

BLOCK 1170-05 LOT 3 ADDRESS (SITE) 128 Walter Rd Brick PERMIT NO. 2047-90

RECEIVED  
OCT 17 1990  
BUILDING

477-2800  
x426



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

Proposed Work-site at: 128 Walter Rd Brick NS

2. Name of Owner in Fee: Michael P Dillon Tel. ( ) 458-5327

Address 128 Walter Rd Brick 08724

street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private ☒

4. Principal Contractor: ~~\_\_\_\_\_~~ Tel. ( ) ~~\_\_\_\_\_~~

Address \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

Address \_\_\_\_\_

6. Responsible Person In Charge of Work Michael P Dillon Tel. ( ) \_\_\_\_\_

## V. FEE SUMMARY (for office use only)

|                                   |                  | Update | Update |
|-----------------------------------|------------------|--------|--------|
| 1. Building                       | \$ <u>188.37</u> |        |        |
| 2. Electrical                     |                  |        |        |
| 3. Plumbing                       | <u>140.-</u>     |        |        |
| 4. Fire Protection                | <u>45.-</u>      |        |        |
| 5. Other <u>fee</u>               | <u>15.-</u>      |        |        |
| 6. Subtotal                       | \$ <u>388.37</u> |        |        |
| 7. Less 20% for State Plan Review | <u>388.37</u>    |        |        |
| 8. Subtotal                       | \$ <u>29.30</u>  |        |        |
| 9. DCA Training Fee               | <u>29.30</u>     |        |        |
| 10. Subtotal                      | \$ <u>58.26</u>  |        |        |
| 11. Cert. of Occupancy            | <u>58.26</u>     |        |        |
| 12. Other                         |                  |        |        |
| 13. TOTAL                         | \$ <u>514.76</u> |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2

2. Height of Structure 23 ft.

3. Area—Largest Floor 1464 sq. ft.

4. Building Area—All Floors 2787 sq. ft.

5. Volume of Structure 22296 cu. ft.

6. Construction Classification \_\_\_\_\_

7. Total Land Area Disturbed 330 sq. ft.

8. Flood Hazard Zone \_\_\_\_\_

9. Base Flood Elevation \_\_\_\_\_ ft.

10. Wetlands yes \_\_\_\_\_ sq. ft.  
no \_\_\_\_\_

11. Fire Grading \_\_\_\_\_

12. Max. Live Load \_\_\_\_\_

13. Max. Occupancy Load \_\_\_\_\_

(office use only)

20930

## II. PROPOSED WORK

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

Est. Cost

35,000

TOTAL COSTS 35,000

add'n 1st - 2nd floor fence

## OPTIONAL (for office use only)

| Plans Rec'd By | Date Rec'd      | Rejection Date | Approval Date   | Re-viewer  | Resubmission Dates | Re-viewer |
|----------------|-----------------|----------------|-----------------|------------|--------------------|-----------|
| <u>th</u>      |                 |                | <u>10/19/90</u> | <u>RA</u>  |                    |           |
|                | <u>10-18-90</u> |                | <u>10-19-90</u> | <u>RA</u>  |                    |           |
|                | <u>10-18-90</u> |                | <u>10-18-90</u> | <u>RA</u>  |                    |           |
|                |                 |                | <u>10/23/90</u> | <u>eng</u> | <u>10-18-90</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

## 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: R-3
- 3. Change in Use Group, Indicate Former: \_\_\_\_\_

LDS BR 10515738

20K

**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 MM P M Date \_\_\_\_\_

**II. AGENT SECTION**

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

( ) Check if contractor.

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(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 |          |
| <input type="checkbox"/> Planning Board                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                        |                   |            |                   |            |                   |            |                   |            |          |
| <input checked="" type="checkbox"/> Other Zoning                | SLC               | 10/14/90   | appt + fence      |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |

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

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

X. CERTIFICATES ISSUED (office use only)

|                                                             | No.   | DATE EXPIRED |
|-------------------------------------------------------------|-------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | _____ | _____        |
| <input type="checkbox"/> Temporary Certificate of Occupancy | _____ | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy | _____ | _____        |
| <input type="checkbox"/> Certificate of Occupancy           | _____ | _____        |
| <input type="checkbox"/> Certificate of Approval            | _____ | _____        |
| <input type="checkbox"/> None                               | _____ | _____        |



# CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

10/24/90  
2047-90IDENTIFICATION Block 1170.05 Lot 3Work Site Location 128 Walter RdContractor SelfOwner in Fee Wm NelsonAddress Beacon

Tele. ( )

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date 2047\*#

Federal Emp. No. BLOCK

or Social Security No. 1170 #

is hereby granted permission to perform the following work:

☒ BUILDING ☒ PLUMBING ☐ OTHER  
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

1st & 2nd floor Addition

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 \$ 35,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only) 3 #

|                  |                  |             |           |
|------------------|------------------|-------------|-----------|
| Building         | <u>188.37</u>    | RENTAL FINE | 188.37    |
| Plumbing         | <u>140.00</u>    | PLUMBING    | 140.00    |
| Electrical       | <u>45.00</u>     | ELECTR      | 45.00     |
| Fire Protection  | <u>15.00</u>     | FIRE PROT   | 15.00     |
| Other            | <u>38.83</u>     | PLUMBING    | 38.83     |
| Other            | <u>29.30</u>     | PLUMBING    | 29.30     |
| DCA Training Fee | <u>58.26</u>     | PLUMBING    | 58.26     |
| Cert. of Occ.    | <u>514.76</u>    | PLUMBING    | 514.76    |
| Other            | <u>514.76</u>    | PLUMBING    | 514.76    |
| Total            | <u>514.76</u>    | PLUMBING    | 514.76    |
| Check No.        | <u>514.76</u>    | PLUMBING    | 514.76    |
| Cash             | <u>10/24/90</u>  | PLUMBING    | 10/24/90  |
| Collected By:    | <u>Wm Nelson</u> | PLUMBING    | Wm Nelson |



10/24/90

Lot 2

2/2/20

128 walks, 66 d

458-5327

Lic. No. \_\_\_\_\_

| Use Group | Present | Proposed |
|-----------|---------|----------|
|           | 2.3     |          |

$$\frac{3}{4}u$$

Estimated Cost of Plumbing Work \$ 3000

**PLAN REVIEW:**

☐ No Plans Required

**Joint Plan Review Required:**

[ ] Bldg. [ ] Elec. [ ] Fire

☒ Plumb. Plans App

Date: 10-18-20

Approved by: 762

1

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SUBCODE APPROVAL

CO [ ] CO [ ]

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**✓ CERTIFICATION IN**

### C. CERTIFICATION IN

I hereby certify that I a

record and am authoriz

and perform the work list

[ ] Licensed Plumbing

ONE INCH WATER SERVICE REQUIRED

collected by: \_\_\_\_\_ TOTAL \_\_\_\_\_

connected by \_\_\_\_\_

ONE inch WATER SERVICE

U.C.C. Form F-130A 1 White=Inspector Cop

3 Pink = Office Copy

425-

140-

6 ✓

DECLARED

2 Canary = Office Copy

4 Gold = Applicant Copy



Will core in for Perm? No Permit  
1990 Front section AS front porch?? Rgk



# FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received 10/24/90  
Date Issued  
Control #  
Permit # 2047-90

**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 3

Work Site Location 128 Waltham Rd  
Buck 105

Owner in Fee Michael P. Dillon

Address 128 Waltham Rd  
Buck 105  
458-5327

Tele. ( ) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. ( ) \_\_\_\_\_

Lic. No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

## B. FIRE PROTECTION CHARACTERISTICS

Use Group Present P-3 Proposed \_\_\_\_\_

Const. Class. Present \_\_\_\_\_ Proposed \_\_\_\_\_

Heating Systems ☒ New ☒ Existing Adding to existing system for 1st & 2nd floor

Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar Put new furnace in attic for 2nd floor

Location: Attic

Total Est. Cost of Fire Prot. Work \$ 3000 [ ] Other \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

PLAN REVIEW: \_\_\_\_\_ INSPECTIONS: \_\_\_\_\_ Dates (Month/Day) \_\_\_\_\_

[ ] No Plans Required \_\_\_\_\_ Type: \_\_\_\_\_ Failure Failure Approval Initial \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_

[ ] Bldg. [ ] Plumb. [ ] Elec. \_\_\_\_\_

[ ] Fire Plans Approved \_\_\_\_\_

Date: 10-18-90 \_\_\_\_\_

Approved by: [Signature] \_\_\_\_\_

SUBCODE APPROVAL: \_\_\_\_\_

[ ] CO [ ] CCO [ ] CA \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

## 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]

SIGNATURE

## D. TECHNICAL SITE DATA

Description of Work add

Water Supply Source \_\_\_\_\_

Method of Valve Supervision \_\_\_\_\_

Local Alarm Supervision \_\_\_\_\_

Central Supervision \_\_\_\_\_

Proprietary Supervision \_\_\_\_\_

Flammable Liquid Storage Tanks \_\_\_\_\_

Combustible Liquid Storage Tanks \_\_\_\_\_

L.P.G. Storage Tanks \_\_\_\_\_

L.N.G. Storage Tanks \_\_\_\_\_

Wet Sprinkler Heads \_\_\_\_\_

Dry Sprinkler Heads \_\_\_\_\_

TOTAL \_\_\_\_\_

Smoke Detectors \_\_\_\_\_

Heat Detectors \_\_\_\_\_

TOTAL 3

Stand Pipes \_\_\_\_\_

Kitchen Hood Exhaust Systems \_\_\_\_\_

Pre-Engineered Systems \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Halon Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

Dry Chemical \_\_\_\_\_

Wet Chemical \_\_\_\_\_

Gas or Oil Fired Appliance \_\_\_\_\_

OTHER Flammable in Attic \_\_\_\_\_

## FEE (Office Use Only)

Number \_\_\_\_\_

Wet Sprinkler Heads \_\_\_\_\_

Dry Sprinkler Heads \_\_\_\_\_

TOTAL \_\_\_\_\_

Smoke Detectors \_\_\_\_\_

Heat Detectors \_\_\_\_\_

TOTAL 3

Stand Pipes \_\_\_\_\_

Kitchen Hood Exhaust Systems \_\_\_\_\_

Pre-Engineered Systems \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Halon Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

Dry Chemical \_\_\_\_\_

Wet Chemical \_\_\_\_\_

Gas or Oil Fired Appliance \_\_\_\_\_

OTHER Flammable in Attic \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Paid [ ] Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_

Collected by \_\_\_\_\_ TOTAL FEE \$ 45



# SIZING FOR WATER AND SEWER SERVICES

Property Owner MICHAEL DILLON Date 10-18-90

Property Address 128 WALTER RD Block 1170.05 Lot 3

Zoning \_\_\_\_\_ Use Group \_\_\_\_\_

Contractor SAME License No. Registration H.O.

Water Main Size \_\_\_\_\_ Water Pressure \_\_\_\_\_ Sewer Main Size \_\_\_\_\_

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

Total 26

Gallons per minute 17.5

Size of Service 1"

Date: 10-18-90

Approved: [Signature]  
Brick Township Plumbing Inspector

# TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 05723

Daniel F. Newman, Mayor

Members of Township Council

Mary Anne L. Butler, Council President

Charles E. Anderson

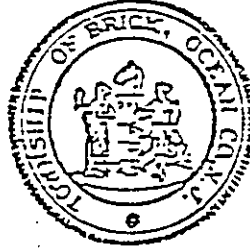
Patrick L. Bonazzi

Edmund H. Hibbard

Joseph C. Scarpelli

Warren H. Wolf

David W. Wolfe



Division of Inspections

A.J. Cierzo,  
Construction Official

(201) 477-3000, ext. 262

## CHECK LIST

RE: Block 1170 . 25 Lot 3 Address 128 WALTER RD  
BRICK

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

### Administrative

Zoning

Engineering

Building

Plumbing

Electric

Fire

~~DECKING~~  
~~\* BASEMENT VENTING~~  
~~NATURAL GAS~~  
~~ANCHOR BOLTS~~  
~~PLATE (TREATED OR SEALED)~~  
~~HEADERS~~  
~~GRADE LEVEL TO DETUR~~  
~~BLACK STEEL~~  
~~ATTIC VENT~~

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

HEADED DETAIL

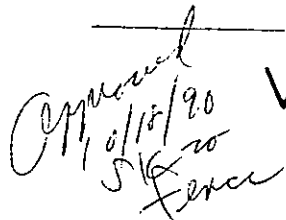
HAND RAIL - ON STAIRS

Arthur J. Cierzo,  
Construction Official

Date

$$\begin{array}{r} 4368 \\ + 16,562 \\ \hline 20930 \end{array}$$

Respect  
Eng.



BRICK 850.

# CROWN

## HEATING & AIR CONDITIONING, INC.

P.O. Box 646  
Freehold, New Jersey 07728  
(201) 409-3900

MIKE DILLON  
128 WALTER ROAD  
BRICKTOWN, NJ, 08723

CROWN HEATING  
2 CEDAR CT  
FREEHOLD , NJ, 07728

Thursday, October 4, 1990

### HEATING ZONE REPORT: SECOND FLOOR

Ducts in Attic, Garage, Exterior Wall or Open Crawl Space, R-2 Insulation  
Ducts are Taped at the Joints

Rooms in this zone: SECOND FLOOR

Volume: 10584.0 cu.ft.

Zone specific leakage area: 22.0 sq.in.

|                                |         |
|--------------------------------|---------|
| Thermostat setting:            | 75 deg. |
| Design temperature difference: | 62 deg. |

|                          |        |
|--------------------------|--------|
| Zone based infiltration: | 51 CFM |
| Infiltration from rooms: | 73 CFM |
| Mechanical ventilation:  | 0 CFM  |

|                       |         |
|-----------------------|---------|
| Total ventilation:    | 123 CFM |
| Required ventilation: | 44 CFM  |

|                               |          |
|-------------------------------|----------|
| Exchanger temperature change: | 40 deg.  |
| Air distribution flow:        | 1078 CFM |
| Hydro distribution flow:      | 2.4 GPM  |

|                              |            |
|------------------------------|------------|
| Total duct heat loss:        | 7332 Btuh  |
| Other room based heat loss:  | 36661 Btuh |
| Zone infiltration heat loss: | 3450 Btuh  |

|                     |            |
|---------------------|------------|
| Total heating load: | 47443 Btuh |
|---------------------|------------|

|                    |                      |
|--------------------|----------------------|
| Average heat loss: | 4.48 Btuh per cu.ft. |
|--------------------|----------------------|

# CROWN

## HEATING & AIR CONDITIONING, INC.

P.O. Box 646  
Freehold, New Jersey 07728  
(201) 409-3900

MIKE DILLON  
128 WALTER ROAD  
BRICKTOWN, NJ, 08723

CROWN HEATING  
2 CEDAR CT  
FREEHOLD , NJ, 07728

Thursday, October 4, 1990

### COOLING ZONE REPORT: SECOND FLOOR

Ducts in Attic, Garage, Exterior Wall or Open Crawl Space, R-2 Insulation  
Ducts are Taped at the Joints

Rooms in this zone: SECOND FLOOR

Volume: 10584.0 cu.ft.

Zone specific leakage area: 25.0 sq.in.

Relative humidity: 55% Design grains difference: 23

Thermostat setting: 65 deg.  
Design temperature difference: 25 deg.

Zone based infiltration: 23 CFM  
Infiltration from rooms: 28 CFM  
Mechanical ventilation: 0 CFM

Total ventilation: 51 CFM  
Required ventilation: 44 CFM

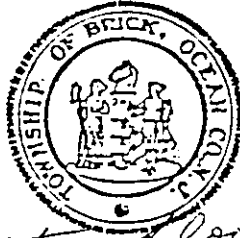
Exchanger temperature change: 25 deg.  
Air distribution flow: 1115 CFM  
Hydro distribution flow: 2.5 GPM

Total duct heat gain: 5008 Btuh  
Other room based sensible gain: 25044 Btuh  
Zone based sensible gain: 618 Btuh  
Total sensible cooling load: 30670 Btuh

Total room based latent gain: 1358 Btuh  
Zone based latent gain: 351 Btuh  
Total latent cooling load: 1709 Btuh

Total cooling load: 32379 Btuh

TOWNSHIP OF BRICK  
OCEAN COUNTY, NEW JERSEY  
403 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723



Stevan J. Zboyan, Mayor

Township Council  
Andrew R. Ciesla, President  
Albert Chrobocinski  
Helen Fayad  
Lee Hartman  
Thomas G. Majorine  
Warren H. Wolf  
David W. Wolfe

Department of Engineering

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

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

TO: Municipal Engineer

DATE: 10/16/90

I Michael P Dillon of 128 Walter Rd Brick  
(Name - Please print) (Address)

Block: 1170-A-5 Lot: 3

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

Phone No. 458-5327

MMPK  
Signed by Applicant

OCT 18 1990

MUNICIPAL ENGINEER

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

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

Approved ☐

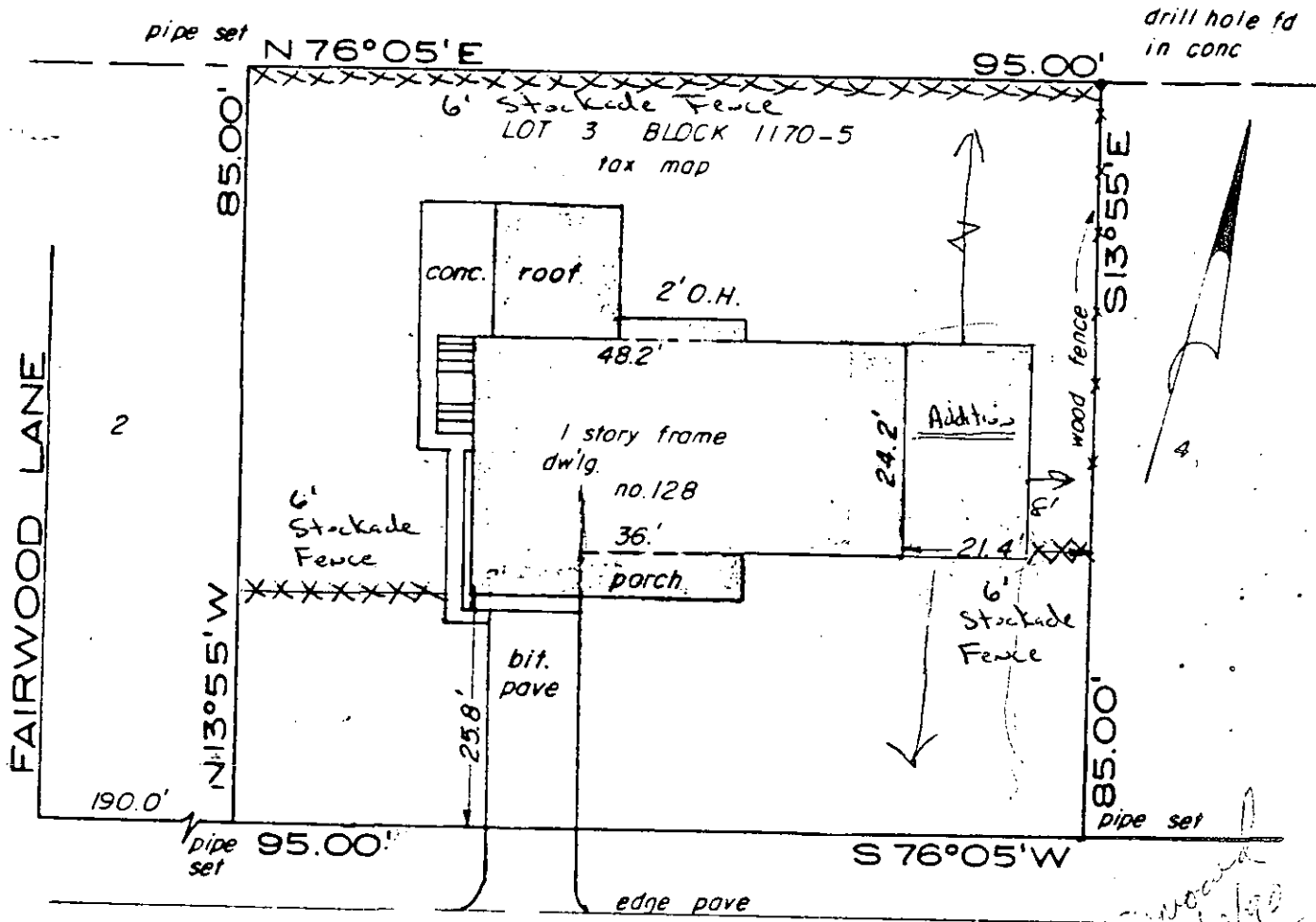
Date: 10/23/90 By Plate

Rejected ☒

Date: 10-18-90 By J. Matuszewski

Remarks: F.F. ELEVATIONS NOT SHOWN ON EXISTING &

PROPOSED ADDITION



# WALTER ROAD (50')

Proposed addition finished floor to  
match existing floor

CERTIFIED TO: MICHAEL P. DILLON AND JOAN FRANCES DILLON, HIS WIFE, TRANS-AMERICA TITLE INSURANCE CO./TRIDENT ABSTRACT CO., SHREWSBURY STATE BANK, BATHGATE, WEGENER, WOUTERS & NEUMANN, P.C.

BEING LOT 3 BLOCK 1170-A-5 ON MAP OF "LAUREL ACRES" JUNE 27, 1956 FILED IN OCEAN COUNTY CLERK'S OFFICE JULY 2, 1957 AS MAP NO. D-67.

OCT 18 1990  
PROFESSOR OF ENGINEERING

## SURVEY OF PROPERTY

TOWNSHIP OF BRICK  
SCALE 1" = 20'

OCEAN COUNTY N.J.  
DEC. 27, 1985  
LIC. NO. 15106

WALTER J. PARTINGTON INC.

LICENSED LAND SURVEYOR  
SPRING LAKE HEIGHTS N.J.

BRICK 850.

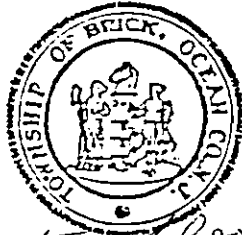


# TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY  
401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Stevan J. Zboyan, Mayor

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Municipal Surveyor/Planner  
(201) 477-3000, Ext. 277  
Fax: (201) 920-4850

TO: Municipal Engineer

DATE: 10/16/90

I Michael P Dillow of 128 Walter Rd Brick  
(Name - Please print) (Address)

Block: 1170-5 Lot: 3

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

Phone No. 458-5327

MMPA  
Signed by Applicant

OCT 18 1990

MUNICIPAL ENGINEER

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

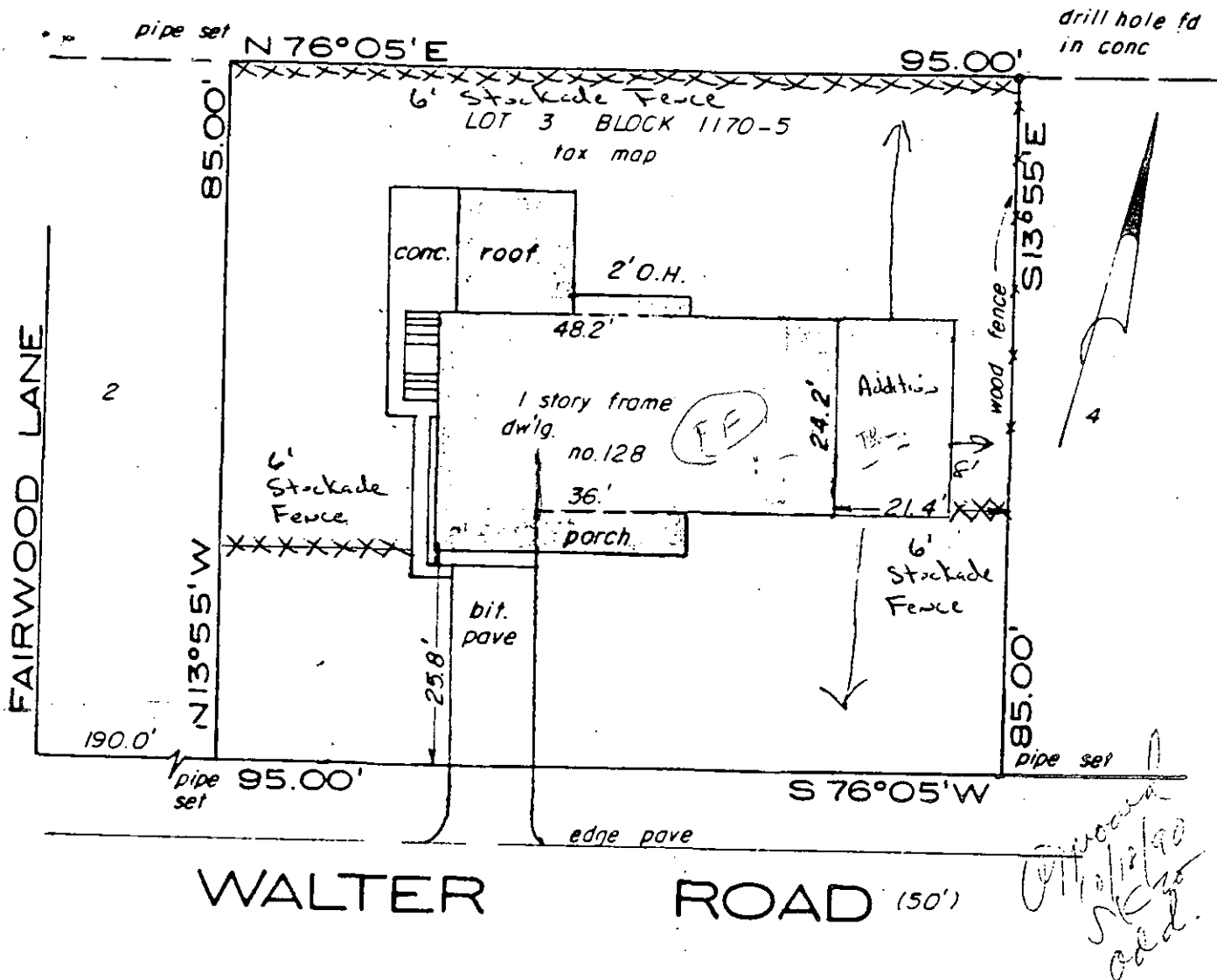
NOTE: Any excavations to be removed from the Township requires a mining permit.

Approved ☐ Date: \_\_\_\_\_ By: \_\_\_\_\_

Rejected ☒ Date: 10-18-90 By: J. Matuszewski

Remarks: F.F. ELEVATIONS NOT SHOWN ON EXISTING &

PROPOSED ADDITION



CERTIFIED TO: MICHAEL P. DILLON AND JOAN FRANCES DILLION, HIS WIFE, TRANS-AMERICA TITLE INSURANCE CO./TRIDENT ABSTRACT CO., SHREWSBURY STATE BANK, BATHGATE, WEGENER, WOUTERS & NEUMANN, P.C.

BEING LOT 3 BLOCK 1170-A-5 ON MAP OF "LAUREL ACRES" JUNE 27, 1956 FILED IN OCEAN COUNTY CLERK'S OFFICE JULY 2, 1957 AS MAP NO. D-67.

OCT 18 1990

MUNICIPAL ENGINEER

# SURVEY OF PROPERTY

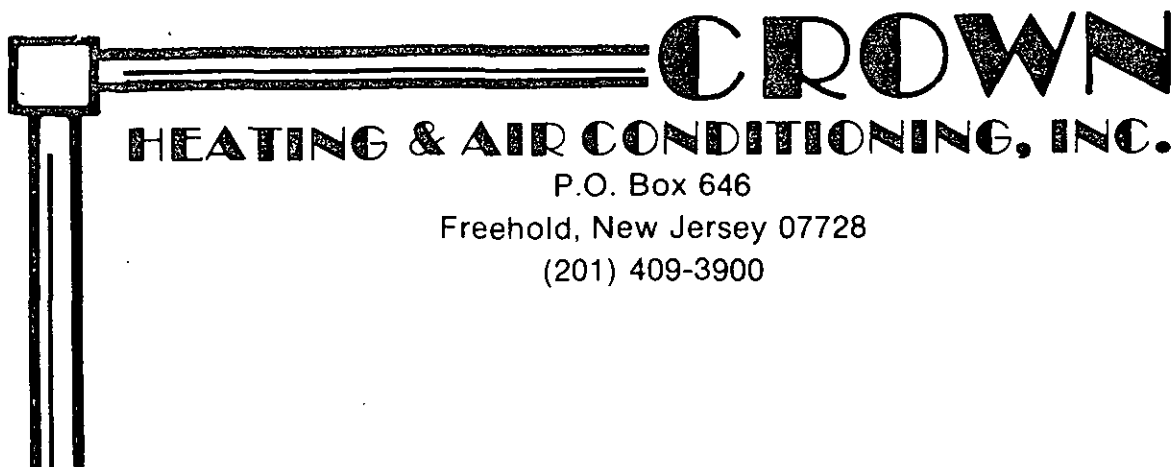
TOWNSHIP OF BRICK  
SCALE 1"=20'

OCEAN COUNTY N.J.  
DEC. 27, 1985  
LIC. NO. 15106

WALTER J. PARTINGTON INC.

LICENSED LAND SURVEYOR  
SPRING LAKE HEIGHTS N.J.

BRICK 850



MIKE DILLON  
128 WALTER ROAD  
BRICKTOWN, NJ, 08723

CROWN HEATING  
2 CEDAR CT  
FREEHOLD , NJ, 07728

Thursday, October 4, 1990

HEATING ZONE REPORT: SECOND FLOOR

Ducts in Attic, Garage, Exterior Wall or Open Crawl Space, R-2 Insulation  
Ducts are Taped at the Joints

Rooms in this zone: SECOND FLOOR

Volume: 10584.0 cu.ft.

Zone specific leakage area: 22.0 sq.in.

|                                |                      |
|--------------------------------|----------------------|
| Thermostat setting:            | 75 deg.              |
| Design temperature difference: | 62 deg.              |
| Zone based infiltration:       | 51 CFM               |
| Infiltration from rooms:       | 73 CFM               |
| Mechanical ventilation:        | 0 CFM                |
| Total ventilation:             | 123 CFM              |
| Required ventilation:          | 44 CFM               |
| Exchanger temperature change:  | 40 deg.              |
| Air distribution flow:         | 1078 CFM             |
| Hydro distribution flow:       | 2.4 GPM              |
| Total duct heat loss:          | 7332 Btuh            |
| Other room based heat loss:    | 36661 Btuh           |
| Zone infiltration heat loss:   | 3450 Btuh            |
| Total heating load:            | 47443 Btuh           |
| Average heat loss:             | 4.48 Btuh per cu.ft. |



# CROWN

## HEATING & AIR CONDITIONING, INC.

P.O. Box 646  
Freehold, New Jersey 07728  
(201) 409-3900

MIKE DILLON  
128 WALTER ROAD  
BRICKTOWN, NJ, 08723

CROWN HEATING  
2 CEDAR CT  
FREEHOLD , NJ, 07728

Thursday, October 4, 1990

### COOLING ZONE REPORT: SECOND FLOOR

Ducts in Attic, Garage, Exterior Wall or Open Crawl Space, R-2 Insulation  
Ducts are Taped at the Joints

Rooms in this zone: SECOND FLOOR

Volume: 10584.0 cu.ft.

Zone specific leakage area: 25.0 sq.in.

Relative humidity: 55% Design grains difference: 23

|                                |         |
|--------------------------------|---------|
| Thermostat setting:            | 65 deg. |
| Design temperature difference: | 25 deg. |

|                          |        |
|--------------------------|--------|
| Zone based infiltration: | 23 CFM |
| Infiltration from rooms: | 28 CFM |
| Mechanical ventilation:  | 0 CFM  |

|                       |        |
|-----------------------|--------|
| Total ventilation:    | 51 CFM |
| Required ventilation: | 44 CFM |

|                               |          |
|-------------------------------|----------|
| Exchanger temperature change: | 25 deg.  |
| Air distribution flow:        | 1115 CFM |
| Hydro distribution flow:      | 2.5 GPM  |

|                                 |            |
|---------------------------------|------------|
| Total duct heat gain:           | 5008 Btuh  |
| Other room based sensible gain: | 25044 Btuh |
| Zone based sensible gain:       | 618 Btuh   |
| Total sensible cooling load:    | 30670 Btuh |

|                               |           |
|-------------------------------|-----------|
| Total room based latent gain: | 1358 Btuh |
| Zone based latent gain:       | 351 Btuh  |
| Total latent cooling load:    | 1709 Btuh |

|                     |            |
|---------------------|------------|
| Total cooling load: | 32379 Btuh |
|---------------------|------------|

when it made only to named parties for purchase and/or sale of  
undivided property by named purchaser. No responsibility  
assumed by Surveyor for use of survey for any other purpose  
not limited to use of survey for survey shown capable of  
any other person not listed in certification either directly or