approved by: JV

SUBCODE APPROVAL
[ ] 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				

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 (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks	
1	Other A/C	
	Other	

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

Called 2/27/09

U.C.C. F130 (rev. 01/04)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SECTION

TECHNICAL SECTION

Control #

Date Issued

Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO.: 1-800-227-2600.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Reg _____

Address _____

Tel (____) _____ FAX (____) _____

Contractor _____

Address _____

Tel (____) _____ FAX (____) _____

Contractor License No. _____

Federal ID No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW			INSPECTIONS			Duties (Month/Day)		
						Failure	Approval	Initial
[ ]	[ ]	No plans Required	Type:					
[ ]	[ ]	Plan Review Required:	Slab					
[ ]	[ ]	Building	Rough					
[ ]	[ ]	Electric	Water					
[ ]	[ ]	Fire	Sewer					
[ ]	[ ]	Elevator	Fixtures					
[✓]	[ ]	Plumbing Plans Approved	Gas Equipment					
Date:			Gas Piping					
Approved by:			Gas Tank					
			Fuel Oil Piping					
SUBCODE APPROVAL			Solar					
[ ]	[ ]	CO [ ] CA	TCO					
Date:								
Approved by:								

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature _____ Date _____

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	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Backflow Preventer	
Interceptor/Separator	
Disposal	
Sewer Connection	
Water Service Connection	
Stacks	
Other _____	

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

Brick Township

401 Chambersbridge Rd
Brick, NJ 08723

(732) 262-1027

Receipt

Payment Date 4/10/2009

Transaction # PMT-09-01264

Receipt #

Issued To

Description

Date Printed 4/10/2009

Check Number 03600483

Cash	$0.00
Check	$2,000.00
Charge	$0.00
Total Paid	$2,000.00

04/10/09 8:48AM 001558#0038
XX02 SERV.002
#0292
PENALTY $2000.00
CHECK -$2000.00

Permit/Control #: 09-0292
Date Issued: 03/26/2009
Violation #: V-09-00084

STOP CONSTRUCTION ORDER

IDENTIFICATION

Work Site Location: 1721 W. PRINCETON AVE. Brick Township, NJ

Block: 848 Lot: 22 Qualification Code: _____

Owner in Fee: COSTAS N. KAIAFAS

Owner Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742

Agent/Contractor: COSTAS N. KAIAFAS

Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742

To: ☐ Owner ☐ Other:

☐ Agent/Contractor

DATE OF INSPECTION: 03/25/2009 DATE OF THIS NOTICE: 03/26/2009

ACTION

You are hereby ***ORDERED*** to ***STOP***

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Mechanical ☐ Elevator ☑ All Construction
at the above Location as of 03/25/2009 until further notice from this enforcing agency.

This ***ORDER*** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of

NJAC 5:23-2.16(J)2 Work Exceeds Scope of Permit

which provides:

Construction has started on the front porch. This is not in compliance with the approved plan. The porch roof may encroach on the required front yard set back.

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

The owner or his agent must submit an application for the front porch. The application must include an application for zoning and construction. Work may continue after a permit is issued.

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $500.00 per day per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
2 Mott Place
Toms River, NJ 08753

If you have any questions concerning this matter, please call: (732) 262-1027

By ***Order*** of _____ SubCode Official Date: 3-26-09

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 1721 W. PRINCETON AVE. Brick Township, NJ
Block: 848
Lot: 22
Owner: COSTAS N. KAIAFAS
Owner Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742
Telephone: [redacted]
Agent: COSTAS N. KAIAFAS
Agent Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742
Telephone: [redacted]

Infraction Details

Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 03/26/2009
Infraction: Stop Construction Order
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.16(J)2 Work Exceeds Scope of Permit
Infraction Summary: Construction has started on the front porch. This is not in compliance with the approved plan. The porch roof may encroach on the required front yard set back.
Certified Mail Number:

Enforcement Details

Inspection Date: 03/25/2009
Notice Date: 03/26/2009
Compliance Date: 03/26/2009
Compliance Inspection Date:
Compliance Summary: The owner or his agent must submit an application for the front porch. The application must include an application for zoning and construction. Work may continue after a permit is issued.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

update

Date Received
Control #

Date Issued
Permit # 09-0892+B
4-10-09

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

Block 646 Lot 22 Qualification Code

Work Site Location 1721 W Princeton
Brick

Owner in Fee Robert Fiore

Address 22 ST Thomas Ave
Toms River NJ

Tel [redacted]

Contractor JLF Electrical Service

Address 22 ST Thomas Ave
Toms River

Tel (732) 831-0437 FAX (732) 271-5150

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No. 22 3378676

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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.
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[x] 110v Interconnected - 2		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

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

U.C.C. F140
(rev. 1/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0292

Date Issued 4-10-09
Permit #

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

Block 846 Lot 22 Qualification Code

Work Site Location 1721 W-Princeton Brick

Owner in Fee: Robert Kiver

Tel. [redacted] e-mail

Address 22 ST Thomas Ave
street municipality zip code

Contractor: JCT Electrical Service Tel. (732) 831-0437

Address 22 ST Thomas Ave e-mail

Toms River NJ

Contractor License No. 11356 Exp. Date 3-2012

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

Federal Emp. ID No. 22-2374626 FAX: (732) 831-1720

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-31-09 XD

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
19		Receptacles	
16		Switches	
2		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	
		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	$

NOTICE AND ORDER OF PENALTY

Permit/Control #: 09-0292
Date Issued: 4/7/2009
Violation #: V-09-00105

IDENTIFICATION

Work Site Location: 1721 W. PRINCETON AVE. Brick Township, NJ

Block: 848 Lot: 22 Qualification Code: _____

Owner in Fee: COSTAS N. KAIAFAS

Owner Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742

Agent/Contractor: _____

Address: _____

To: [X] Owner [ ] Other:

[ ] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

$2,000 4/10/09

[✓] On 4/7/2009, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [X] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 4/21/2009 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
2 Mott Place
Toms River, NJ 08753

If you have any questions concerning this matter, please call: (732) 262-1027

NOTICE and ORDER of PENALTY: _____ Date: 4-7-09
Construction Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 1721 W. PRINCETON AVE. Brick Township, NJ
Block: 848
Lot: 22
Owner: COSTAS N. KAIAFAS
Owner Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742
Telephone: [redacted]
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 4/7/2009
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.18(c) Failure to Receive Required Inspections
Infraction Summary: Failure to receive required inspections (a foundation inspection was never done and work has progressed beyond that point)
Certified Mail Number: 7008 1140 0002 1528 3316

Enforcement Details

Inspection Date: 4/7/2009
Notice Date: 4/7/2009
Compliance Date: 4/21/2009
Compliance Inspection Date:
Compliance Summary: Must either receive final inspection or provide engineered certification on any aspects not inspected.

update

Date Received
Control # -- .

09-0292+B
4-10-09

Date Issued
Permit #

CN9-000800

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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

Block 641 Lot 22 Qualification Code

Work Site Location 1721 W Princeton
Brick

Owner in Fee Robert Fiore

Address 22 ST Thomas Ave
Toms River NJ

Tel [redacted]

Contractor JCF Electrical Service

Address 22 ST Thomas Ave
Toms River

Tel (732) 831-0437 FAX (732) 871-9150

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No. 22 3378676

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 3-27-09

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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. Robert Fiore
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected · 2		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	45
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

update

Date Received
Control #

Date Issued
Permit #

09-0292+B
4-10-09
CP9-000800

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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

Block 641 Lot 22 Qualification Code _____

Work Site Location 1721 W Princeton Brick

Owner in Fee Robert Fiore

Address 22 ST Thomas Ave Toms River NJ

Tel [redacted]

Contractor K I F Electrical Service

Address 22 ST Thomas Ave Toms River

Tel (732) 831-0437 FAX (732) 571-9150

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. 22 3378676

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 3-27-09

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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. Robert Fiore

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected - 2		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	45
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

update -

Date Received 09-0892 HB
Control #
Date Issued 4-10-09
Permit #

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 848 Lot 22 Qualification Code

Work Site Location 1721 W-Princeton
Bricks

Owner in Fee: Robert Fiore

Tel [redacted] e-mail

Address 22 ST Thomas Ave

Contractor: (street) RTF Electrical Service (municipality) Tel. (732) 831-0437 (zip code)

Address 22 ST Thomas Ave e-mail
Toms River NJ

Contractor License No. 11356 Exp. Date 3-2012

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

Federal Emp. ID No. 22-3374676 FAX: (732) 831-9190

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1700.00

Called 4/3/09

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 3-31-9 KB

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
19		Receptacles	
16		Switches	
2		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	
		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 $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

update -

Date Received 09-0892 TB
Control #
Date Issued 4-10-09
Permit #

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 848 Lot 22 Qualification Code

Work Site Location 1721 W-Princeton
Brick

Owner in Fee: Robert Finn

Tel. [redacted] e-mail

Address 22 St Thomas Ave
street municipality zip code

Contractor: RTF Electrical Service Tel. (732) 831-0437

Address 22 ST Thomas Ave e-mail
Toms River NJ

Contractor License No. 13567 Exp. Date 3-2012

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

Federal Emp. ID No. 22-3374676 FAX: (732) 831-9190

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1700.00

Called 4/3/09

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 3-31-9X8
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

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

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. Robert Finn
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
19		Receptacles	
16		Switches	
2		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	
		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 $

STOP CONSTRUCTION ORDER

Permit/Control #: 09-0292
Date Issued: 03/26/2009
Violation #: V-09-00084

IDENTIFICATION

Work Site Location: 1721 W. PRINCETON AVE. Brick Township, NJ

Block: 848 Lot: 22 Qualification Code: _____

Owner in Fee: COSTAS N. KAIAFAS

Owner Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742

Agent/Contractor: COSTAS N. KAIAFAS

Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742

To: ☐ Owner ☐ Other:

☐ Agent/Contractor

DATE OF INSPECTION: 03/25/2009 DATE OF THIS NOTICE: 03/26/2009

ACTION

You are hereby ***ORDERED*** to ***STOP***

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Mechanical ☐ Elevator ☑ All Construction

at the above Location as of 03/25/2009 until further notice from this enforcing agency.

This ***ORDER*** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of

NJAC 5:23-2.16(J)2 Work Exceeds Scope of Permit

which provides:

Construction has started on the front porch. This is not in compliance with the approved plan. The porch roof may encroach on the required front yard set back.

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

The owner or his agent must submit an application for the front porch. The application must include an application for zoning and construction. Work may continue after a permit is issued.

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $500.00 per day per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
2 Mott Place
Toms River, NJ 08753

If you have any questions concerning this matter, please call: (732) 262-1027

By ***Order*** of _____ Date: 3-26-09
SubCode Official

U.C.C. F250 equiv (rev. 1/2004)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

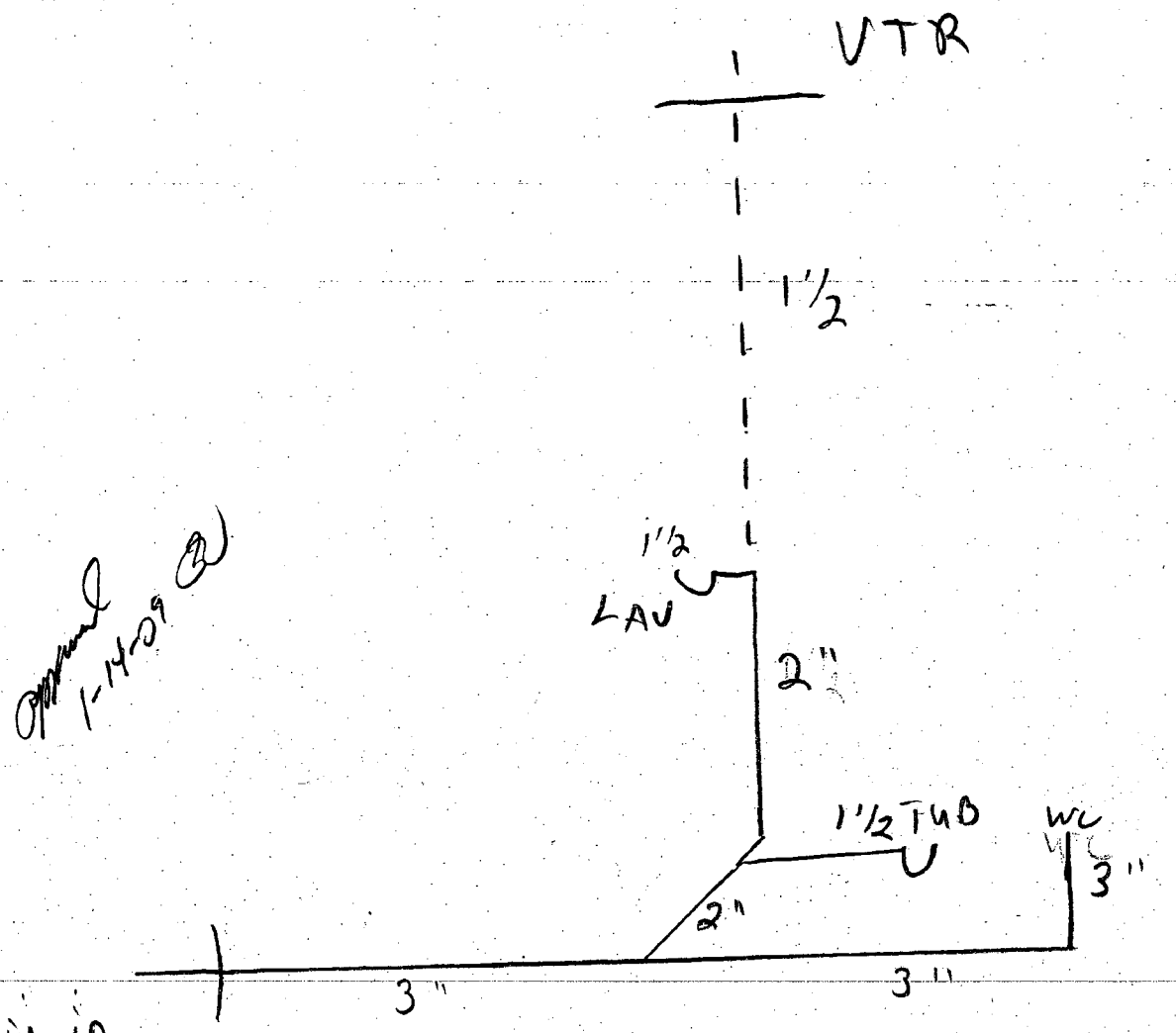
Work Site Location: 1721 W. PRINCETON AVE. Brick Township, NJ
Block: 848
Lot: 22
Owner: COSTAS N. KAIAFAS
Owner Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742
Telephone: [redacted]
Agent: COSTAS N. KAIAFAS
Agent Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742
Telephone: [redacted]

Infraction Details

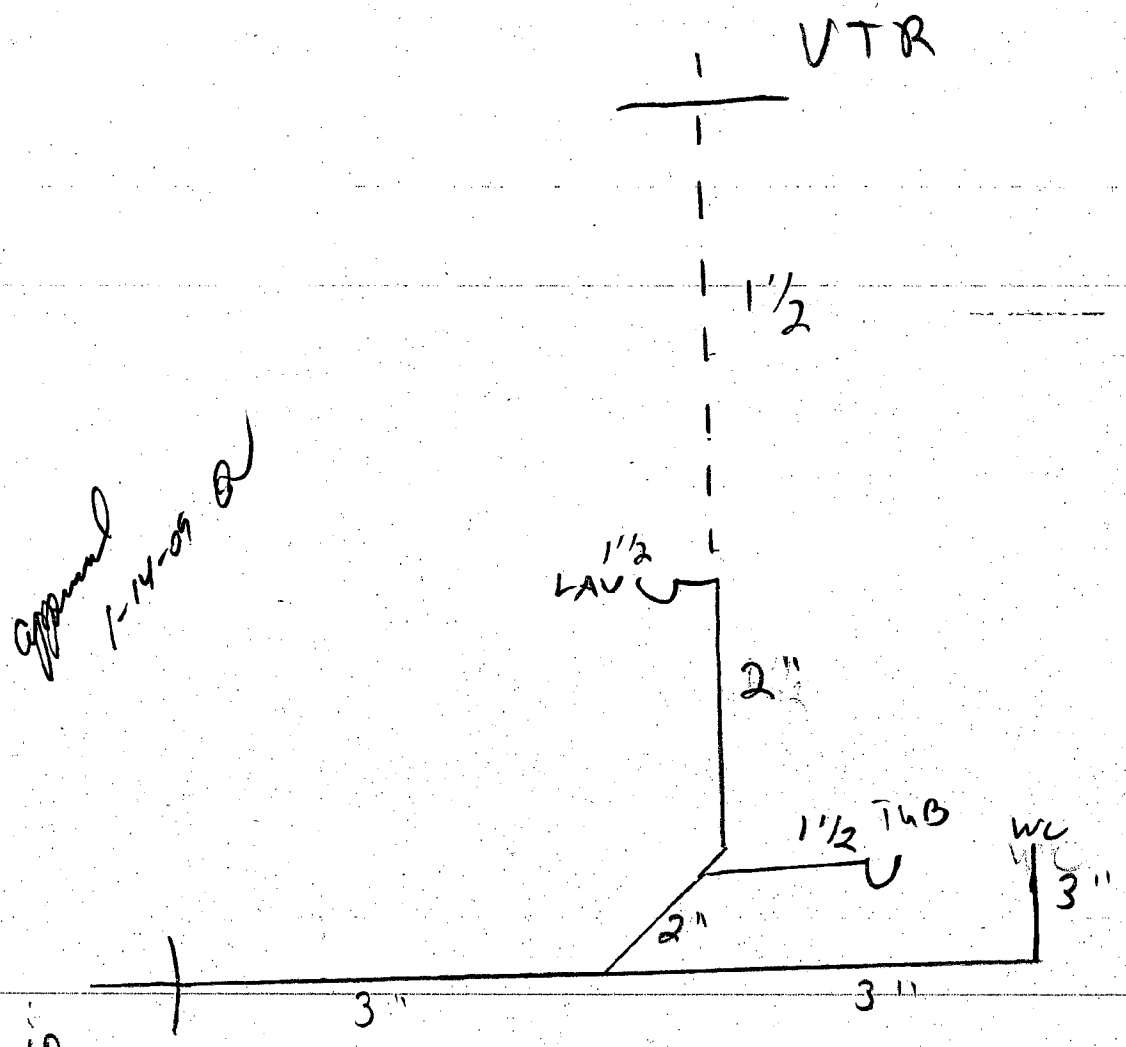
Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 03/26/2009
Infraction: Stop Construction Order
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.16(J)2 Work Exceeds Scope of Permit
Infraction Summary: Construction has started on the front porch. This is not in compliance with the approved plan. The porch roof may encroach on the required front yard set back.
Certified Mail Number:

Enforcement Details

Inspection Date: 03/25/2009
Notice Date: 03/26/2009
Compliance Date: 03/26/2009
Compliance Inspection Date:
Compliance Summary: The owner or his agent must submit an application for the front porch. The application must include an application for zoning and construction. Work may continue after a permit is issued.



Approved
1-14-09


VTR
1½
approved 1-14-09
1½
LAV
2"
1½
TUB
WC
3"
2"
3"
3"
Tie in
existing 3"

PERMIT UPDATE

Date Update Issued 4-10-09
Control # C-09-000800
Permit # 09-0292+B

IDENTIFICATION Block: 848 Lot: 22 Qualifier

Work Site Location: 1721 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: COSTAS N. KAIAFAS, 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742

Telephone: [redacted]

Contractor: COSTAS N. KAIAFAS

Address: 307 RIVER AVENUE POINT PLEASANT BEACH NJ 08742

Telephone: [redacted]

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

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:

ELECTRICAL ALTERATIONS, FIRE ALTERATIONS

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 $1,700

Construction Official

3-31-09
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$88
Check No.	03006183
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.

04/10/09 8:47AM 00155#0037

ELECTRIC $40.00
FIRE $45.00
$3.00
CHECK $88.00

☐ 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.

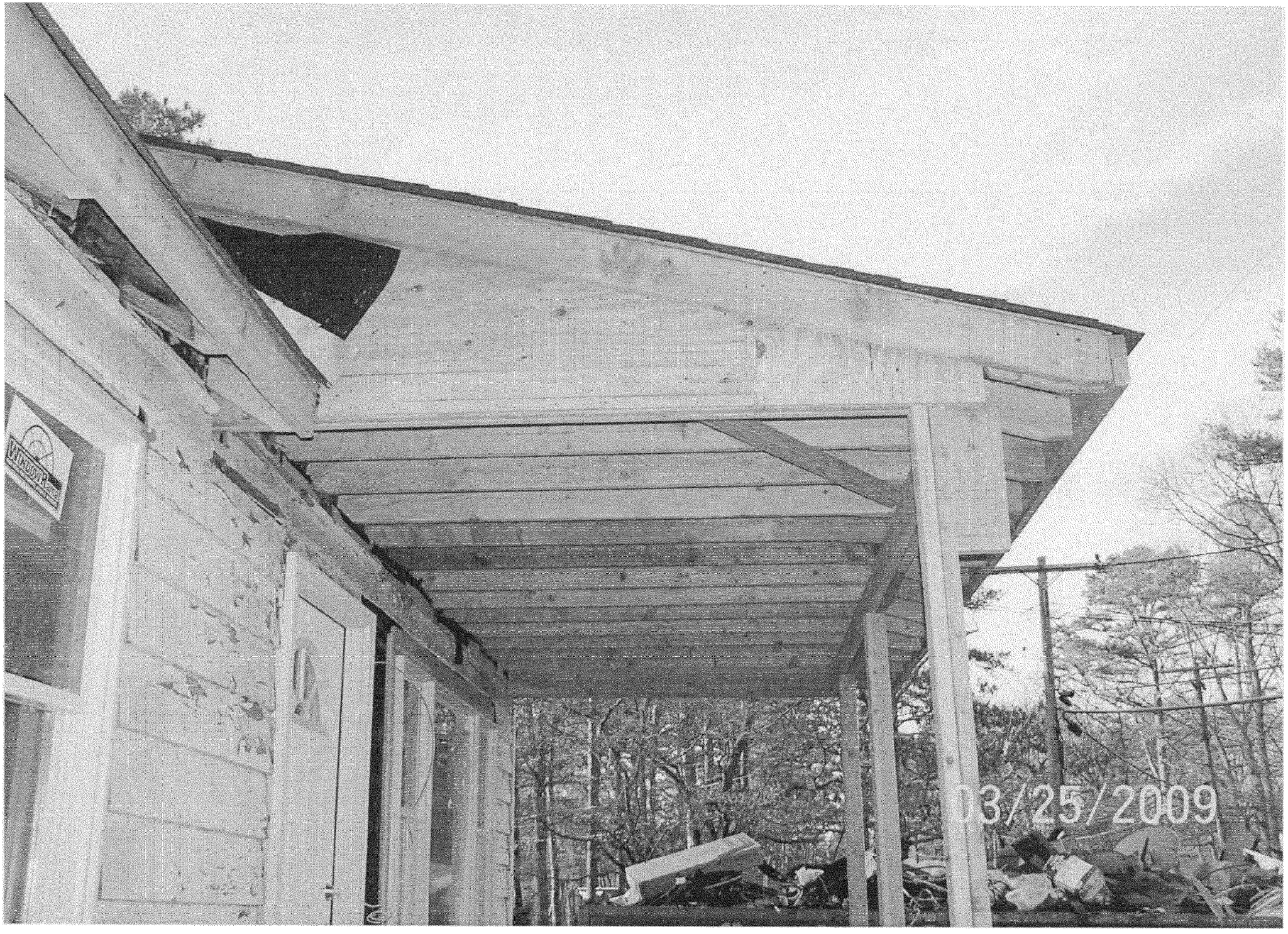
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

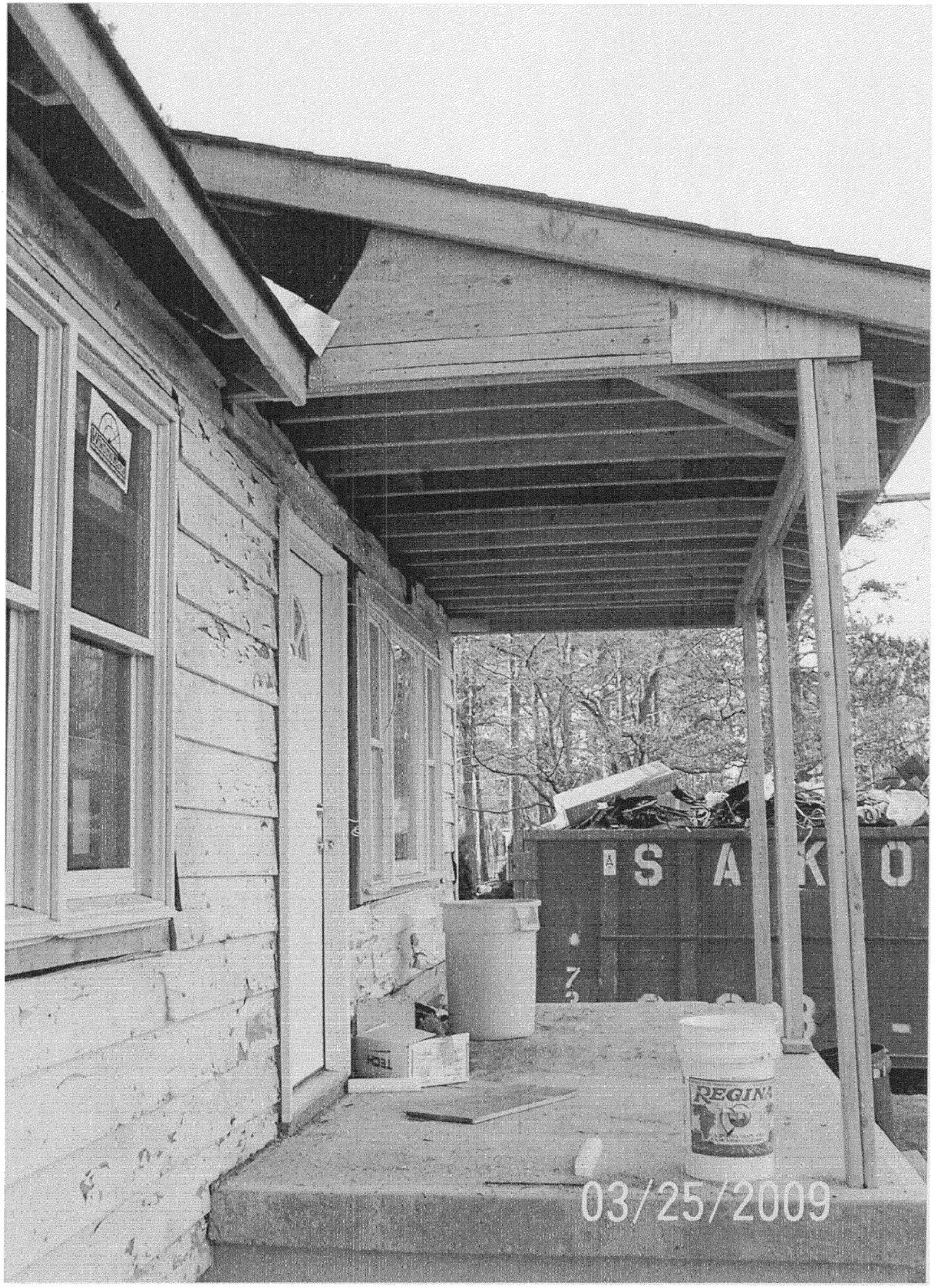
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.


SAKO
683
03/25/2009


03/25/2009


03/25/2009