Collect 5 Offer trees before C/O

RECEIVED Page 1

TOWNSHIP OF BRICK 1.5 p.

CONSTRUCTION PERMIT APPLICATION

NOV 5 REC'D

BUILDING

I. IDENTIFICATION

1. Proposed Work at: BLK 828-17 Lot 16 - 1626 HARVARD AVE
2. Owner Name: JOHN CASTIGLIA & WILLIAM FRANK Tel. [redacted]
   Address 636 Spiral DR. BRICK
3. Principal Contractor: WILLIAM FRANK Tel. ( ) SAME
   Address SAME
   Lic. No. or Builder Reg. No. 10200 Federal Emp. No.
4. Architect or Engineer: DCS Tel. (201) 367-1100
   Address LAKEWOOD NJ.
5. Responsible Person in Charge of Work WILLIAM FRANK Tel. (201) 899-7075

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☑ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$ 40,000
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 40,000

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☑ One-Family (R–3a)

If new construction, enter no. of dwelling units 1

If other than new construction, enter no. of dwelling units:
Before Construction:
After Construction:
Net Gain (or loss):

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☑	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure 15 Ft.
16. Area–Largest Floor 1504 Sq. Ft.
17. Bldg. Area–All Fls. 1504 Sq. Ft.
18. Volume of Structure 17302 Cu. Ft.
19. Total Land Area Disturbed 1504 Sq. Ft.

C.C. Form F-100 (8/83)

LDS BR 10209030

Lot 16

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupiec by myself and is not to be used for any purpose, other than single family residential use.

A. ☑ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☑ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☑ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE William Frank DATE 11-6-87

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ **TEL.(** **)** _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 828-17 LOT NO. 16 SUBDIVISION _____ PERMIT NO. 13028

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____				_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			11-10-87	LM	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			11/9/87	DV	
☒	PLUMBING					
☐	ELECTRICAL	11-12-87	DF	11-13-87	BK	
☒	FIRE PROTECTION	^		11-13-87	CDD	
☐	OTHER Eng.			11-13-87	MM	

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
✓	ALL CONSTRUCTION		2-25-88 Ken	Ok work
✓	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
✓	PLUMBING		2-18-88 DM	
✓	ELECTRICAL		2-4-88 BK	2-23-88 BK
✓	FIRE PROTECTION		2-26-88	JE
✓	OTHER Eng.		2-24-88 MT	

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☒ Certificate of Occupancy No. 2-29-88	13028
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 134.06
PLUMBING	105.00
ELECTRICAL	•
FIRE PROTECTION	15.00
OTHER _____	•
SUBTOTAL	$ 254.06
– LESS: 20% of subtotal (when plan review performed by state agency)	(25.40)
D.C.A. TRAINING FEE .0006 x 19152	- 11.49
CERTIFICATE OF OCCUPANCY	38.11
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 329.00

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 13028

DATE ISSUED 2-29-88

Block 828-17 Lot 16

Subdivision

IDENTIFICATION

Owner Castiglia & Frank

Address 636 Spiral Drive

Brick, NJ

Tel. ( )

Work Site Address 1626 Harvard Avenue

Agent

Address

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other

Collected By:

Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ 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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK:

single family dwelling

USE GROUP R-3

FIRE GRADING 1 hour

MAXIMUM LIVE LOAD

MAXIMUM OCCUPANCY LOAD

SPECIFIC USE single family dwelling

FINAL COST OF CONSTRUCTION: $ 48,000.

Arthur J. Craig

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 13028
DATE ISSUED 11/16/87
REVISION DATE
Block 828-17 Lot 16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner WILLIAM FRANK
Address 636 SPIRAL DR BRICK
Tel [redacted]
Work Site Address 1660 HARVARD AVE

Contractor SAME
Address
Tel. ( )
Lic. No. 10200
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

1 Story Dwelling
Crawl

☑ See Plans

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other 19152 cuft

	Fee Basis	Fee
		$
[redacted]		
[redacted]		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1
Height of Structure 15 Ft.
Area–Largest Floor 1504 Sq. Ft.
Total Building Area–All Floors 1504 Sq. Ft.
Volume of Structure 17,302 Cu. Ft.
Total Land Area Disturbed 1504 Sq. Ft.
Estimated Cost of Building Work: $ 40,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 13028
DATE ISSUED 11/16/87
REVISION DATE
Block 608-11 Lot 16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner WILLIAM FRALE
Address 636 SPIRAL DR BRICK
Tel. ([redacted]

Contractor SAME
Address
Tel. ( )
Lic. No. 10200
Federal Emp. No.

Work Site Address 1626 HARVARD AVE

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

1 Story Dwelling
Garage

☑ See Plans

TYPE OF WORK:

- ☑ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other 1952 Cu Ft

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ X

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1
Total Building Area–All Floors 1504 Sq. Ft.
Height of Structure 15 Ft.
Volume of Structure 17312 Cu. Ft.
Area–Largest Floor 1504 Sq. Ft.
Total Land Area Disturbed 1504 Sq. Ft.
Estimated Cost of Building Work: $ 40,000

D. COMMENTS

P

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	11-16-87	KM
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 2-25-88

Inspected By: KM

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				11-17-87 KM 11-20-87 KM
☐ Slab				
☒ Frame				1-11-88 KM
☐ Architectural				
☒ Insulation				1-13-88 KM
☒ Finishes				2-25-88 KM
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 261
DATE ISSUED 2-24-88
REVISION DATE
Block 222-17 Lot 16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — *When changing contractors, notify this office*

Owner Bill FRANK
Address 636 Spiral DR BRICK
Tel. [redacted]
Work Site Address 162-6 HARVARD AVE

Contractor SAME
Address
Tel. ( )
Lic. No. 10200
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Deck

☑ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ *Roofing*
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☒ Other Deck

Fee Basis	Fee
	$
[redacted]	[redacted]
[redacted]	[redacted]
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—*All Floors* _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 1100

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	2-16-88	KW
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 2-25-88

Inspected By: KW

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				2-25-88 KW
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 13028
DATE ISSUED 11/16/87
REVISION DATE
Block 829-17 Lot 16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner WILLIAM FRANK
Address 636 SPIRAL DR
BRICK
Tel [redacted]
Work Site Address 1636 PARKWARD

Contractor SAME
Address
Tel. ( )
Lic. No. 10200
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

FEE

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $ $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $ $

B3. ALARM

FEE

TYPE: ☐ Manual ☒ Automatic
Supervision Type: ☒ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

B5. OTHER

$
$
$

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R3 Present Proposed
Heating Systems – Location: Utility Room (Forced Warm Air)
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 17028
DATE ISSUED 11/16/87
REVISION DATE
Block 525-17 Lot 16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner WILLIAM FRANK
Address 636 SPIRAL DR
BRICK
Tel. [redacted]
Work Site Address 1126 HARVARD

Contractor SAME
Address
Tel. ( )
Lic. No. 10200
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☒ Automatic
Supervision Type: ☒ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

B5. OTHER

Subtotal $

Minimum Fire Protection Fee (If Applicable)
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 130

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R3 Present Proposed
Heating Systems – Location: Utility Room (Forced Warm Air)
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 11-13-87
Approved By: [signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 2-26-88
Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☒ Smoke Test				2-26-88
☐ TCO				
☒ Other Final				2-26-88
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 13028
DATE ISSUED 11/16/87
REVISION DATE
Block 828-17 Lot 16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner BILL FRANK
Address 636 Spiral DR BRICK . N.J.
Tel. [redacted]
Work Site Address 1626 HARVARD AVE

Contractor RICHARD A. SITEK SR.
Address 1958 SILVERTON RD. TOMS RIVER, N.J. 08753
Tel. (201) 255-9286
Lic.No./Bus. Permit 7312
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Richard A. Sitek Sr.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10.—		Garbage Disposal	$
1	Bathtub	5.—	1	Air Conditioner Unit	15.—
3	Lavatory/Sink	15.—		Indirect Connection	
1	Shower/Floor Drain	5.—		Sewer Ejector	
1	Washing Machine	5.—		Grease Trap	
1	Dishwasher	5.—		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.—		Reduced Pressure Backflow Device	
1	Domestic Boiler/ (Furnace)	15.—	4	Vent Stack	10.—
	Steam Boiler			Solar System	
1	Water Util. Connection			Other GAS	15.—
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 65.—		COLUMN 2	$ 40.—

Fee	
COLUMN 1	$ 65.—
COLUMN 2	$ 40.—
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 105.—

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

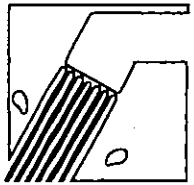
Drainage — Material ABS Size 3"-2"-1½"
Building Sewer — Material PVC SCHD 35 Size 4"
Water Service — Material ABS 160 PSI Size 1"
Venting — Material ABS Size 3"-2"-1½"
Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLUMBING SUBCODE
TECHNICAL SECTION



PERMIT NO. 13-28
DATE ISSUED 4/1/87
REVISION DATE
Block 828-17 Lot 16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner GILL FRANK
Address 636 SPIRAL DR BRICK NJ
Tel. [redacted]
Work Site Address 1626 HARVARD AVE.

Contractor RICHARD A. SITEK SR.
Address 1958 SILVERTON RD. TOMS RIVER, N.J. 08753
Tel. (201) 255-9286
Lic.No./Bus. Permit 7312
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10.-		Garbage Disposal	$
1	Bathtub	5.-	1	Air Conditioner Unit	15.-
3	Lavatory/Sink	15.-		Indirect Connection	
1	Shower/Floor Drain	5.-		Sewer Ejector	
1	Washing Machine	5.-		Grease Trap	
1	Dishwasher	5.-		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15.-	4	Vent Stack	10.-
	Steam Boiler			Solar System	
1	Water Util. Connection			Other GAS	15.-
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 65.-		COLUMN 2	$ 40.-

Fee	
COLUMN 1	$ 65.-
COLUMN 2	$ 40.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 105.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material ABS Size 3"-2"-1½"
Building Sewer — Material DWC SCHD 35 Size 4"
Water Service — Material ABS 160 PSI Size 1"
Venting — Material ABS Size 3"-2"-1½"
Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS
	12/20/87

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved

Date: 11-9-87

Approved By: J D. Spl

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 2/18/88

Inspected By: D Metcalf

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				12-22-87
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION 1626 Harvard Ave. UTILITY CO PP

BLK 828.17 LOT 16

OWNER Bill Frank. OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☐FINAL ☑TEMPORARY This approval void after ____ days

SERVICE 100 A. RANGE ____ WATER HEATER ____

AIR COND ____ ELECT HEAT ____ MISC ____

COMMENTS ____

DATE 1-4-88 PERMIT# 18416 INSPECTOR B. Fowler

Elec. 104 Insp. Lic# 24

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION 1626 Harvard Ave. UTILITY CO PP

BLK 828.17 LOT 16

OWNER Bill Frank. OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☑FINAL ☐TEMPORARY This approval void after ____ days

SERVICE 100A. RANGE ____ WATER HEATER ____

AIR COND ____ ELECT HEAT ____ MISC DW

COMMENTS ____

DATE 2-23-88 PERMIT# 18416 INSPECTOR R. Fowler

Elec. 104 P. 1-4-88 Insp. Lic# 24

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

CERTIFICATE OF COMPLIANCE

Date 2-25-88

NAME William & Mary Frank

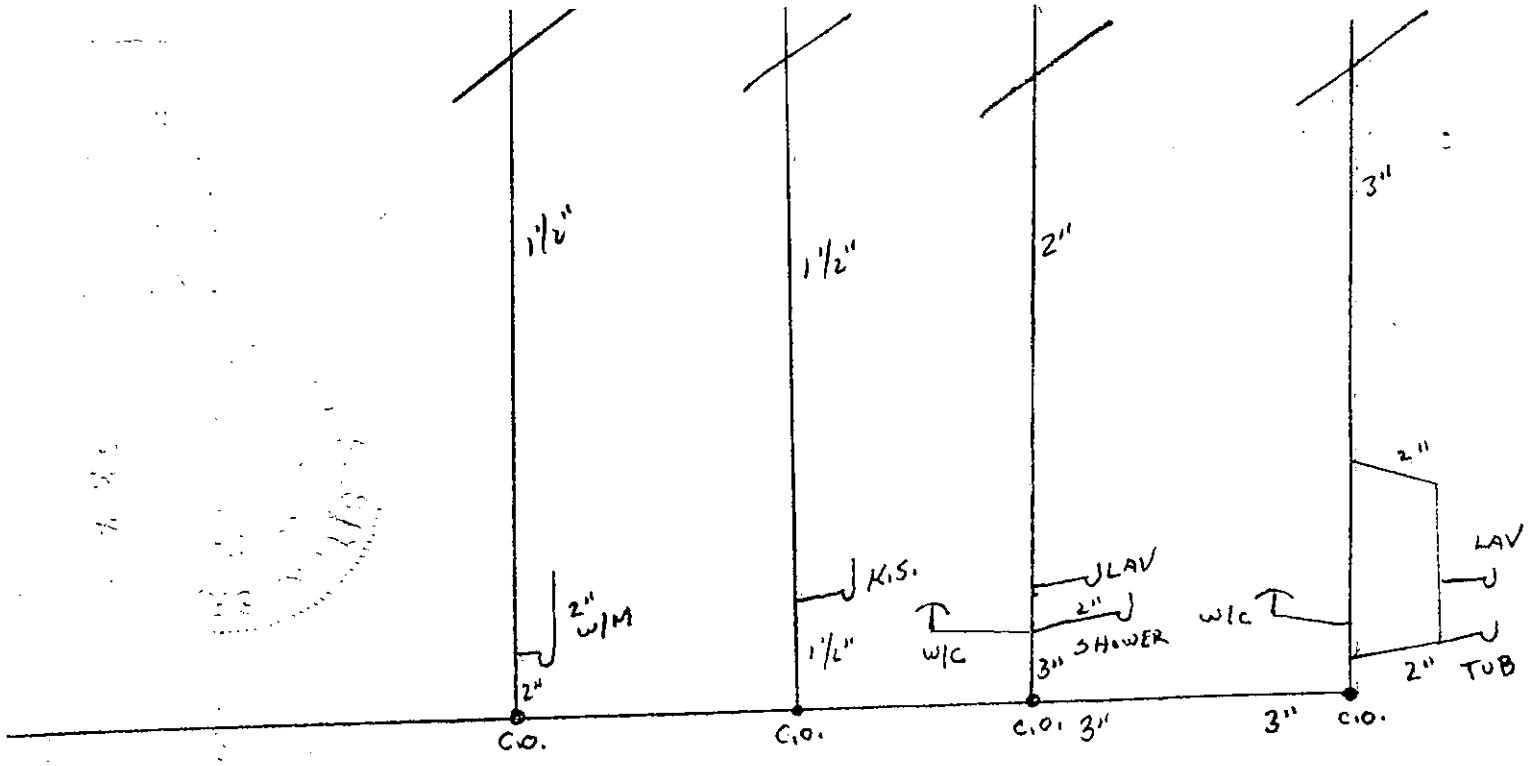
ADDRESS 676 Spiral Dr. Brick, N.J. 08724

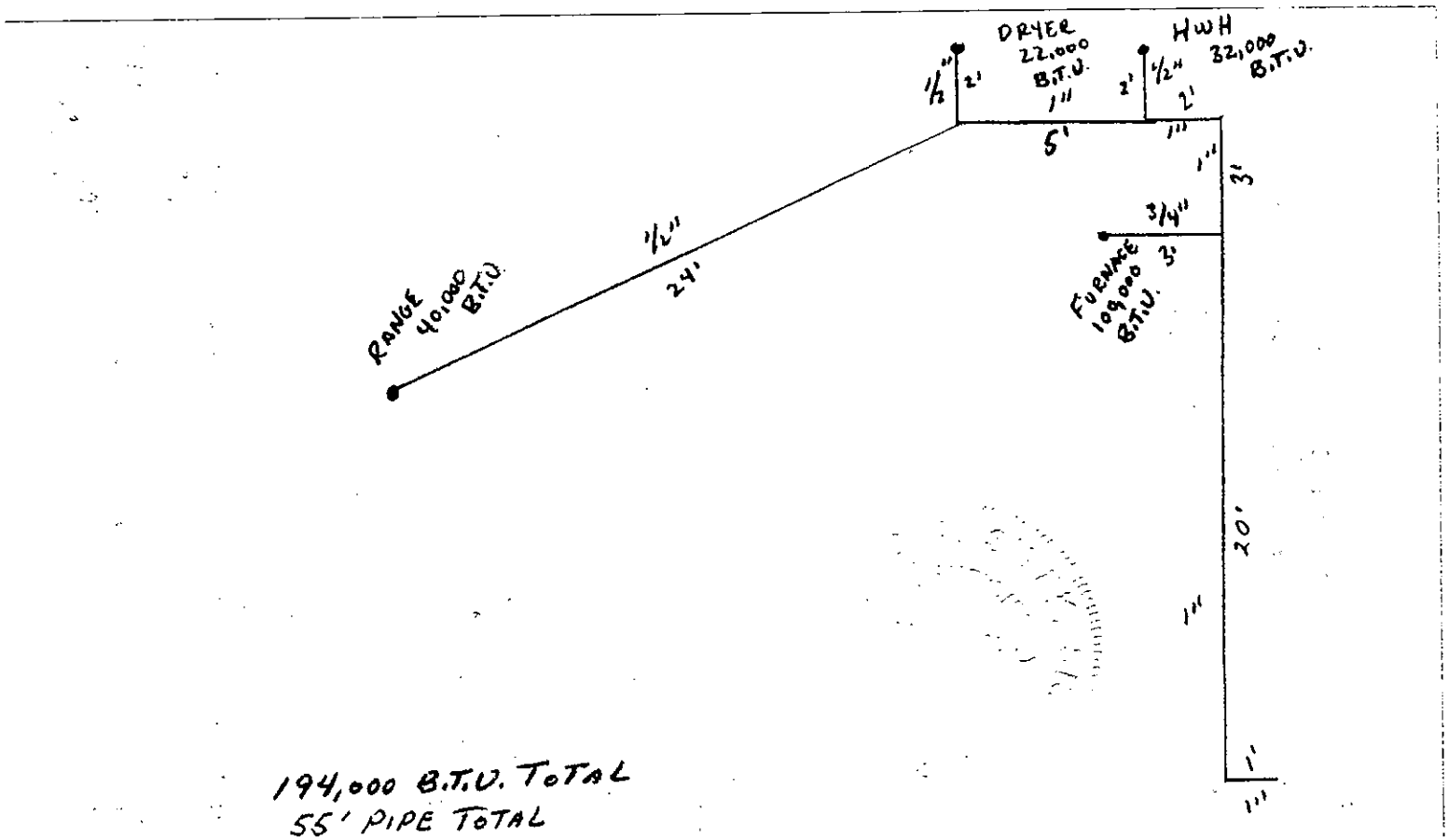
PROPERTY LOCATION 1626 Harvard Dr.

Account No. L296888 Block 828-17 Lot 16

I hereby certify that the above applicant has complied with all rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Carol Stundel





194,000 B.T.U. TOTAL
55' PIPE TOTAL

Ranch

MK

L&H PLUMBING & HEATING SUPPLIES, INC.

MAIN OFFICE: 930 HIGHWAY 70, BRICK, N. J. 08723 (201) 458-7200
163 W. FRONT ST., RED BANK, N.J. 07701 (201) 747-2660
401 MAIN ST., AVON-BY-THE-SEA, N. J. 07717 (201) 775-5270
WARETOWN PLAZA, ROUTE 9, WARETOWN, N.J. 08758 (609) 693-0077

TOLL FREE IN NEW JERSEY 1-800-272-1369

****
WINTER RESIDENTIAL LOAD CALCULATIONS
****

CONTRACTOR--BILL FRANK JOB NAME--SAME DATE--10/17/87

DESIGN CONDITIONS

OUTSIDE DB 0 F INSIDE DB 70 F
WINTER DESIGN TEMP. DIFFERENCE 70 F
VOLUME OF COND SP -- 9224CU.FT

CONSTRUCTION DATA

TYPE OF EXPOSURE		CONSTRUCTION NO.	HEATING HTM
WINDOWS	A	4C	79.0
	B	9G	37.0
	C	N/A	0.0
DOORS	A	11A	71.5
	B	N/A	0.0
WALLS	A	12C	6.3
	B	N/A	0.0
	C	N/A	0.0
CEILINGS	A	16D	3.7
	B	N/A	0.0
FLOORS	A	19A	10.3
	B	N/A	0.0
	C	N/A	0.0
DUCTS/PIPING		PERCENT	0.15

ROOM NAME -- LIVING DIMENSIONS -- 20 X 14 X 8 EXP WALLS -- 34

*** WINTER HEAT LOSS ***

	WINDOWS AREA	WINDOWS BTUH	DOORS AREA	DOORS BTUH	NET WALLS AREA	NET WALLS BTUH	CEILINGS AREA	CEILINGS BTUH	FLOORS A/L	FLOORS BTUH	PIPE BTUH	TOTAL BTUH	LINEAR FT 3/4 BSBRD
A	34	2586	21	1501	238	1499	280	1036	280	3052	1466	*	*
B	0	0	0	0	0	0	0	0	0	0		*	*
C	0	0			0	0			0	0		*	*
												11241	18.7

[illegible] DESIGN CONDITIONS

OUTSIDE DB [illegible] DB

WINTER DESIGN TEMP [illegible]

VOLUME OF COND SP [illegible]

CONSTRUCTION [illegible]

CONSTRUCTION [illegible]

41

96

1.5

N/A

[illegible] PERCENT

********** HEATING SUMMARY **********

TOTAL HEAT LOSS FROM ROOM AREAS = 42184 BTUH
HEAT REQUIRED FOR VENTILATION AIR = 1.1 X 0 VENT CFM X 70 DTD = 0 BTUH

TOTAL HEAT LOSS (ROOMS + VENT) = 42185 BTUH

********** ANNUAL ENERGY CONSUMPTION **********

********* HEATING *********

TEMPERATURE BINS IN DEGREES F	0 TO 9	10 TO 19	20 TO 29	30 TO 39	40 TO 49	50 TO 59	60 TO 64
HOURS PER YEAR (BRICK,NJ)	35	238	686	1481	1379	1377	761
BIN HEATING LOAD (MBH)	42	36	29	23	16	10	3
HRS/YR X BIN HTG LD (MBH)	1470	8568	19894	34063	22192	13770	2283

TOTAL YEARLY HEATING BTU = 102,240,000

ANNUAL FUEL CONSUMPTION (F) = $\frac{\text{BTU/YR}}{E \times P}$

WHERE:
E IS SEASONAL EFFICIENCY OF EQUIPMENT
P IS HEATING VALUE OF FUEL

FUEL	E	P	UNITS	PRICE	F	ANNUAL COST
NATURAL GAS	0.66	102500	CCF	0.720	1511	$1088.14
PROPANE GAS	0.66	91500	GAL	1.040	1692	$1760.72
#2 FUEL OIL	0.60	138000	GAL	1.100	1234	$1358.86
ELECTRIC	1.00	3413	KWH	0.104	29956	$3115.42
COMPARISON SYSTEM:						
NATURAL GAS	0.82	102500	CCF	0.720	121641	$875.82

********** HUMIDIFICATION LOAD **********

HUMIDIFICATION LOAD = $\frac{V \times K}{33000}$

WHERE:
V = VOLUME OF CONDITIONED CUBIC FEET
K = MOISTURE/INFILTRATION FACTOR FOR:
TIGHT CONSTRUCTION = 17.5
AVERAGE CONSTRUCTION = 27
LOOSE CONSTRUCTION = 38

$\frac{9224 \times 27}{33000}$ = 7.54 GALLONS PER DAY REQUIRED

********** ********** **********

COMPUTED RESULTS ARE ESTIMATES, SINCE BUILDING CONSTRUCTION
AND OPERATING CONDITIONS ARE SUBJECT TO WIDE VARIATIONS.

DATA SOURCE: ACCA MANUAL J, 1981
ENGINEERING WEATHER DATA, 1978
ASHRAE EQUIPMENT HANDBOOK, 1983

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA.

2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.

3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

   APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

   A DEPOSIT OF $130 IS REQUIRED.

   LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 6 AND 8 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).

5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.

   INSPECTIONS WILL NOT BE MADE UNLESS THE PERMIT HAS BEEN OBTAINED.

6. WATER METER

   A METER AND A REMOTE READOUT WILL BE INSTALLED.

   IF YOU ARE BUILDING ON A SLAB BASE, PLEASE MAKE ARRANGEMENTS WITH YOUR BUILDER TO RUN A PAIR OF WIRES (18 GAUGE, 2 CONDUIT SOLID BELL WIRE) FROM THE INSIDE METER LOCATION TO WHERE THE OUTSIDE READOUT IS TO BE LOCATED, OR CALL THE BTMUA TO DO SO. THIS MUST BE DONE PRIOR TO INSTALLATION OF SHEET ROCK FOR INTERIOR WALLS.

   AFTER ALL INSPECTIONS HAVE BEEN COMPLETED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO SCHEDULE THE WATER METER INSTALLATION.

7. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ANY OPEN TAP FEES AND PERMIT FEES MUST BE PAID IN FULL.

8. INITIAL SERVICE CHARGES

   IF THE OWNER DESIRES, THE APPLICABLE INITIAL SERVICE CHARGES MAY BE PAID IN QUARTERLY INSTALLMENTS (PLUS INTEREST) ACCORDING TO AN ESTABLISHED PAYMENT PLAN. SEE OUR CUSTOMER ACCOUNT DIVISION FOR DETAILS.

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date _____

Property Address _____ Block _____ Lot _____

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. Lavatory	_____	( ) _____	( ) _____
3. Bath Tub	_____	( ) _____	( ) _____
4. Shower Stall	_____	( ) _____	( ) _____
5. Kitchen Sink	_____	( ) _____	( ) _____
6. Service Sink	_____	( ) _____	( ) _____
7. Laundry Tray	_____	( ) _____	( ) _____
8. Dishwasher	_____	( ) _____	( ) _____
9. Washing Machine	_____	( ) _____	( ) _____
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		_____	_____

Gallons per minute _____

Size of Service _____ _____

Date: _____ Approved: _____

Brick Township Plumbing Inspector

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

DATE 11-9-87

SUBJRCT: LOT(S) 16

BLOCK 828-17

AFFIDAVIT

I William Frank hereby request a temporary building perm to proceed with construction of footings and foundation (only) on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

William Frank 11-9-87

Applicant Date

Twp. Engineer or Ass't. Engineer Date
Engineering Department

J Kim 11-12-87

Zoning Officer Date
Zoning Department

Building Inspector Date
Building Department

COMBINED GROSS WALL THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Wall Component	Area	Resistance	A/R
Glass Double Glazed Wood	119.37	1.68	71.05
Glass Double Glaze Alum. Sliding Door	42	1.28	32.81
Glass			
Door Solid Wood Core	42	2.17	19.35
Door			
Wall Siding	711.38	13.46	52.85
Framing	125.53	6.81	18.43
Wall Garage Partition	118.15	13.49	8.75
Framing	20.85	6.84	3.04
Wall			
Framing			
Header or Rim Joist	154.66	4.03	38.37
Exposed Basement Wall	128.66	1.99	64.65
Exposed Basement Wall			
Basement Glass NONE			
Basement Glass			
Total	1462.6		309.3

U_o Wall = $\frac{A/R}{A} = \frac{309.3}{1462.6} = .211$ BTU/h-ft^2-^{o}F

U_o Wall Code Limit = 0.23

X Meets Code

_____ Does Not Meet Code

#950506
comm

(2)

COMBINED GROSS ROOF/CEILING THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Roof/Ceiling Component	Area	Resistance	A/R
Non-Cathedral Roof Ceiling	1143	20.51	55.64
Framing	126	8.42	14.96
Cathedral Roof/Ceiling			
Total	1269		70.6

U_o Roof = $\frac{A/R}{A}$ = $\frac{70.6}{1269}$ = .055 BTU/h-ft^2-^{o}F

U_o Roof Code Limit = 0.05*

____ Meets Code

X Does Not Meet Code

*0.08 for the cathedral portion of the roof.

Comm# 750506

COMBINED GROSS FLOOR THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Floor Component	Area	Resistance	A/R
Floor Electric Heat - R-19	1143	20.89	54.71
Framing	126	11.3	11.15
Totals	1269		65.86

U_o Floor = $\frac{A/R}{A} = \frac{65.86}{1269} = .051$ BTU/h-ft^2-^{o}F

U_o Floor Code Limit = 0.08

X Meets Code

____ Does Not Meet Code

Comm # 750506

(4)

ALTERNATE METHOD: TOTAL ENVELOPE CONFORMANCE

	A Gross Area	Total A/R	U_o Code Limit	A x U_o Limit
Wall	1462.6	309.3	0.23	336.39
Non-Cathedral Roof/Ceiling	1269	70.6	0.05	63.45
Cathedral Roof/Ceiling			0.08	
Floor	1269	65.86		101.52
	(1) Grand Total	445.76 BTU/H x °F	(2) Total	498.36 BTU/H x °F

X Meets Code

____ Does Not Meet Code

If the grand total (1) of the wall, roof/ceiling and floor A/R values is equal to or less than the total (2) of the A x U_o Code Limits for the wall, roof/ceiling and floor, the Total Envelope meets the Code, even though the wall, roof/ceiling or floor may not.

If the total envelope calculation indicates that the desired construction does not meet code requirements, make changes in the structure to add insulation, reduce glass areas or use insulating glass as required to meet the code requirements.

Comm #750506

Dig # 87440306

as of 11-6-87

SIZING FOR WATER AND SEWER SERVICES

Property Owner BILL FRANK Date 11-9-87

Property Address _____ Block 828-17 Lot 16

Zoning _____ Use Group _____

Contractor SITEK, SR. License No. Registration 7312

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units		(dfu) Drainage Units	
1. Water Closet	2	(3)	6	( )	
2. Lavatory	2	(1)	2	( )	
3. Bath Tub	1	(2)	2	( )	
4. Shower Stall	1	(2)	2	( )	
5. Kitchen Sink	1	(2)	2	( )	
6. Service Sink		( )		( )	
7. Laundry Tray		( )		( )	
8. Dishwasher	1	(1)	1	( )	
9. Washing Machine	1	(3)	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 18

Gallons per minute 12.8

Size of Service 3/4"

Date: 11-9-87

Approved: _____
Brick Township Plumbing Inspector

Name of Enforcing Agency

Municipality of

County

JOHN CASTIGLIA
Name of Owner(s) in Fee

1626 Harvard Ave
Address

828-17 Block — 16 Lot

AFFIDAVIT
in Support of Application
for a Construction Permit and
for a Certificate of Occupancy
Pursuant to N.J.A.C.
5:23-2.5(b) 2:1 and 5:23-2.7(b)3

I am an applicant for:

☒ A Construction Permit
☒ A Certificate of Occupancy

I being the Owner in Fee and being of full age, duly sworn upon my oath depose and say that a new home (will be) (has been) constructed on this property for personal use and occupancy by me.

I hereby attest that all design, constuction, plumbing or electrical work (will be) (has been) done 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 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.

John Castiglia
Signature

Sworn and Subscribed to
before me this 6 Day of NOV 1987

_____

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

UNIFORM CONSTRUCTION CODE
Chapter 23, Title 5

Approval of Part
5.23-2.5 (7)

OWNER/AGENT William Frank

ADDRESS 1626 Harvard Ave

TOWN Brick ZIP 08724

BLOCK 828-17 LOT 16

[X] FOOTING

[ ] FOUNDATION

[ ] OTHER

OWNER/AGENT PROCEED AT OWN RISK [X]

OWNER/AGENT William Frank

BUILDING SUB-CODE OFFICIAL _____

CONSTRUCTION OFFICIAL _____

SHADE TREE PERMIT

Permit# 1682

Applicant's Name WILLIAM FRANK

Block 828.17

Property Address HARVARD DVE

Lot 16.18

Applicant's Address 636 SPIRAL DR

Date 11.13.87

BRICK NJ 08724

As per Shade Tree Application in conjunction with ordinance #158-A,B,C-75: filed in the Building Department, Township of Brick.

Comments: LEAVE AT LEAST 6 TREES.

Fee Paid $_____

Signed: Sterling Hulse

Sterling Hulse, Forrester
Township of Brick
Shade Tree Commission

This permit must be available on site for inspection upon demand.

Date 10-31-87

APPLICATION IN CONNECTION WITH ORDINANCE #158-72

Name of Applicant WILLIAM FRANK

Address 636 Spiral DR. BRICK, NJ.

Property is Block 828-17 Lot(s) 16-18

Residential X Commercial

Address if different from applicant Next to 1624 Harvard Ave 1624 Lot 1626

Location of trees on property:

Number of trees presently on property:

Additional information to enable the application to be properly evaluated:

Fee: $(5.00) for trees located on individual building lot.

$ 15.00 per acre for all other lands.

Recommendation from Shade Tree Commission:

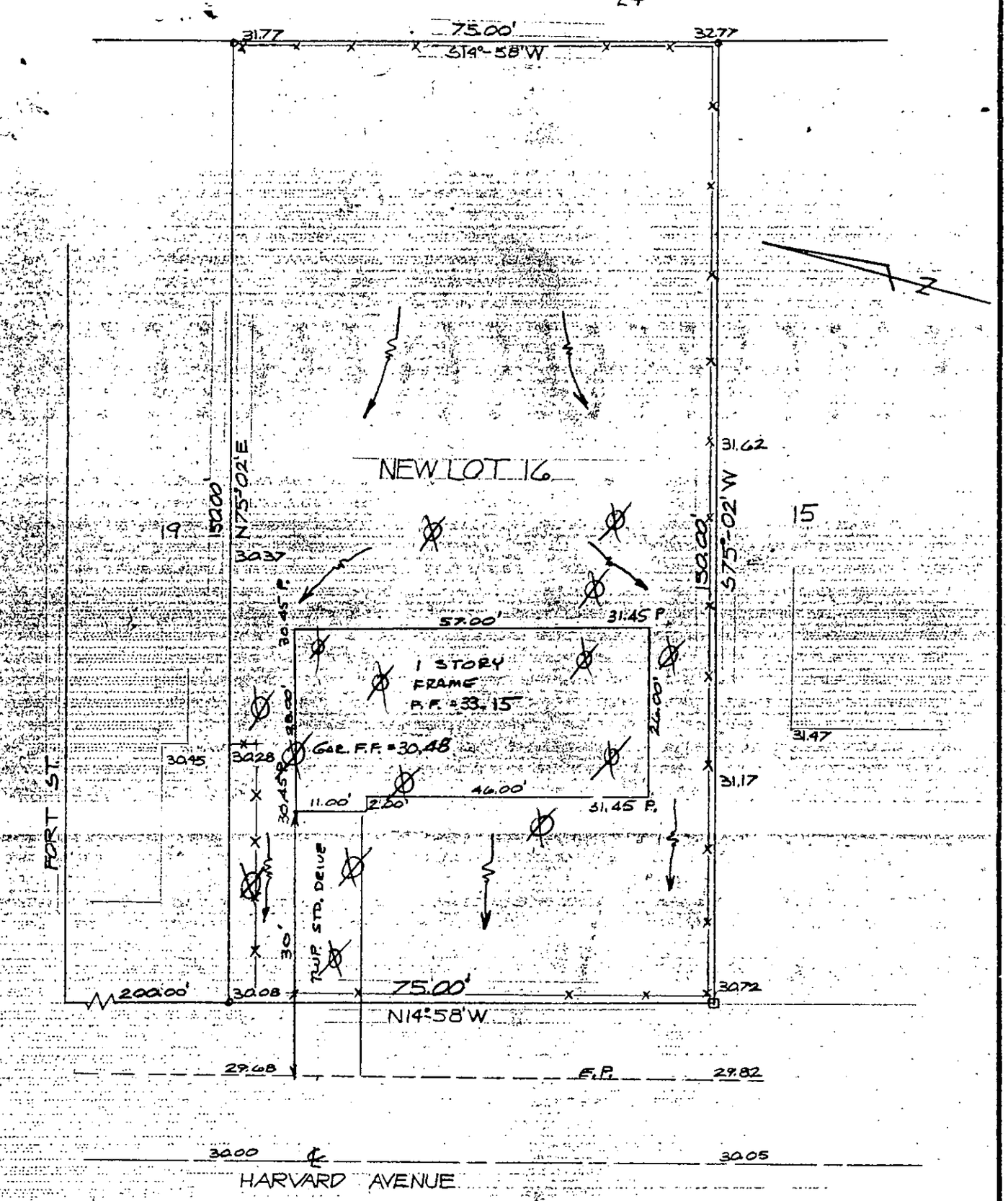
LEAVE AT LEAST 6 TREES OTHERWISE OK

ISSUED PERMIT #1682

11-13-87
Date

Sterling Sulcer
Signature of Chairman

Approved Denied



STEVEN E. ZIMMERMAN P.L.S.

PROFESSIONAL LAND SURVEYOR
NEW JERSEY LIC. NO. 27515
33 CURTIS AVENUE
MANASQUAN, NEW JERSEY

10-20-87
Date

PLOT PLAN
LOT 16
BLOCK 828-17
BRICK TOWNSHIP
OCEAN COUNTY, NEW JERSEY

Dwn. LPT	Date 10-11-87	Fld. Bk.	Ckd.	Dwg. No. 60-87	Scale 1"=20.00'

TOWNSHIP OF UNION

PLOT PLAN REVIEW CHECK LIST

RECEIVED
NOV 13 PM
BUILDING

C 828-17 LOT 16

ESS 1626 Hansard Ave

RECEIVED
NOV 13 1987
MUNICIPAL ENGINEER

RECEIVED
NOV 12 PM 87
BUILDING

PLOT PLAN REVIEW	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
SURVEY - SIGNED & SEALED (P.L.S.)		/			
WIDTH & TYPE OF ROAD PAVEMENT		/			
EXISTING ELEVATIONS (NGVD IN FLOOD HAZARD ZONES)		/			
SIDE PROPERTY LINES @DWELLING & PROPERTY CORNERS		/			
STREET GUTTER, TOP CURB & CENTER LINE ELEVATION		/			
CONTOURS (IF GREATER THAN 2' DIFFERENCE IN ELEVATION)		/			
ADJACENT DWELLING CORNERS		/			
PROPOSED GRADING		/			
GARAGE, FIRST FLOOR, CRAWL SPACE & BASEMENT ELEVATION		/			
LOT GRADING		/			
METHOD OF DRAINING		/			
FLOOD ZONE (IF APPLICABLE)				/	
FLOOD OPENINGS SIZED & PLACED				/	
NGVD REF. IN FLOOD ZONE (BY P.L.S.)				/	
DRIVEWAY - WIDTH & TYPE		/			
PLOT PLAN SIGNED & SEALED (P.E., P.L.S. OR REG. ARCH)		/			

B. FIELD CHECK (INSP) PLOT PLAN — SIGNATURE — 11-13-87 DATED — COMMENT

Accepted ☑
Rejected ☐

FIELD CHECK (INSP) DRIVEWAY — SIGNATURE — DATED — COMMENTS

Accepted ☐
Rejected ☐

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

_____ Accepted _____ Rejected
Signature Dated Signature Dated

Comments: _____ Comments: _____

_____ _____

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

MT 11-13-87 Accepted _____ Rejected
Signature Dated Signature Dated

Comments: _____ Comments: _____

_____ _____

E. C. O. APPROVALS

1. Field Inspection (Inspector)

_____ Accepted _____ Rejected
Signature Dated Signature Dated

Comments: _____ Comments: _____

_____ _____

2. Temporary C. O. (Municipal Engineer)

_____ Accepted _____ Rejected
Signature Dated Signature Dated

Comments: _____ Comments: _____

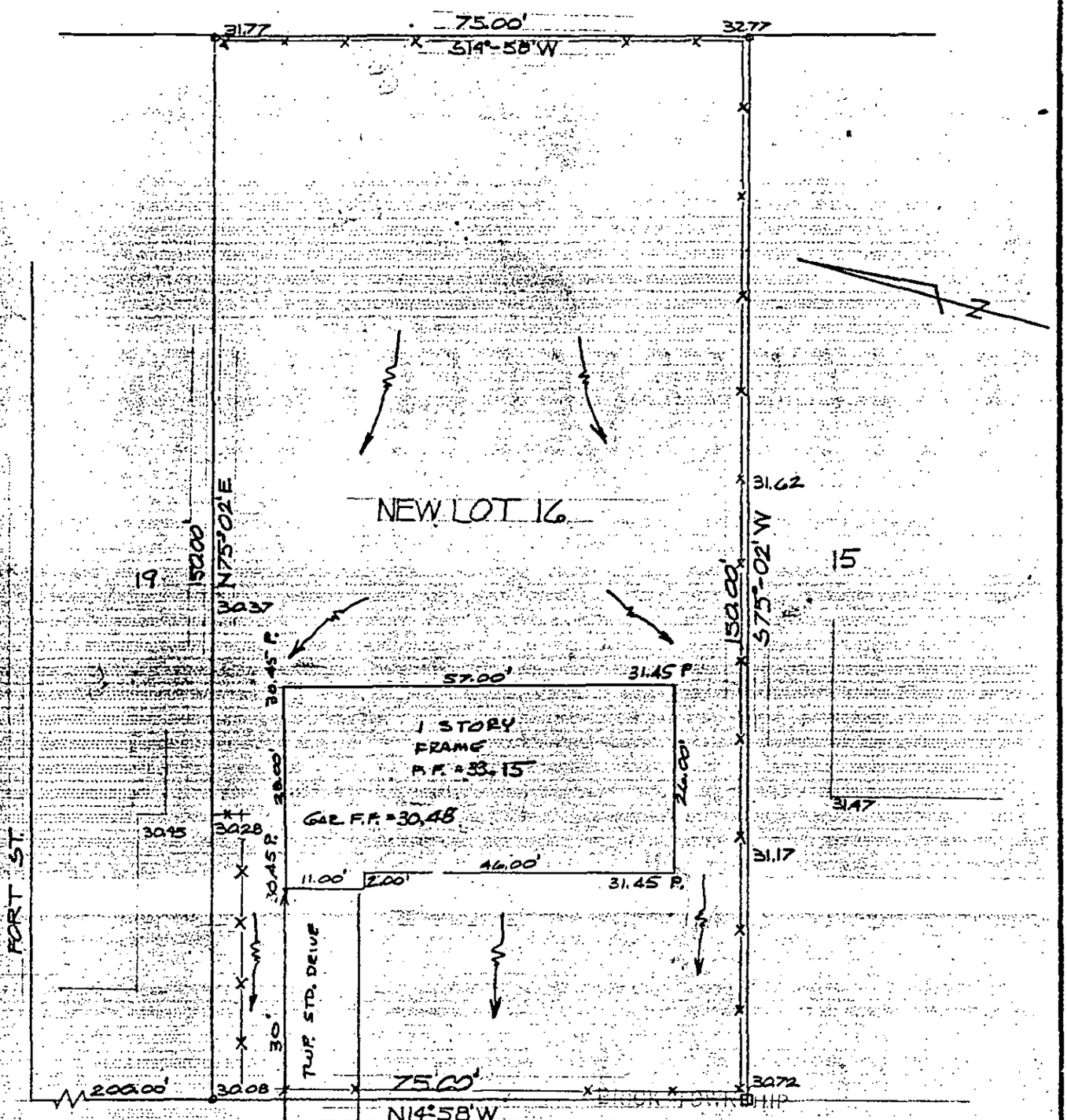
_____ _____

3. Final C. O. (Municipal Engineer)

_____ Accepted _____ Rejected
Signature Dated Signature Dated

Comments: _____ Comments: _____

_____ _____



Plan Review Class Date By

Zoning F.P.

Plumbing

Building

Fire

Energy

Electrical

STEVEN E. ZIMMERMAN P.L.S.

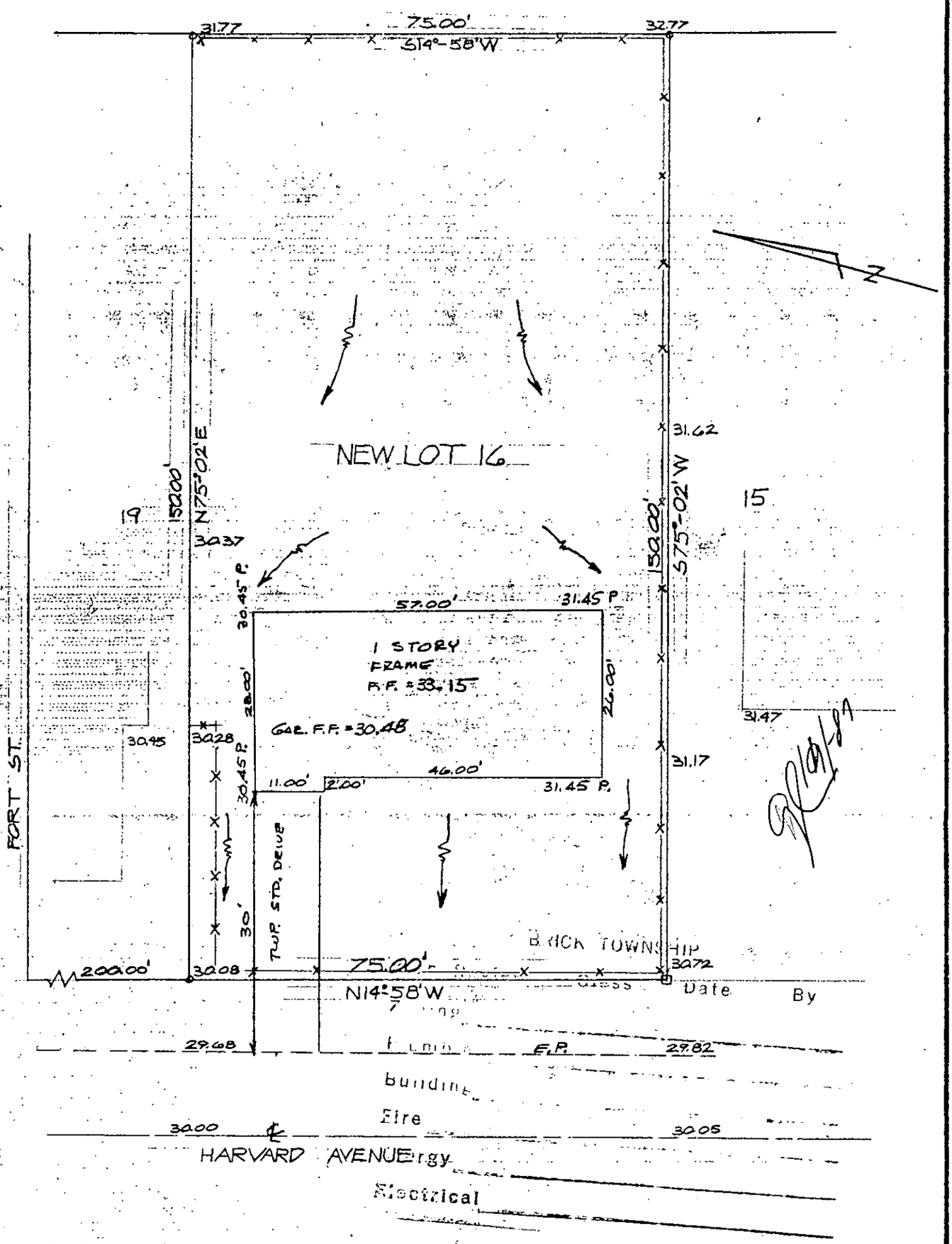
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LIC. NO. 27515
33 CURTIS AVENUE
MANASQUAN, NEW JERSEY

10-20-87
Date

PLOT PLAN

LOT 16
BLOCK 828-17
BRICK TOWNSHIP
OCEAN COUNTY, NEW JERSEY

Dwn. L.P.T.	Date 10-11-87	Fld. Bk.	Chd.	Dwg. No. 60-87	Scale 1"=20.00'



STEVEN E. ZIMMERMAN P.L.S.

PROFESSIONAL LAND SURVEYOR
NEW JERSEY LIC. NO. 27515
33 CURTIS AVENUE
MANASQUAN, NEW JERSEY

10-20-87
Date

PLOT PLAN
LOT 16
BLOCK 828-17
BRICK TOWNSHIP
OCEAN COUNTY, NEW JERSEY

Dwn. L.P.T.	Date 10-11-87	Fld. Bk.	Ckd.	Dwg. No. 60-87	Scale 1"=20.00'

TOWNSHIP OF UNION

PLOT PLAN REVIEW CHECK LIST

828-17 LOT 16

SS 1626 Maynard Ave

RECEIVED
NOV 13 1987
MUNICIPAL ENGR.
BUILDING

RECEIVED
BUILDING
12/87

PLOT PLAN REVIEW	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
SURVEY - SIGNED & SEALED (P.L.S.)		✓			
WIDTH & TYPE OF ROAD PAVEMENT		✓			
EXISTING ELEVATIONS (NGVD IN FLOOD HAZARD ZONES)		✓			
SIDE PROPERTY LINES @DWELLING & PROPERTY CORNERS		✓			
STREET GUTTER, TOP CURB & CENTER LINE ELEVATION		✓			
CONTOURS (IF GREATER THAN 2' DIFFERENCE IN ELEVATION)		✓			
ADJACENT DWELLING CORNERS		✓			
PROPOSED GRADING		✓			
GARAGE, FIRST FLOOR, CRAWL SPACE & BASEMENT ELEVATION		✓			
LOT GRADING		✓			
METHOD OF DRAINING					
FLOOD ZONE (IF APPLICABLE)				✓	
FLOOD OPENINGS SIZED & PLACED				✓	
NGVD REF. IN FLOOD ZONE (BY P.L.S.)				✓	
DRIVEWAY - WIDTH & TYPE		✓			
PLOT PLAN SIGNED & SEALED (P.E., P.L.S. OR REG. ARCH)		✓			

5. FIELD CHECK (INSP) PLOT PLAN — Accepted ☑ Rejected ☐

MT — SIGNATURE — 11-13-87 DATED

COMMENT

FIELD CHECK (INSP) DRIVEWAY — Accepted ☐ Rejected ☐

SIGNATURE — DATED

COMMENTS

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

_____ Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

[signature] 11-13-87 Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

E. C. O. APPROVALS

1. Field Inspection (Inspector)

[signature] 2-24-88 Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

2. Temporary C. O. (Municipal Engineer)

_____ Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

3. Final C. O. (Municipal Engineer)

[signature] 2-24-88 Accepted
Signature Dated

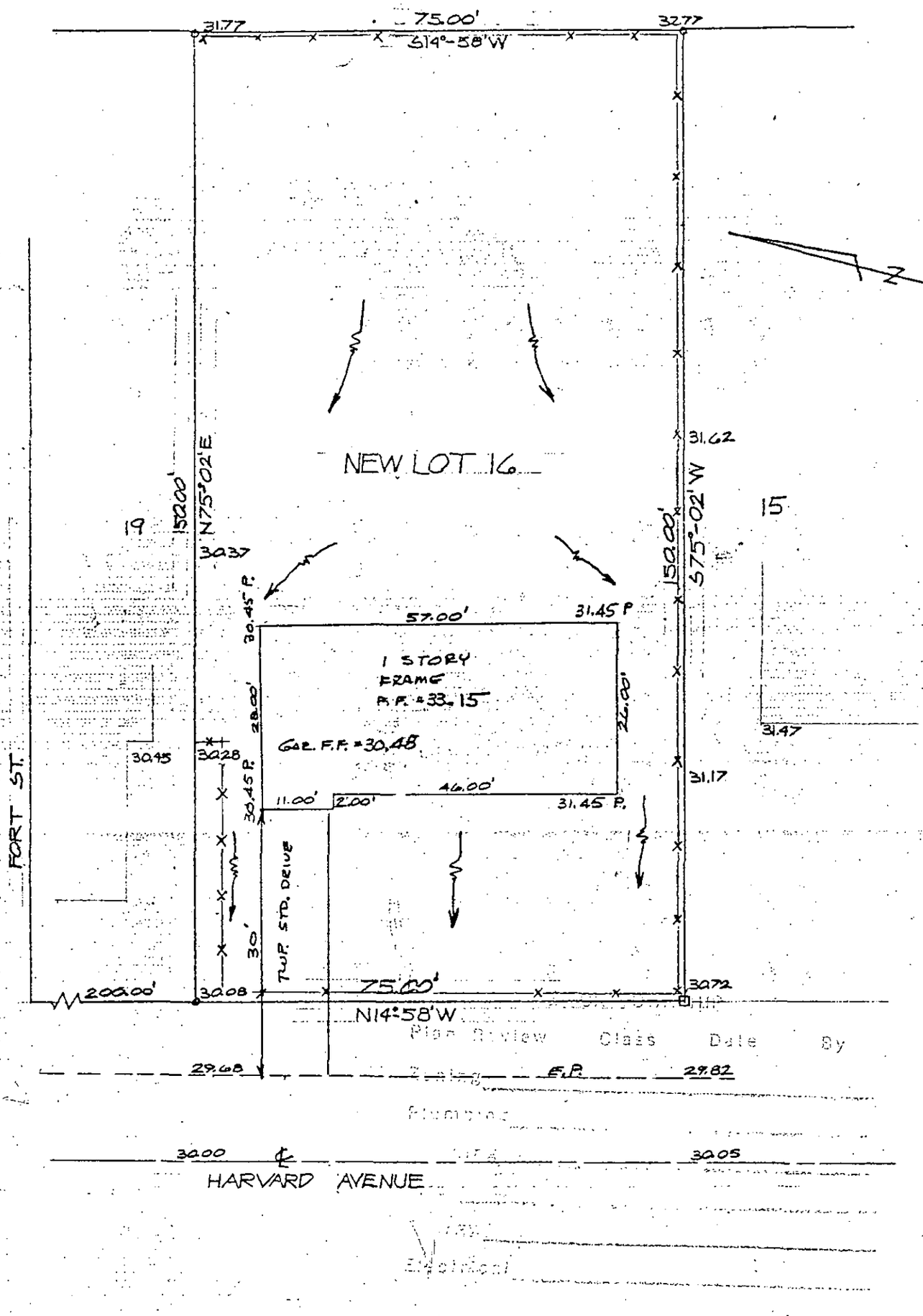
Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____



Plan Review Class Date By

Plumbing

Electrical

STEVEN E. ZIMMERMAN P.L.S.

PROFESSIONAL LAND SURVEYOR
NEW JERSEY LIC. NO. 27515
33 CURTIS AVENUE
MANASQUAN, NEW JERSEY

10-20-87
Date

PLOT PLAN
LOT 16
BLOCK 828-17
BRICK TOWNSHIP
OCEAN COUNTY, NEW JERSEY

Dwn. LPT	Date 10-11-87	Fld. Bk.	Ckd.	Dwg. No. 60-87	Scale 1"=20.00'