BLOCK 170.04 LOT 7 C20-7 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 98-1483

RECEIVED
MAY 19 1998
DIV. OF INSPECTIONS

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 144 JOHN ST BLCK
2. Name of Owner in Fee: CONSTANCE MARVIN Te [redacted]
   Address as above [redacted]
   street municipality
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Home Owner Tel.
   Address
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address
6. Responsible Person in Charge of Work
   Tel. (_____) _____ FAX (_____) _____

AUX METER

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		15 —	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. *Other*			
13. TOTAL	$	15.-	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
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	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing					5-20-98	SN	6/2/98		
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	✓ 100								

OPTIONAL (for office use only)

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:

LDS BR 10202581

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.

X Signature Constance Marcus Date 5/19/98

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		Other
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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/21/98
Control #
Permit # 98-1483

0002
981483*#
LOT 0.00
7 #
PLUMBINC 15.00
TOTAL 15.00
CHECK 15.00
CHANGE 0.00
05/21/98 NO. 5 0017A005 10:09

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1170.04 Lot 7

Work Site Location 144 JOHN ST
AUX METER
Owner in Fee MARNIN, CONNIE
Address SAME
[redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. ______ Exp. Date ______
Federal Emp. No. HO-
or Social Security No. ______

Is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER ______
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 $ 100

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	0
Electrical	0
Plumbing	15
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	15
Check No.	4699
Cash	
Collected By:	WP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC PLUMBING SUBCODE TECHNICAL SECTION

Date Received 05/19/98
Date Issued 5/21/98
Control # C20-7
Permit # 98-1483

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

Block 1170.04 Lot 7
Work Site Location 144 JOHN ST
AUX METER
Owner in Fee MARNIN, CONNIE
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor
Address

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

B. PLUMBING CHARACTERISTICS
Use Group Present ____ Proposed U
Building Sewer Size ____ [ ] Public Sewer [ ] Private Septic
Water Sewer Size ____ [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-20-98
Approved By: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Approved By: [signature]
Date: 6-2-98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				
Aux Meter	5-29-98		6-2-98	[initials]

D. TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other AUX METER	15
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # ____ Minimum Fee $ 0
Collected by: ____ TOTAL FEE $ 15
DCA Training Fee $ 0

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

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West, Brick, New Jersey 08724-2399
(908)458-7000 • FAX (908)458-[redacted] 5378

APPLICATION FOR AUXILIARY WATER METER

DATE: 5/18/98

Applicant's Name: Constance Marvin Telephone No. [redacted]

Mailing Address: 144 John St. Brick Twp, NJ 08724

Service Location: As Above

Account Number: 934808 Block: 1170.04 Lot: 7

Size of Existing Service: 3/4" Size of Existing Meter: 3/4"

Constance Marvin
Applicant's Signature

Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application, the following steps must be taken:

1. Obtain special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke.
3. Call the Township of Brick Plumbing Department (262-1000) for inspection.
4. Call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the meter is installed and the permit was approved. Failure to do so may result in a tampering fee of $250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued.

OWNER IN FEE: Constance Marwin

BLOCK 1170.04 LOT 7 SITE LOCATION: 144 John St Brick NJ 08724

BUILDING INSPECTION

Contractor _____

Address _____ Phone (____) _____

Town _____ State _____ Zip _____

LIC # _____ FEDERAL EMP. NO.(or SSN#) _____

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $_____ ALTERATION (2) $_____

ADDITION (3) $_____ TOTAL (1+2+3) $_____

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

TYPE OF WORK

TYPE OF WORK		COST	MISC.		COST
NEW BLDG.			FENCE Ht.		
ADDITION			SIGN Sq. Ft.		
ALTERATION			POOL		
ROOFING			ASBESTOS ABATEMENT		
SIDING			DCA		
DEMOLITION			TOTAL		

DESCRIPTION OF WORK

COMMENTS _____

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.

SEAL &
SIGNATURE _____

PLUMBING INSPECTION

Contractor Home Owner

Address _____ Phone (____) _____

Town _____ State _____ Zip _____

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF PLUMBING WORK: $ 100

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater	1	Other AUX METER
	Fuel Oil Piping		Other
	Gas Piping		Other

DESCRIPTION OF WORK

COMMENTS HOOK UP TO EXISTING HOSE BIBB

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.

SEAL &
SIGNATURE (Contractor's Seal) Constance Marwin

FIRE INSPECTION

Contractor _____

Address _____ Phone (____) _____

Town _____ State _____ Zip _____

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF FIRE PROT. WORK: $ _____

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar

Heating System: ☐ New ☐ Existing

Location of Furnace / Boiler _____

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 _____

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered Syste
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppression
			Foam Suppression
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired Apj
			Other _____
	Stand Pipes		
	Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD A AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK ON THIS APPLICATION.

SEAL &
SIGNATURE (Contractor's Seal) _____