



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1170.05 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 136 Watter Rd PERMIT NO. 13-4090



CONSTRUCTION PERMIT APPLICATION

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

C13-004824

I. IDENTIFICATION

1. Proposed Work Site at: 136 Watter Rd BRICK NJ

2. Name of Owner in Fee: Rich Heerwagen
 Tel. (908) 907 5346 e-mail Lheerwagen@comcast.net
 Address 136 Watter Rd BRICK NJ 08724

3. Ownership in Fee: Public ☐ Private ☒ Municipality ☐ Zip code 08724

4. Principal Contractor: Waters Edge Plumbing Tel. (732) 644-9900
 Address 321 Montaleone Rd e-mail _____
BRICK NJ 08723

License No. OR, if new home, Builder Reg. No. B2850 Exp. Date 7/30/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 20-4633024 FAX: (732) 920-0000

5. Architect or Engineer _____ Contact Wayne
 Address _____ e-mail _____
 Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun _____
 Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)	Update	Update
1. Building	\$ <u>400</u>	
2. Electrical	<u>75</u>	
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other	<u>117</u>	
13. TOTAL	\$ <u>117</u>	

VI. BUILDING/SITE CHARACTERISTICS

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. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

(office use only)

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Elevator

FOR OFFICE USE ONLY (Optional)								
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>WJ</u>	<u>7/1/13</u>		<u>8-27-13</u>	<u>WJ</u>			
				<u>9-3-13</u>	<u>WJ</u>			
TOTAL COST								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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/Standpipes

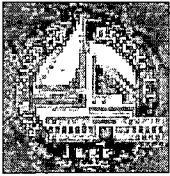
8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/22/2020
Control Number C-13-004824
Permit Number 13-4090
Permit Issue Date 9/26/2013
Certificate Number 13-4090

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 136 WALTER RD. Brick Township, NJ Block: 1170.05 Lot: 5 Qual: _____
Owner in Fee: HEERWAGEN, RICHARD C & LISA K
Owner Address: 136 WALTER RD BRICK NJ 08724
Telephone: _____
Contractor: WATERS EDGE PLUMBING & HEATING, LLC
Address: 204 BIRCH DRIVE BRICK NJ 08723
Telephone: (732) 644-9700 Fax: (732) 920-2000 Federal Emp. Number: 20-4633026
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
AUXILIARY METER, BACKFLOW PREVENTER, RAIN SENSOR

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Daniel Newman Jr.

Construction Official

Date Printed: 5/22/2020

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

9/26/13
13-4090

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

Block 1170-05 Lot 5 Qualification Code _____
Work Site Location 136 Walter Rd. Bluff, NJ 08724
Owner in Fee: Rich Heerludgen
Tel. (____) _____ e-mail _____
Address _____ street _____ municipality _____ zip code _____
Contractor: Hfo Tel. (____) _____
Address _____ e-mail _____
Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☒ No Plans Required	Rough	_____	_____	_____	_____
☐ Partial -Underslab Utilities Approved	Barrier-Free	_____	_____	_____	_____
Date: <u>8-27-13</u> Approved by: <u>JD</u>	Trench	_____	_____	_____	_____
☐ Electric Plans Approved	Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____	Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	TCO	_____	_____	_____	_____
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Service	_____	_____	_____	_____
Date: _____	Final	_____	_____	5-12-20	<u>W</u>
Approved by: _____	Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card	Date Issued _____			
☐ CO ☐ L ☐ CCO ☐ CA	Final Cut-in-Card	Date Issued _____			
Date: <u>5-14-2013</u>	Annual Pool Inspection	_____	_____	_____	_____
Approved by: <u>W</u>	Date of Grounding and Bonding	Certification _____			

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 sign/Contractor sign and seal here: [Signature]

Print name here: _____

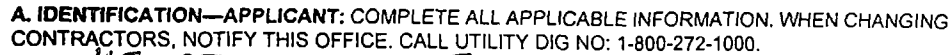
[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	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	_____
1	_____	KW Elec. Sign/Outline Light	_____
		<u>Rain Sensor</u>	_____

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



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 sign/Contractor
sign and seal here: *L. E. Crisp*

Print name here: Al. E. Grin' denburg

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Auxiliary water meter / Backflow Preventer
Sprinkler

QTY.	FIXTURE/EQUIPMENT
------	-------------------

Water Closet

Urinal/Bidet

 Shower/Bidet
 Bath Tub

_____ Bath Tub

 Lavatory

 Shower

— Floor Drain

Sink

Dipwacher

Dishwasher
Dish Soap

Drinking Fountain

_____ Washing Machine

Hose Bibb

Water Heater

Water Heater
Fuel Oil Burner

— Fuel Oil Piping

_____ Gas Piping

 LPGas Tank

Steam Boiler

Hot Water Boiler

Hot Water Boiler

_____ Sewer Pump

Interceptor/Separator

Backflow Preventer 5

backflow preventer

— Greasetrap

_____ Sewer Connection

Water Service Connection

Stacks

✓ Stacks 1/1 - 2

Other Water 10

Administrative Surcharge \$ _____

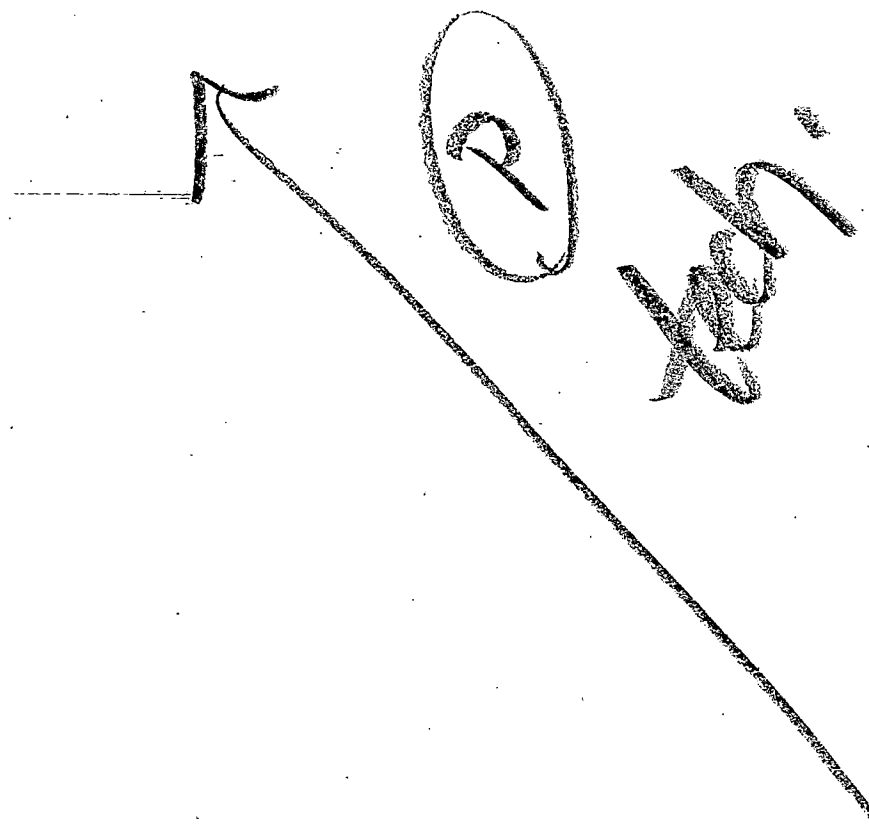
Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

11-13-13
① 5040 NR BEFORE
BACKFLOW.



THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST

BRICK, NEW JERSEY 08724

(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: July 30, 2013

Applicant's Name: Rich Heerwagen Telephone No. 908-907-5346

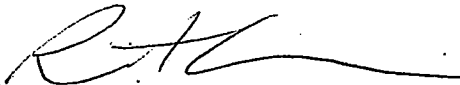
Mailing Address: 136 Walter Rd Brick, NJ 08724

Service Location: Same

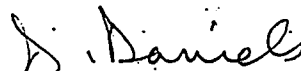
17354405

Account Number: _____ Block: 1176.65 Lot: 5

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



Applicant's Signature



Authority Representative

THIS APPLICATION IS VALID FOR 6 MONTHS 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 applicable to water usage.

After completing this application the following steps must be taken:

1. Obtain a 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. A valve before and after the meter is required as well as a backflow preventer. Yoke must be within 4 feet of crawl space entrance.
3. Call the Township of Brick Plumbing Department (732-262-4627) for inspection.
4. After inspection by Brick Township Plumbing Department, 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 permit is issued, the inspection is approved, the meter is installed and that the water is not used prior to the meter being installed. Failure to comply 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 at the rate of \$5.88 per 1,000 gallons for the first 18,000 thereafter; \$7.27 per 1,000 gallons.

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: July 30, 2013
Applicant's Name: Rich Heerwagen Telephone No. 908-907-5346
Mailing Address: 136 Walter Rd Brick, NJ 08724
Service Location: Same
Account Number: 17354405 Block: 1176.65 Lot: 5
Size of Existing Service: 3/4" Size of Existing Meter: 3/4"

[Signature]
Applicant's Signature

[Signature]
Authority Representative

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CONSTRUCTION PERMIT

Date Issued 9/26/13
Control # C-13-004824
Permit # 13-4090

IDENTIFICATION Block: 1170.05 Lot: 5 Qualifier _____
Work Site Location: 136 WALTER RD. Brick Township, NJ Contractor WATERS EDGE PLUMBING & HEATING, LLC
Address 204 BIRCH DRIVE BRICK NJ 08723
Owner in Fee HEERWAGEN, RICHARD C & LISA K
136 WALTER RD BRICK NJ 08724 Telephone: (732) 644-9700
Telephone: _____ Lic. No. or Bldrs. Reg. No. 2850
Federal Employee. No. 20-4633026

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:

AUXILIARY METER, BACKFLOW PREVENTER, RAIN SENSOR

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 \$1,450

Daniel Newman Jr
Construction Official

9/4/13
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$75
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$117
Check No.	<u>103</u>
Cash	\$0
Credit	\$0
Collected By	

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.