

OCT 7 1992



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 237 Circle Dr.

2. Name of Owner in Fee: Richard A. + Marie Gant

Address 237 Circle Dr., Brick N.J. 08723

street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: None Tel. (____) _____

Address _____

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

Federal Emp. No. _____ Social Security No. _____

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

Address _____

6. Responsible Person Richard A. Gant

In Charge of Work

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other <i>Test Review</i>			
6. Subtotal	\$	45- 79- 124-	
Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$	1-	
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	20- 145-	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____	
2. Height of Structure _____	ft. _____
3. Area—Largest Floor _____	sq. ft. _____
4. Building Area—All Floors _____	sq. ft. _____
5. Volume of Structure _____	cu. ft. _____
6. Construction Classification _____	
7. Total Land Area Disturbed _____	sq. ft. _____
8. Flood Hazard Zone _____	
Base Flood Elevation _____	ft. _____
Wetlands yes _____	sq. ft. _____
no _____	
11. Fire Grading _____	
12. Max. Live Load _____	
13. Max. Occupancy Load _____	

II. PROPOSED WORK

1. ☒ Minor Work (single trade)	# 1200
2. ☐ Small Job (\$5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS ✓	1200

oil to gas

OPTIONAL (for office use only)[illegible]

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

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-

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

No of dwelling units:

Before Construction _____

After Construction _____

Net gain or loss _____

B. NON-RESIDENTIAL

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

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

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

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

✓ Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

() Check if contractor.

Agent Name _____

Address _____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No. _____	DATE EXPIRED _____
☐ Temporary Certificate of Occupancy	No. _____	
☐ Continued Certificate of Occupancy	No. _____	
☐ Certificate of Occupancy	No. _____	
☐ Certificate of Approval	No. _____	



CONSTRUCTION PERMIT

Date Issued 10/8/92

Control #

Permit # 2104-92

IDENTIFICATION

Block 323Lot 2503Work Site Location 237 Locust StContractor StameOwner in Fee 17 East

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date 2104-92

Federal Emp. No.

BLOCK

0.00

or Social Security No.

323 #

is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER

☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Plumbing to gas

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 1200

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		LOT #	
Building			0.00
Plumbing	<u>45</u>	<u>PLUMBING</u>	45.00
Electrical		<u>FIRE</u>	7.00
Fire Protection	<u>79</u>	<u>79</u>	79.00
Other			0.00
Other		<u>TOTAL</u>	120.00
DCA Training Fee		<u>FEES</u>	12.00
Cert. of Occ.		<u>FEES</u>	0.00
Other			0.00
Total		<u>TOTAL</u>	132.00
Check No.	<u>4318</u>		
Cash			
Collected By:	<u>AK</u>		



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 11/10/92
Date Issued
Control # 2104-92
Permit #

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

Block 323 Lot 25.03
Work Site Location 337 Circle Drive

Owner in Fee Richard A. and Marie Gant
Address 337 Circle Drive
Brick Mt. 08723

Tele. 08723

Contractor SETT
Address

Tele. ()
Lic. No. _____ or Social Security No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R. 3 Proposed _____

Const. Class. Present _____ Proposed _____

Heating Systems ☒ New ☐ Existing BE/N6 REPLACED

Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar

Location: 337 Circle Drive Brick Mt.

Total Est. Cost of Fire Prot. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Elec.

☒ Fire Plans Approved

Date: 10/7/92

Approved by: _____

SUBCODE APPROVAL:

☐ CO ☐ SCO ☐ CA

Date: 10/30/92

Approved by: _____

INSPECTIONS:

Type: _____

Failure Failure Approval Initial

Suppression Test _____

Fire Alarm Test _____

Smoke Test _____

Mechanical _____

TCO _____

Other: Handwritten

Other: _____

Other: _____

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

Wet Sprinkler Heads

Dry Sprinkler Heads

TOTAL

Smoke Detectors

Heat Detectors

TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

OTHER

Administrative Surcharge \$

Paid ☐ Check # _____ Minimum Fee \$

Collected by _____ TOTAL FEE \$

U.C.C. Form F-140A

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

10/30/92 Letters all to were
Thank was to her,



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10/8/92
2104-92

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

Block 383
Work Site Location 237 Circle Drive
Owner in Fee Richard A. and Marie Grant
Address 237 Circle Drive
Brick, N.J., 08723
Tele. [REDACTED]
Contractor Self
Address _____
Tele. () _____
Lic. No. _____ or Social Security No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present R.3 Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 1200

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
☐ No Plans Required	Slab	
☐ Joint Plan Review Required:	Rough	
☐ Bldg. ☐ Elec. ☐ Fire	Water	
☐ Plumb. Plans Approved	Sewer	
Date: <u>10-8-92</u>	Fixtures	
Approved by: <u>[Signature]</u>	Gas Equipment	
	Gas Fitting <u>P.18</u>	
SUBCODE APPROVAL:	Solar	
☐ CO ☐ CCO <u>15</u>	TCO <u>CH</u>	
Approved by: <u>[Signature]</u>	<u>10-23-92</u>	
Date: _____		

C. CERTIFICATION IN LIEU OF OATH

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

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 45-

10-23-92 on road with 9-D

② run relief down

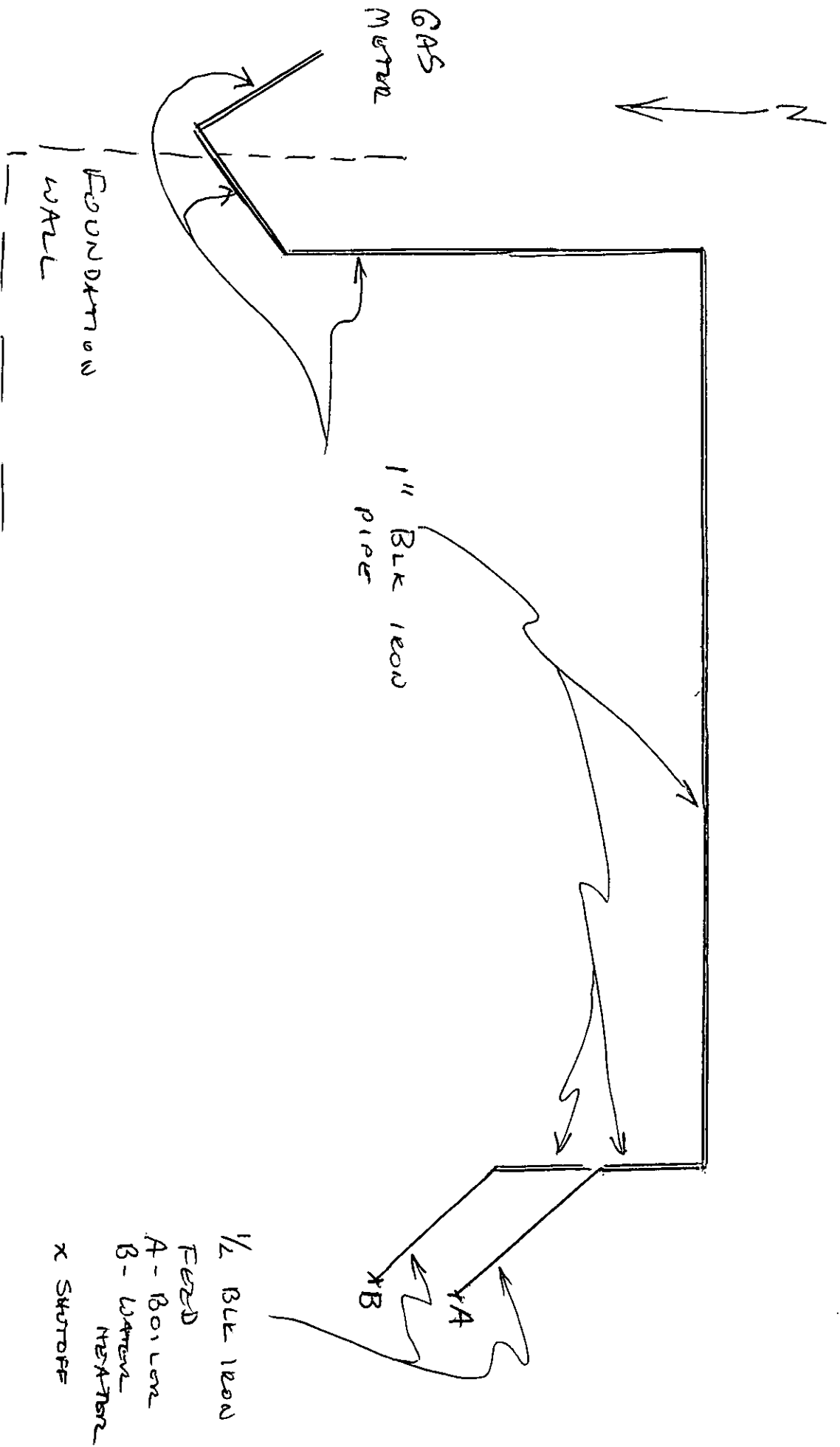
3 flat gas through the Cret.

OK
10/29/92

10/17/92

I, Richard A. Sant of
237 Circle Drive, Brick,
N.J. gave my 275 gallon
fuel tank and fuel to
neighbor, David Greber,
236 Circle Drive, Brick,
N.J.

David C. Greber
Oct. 17, 1992



GAS PIPING - DUGRUBS - 237 Circle Dr
 Richmond A. + Marie GALT

477-2622

Richard E. Galt
 10/7/92