

BLOCK 1170.05 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 120 WALTER ROAD PERMIT NO. 12-3535



CONSTRUCTION PERMIT APPLICATION

C12-004185

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

I. IDENTIFICATION

1. Proposed Work Site at: 120 WALTER ROAD BRICK

2. Name of Owner in Fee: DANIEL LEVINE

Tel. (732) 458-2695 e-mail _____

Address SAME

3. Ownership in Fee: Public _____ Private X _____

4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725

Address 11 Cotters Lane e-mail _____

East Brunswick, NJ 08816

License No. OR, if new home, Builder Reg. No. 11918 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (732) 390-3793

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun MIKE AGUGLIARO

Tel. (732) 390-3725 FAX: (732) 390-3793

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>50</u>	☒	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>2</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	\$ <u>52</u>		
13. TOTAL	\$		

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 _____

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>NOV 13 2012</u>								
1,300				<u>11/27/12</u>	<u>JS</u>				

TOTAL COST \$1,300

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

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(f)1.ix:

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 _____

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. 5:23-2.15(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.

(X) Check if contractor.

Agent Name Gold Medal Plumbing Heating Cooling Electrc, Inc

Address 11 Cotters Lane

East Brunswick, NJ 08816

Telephone (732) 390-8725

Signature _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/9/2013
Control Number C-12-004185
Permit Number 12-3535
Permit Issue Date 12/8/2012
Certificate Number 12-3535

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 120 WALTER RD. Brick Township, NJ Block: 1170.05 Lot: 1 Qual: _____
Owner in Fee: Daniel Levine
Owner Address: 120 WALTER RD BRICK NJ 08724
Telephone: (732) 458-2695
Contractor: GOLD MEDAL PLUMBING HEATING/COOLING ELECTRIC INC
Address: 11 COTTERS LN EAST BRUNSWICK NJ 08816
Telephone: (732) 390-3725 Fax: (732) 390-3791
License Number or Builders Registration Number: 11918 9734 13VH02738600 Federal Emp. Number: [REDACTED]

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Construction Classification: _____

Maximum Live Load: 0

Maximum Occupancy Load: 0

Description of Work/Use: SERVICE

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:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 1/9/2013

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

Page 1



CONSTRUCTION PERMIT

Date Issued 12-8-12
Control # C-12-004185
Permit # _____

IDENTIFICATION Block: 1170.05 Lot: 1 Qualifier _____
Work Site Location: 120 WALTER RD. Brick Township, NJ Contractor GOLD MEDAL PLUMBING HEATING/COOLING
Owner in Fee Daniel Levine Address 71 COTTAGE ST. EAST BRUNSWICK NJ 08816
120 WALTER RD. BRICK NJ 08724 Telephone: (732) 390-3725
Telephone: (732) 458-2695 Lic. No. or Bldrs. Reg. No. 13VH02738600
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:

SERVICE

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 \$1,300

Construction Official _____

Date 11/25/12

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	\$50
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	_____
Other	\$0
Total	\$52
Check No.	<u>5456</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:

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.

88 - 70th St 1st Old Bankwood House on corner (South side of the Westwood)



**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 1170.05 Lot 1 Qualification Code _____
Work Site Location 120 WALTER ROAD BRICK

Owner In Fee: DANIEL LEVINE

Tel. (732) 458-2695 e-mail _____

Address SAME

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725

Address 11 Cotters Lane e-mail _____
East Brunswick, NJ 08816

Contractor License No. 11918 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1,300

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	TYPE	Failure	Failure	Approval	Initial
☒ No Plans Required					
☐ Partial Under-slab Utilities Approved	Rough				
Date: _____	Barrier-Free				
☐ Electric Plans Approved	Trench				
Date: _____	Temp. Serv.				
☐ Joint Plan Review Required	Constr. Serv.				
Date: _____	TCO				
☐ Subcode Approval for PERMIT	Other				
Date: _____	Service				
☐ Subcode Approval for CERTIFICATE	Final				
Date: _____	Barrier-Free				
☐ Approved by _____	Temp. Cut-in-Card				
Date: _____	Final Cut-in-Card				
☐ Approved by _____	Annual Pool Inspection				
Date: _____	Date of Grounding and Bonding				
☐ Approved by _____	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:

Print name here: Mike Agugliaro

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	DESCRIPTION OF WORK: 150AMP SERVICE DROP
		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 Over/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	
		AMP SRV DROP	

Date Received 12-8-14
Control # _____
Date Issued _____
Permit # 12-3535



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 1170.05 Lot 1 Qualification Code _____
Work Site Location 120 WALTER ROAD BRICK

Owner in Fee: DANIEL LEVINE
Tel. (732) 458-2695 e-mail _____
Address SAME street municipality zip code

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725
Address 11 Cotters Lane e-mail _____
East Brunswick, NJ 08816

Contractor License No. 11918 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. [REDACTED] FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 1,300

JOB SUMMARY (Office Use Only)			
PLAN REVIEW		INSPECTIONS	
1. No Plans Required	Type	Failure	Approval Initial
1. Partial/Under-slab Utilities Approved	Rough	Barrier-Free	
Date: _____ Approved by: _____	Trench	Temp. Serv.	
1. Electric Plans Approved	Temp. Serv.	Constr. Serv.	
Date: _____ Approved by: _____	ICG	Other	
Joint Plan Review Required	Service	Final	
1. 1 Bldg. 1. 1 Plumb. 1. 1 Fire 1. 1 Elec.	Barrier-Free		
SUBCODE APPROVAL FOR PERMIT			
Date: <u>11/17/12</u>			
Approved by: <u>ST</u>			
SUBCODE APPROVAL FOR CERTIFICATE			
1. 1 CO 1. 1 GCO 1. 1 CA	Temp. Cut-in-Card Date Issued		
Date: _____	Final Cut-in-Card Date Issued		
Approved by: _____	Annual Pool Inspection		
	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 Mike Agugliaro
sign and seal here: _____
Print name here: Mike Agugliaro

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEES (Office Use Only)
DESCRIPTION OF WORK: 150AMP SERVICE DROP			
		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	
		AMP SRV DROP	



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 1170.05 Lot 1 Qualification Code _____
Work Site Location 120 WALTER ROAD BRICK

Owner in Fee: DANIEL LEVINE

Tel. (732) 458-2695 e-mail _____

Address SAME

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725

Address 11 Cotters Lane e-mail _____
East Brunswick, NJ 08816

Contractor License No. 11918 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 1,300

JOB SUMMARY (Office Use Only)			
PLAN REVIEW		INSPECTIONS	
1. No Plans Required		Type	Dates (Month/Day)
1.1 Partial Under-slab Utilities Approved		Rough	Failure Failure Approval Initial
Date: _____ Approved by: _____		Barrier-Free	
1.1 Electric Plans Approved		Trench	
Date: _____ Approved by: _____		Temp. Serv.	
1.1 Electric Plans Approved		Constr. Serv.	
Date: _____ Approved by: _____		TCC	
Joint Plan Review Required:		Other	
1.1 Bldg. 1.1 Pumb. 1.1 Fire 1.1 Elev.		Service	
SUBCODE APPROVAL FOR PERMIT		Final	
Date: <u>11/21/12</u>		Barrier-Free	
Approved by: <u>ST</u>			
SUBCODE APPROVAL FOR CERTIFICATE		Temp. Cut-In-Cord Date Issued	
1.1 CO 1.1 ECO 1.1 CA		Final Cut-In-Cord Date Issued	
Date: _____		Annual Pool Inspection	
Approved by: _____		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: _____

Print name here: Mike Agugliaro

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
150AMP SERVICE DROP

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
_____	KV Elec. Range/Receptacle
_____	KV Oven/Surface Unit
_____	KV Elec. Water Heater
_____	KV Elec. Dryer/Receptacle
_____	KV Dishwasher
_____	HP Garbage Disposal
_____	KV Central A/C Unit
_____	HP/KV Space Heater/Air Handler
_____	KV Baseboard Heat
_____	HP Motors 1/+ HP
_____	KV Transformer/Generator
_____	AMP Service
_____	AMP Subpanels
_____	AMP Motor Control Center
_____	KV Elec. Sign/Outline Light
_____	AMP SRV DROP

150

Date Received
Control #
Date Issued
Permit #

12.8.12
12-3535

FREE (Office Use Only)

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

New Search

Block: 1170.05 Prop Loc: 120 WALTER RD. Owner: FITTIN, ALLISON C Square Ft: 0
 Lot: 1 District: 1507 BRICK Street: 120 WALTER RD Year Built:
 Qual: Class: 2 City State: BRICK NJ 08724 Style:

Additional Information

Prior Block: 1170.5 Acct Num: 00520483 Addl Lots: EPL Code: 0 0 0
 Prior Lot: 1 Mtg Acct: Land Desc: 95X85 Statute:
 Prior Qual: Bank Code: 660 Bldg Desc: 1SF1G 1466 Initial: 000000
 Updated: 05/30/07 Tax Codes: F02 Class4Cd: 0 Desc:
 Zone: R75 Map Page: 61.1 Acreage: 0.1854 Taxes: 5065.30

Sale Information

Sale Date: 04/05/07 Book: 13608 Page: 460 Price: 1 NU#: 4

Sr1a	Date	Book	Page	Price	NU#	Ratio	Grantee
More Info	02/11/98	5552	923	1	4	0	D'AGOSTINO, ALLEN A & DEBBIE A
More Info	09/19/05	12833	367	314000		39.20	FITTIN, THOMAS J III & ALLISON C
More Info	04/05/07	13608	460	1	4	0	FITTIN, ALLISON C

TAX-LIST-HISTORY

Year Owner Information Land/Imp/Tot Exemption Assessed

2012 FITTIN, ALLISON C 131000 0 253900
 120 WALTER RD 122900
 BRICK NJ 08724 253900

2011 FITTIN, ALLISON C 131000 0 253900
 120 WALTER RD 122900
 BRICK NJ 08724 253900

2010 FITTIN, ALLISON C 131000 0 253900
 120 WALTER RD 122900
 BRICK NJ 08724 253900

2009 FITTIN, ALLISON C 46000 0 123100
 120 WALTER RD 77100
 BRICK NJ 08724 123100