called 8-29-95

BLOCK 828 LOT 4 ADDRESS (SITE) 1618 Edge PERMIT NO. 2105-95

RECEIVED
JUN 0 6 1995

CONSTRUCTION PERMIT APPLICATION

DIVISION OF INSPECTION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1618 Edge St. Brick
2. Name of Owner in Fee: Marisa & Richard G. Disbrow, Jr. Tel. [redacted]
   Address 1618 Edge St Brick [redacted]
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Richard G. Disbrow, Jr. T [redacted]
   Address 1618 Edge St Brick
   License No OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (___) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 194		
2. Electrical			
3. Plumbing	95		
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 335		
7. Less 20% for State Plan Review	34		
8. Subtotal	$		
9. DCA Training Fee	18		
10. Subtotal	$		
11. Cert. of Occupancy	35		
12. Other ZPA+PM	$ 38.00		
13. TOTAL	$ 452.00		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	22 ft.	
3. Area—Largest Floor	sq. ft.	
4. Building Area—All Floors	736 sq. ft.	
5. Volume of Structure	4488 cu. ft.	
6. Construction Classification		11,400
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1 ☐ Minor Work (single trade)	
2 ☐ Small Job ($5,000 and no prior approvals)	
3 ☐ New Building	
4 ☑ Addition	
5 ☐ Alteration	
6 ☐ Fire Protection	
7 ☐ Plumbing	
8 ☐ Electrical	
9 ☐ Asbestos Abatement	
10 ☐ Demolition	
TOTAL COSTS	20,000

Addn.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	6/6/95		8/1/95	RA	final	8/20/96	Elaine
			6/14/95		8/26/96		RA
			7-21-95		8/15/96		RA
					8/20/96		Elaine ok
Sm	6/9/95		6/9/95	Paul			

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
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

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:

sm FT

LDS BR 10103479

UCC Form 100A

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 Marisa Dobson 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 Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL 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 Protect.								
☐ Utility Dig No.								
☐ Other								
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 8-27-96
Control #
Permit # 2105-95

IDENTIFICATION

Block 828 Lot 4
Work Site Location 1618 Edge Street

Owner in Fee Marisa & Richard Disbrow
Address same

Tele. ( )
Contractor same
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Addition to single family dwelling

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** xxxx☒ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 8-18-95
Control #
Permit # 2105-95

IDENTIFICATION Block 828 Lot 4

Work Site Location 1618 Edge St

Owner in Fee Dunleavy

Address [redacted]

Tele. ( ) [redacted]

Contractor Richard Dunleavy

Address [redacted]

Tele. ( ) [redacted]

Lic. No. or Bldrs. Reg. No. [redacted] Exp. Date 4 4

Federal Emp. No. [redacted]

or Social Security No. [redacted]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [-] FIRE PROTECTION

DESCRIPTION OF WORK:

Add.

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 $ 20.000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	19 BUILDING	-0.95
Plumbing	95 BUILDING	-1.94
Electrical	BUILDING	1 4.00
Fire Protection	PLUMBING	5.00
Other	3 FIRE	6.00
Other	PLAN RVW	4.00
DCA Training Fee		8.00
Cert. of Occ.		5.00
Other 2 PD		.5.00
Total		.5.00
Check No.	#	2.00
Cash	TOTAL	
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-18-95
Date Issued
Control #
Permit # 2105-95

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

Block 828 Lot 4
Work Site Location 1618 Eckert St Brick
Owner in Fee Richard & Marisa Disbrow, Jr.
Address same
Tele. ( ) [redacted]
Contractor Richard Disbrow Jr.
Address same
Tele. ( ) same
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

3 bedrooms, 1 bath

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	8/19/96	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/20/96
Approved By: J Hess

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			9/12/95	
Foundation	N/R 9/19		9/25/95	
Slab				
Frame			5-16-96 Stover	
Insulation			5/22/96 Hoover	
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/20/96 J Hess	

TYPE OF WORK:
[ ] New Building
[✓] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories	1	
Height of Structure	22 Ft.	
Area—Largest Floor	Sq. Ft.	
New Bldg. Area/All Floors	736 Sq. Ft.	
Volume of New Structure	4488 Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 20,000

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

12/5/95 Left note for builder to call.

5-16-96 Frame OK - need as built floor plan - JL

5-22-96 Insulation OK still needs as builts for floor plan JL

8/20/96 soffit fascia will be done on a later date by homeowner JL

8/21 - As Built floor plan received JL

8

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-18-95
Date Issued
Control #
Permit # 2105-95

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

Block 828 Lot 4
Work Site Location 1618 Edgehill St Brick
Owner in Fee Richard L. + Marisa Disbrow, Jr.
Address [redacted]
Tele. ( )
Contractor Richard L. Disbrow, Jr.
Address same
Tele. ( ) same
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[✓] All 8/19/95 TV
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 22 Ft.
Area—Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors 736 Sq. Ft.
Volume of New Structure 4488 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ 20,000

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

3 bedrooms, 1 bath

TYPE OF WORK:
[ ] New Building
[✓] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (6' or over)
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other ____
- [ ] Other ____

[ ] Demolition

(Office Use Only)

FEE	
$	

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Brick C-7 C-7 off Ke88

ELECTRICAL SUBCODE TECHNICAL SECTION

4 24 8 14 8 20

Date Received
Date Issued
Control #
Permit # AUG 29 95 0 0 7 8 8 0

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

Block 828 Lot 4
Work Site Location 1118 Edge St Brick

Owner in Fee Richard G - Marisa Disbrow
Address 1118 Edge St

Tele. ([redacted])
Contractor Richard Disbrow
Address same

Tele. (____) same
Lic. No. ____
Federal Emp. No. ____ or Social Security No. ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as Single family dwelling Utility Co. JCP&L
Est. Cost of Elec. Work $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ____
Approved by: ____

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9/20/96
Approved By: MMbyrt

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough	____	____	7.24.96	BCH 29
Temporary	____	____	____	____
Constr. Serv.	____	____	____	____
TCO	____	____	____	____
Other	____	____	____	____
Service	____	____	____	____
Final 8/14/96 MMS/BCH	____	____	9/20/96 MMbyrt	

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
13		Fixtures (1)	____
24		Receptacles (2)	____
18		Switches (3)	____
55		Total 1 + 2 + 3	____
N/A	____ Kw	Range	____
N/A	____ Kw	Oven(s)	____
N/A	____ Kw	Surface Unit	____
1	~~____ hp~~	~~Dishwasher~~	____
N/A	____ hp	Garbage Disposal	____
1	____ Kw	Dryer	____
N/A	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
3	~~____~~	Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
____	____ Kw	Central heat:	____
____		oil, gas or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
____	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
____	____	Other	____

Paid [ ] Check # 1166
RF
Collected by: ____

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ 44.—

U.C.C. Form F-120B

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

8/14/96 mobile

① Two #'s within 6' of kit sink need GFI Protection

② Reverse Polarity in front wall #'s + BATH #'s

③ needs update for Dishwasher + Additional Switches, Receptacles & Lights

④ Panel needs to be I.D'ed

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-18-95
Date Issued
Control #
Permit # 2105-95

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

Block 828 Lot 4
Work Site Location 1618 Edge St Brick
Owner in Fee Richard G. - Marisa Disbrow
Address same
Tele. [redacted]
Contractor Richard G Disbrow Jr.
Address 1618 Edge St
Tele. ( ) same
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: BASEMENT
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 6/12/95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 8/26/96
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			8/26/96	
Mechanical				
TCO				
Other				
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.

Marisa Disbrow
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 ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC	3	46-
Heat Detectors Battery Back-up		
TOTAL	3	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-18-95
Date Issued
Control #
Permit # 2105-95

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

Block 828 Lot 4
Work Site Location 1618 Edgel St Brick

Owner in Fee Richard G. - Marisa Disbrow
Address same

Tele. ([redacted]

Contractor Richard G Disbrow Jr-
Address 1618 Edgel St

Tele. (___) same
Lic. No. ___
Federal Emp. No. ___ or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed ___
Constr. Class. Present ___ Proposed ___
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___
Location: BASEMENT
Total Est. Cost of Fire Prot. Work $ ___ [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] *No Plans Required*
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 6/12/95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) *Failure*	*Failure*	*Approval*	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
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.

Marisa Disbrow
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source ___
Method of Valve Supervision N/A
Local Alarm Supervision ___
Central Supervision ___
Proprietary Supervision ___

Flammable Liquid Storage Tanks ( ) Capacity ___ Fuel ___
Combustible Liquid Storage Tanks ( ) Capacity ___ Fuel ___
L.P.G. Storage Tanks ( ) Capacity ___ Fuel ___
L.N.G. Storage Tanks ( ) Capacity ___ Fuel ___

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors Ac DC	3	46.00
Heat Detectors Battery Back-up		
TOTAL	3	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems	1	
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER ___		

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ ___
DCA Training Fee $ ___
Collected by: ___ TOTAL FEE $ ___

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8-18-95
Date Issued
Control #
Permit # 2105-95

Moving one bath Adding one bath and moving gas lines

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

Block 828 Lot 4
Work Site Location 1618 Edge St Brick

Owner in Fee Richard G - Mansa Disbrow JR
Address 1618 Edge St
Brick [redacted]
Tele. (____)
Contractor Richard G Disbrow JR
Address same
Tele. (____) same
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed ✓
Building Sewer Size _____ Public Sewer ✓ Private Septic _____
Water Service Size _____ Public Water ✓ Private Well _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 7-21-95
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] DA
Approved By: [signature]
Date: 8-15-95

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	5/2/96	5/7/96	5/14/96	[illegible]
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas 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.

[signature]
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	14
—	Urinal/Bidet	
2	Bath Tub	14
2	Lavatory	14
—	Shower	
—	Floor Drain	14
2	Sink	17
1	Dishwasher	
—	Drinking Fountain	
1	Washing Machine	7
—	Hose Bibb	
—	Water Heater	
—	Fuel Oil Piping	
1	Gas Piping	15
—	Steam Boiler	
—	Hot Water Boiler	
—	Sewer Pump	
—	Interceptor/Separator	
—	Backflow Preventer	
—	Greasetrap	
—	Water Cooled A/C or Refrigeration Unit	
—	Sewer Connection	
—	Water Service Connection	
—	Active Solar System	
—	Other	

Administrative Surcharge $ 10
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 95

Must have 1" water service

U.C.C. Form F-130B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8-18-95
Date Issued
Control #
Permit # 2105-95

Moving one bath Adding ~~one~~ one bath and moving gas lines

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

Block 828 Lot 4
Work Site Location 1618 Edge St Brick
Owner in Fee Richard & Marisa Disbrow JT
Address 1618 Edge St
Brick [redacted]
Tele. (___) ___
Contractor Richard & Disbrow JT.
Address Same
Tele. (___) Same
Lic. No. ___
Federal Emp. No. ___ or Social Security No. ___

B. PLUMBING CHARACTERISTICS

Use Group Present ___ Proposed ✓
Building Sewer Size ___ Public Sewer ✓ Private Septic ___
Water Service Size ___ Public Water ✓ Private Well ___
Estimated Cost of Plumbing Work $ ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 7-21-95
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: ___
Date: ___

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas 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.

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	14
	Urinal/Bidet	
2	Bath Tub	14
2	Lavatory	14
—	Shower	
—	Floor Drain	14
2	Sink	7
1	Dishwasher	
—	Drinking Fountain	
1	Washing Machine	7
	Hose Bibb	
—	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	15
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10
Paid [ ] Check # ___ Minimum Fee. $ ___
DCA Training Fee $ ___
Collected by: ___ TOTAL $ 95

Must have 1" water service

U.C.C. Form F-130B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: June 6, 1995 — 1995 Z 0824

Block 828 **Lot** 4 **Zone** R-7.5

Property Address: 1618 Edge Street

Owner: Marisa Disbrow **(Phone):** [redacted]

Applicant: Same **(Phone):** Same

Use: Single-family dwelling.

Proposed Construction (if any): Addition.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinnevy

Sean Kinnevy **Land Use Officer**

SIZING FOR WATER AND SEWER SERVICES

Property Owner Disbrow Date 7-21-95

Property Address 1618 Edge St Block 828 Lot 4

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	2	( ) 6	( )
2. Lavatory	2	( ) 2	( )
3. Bath Tub	2	( ) 4	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	1	( ) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray	1	( ) 3	( )
8. Dishwasher	1	( ) 1	( )
9. Washing Machine	1	( ) 3	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 21

Gallons per minute 15

Size of Service 1"

Date: 7-21-95

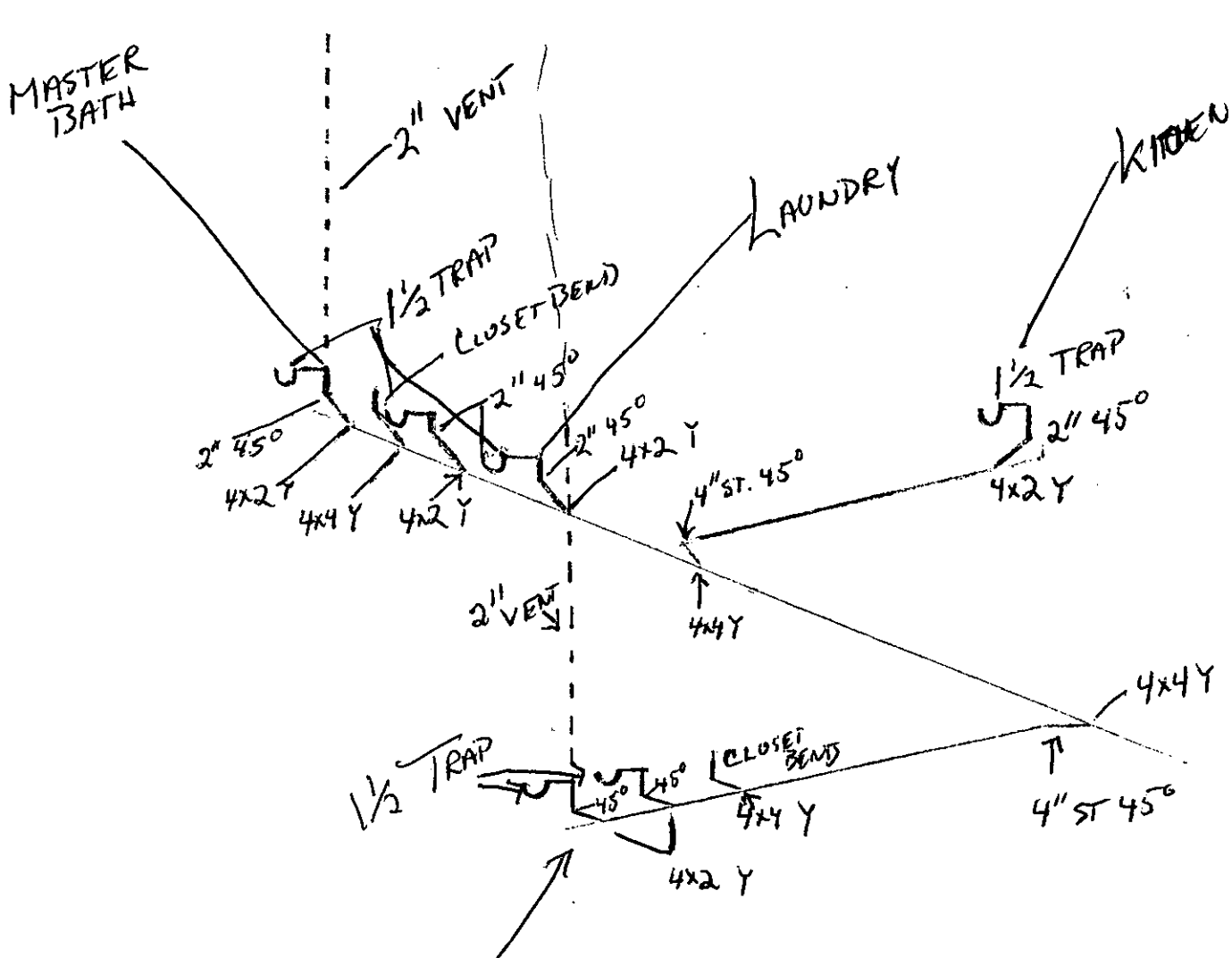
Approved: Dana Mann
Brick Township Plumbing Inspector

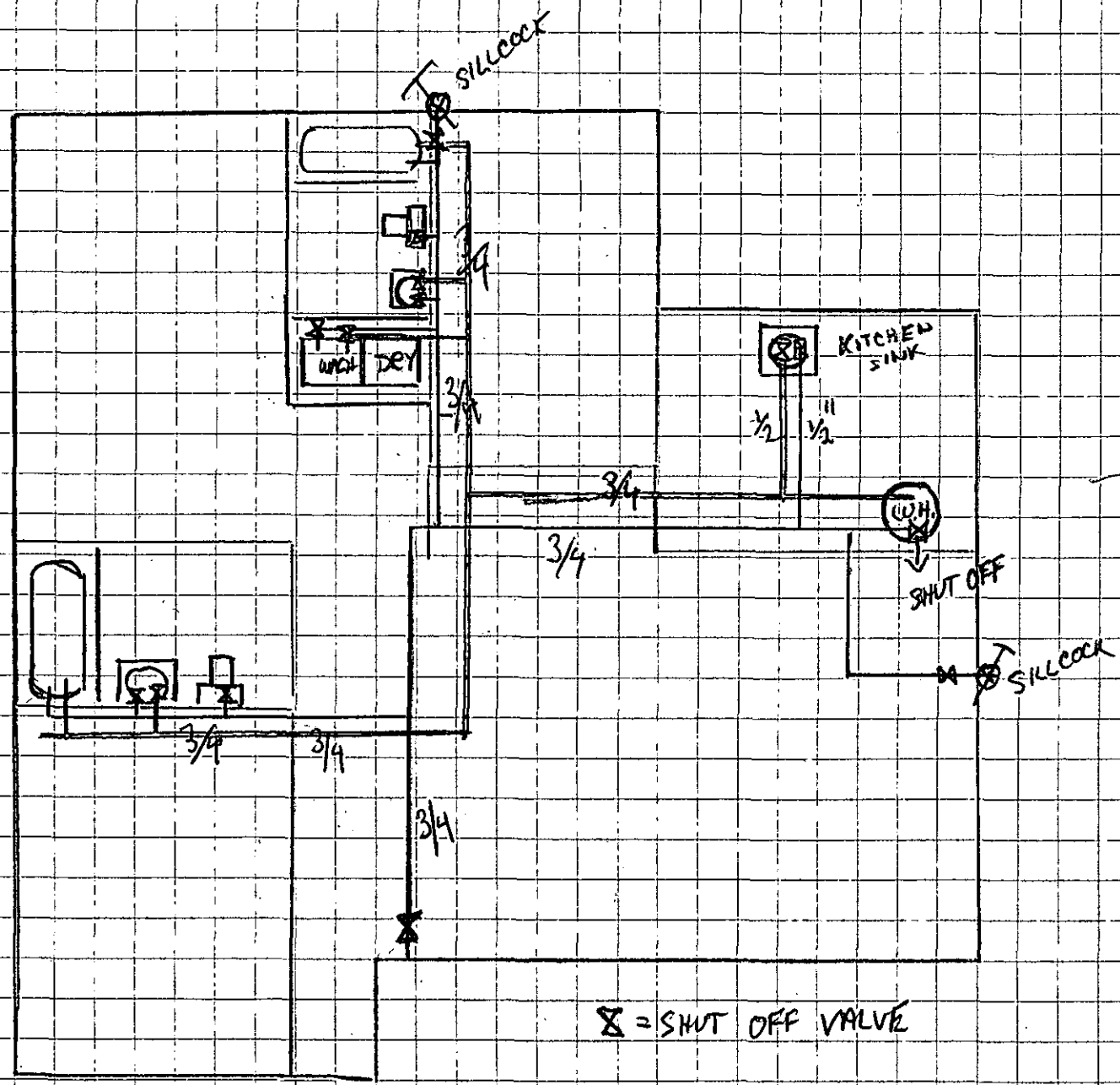
MASTER BATH
2" VENT
2" 45°
4X2 Y
4X4 Y
4X2 Y
½ TRAP
CLOSET BEND
2" 45°
2" VENT
2" TRAP
4X4 Y
4" ST. 45°
4X2 Y
½" 45°
4X2 Y
LAUNDRY
½ TRAP
2" 45°
4X2 Y
KITCHEN
½ VENT
½ TRAP
45°
45°
4X2 Y
CLOSET BEND
4X4 Y
4X4 Y
4" ST 45°
RATTLE PAN

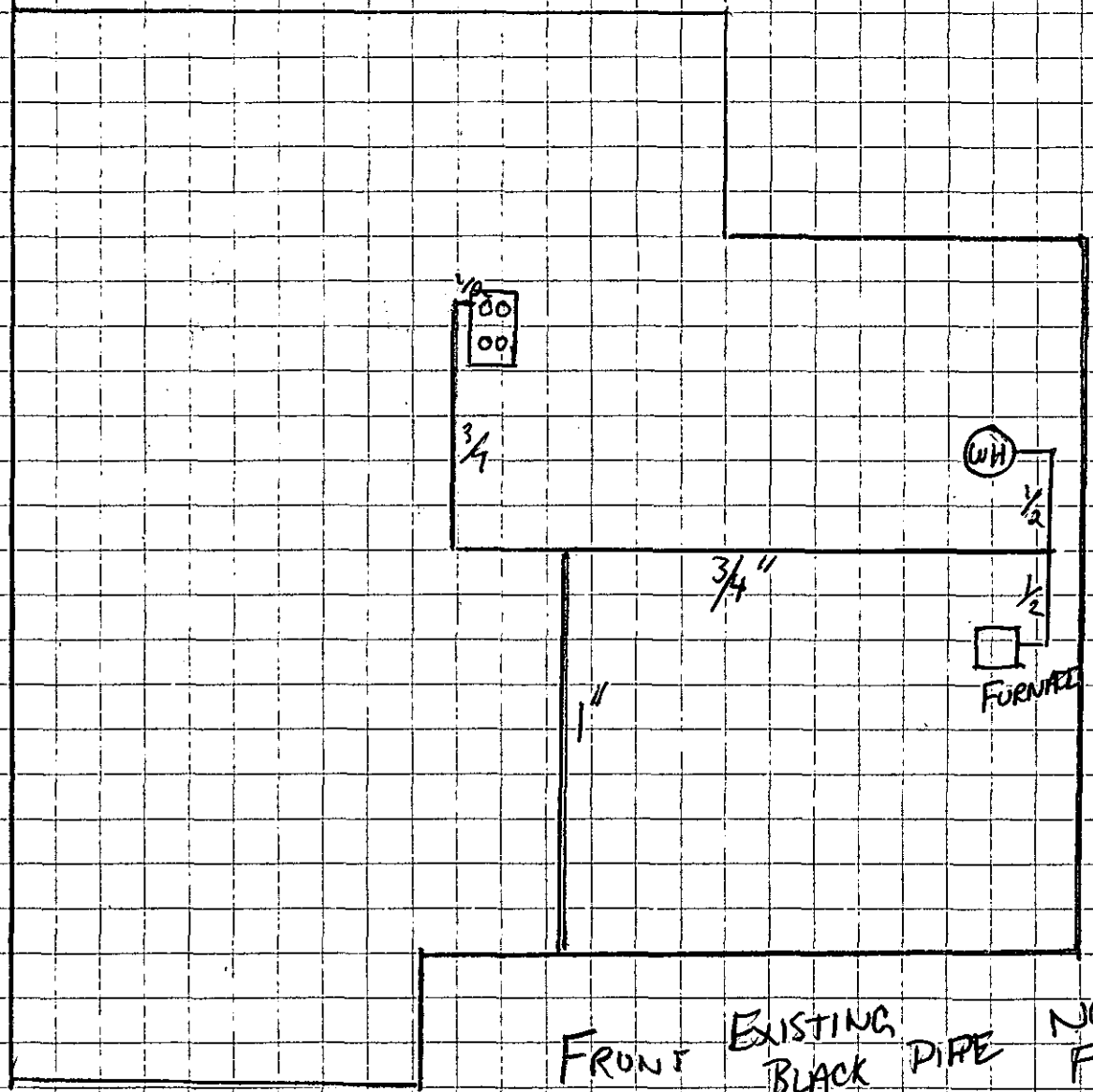
3 TON'S A/C

MIN. 40,000 BTU'S HEAT

FURNACE 70,000




SILLCOCK
WASH
DRY
3/4
3/4
KITCHEN SINK
1/2
1"
3/4
3/4
WH
SHUT OFF
SILLCOCK
3/4
3/4
3/4
= SHUT OFF VALVE
FRONT



FRONT EXISTING BLACK PIPE NOT charging Furnace

I = B = R CALCULATION SHEET 1503 (Modern Method)

TO PLAN

OWNER _____ ADDRESS _____ DESIGN TEMPERATURE DIFFERENCE ____ F. DATE 7-10-95

	COL. A	COL. B	COL. C	COL. D	COL. E	COL. F	COL. G
1	ROOM	FACTOR	Kit	Dining	Hall	Living	Bath
			H L W	H L W	H L W	H L W	H L W
2	ROOM DIMENSIONS, FT.		8 14 9	8 14 11	8 4 4	8 13 13	8 6 14
3	LENGTH EXPOSED WALLS, FT.		23	25	8	9	6
4	WINDOW AND OUTSIDE DOOR AREA		20	24	21	24	6
			BTUH	BTUH	BTUH	BTUH	BTUH
5	WALL CONSTRUCTION (Table 9, Line 3 x H)	.07					
6	TYPE OF GLASS (Bottom of table used for Line 5)	X					
7	CEILING CONSTRUCTION (Table 9, L x W)	.05					
8	FLOOR CONSTRUCTION† (Table 9, L x W or Lin. Ft.)	.15					
9	COLD PARTITION CONSTRUCTION (Table 9, L x H)						
10	Infiltration — 1 Wall (With Openings) (Table 10 LXW)	.012					
	Infiltration — 2 Walls (With Openings) (Table 10 LXW)	.018					
	Infiltration — 3 Walls (With Openings) or Ent. Hall (Table 10 LXW)	.027					
11	TOTAL BTUH AT 70F TEMP. DIFFERENCE*	X	4032	4928	512	5408	2688
12	TOTAL BTUH AT DESIGN TEMP. DIFFERENCE	X					

	COL. A	COL. B	COL. H	COL. I	COL. J	COL. K	COL. L
1	ROOM	FACTOR	Master Bed	Bed 2	Bed 3	Bath 2	Closet Hall
			H L W	H L W	H L W	H L W	H L W
2	ROOM DIMENSIONS, FT.		8 17.5 12.6	8 14 10	8 15 9	8 5.6 8	8 5 5
3	LENGTH EXPOSED WALLS, FT.		30	24	24	13.6	
4	WINDOW AND OUTSIDE DOOR AREA		24	24	24	16	
			BTUH	BTUH	BTUH	BTUH	BTUH
5	WALL CONSTRUCTION (Table 9, Line 3 x H)	.07					
6	TYPE OF GLASS (Bottom of table used for Line 5)	X					
7	CEILING CONSTRUCTION (Table 9, L x W)	.05					
8	FLOOR CONSTRUCTION† (Table 9, L x W or Lin. Ft.)	.15					
9	COLD PARTITION CONSTRUCTION (Table 9, L x H)						
10	Infiltration — 1 Wall (With Openings) (Table 10 LXW)	.012					
	Infiltration — 2 Walls (With Openings) (Table 10 LXW)	.018					
	Infiltration — 3 Walls (With Openings) or Ent. Hall (Table 10 LXW)	.027					
11	TOTAL BTUH AT 70F TEMP. DIFFERENCE*	X	7000	4480	4320	1434	800
12	TOTAL BTUH AT DESIGN TEMP. DIFFERENCE	X					

Design Water Temp. _____

BTUH per Foot of Radiation Selected _____

	ROOM TOTALS FROM LINE 12	LIN. FT. OF RADIATION SELECTED
C	4032	
D	4928	
E	512	
F	5408	
G	2688	
H	7000	
I	4480	
J	4320	
K	1434	
L	800	
	35602.	BTU.
	TOTAL BTUH OF BUILDING AT DESIGN TEMP.* DIFFERENCE	TOTAL RADIATION SELECTED

Net

*INCREASE BATHROOM TOTAL 20%

†FOR CONCRETE FLOOR ON GROUND OR FILL AT GRADE LEVEL, USE LINEAR FEET OF EXPOSED EDGE

This form is available from The Hydronics Institute, 35 Russo Place, Berkeley Heights, N. J. 07922

FORM 1503

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Department of Engineering

Jerome J. Tansey, P.E., P.P.
Municipal Engineer
(201) 477-3000, Ext. 273

Richard E. Garnett, L.S., P.P.
Municipal Surveyor/Planner
(201) 477-3000, Ext. 277
Fax: (201) 920-4850

TO: Municipal Engineer DATE: 5/31/95

I Marisa Disbrow of 1618 Edge St Brick.
(Name - Please print) (Address)

Block: 828 Lot: 4

Request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Phone No. 8405631 Marisa Disbrow
Signed by Applicant

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

NOTE: Any excavations to be removed from the Township requires a mining permit.

Approved ☐ Date:_____ By_____

Rejected ☐ Date:_____ By_____

Remarks:_____

_____

_____

_____

OVER

190-31. Plot plan (Added 12-28-80 by Ord. No. 354-2P-80; amended 6-12-84 by Ord. No. 354-2XXX-84)

A. Except where approval has been obtained after application under Part 3 or 4 of this chapter, no principal building or addition to a principal building shall be constructed in the Township of Brick except after approval by the Township Engineer of a plot plan to be submitted in accordance with the following specifications:

(1) Such plot plan shall be a survey of the lot in question showing the existing topography of the lot and the proposed location and elevation of the building and/or addition and the proposed grading. Existing topography and proposed grading shall at a minimum, consist of elevations at the property corners and the corners of the proposed building and/or addition. In the event that there is more than a two-foot difference in lot elevations, contours at one-foot intervals shall be shown. The existing topography of the lots immediately adjacent to the lot in question and the road fronting such lot shall also be indicated on the plot plan.

(2) Such plot plan shall include the following additional information:

(a) The width and type of pavement on the road in front of the proposed building and/or addition.
(b) The proposed method of drainage from the property in question.
(c) The proposed garage and first floor elevations.

(3) Plot plans must be prepared by a licensed engineer or land surveyor and shall bear his signature and seal. Surveys and topographical information certified to National Geodetic Vertical Datum must be prepared by a licensed land surveyor and shall bear his signature and seal.

(4) Building or additions in a flood hazard area shall be in compliance with the National Flood Insurance Program (NFIP) as regulated by Federal Emergency Management Agency (FEMA).

B. Exemption from the plot plan requirement for an addition is subject to the approval of the Township Engineer, said exemption to be contingent upon:

(1) Proof that the subject addition is not in a flood hazard area.

(2) A survey locating the existing dwelling.

(3) A Site inspection by a Brick Township Engineering Inspector to verify that the proposed addition will not create a drainage problem.

C. Petitions for plot plan exemptions are to be made to the Township Engineer in writing.

OVER →

8/20/96

To Whom it May Concern,

We hereby request a temporary C.O. until some minor finishing touches (soffit, trim etc.) can be finished. Attached is a set of "as built" plans.

Thank-You for your consideration,

Marisa & Richard G. Disbrow, Jr.

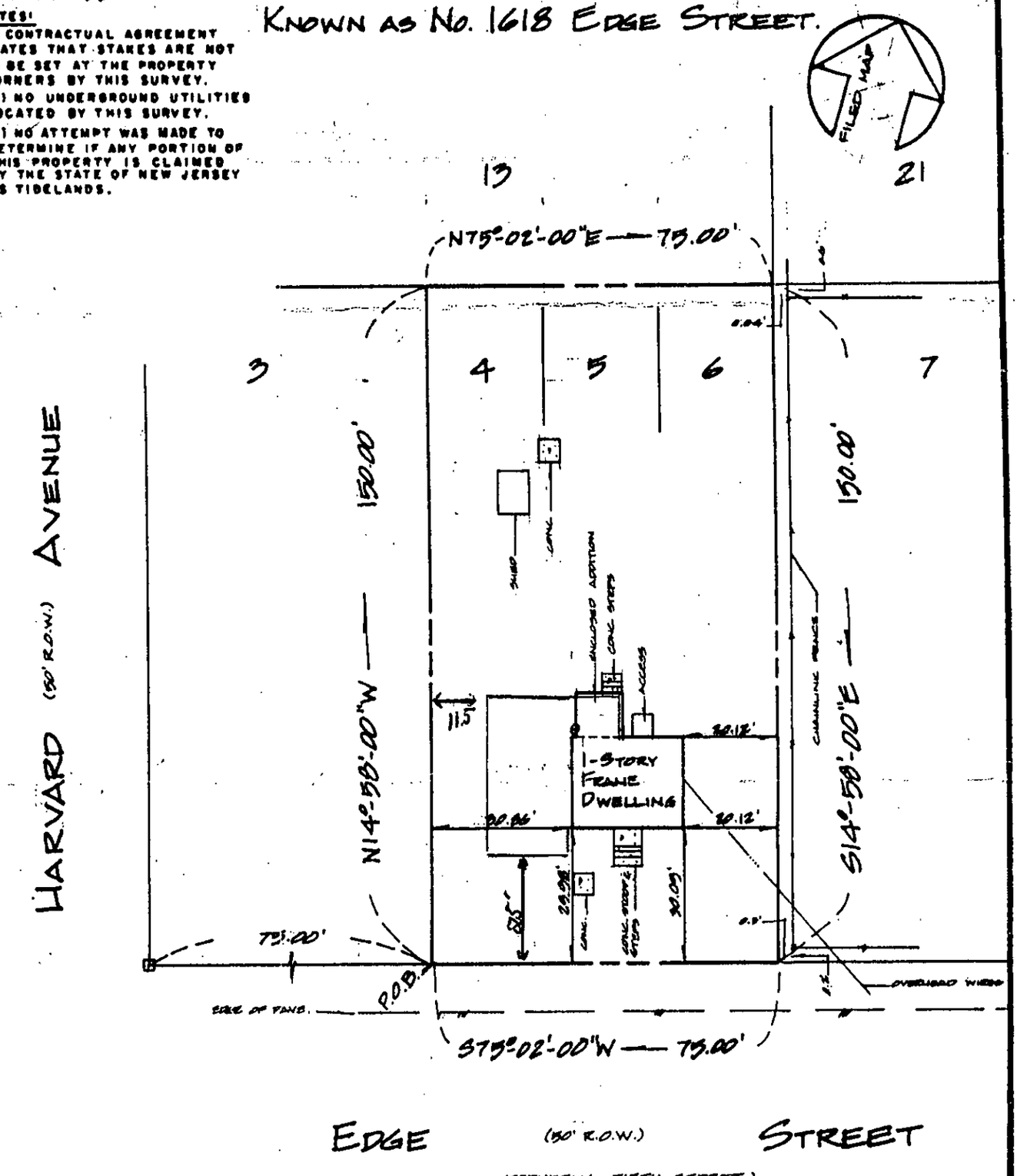
DEED REFERENCE:
BOOK - 4180
PAGE - 879

TITLE CO. FILE NO.

JOB NO. S-6736

NOTES:
(1) CONTRACTUAL AGREEMENT STATES THAT STAKES ARE NOT TO BE SET AT THE PROPERTY CORNERS BY THIS SURVEY.
(2) NO UNDERGROUND UTILITIES LOCATED BY THIS SURVEY.
(3) NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS.

KNOWN AS NO. 1618 EDGE STREET.



LEGEND:
□ - MON. FOUND

MAP OF SURVEY

LOTS 4, 5, & 6, BLOCK 828-17, TAX MAP SHT. NO. 45.B
BRICK TOWNSHIP, OCEAN COUNTY, N.J.

A.K.A. LOTS 4, 5, & 6, BLK. 17, AS SHOWN ON THE MAP OF "LAURELTON PARK" FILED IN THE OCEAN COUNTY CLERK'S OFFICE AS MAP NO. A-328 ON SEPT. 25, 1927.

CERTIFICATION:
I hereby certify this survey as being accure and correct to -
ANTHONY L. SAVINO,
TICOR TITLE INSURANCE COMPANY,
HUDSON MORTGAGE COMPANY, INC., AND/OR ITS ASSIGNS, AND
BRANT S. COLLINS, ESQ.

DEL-CO
LAND SURVEYING CORP.
73 PHEASANT DRIVE — BAYVILLE, N.J. 08721
PHONE (201) 269-9123

SCALE: 1" = 30'
DATE: 8/29/86
DRAWN BY: GR
SHEET: 1 of 1

BERNARD M. COLLINS
LICENSED LAND SURVEYOR ---- N.J. LIC. NO. 29181
PROFESSIONAL PLANNER ---- N.J. LIC. NO. 02863

8/29/86
DATE

Bernard M. Collins
BERNARD M. COLLINS, L.S. & P.P.

DEED REFERENCE:
BOOK – 4180
PAGE – 879

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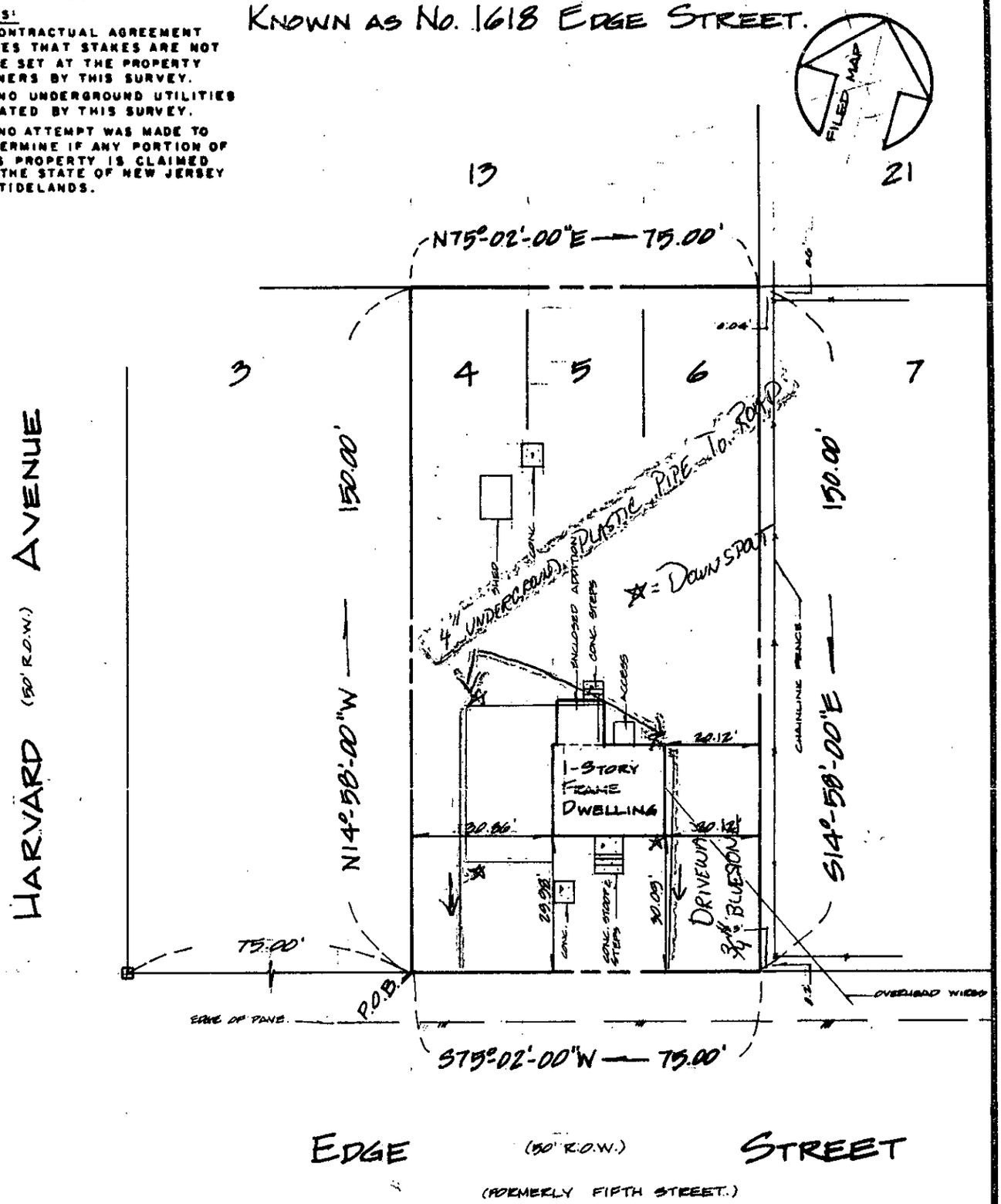
KNOWN AS NO. 1618 EDGE STREET.



LEGEND:
□ - MON. FOUND

MAP OF SURVEY

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SCALE: 1" = 30'
DATE: 8/29/86
DRAWN BY: GR
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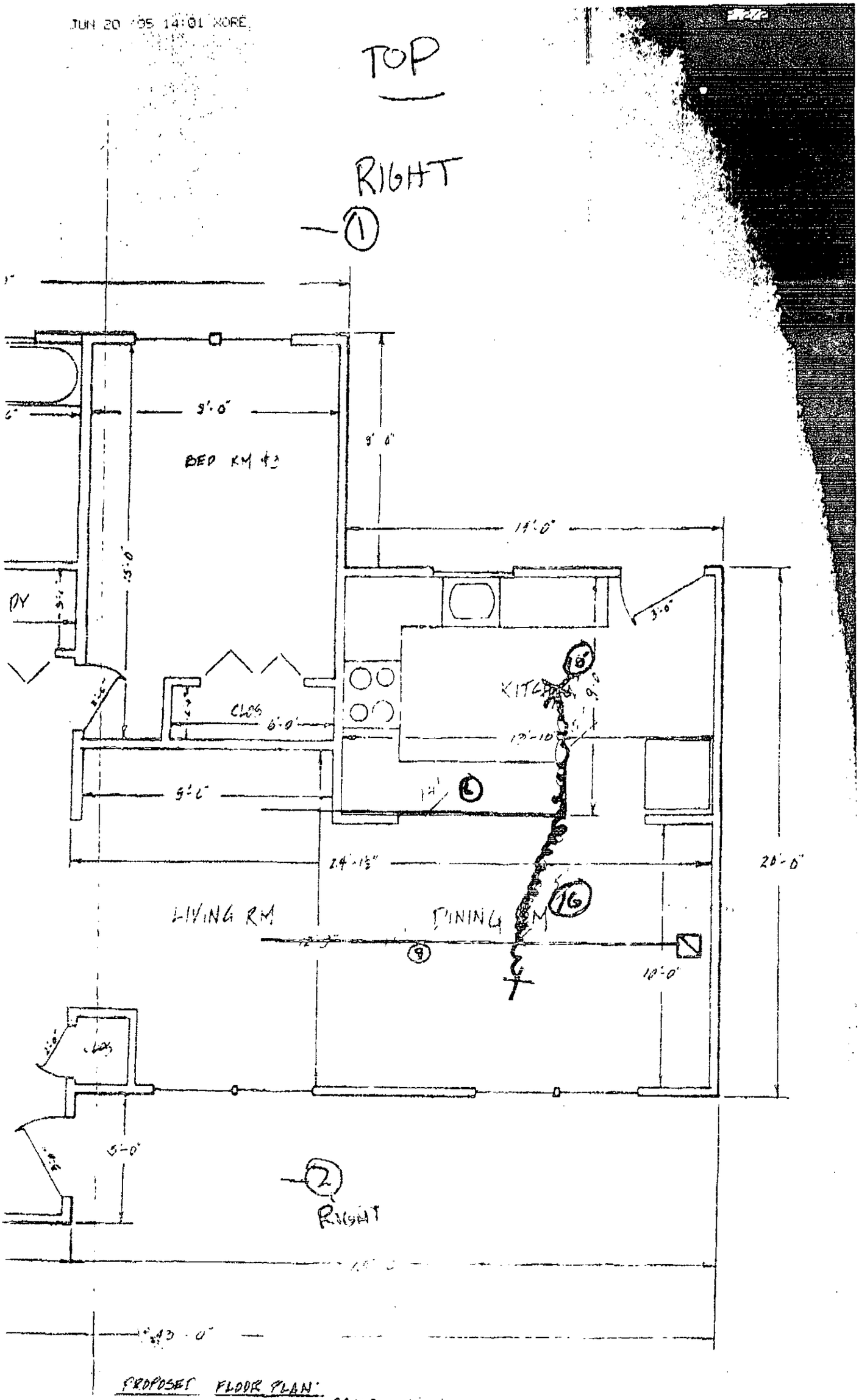
PROFESSIONAL PLANNER ----- N.J. LIC. NO. 02863

8/29/86
DATE

Bernard M. Collins
BERNARD M. COLLINS, L.S. & P.P.

JUN 20 '95 14:01 XORE



PROPOSED FLOOR PLAN

SCALE

HOM

JUN 20 '95 14:08 XORE P.1/2

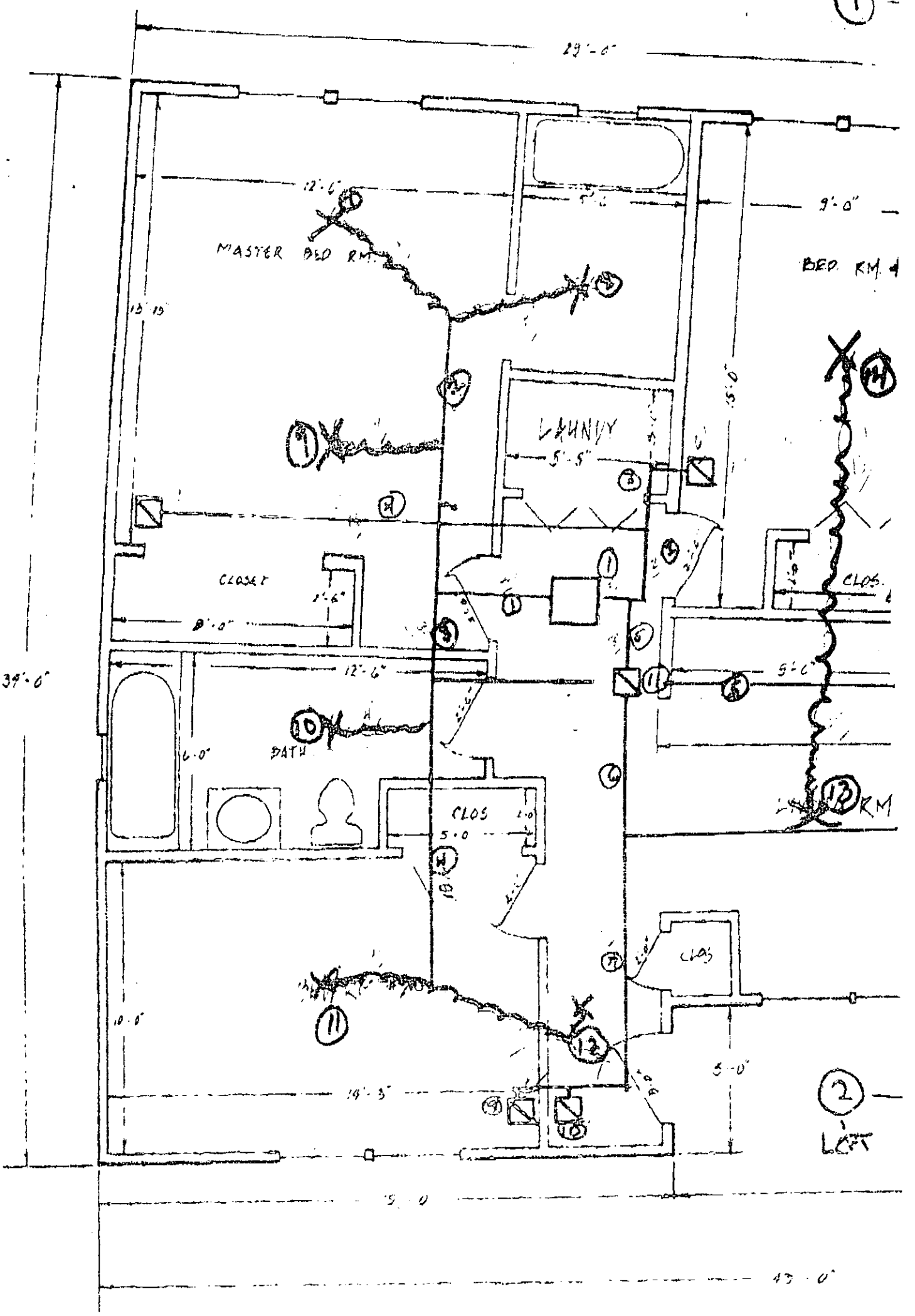
(1) HEAT & COOL LOAD:
(2) DUCT RUN OUT.

MAC JOB

TO

LEFT

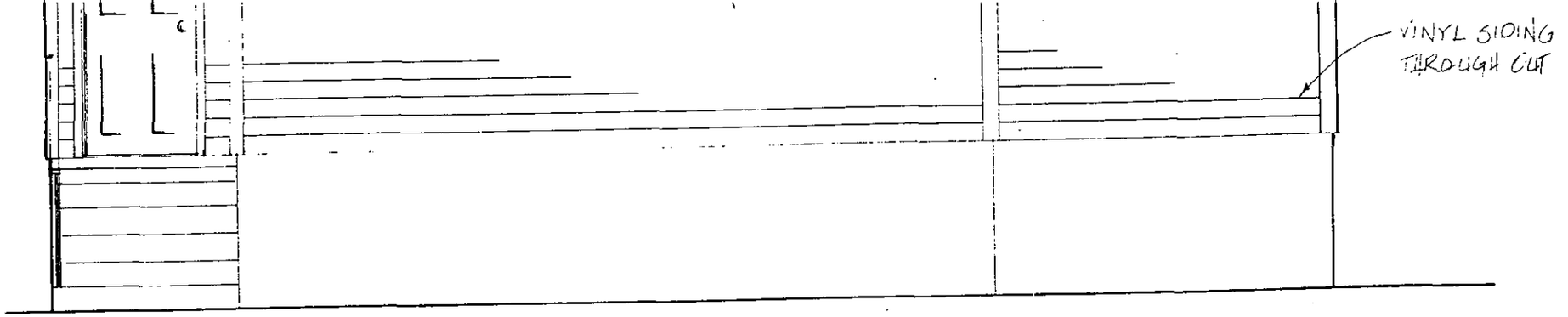
(1) -



(2) LEFT

PROPOSED FLOOR

RO



RIGHT SIDE ELEVATION: SCALE: 1:0" = ¼"

NOTES:

1.) SPINDALS ON ALL RAILS TO BE 4" O.
2.) RAILS TO BE 36" FINISHED
3.) STAIR TO BE 8" RISE MAX, AND 9½" TREAD.
4.) ATTIC VENTING TO BE CONTINUOUS RIDGE VENT
5.) FRONT AND BACK DOORS TO BE 2.068 SOLID CORE.
6.) BEDROOM WINDOWS TO BE 30"46" MIN.
7.) VENTING FOR FOUNDATION TO BE STANDARD METAL VENTS PER CODE

8/1/97

CONTIN. RIDGE VENT

TYPICAL 3TAB SHINGLES (ASPHALT) OVER TOP OF 15# FELT

SOFFIT VENTING

VINYL SIDING THROUGH CUT

8/1/90

RIGHT SIDE ELEVATION: SCALE: 1:0" = 1/4"

NOTES: