

BLOCK 828 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 1618 Edge St. PERMIT NO. 06-0700



CONSTRUCTION PERMIT APPLICATION

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

106-0424

I. IDENTIFICATION

1. Proposed Work Site at: 1618 Edge St.
2. Name of Owner in Fee: Richard Disbrow Tel. [REDACTED]
Address 1618 Edge St. Brick NJ 08723
street municipality zip code
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: A.J.C. Excavative LLC Tel. (732) 367-9994
Address 21 Cambridge Dr. Jackson, NJ 08527
License No. OR, if new home, Builder Reg. No. 13VH00980300 Exp. Date 12/06
Federal Employee No. _____ FAX: (732) 367-7329
5. Architect or Engineer _____ Tel. (_____) _____
Address _____ Contact _____
6. Responsible Person in Charge: Work has Begun Richard Disbrow
Tel. _____ FAX: (_____) _____

16 pool / fence

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plan Rect. Date	Reflection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work							
2. ☐ New Building							
3. ☐ Addition							
4. ☐ a. Repair							
☒ b. Alteration <u>IG Pool</u>							
☐ c. Renovation							
☐ d. Reconstruction							
5. ☐ Fire Protection							
6. ☒ Plumbing							
7. ☒ Electrical							
8. ☐ Elevator Devices							
9. ☐ Asbestos Abat. Subch. 8							
10. ☐ Lead Hazard Abatement							
11. ☐ Demolition							
TOTAL COSTS	<u>12,000</u>						

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
10. ☐ Swimming Pools, Spas and Hot Tubs

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	<u>123</u>	
2. Electrical	<u>432</u>	
3. Plumbing	<u>601</u>	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	<u>19</u>	
7. Less 20% for State Plan Review		
8. Subtotal		
9. State Permit Fee Surcharge		
10. Subtotal		
11. Cert. of Occupancy		
12. Other <u>NAACP</u>		
13. TOTAL	<u>605</u>	

VI. BUILDING/SITE CHARACTERISTICS

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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

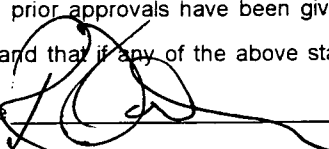
I further certify that I will perform the following work:

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 1-11-2006

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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 _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

2. 8/10/19 set

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

[illegible]☒ Zoning Application deemed complete

Initialed: 

Date: 1/23/06

☐ Zoning Application approved

Initialed: _____

Date: _____

☐ Zoning permit updates:



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 828 Lot 4 Qualification Code _____

Work Site Location 1618 Edge St.

BRICK, NJ 08723

Owner in Fee RICHARD DISARROW

Address 1618 Edge St.

BRICK, NJ 08723

Tel _____

Contractor HOMEOWNER (AS ABOVE)

Address _____

Tel (____) _____ FAX (____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 750 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Failure	Approval	Initial
☒ No Plans Required					
Joint Plan Review Required:					
[] Building	[] Plumbing				
[] Fire	[] Elevator				
[] Elec. Plans Approved					
Date:	<u>3/15/06</u>				
Approved by:	<u>WM</u>				
SUBCODE APPROVAL					
[] CO	[] CCO				
Date:	<u>4/20/06</u>				
Approved by:	<u>WM</u>				
Date of Grounding and Bonding					
Certification					
Barrier-Free					
Temp. Cut-in-Card Date Issued					
Final Cut-in-Card Date Issued					
Annual Pool Inspection					
Date of Grounding and Bonding					
Certification					
Barrier-Free					
Temp. Cut-in-Card Date Issued					
Final Cut-in-Card Date Issued					
Annual Pool Inspection					
Date of Grounding and Bonding					
Certification					

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

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

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

1 Lighting Fixtures

2 Receptacles

2 Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

1 Pool Permit/with UW Lights

1 Storable Pool/Spa/Hot Tub

1 KW Elec. Range/Receptacle

1 KW Oven/Surface Unit

1 KW Elec. Water Heater

1 KW Elec. Dryer/Receptacle

1 KW Dishwasher

1 HP Garbage Disposal

1 KW Central A/C Unit

1 HP/KW Space Heater/Air Handler

1 KW Baseboard Heat

1/2 HP Motors 1/+ HP

1 KW Transformer/Generator

1 AMP Service

1 AMP Subpanels

1 AMP Motor Control Center

1 KW Elec. Sign/Outline Light

1 BONDING

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 828 Lot 4 Qualification Code _____
Work Site Location 1618 EDGE ST.

Owner in Fee RICHARD DISBROW
Address 1618 EDGE ST.

BRICK, NJ 08723

Tel _____

Contractor HOMEOWNER (AS ABOVE)

Address _____

Tel () _____ FAX () _____

Contractor License No. _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☒ Plumbing Plans Approved

Date: 3/16/06

Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 6-16-09

Approved by: _____

INSPECTIONS

Type:

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LPGas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____

6/8/09

06-12-09 PA

FINA

06-12-09 PA

06-12-09 PA

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. F.130

(rev. 01/04)

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Hard = Applicant Copy

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

NO. _____

FIXTURE/EQUIPMENT

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping 125

Gas Piping 125

LPGas Tank 125

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other Pool Heater

Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received

Control # _____

Date Issued

Permit # _____

06-0700
3-16-06

6/2/09 MR

MRS. DISBROW DENIES KNOWING

MRS. DISBROW CONSIDERS TO GAS? WITH CALL.

- ①. GAS LINE TO POOL HAVING INSTALLED - NO TEST - GAS ON JK -
- ②. BREATHES IN GAS LINE!! OK
- ③. BREATHES LINE - OK

06.12.09.



CONSTRUCTION PERMIT

Date Issued 03/16/2006
Control # C-06-0424
Permit # 06-0700

IDENTIFICATION Block: 828 Lot: 4 Qualifier _____
Work Site Location: 1618 EDGE ST Brick Township, NJ Contractor DISBROW, RICHARD G. & MARISA E.
Address 1618 EDGE ST. BRICK NJ 08724
Owner in Fee DISBROW, RICHARD G. & MARISA E.
Address 1618 EDGE ST. BRICK NJ 08724 Telephone: _____
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FENCE, GAS LINE FOR POOL HEATER, INGROUND SWIMMING POOL, POOL HEATER
18X40X14X30 L SHAPED POOL - 6' WOOD STOCKADE FENCE

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 \$13,250

Construction Official _____ Date 03/16/2006

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$133
Electrical	\$95
Plumbing	\$60
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$17
CO Fee	
Other	\$60
Total	\$365
Check No.	4486
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 828 Lot 4 Qualification Code _____
Work Site Location 1618 EDGE ST.

Owner in Fee RICHARD DISCREW
Address 1618 EDGE ST.

Tel. [REDACTED] BECK, NJ 08723

Co. PLUMBING (AS ABOVE)
Address _____

Tel. () _____ FAX () _____

Contractor License No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		DATES (Month/Day)	
		Failure	Approval
☐ No Plans Required	INSPECTIONS		
Joint Plan Review Required:	Type:		
☐ Building ☐ Electric	Slab		
☐ Fire ☐ Elevator	Rough		
☒ Plumbing Plans Approved	Water		
Date: <u>3/16/06</u>	Sewer		
Approved by: <u>[Signature]</u>	Fixtures		
SUBCODE APPROVAL	Gas Equipment		
☐ CO. <u>17</u> CCO. ☐ CA	Gas Piping		
Date: <u>3/16/06</u>	LPGas Tank		
Approved by: <u>[Signature]</u>	Fuel Oil Piping		
	Solar		
	TCO		

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Hard = Applicant Copy

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

NO. FIXTURE/EQUIPMENT

Water Closet _____
Urinal/Bidet _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bibb _____
Water Heater _____
Fuel Oil Piping _____
Gas Piping _____
LPGas Tank _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Sewer Connection _____
Water Service Connection _____
Stacks _____
Other POOL HEATER _____
Other _____

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

FEE (Office Use Only) \$ _____

Date Received _____
Control # _____

Date Issued _____
Permit # _____

06-0700
3616-06



BUILDING SUBCODE TECHNICAL SECTION



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

Block 828 Lot 4 Qualification Code _____
Work Site Location 1618 EDGE ST.
BRICK, NJ 08723
Owner in Fee RICHARD DISBROW
Address 1618 EDGE ST.
BRICK, NJ 08723
Contractor A.J.C. EXCAVATING (LLC)
Address 21 CAMBRIDGE DR.
JACKSON, NJ 08527
Tel. (367) 367-9994 FAX (367) 367-9994
Contractor License No. or Builder Registration No. 13VH00980300
Federal Emp. No. 562-437-730/000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☒ All			Footings				
☐ Footings			Footings Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes - Base Layer				
			Finishes - Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Joint Plan Review Required: ☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>12,000</u>
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

Date Received
Control #

Date Issued
Permit #

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

INTERROUND Swimming Pool
18' x 40' x 14' x 30' L-SHAPE
BARRIER TO MEET REG'S
OF IRC 2000 SECTION AG 105.
HEATED POOLS REQUIRE SOLAR
COVER ON SITE @ FINAL INSP.
FINAL ENRG'G INSP. ALSO NEEDED.

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☒ Fence 6' WOOD Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☒ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)
\$ _____

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

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

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3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



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

Block 525 Lot 4 Qualification Code _____
Work Site Location 1115 EDGE ST.
1115 1115 1115
Owner in Fee RURAND DISTROW
Address 1115 EDGE ST.
1115 1115 1115
Contractor [REDACTED] (C.C.)
Address 21 Cambridge Dr.
JACKSON, NJ 0527
Tel. (932) 217-4944 FAX (932) 267-8777
Contractor License No. or Builder Registration No. 13VH00900200
Federal Emp. No. 22-417-720/000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☒ All	<u>3/14/06</u>	<u>WJH</u>	Footing				
☐ Footing			Footing Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys/Bracing				
			Barrier-Free				
			Insulation				
			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>12,000</u>
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

Date Received
Control #

Date Issued
Permit #

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

INGROUND Swimming Pool
18'40" X 14'30" L-SHAPE
BARRIER TO MEET REG'S
OF IRC 2000 SECTION AG 105.
HEATED POOLS REQUIRE SOLAR
COVER ON SITE @ FINAL INSP.
FINAL ENG'G INSP. ALSO NEEDED.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☒ Fence 6' WOOD Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☒ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

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

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

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 828 Lot 4 Qualification Code _____

Work Site Location 618 EDGE ST

BRICK, NJ 08723

Owner in Fee RICHARD DISANNO

Address 618 EDGE ST

BRICK, NJ 08723

To _____

Contractor HOMEOWNER (AS ABOVE)

Address _____

Tel (____) _____ FAX (____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPCTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required			Type:				
Joint Plan Review Required:			Rough				
[] Building [] Plumbing			Barrier-Free				
[] Fire [] Elevator			Trench				
[] Elec. Plans Approved			Temp. Serv.				
Date: <u>3/5/06</u>			Constr. Serv.				
Approved by: <u>MM</u>			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued				
Date: _____			Annual Pool Inspection				
Approved by: _____			Date of Grounding and Bonding				
			Certification				

06-0700
3-16-06

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant.

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
1		Lighting Fixtures
2		Receptacles
2		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights	1
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/+ HP	1 1/2
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	
BONDING	

FEE (Office Use Only)

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



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 828 Lot 1 Qualification Code _____

Work Site Location 1115 10th St.

Owner in Fee Richard D. Brown

Address 1115 10th St.

City BRUNN State NY ZIP 05723

Contractor HANSEN (AS ABOVE)

Address _____

Tel (____) _____ FAX (____) _____

Contractor License No. _____

Federal Emp. No. _____

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 5000

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
Type:				
No Plans Required				
Joint Plan Review Required:				
[] Building [] Plumbing				
[] Fire [] Elevator				
[] Elec. Plans Approved				
Date: <u>3/15/06</u>				
Approved by: <u>MM</u>				
SUBCODE APPROVAL				
[] CO [] CCO [] CA				
Date: _____				
Approved by: _____				
Date of Grounding and Bonding Certification				

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$