BLOCK 1170.07 LOT 9 C4-9 QUALIFICATION CODE _____ ADDRESS (SITE) 163 WALTER ROAD PERMIT NO. 99-0493

2/3/99

CONSTRUCTION PERMIT APPLICATION

- TOWNSHIP OF BRICK fee to follow

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

I. IDENTIFICATION

1. Propsed Work Site at: 163 WALTER ROAD BRICK, NJ. 08724
2. Name of Owner in Fee: JONES Tel. [redacted]
   Address 163 WALTER ROAD (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: JRA CONTRACTING CORP Tel. (732) 449 0728
   Address 1904 CRESCENT DRIVE WALL, N.J. 07719
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-2744192 PAGER~~FAX~~ (732) 544-6745
5. Architect or Engineer N/A Tel. ( ) Call
   Address _____
6. Responsible Person in Charge of Work JOHN H. RIPPETOE
   Tel. (732) 449-0728 PAGER~~FAX~~ (732) 544-6745

addn.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 83.-		
2.	Electrical	75.-		
3.	Plumbing	30		
4.	Fire Protection	35		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	5.-		
10.	Subtotal			
11.	Cert. of Occupancy	35.-		
12.	Other	30		
13.	TOTAL	$ 293.-		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1	
2.	Height of Structure	16 ft.	
3.	Area — Largest Floor	sq. ft.	
4.	New Building Area	330 sq. ft.	
5.	Volume of New Structure	3300 cu. ft.	
6.	Construction Classification	R/3	
7.	Total Land Area Disturbed	330 sq. ft.	
8.	Flood Hazard Zone	N/A	
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		WP	2/3/99		2/16/99	JA	10/22/99		ok
4.	☐ Alteration									
5.	☐ Fire Protection					2-[illegible]	KD	10/22/99		ok
6.	☐ Plumbing				2-17-99	3-1-99	DW	4/26/99		ok
7.	☑ Electrical					2 2699	JM	4/24/99		ok
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		GC	2/10/99		2/11/99	JA			
	TOTAL COSTS	15,000								

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	1
After Construction	1
Net Gain or Loss	0

B. NON-RESIDENTIAL

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

LDS BR 10202585

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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.

(X) Check if contractor.

Agent Name JOHN H. RIPPETOE T/A JRA CONTRACTING CORP.

Address 1904 CRESCENT DRIVE WALL, N.J. 07719

Telephone (732) 449-0238 PAGER 544-6745

Signature John H. Rippetoe

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

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.									
☐									
☐									

IMPORTANT: PLEASE PRINT

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 10/26/99
Control #
Permit # 99-0493

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170.07 Lot 9 Qual
Work Site Location 163 WALTER RD
ADDITION
Owner in Fee/Occupant JONES
Address SAME
BRICK, NJ 08724-
Telephone [redacted]
Contractor JRA CONTRACTING CORP
Address 1904 CRESCENT AVE
HALL, NJ 07719-
Telephone (732)449-0728 Fax (732)544-6745
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2744192

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

BEDROOM ADDITION

[ ] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[X] 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

J. Cuciazza Dep

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 35
Paid [X] Check No. 999
Collected by: IL

0004 493*# 0.00
BLOCK 1170 # 0.00
LOT 9 # 83.00
BUILDING 75.00
ELETRIC* 30.00
PLUMBING 35.00
FIRE 5.00
D.C.A. 35.00
C / O 15.00
ZONEPLOT 15.00
ENG P.R. 293.00
TOTAL 293.00
CHECK 0.00
CHANGE 0037A005 15:49
03/01/99 NO. 5

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 03/01/99
Control #
Permit # 99-0493

IDENTIFICATION Block 1170.07 Lot 9 Qual

Work Site Location 163 WALTER RD
ADDITION
Owner in Fee JONES
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor JRA CONTRACTING CORP
Address 1904 CRESCENT AVE
WALL, NJ 07719-
Telephone (732)449-0728
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2744192

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
BEDROOM ADDITION

PAYMENTS (Office Use Only)

Building	83
Electrical	75
Plumbing	30
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	35
Other ZONE	30
Total 293	263
Check No. 6814	999
Cash	
Collected By	TL

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 $ 18,650

J Cunniffe 3/1/99
Construction Official

03/01/99
Date

U.C.C. PI70 (rev. 3/96)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3/1/99
Date Issued
Control #
Permit # 99-0493

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

Block 1170.07 Lot 9
Work Site Location 163 WALTER ROAD
BRICK, NJ. 08724
Owner in Fee MR + MRS JONES
Address 163 WALTER ROAD
BRICK N.J. 08724
Tele. [redacted]
Contractor BRIAN JONES — OWNER
Address 163 WALTER ROAD
BRICK NJ. 08724
Tele. (732) 840-2287
Lic. No.
Federal Emp. No. N/A or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 3-1-99
Approved by: DW

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By: DW
Date: 9-24-99

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	4/27/99		5-6-99	DW
Water				
Sewer				
Fixtures	5-6-99		9-24-99	DW
Gas Equipment				
Gas Piping				
Solar				
TCO				

See change of contractor

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.

Brian Jones OWNER
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

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Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 30
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/16/99
Date Issued 03/01/99
Control #
Permit # 99-0493

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

Block 1170.07 Lot 9 Qual

Work Site Location 163 WALTER RD

ADDITION

Owner in Fee JONES

Address SAME

BRICK, NJ 08724-

Tele. [redacted] Fax (__)

Contractor MIKE SKRUTOWSKI

Address 2706 WOOLLEY RD

WALL, NJ 07719-

Tele.(732)840-2287

Lic. No. or Bldrs. Reg. No. 8890

Federal Emp. No [redacted]

Changed Contractor 3-19-99

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 9-24-99

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			9-24-99	DM
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	10
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	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # 999 Minimum Fee $ 0
Collected by: TL TOTAL FEE $ 30
DCA Training Fee $ 0

U.C.C. F130 (rev. 3/96)

C7

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3/1/99
Date Issued
Control # 99-0493
Permit #

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

Block 1170, 07 Lot 9
Work Site Location 163 WALTER ROAD
BRICKTOWN NJ
Owner in Fee/Occupant MR & MRS JONES
Address 163 WALTER ROAD
BRICKTOWN
Tele. ( ) N/A
Contractor FRANK M BACHMAN
Address 335 EAST VIRGINIA AV
MANAHAWKIN NJ 08736
Tele. ( ) 528-3339 Fax ( )
Lic. No. 8591
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2,640.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2 26 99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 92499
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			92299	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			92499	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Jn M Bachman
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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QTY.	SIZE	ITEMS
4		Lighting Fixtures
9		Receptacles
4		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
1	150	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)

TOTAL NUMBERS	$
Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	
.....	
.....	
Administrative Surcharge	$
Minimum Fee	$ 76
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 3/98)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/1/99
Date Issued
Control #
Permit # 99-0493

RECEIVED
FEB 16 1999
DIV. OF INSPECTION

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

Block 1170.07 Lot 9
Work Site Location 163 Walter Road
Brick NJ. 08724
Owner in Fee Mr. + Mrs Jones
Address 163 Walter Road
Brick NJ. 08724
Tele. [redacted]
Contractor Brian James Bachman Elect. (see sheet)
Address 163 Walter Road
Brick NJ.
Tele. (___) 840 - 2287
Lic. No. [redacted]
Federal Emp. No. ___ or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed ___
Constr. Class. Present ___ Proposed ___
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___
Location: ___
Total Est. Cost of Fire Prot. Work $ ___ [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 2-18-99
Approved by: Ken

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 10-22-99
Approved by: Ken

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test	5/24 SS		10-22-99	Ken
Smoke Test				
Mechanical				
TCO				
Other Electrical			10-22-99	SS
Other				
Other				

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.

John N Rappetta
SIGNATURE

D. 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 1 Dat in new 8/12 ( ) Capacity ___ Fuel ___
L.P.G. Storage Tanks ( ) Capacity ___ Fuel ___
L.N.G. Storage Tanks 1 outside e/r ( ) Capacity ___ Fuel ___

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	2X	
Heat Detectors		
TOTAL	2X	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER ___		

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ 35
DCA Training Fee $ ___
Collected by: ___ TOTAL FEE $ ___

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: February 5, 1999 1999- 0093

Block 1170.07 Lot 9 Zone R-7.5

Property Address: 163 Walter Road

Owner: Brian Jones (Phone): [redacted]

Applicant: John Ripptoe (Phone): 449-0728

Existing Use: Single family

Proposed Use: Single family

Proposed Construction (if any): One (1) story addition for bedroom, 15'x22'; 16' high

Conditions: Addition must be setback at least 6' from the side property lines and at least 15' from the rear property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT APPLICATION
(Please type or print NEATLY)

Property Address: 163 WALTER ROAD

Block: 1170.07 Lot: 9

Name of Property Owner: MR. & MRS JONES

Name of person making application: JOHN H. RIPPETOE JRA CONTRACTING CORP.

Company Name: JRA CONTRACTING CORP.

Mailing Address: 1904 CRESCENT DRIVE WALL, NJ 0719

Telephone Number: (732) 449-0728 PAGER 544-6745

Present or most recent use property(Check One): _____ Vacant Lot

__C__ Single Family Dwelling _____ Residential Condominium Unit or Apt.

_____ Commercial (Please Describe) _____

_____ Other (Please Describe) _____

Proposed Use: __X__ Single-Family Dwelling _____ Residential Condo. or Apt.

_____ Commercial (Please Describe) _____

_____ Other (Please Describe) _____

Proposed construction (include height and other dimensions of proposed structure or addition; if proposed fence, include type as well as height): ADDITION 15' x 22' AS PER PLANS PROVIDED x 8'h Bedroom

Please submit with application 2 accurate plot plans either drawn by a surveyor or engineer, or hand-drawn on an 8 1/2" by 11" sheet of paper by the owner or applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

If approval was granted by the Zoning Board of Adjustment or Planning Board, include a copy of the Resolution.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other municipal approvals and ordinances, and all county, state and federal regulations.

This application will not be accepted unless it is COMPLETELY filled out.

Signature of Applicant John H. Rippetoe Date 2/3/99

Received by Zoning Office: Date 2/4/99 Complete ✓ Incomplete _____

TOWNSHIP OF BRICK

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

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax: (908) 920-4850

DATE: FEB 3, 1999

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 1170.07 Lot: 9

Dear Sir;

I, ANTHIE JONES (Name) of 163 WALTER ROAD (Address), request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours

[signature] Applicant's signature 840-2287 Phone #

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

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

OFFICE USE

Approved X DATE: 2/11/99 BY: [signature]

Rejected DATE: _____ BY: _____

REMARKS: ALL WATER TO REMAIN ON SITE

190-31. Plot plan (Added 12-28-80 by Ord. No. 354-2P-80; amended 6-12-84 by Ord. NO. 354-2XXX-84)

A. Except where approval has been obtained after application under Part 3 or 4 of this chapter, no principal building or addition to a principal building shall be constructed in the Township of Brick except after approval by the Township Engineer of a plot plan to be submitted in accordance with the following specifications.

(1) Such plot plan shall be a survey of the lot in question showing the existing topography of the lot and the proposed location and elevation of the building and/or addition and the proposed grading. Existing topography and proposed grading shall at a minimum, consist of elevations at the property corners and the corners of the proposed building and/or addition. In the event that there is more than a two-foot difference in lot elevations, contours at one-foot intervals shall be shown. The existing topography of the lots immediately adjacent to the lot in question and the road fronting such lot shall also be indicated on the plot plan.

(2) Such plot plan shall include the following additional information:

(a) The width and type of pavement on the road in front of the proposed building and/or addition.
(b) The proposed method of drainage from the property in question.
(c) The proposed garage and first floor elevations.

(3) Plot plans must be prepared by a licensed engineer or land surveyor and shall bear his signature and seal. Surveys and topographical information certified to National Geodetic Vertical Datum must be prepared by a licensed land surveyor and shall bear his signature and seal.

(4) Building or additions in a flood hazard area shall be in compliance with the National Flood Insurance Program (NFIP) as regulated by Federal Emergency Management Agency (FEMA).

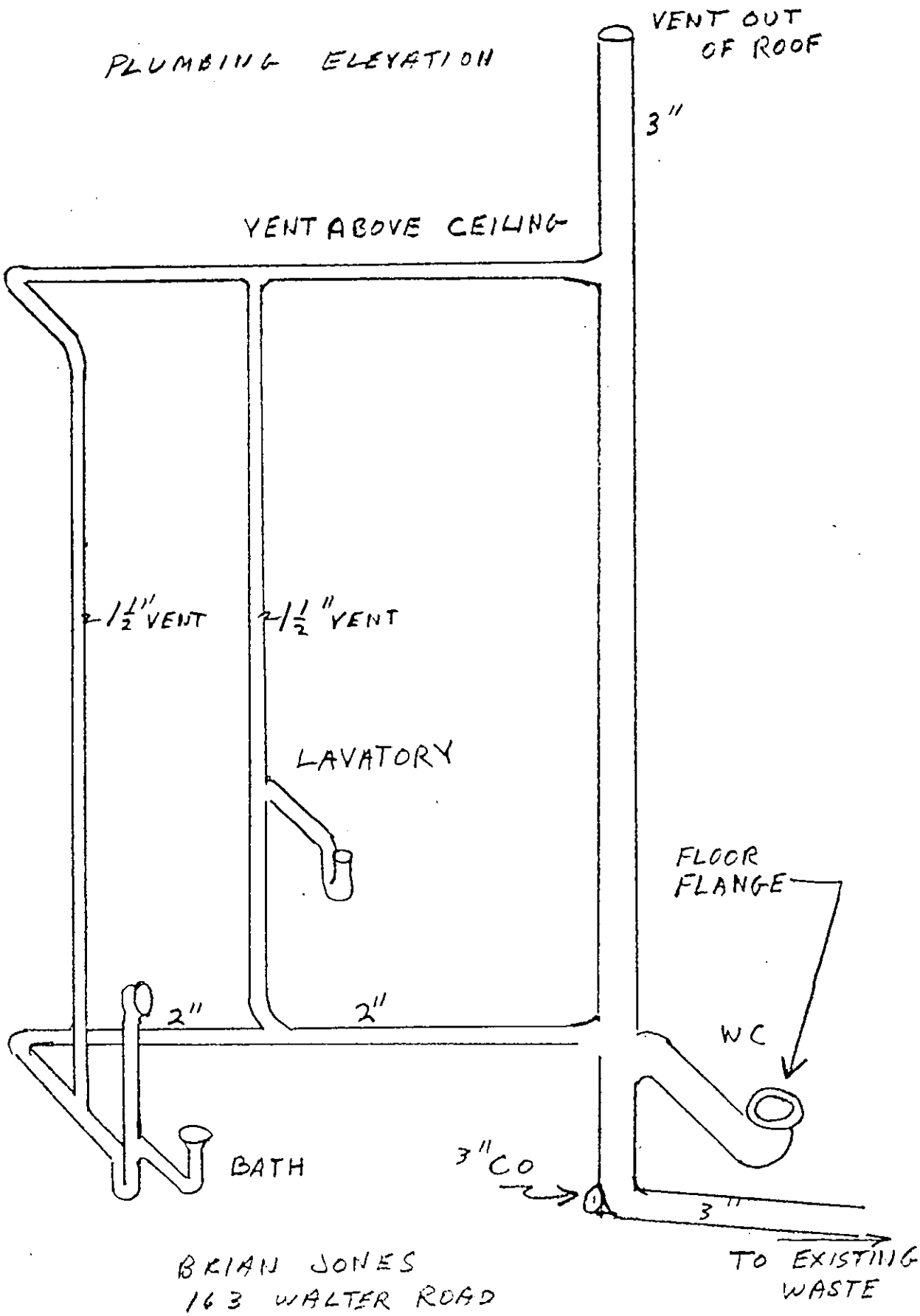
B. Exemption from the plot plan requirement for an addition is subject to the approval of the Township Engineer, said exemption to be contingent upon:

(1) Proof that the subject addition is not in a flood hazard area.

(2) A survey locating the existing dwelling.

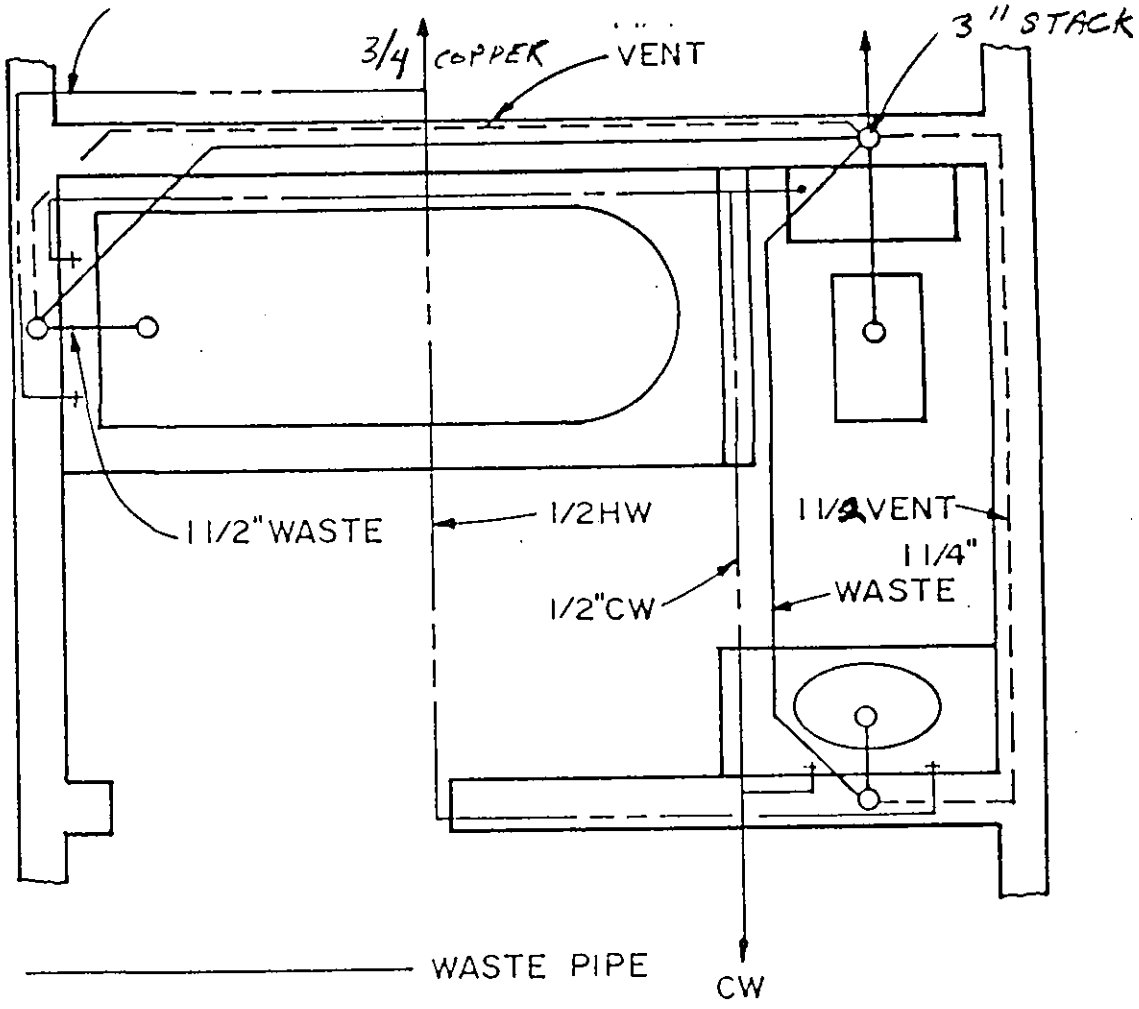
(3) a site inspection by a Brick Township Engineering Inspector to verify that the proposed addition will not create a drainage problem.

PLUMBING ELEVATION



BRIAN JONES
163 WALTER ROAD
BRICK, N.J. 08724
840-2287

B 1170.07 L 9



PLUMBING
LAYOUT

BRIAN JONES
163 WALTER ROAD
BRICK, N.J. 08724
840-2287

B 1170.07 L 9

SINGLE FAMILY DWELLING CHECKLIST

1 Construction Permit Application jacket completed and signed — yes_____ no_____

2 Zoning application completed — yes_____ no_____

3 Two plot plans-TRUE SIZE — yes_____ no_____

4 Debri form information completed — yes_____ no_____

5 BTMUA availability application — yes_____ no_____

6 Engineering plot plan checklist or — yes_____ no_____
major subdivision — yes_____ no_____

7 Shade Tree application — yes_____ no_____

8 Building, Plg, Fire, and Electrical Technical Forms Completed — yes_____ no_____

9 Gas pipe drawing — yes_____ no_____

10 Riser schematic for plumbing — yes_____ no_____

11 Furnace/boiler/a/c/gas fireplace brochures — yes_____ no_____

12 Heat loss application (optional) — yes_____ no_____

13 Building characteristics on jacket and/or Building application complete — yes_____ no_____

14 Indicate Options — yes_____ no_____
Fireplace--GAS or WOOD_____
Deck_____
Basement_____
Crawl Space_____

15 Two sets of plans drawn by an architect with seals or can be drawn by homeowner for homeowners use. — yes_____ no_____

16 Cost Breakdown of EACH sub-code — yes_____ no_____
List fee for decks separate under alteration cost — yes_____ no_____

IF ANY INFORMATION IS MISSING FROM THE ABOVE LIST, THE APPLICATION CANNOT BE ACCEPTED UNTIL COMPLETED.

17 CO S.F. Dwelling Checklist (for Lisa Rose only) — yes_____ no_____

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 2-18-97

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION 163 WALTER RD.
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY Ken

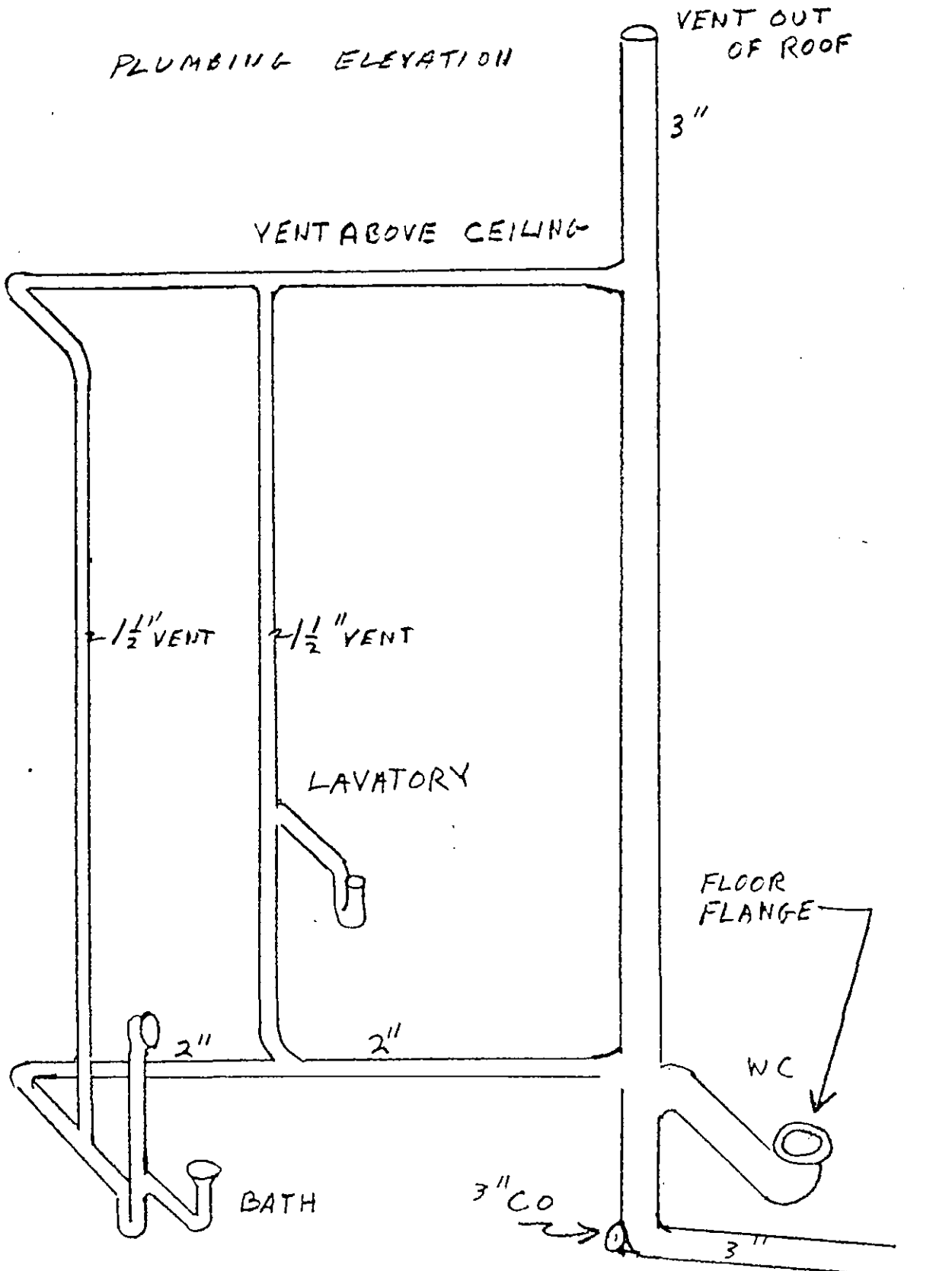
Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1-	Need Additional detail out side of R/R	
	Called 4 TIMES Telephone BUSY	
	Brian Sharp ~~Brammer Elect.~~ 840 2287	

06/93

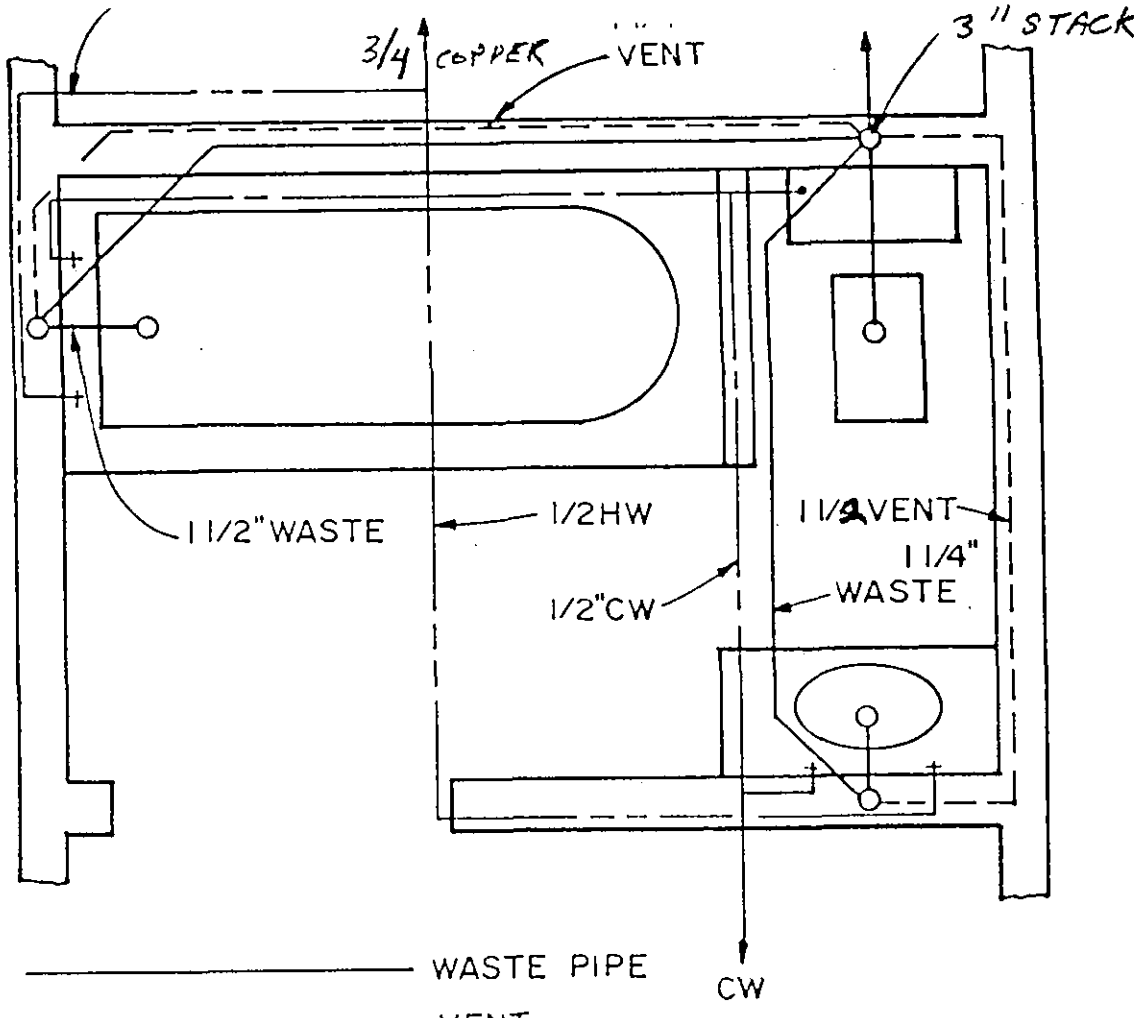
PLUMBING ELEVATION



3-1-94

BRIAN JONES
163 WALTER ROAD
BRICK, N.J. 08724
840-2287

B 1170.07 L 9



PLUMBING LAYOUT

BRIAN JONES
163 WALTER ROAD
BRICK, N.J. 08724
840-2287

B 1170.07 L 9

3-1-99

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 2-17-95

JURISDICTION Plumbing (City, County, Township, etc.)

BUILDING LOCATION 163 Walker Road (Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	List of existing fixtures called 2-17-95	
	Kitchen sink dishwasher Washing machine 1 toilet tub lav	PER phone call 2/26/95 Randy Adams

06/93

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Mr. Jones DATE 3-1-99

PROPERTY ADDRESS 163 Walker Rd BLOCK 1170.07 LOT 9

ZONING _____ USE GROUP R-3

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	2	7	
2:KITCHEN GROUP	1	2	
3:~~WATER CLOSETS~~			
4:LAVATORY			
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK			
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE	1	4	
12:URINAL			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS	2	3.5	

TOTAL 16.5

GALLONS PER MINUTE 12

SIZE OF SERVICE 3/4

DATE: 3-1-99 APPROVED: Daniel R

Requested Insp Date	Permit No / Type of Inspection	Sub	Block / Lot	Worksite Location	Telephone	Actual Insp Date	P F N	Special Instructions	Comments
10/22/99	99-0493 FINAL	B	1170.07 9	163 WALTER RD					? OK mail CA.
10/22/99	99-1397 FOOTING	B	1170 25	515 JACK MARTIN BLVD				SIGN ONLY	
10/22/99	99-2004 INSULATION	B	1133 4.02	33 NATIONAL AVE			P		
10/22/99	99-2923 FOUNDATION	B	1210.22 1	1 BYRON RD WEDGEWOOD			Not Ready		B24 LOT 27 OK Rods
10/22/99	99-3164 OPEN DECK	B	945 34	825 SOUTH DR			P		
10/22/99	99-3289 FOOTING	B	1051 18	118 TRUMAN DR			Not Ready		was NOT called back 899-3358
10/22/99	99-3337 SHEATHING	B	1067.05 21	450 DRISCOL DR			P.	PUT PLANS BY FRONT DOOR	
~~10/22/99~~	~~99-3677~~ FINAL	~~B~~	~~1210.04~~ 1	~~40 BLUE RIDGE RD~~			DAN N. OK		
10/22/99	99-3793 FINAL	B	1133.03 1	67 CLEVELAND AVE			CANT DO	FENCE	
10/22/99	99-3837 FINAL	B	987 17	624 CEDAR STREAMS PL			F.		
10/22/99	99-3845 FINAL	B	1361.43 33	201 CLEVELAND CT					
~~10/22/99~~	~~99-3963~~ FOOTING	~~B~~	~~869~~ 10	~~5 DIANE DR~~			Cancelled		

5/17/99

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 163 Walton Rd
Block: 1170.02 Lot: 9
Owner in Fee: Brian Jones
Address: 163 Walton Rd
Brick, NJ.
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

Date Rec'd.:
Date Issued:
Control #:
Permit #: 99 0493

PLUMBING SUBCODE

CONTRACTOR: Mike Skawtowski
ADDRESS: 2706 Woolley Rd
Howell, NJ. 07719
PHONE: 732 286 8883
LIC.#: 8890
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. [redacted]
TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal / Bidet
1	Bath Tub
1	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

RECEIVED
MAY 17 1999
DIV. OF INSPECTION

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

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

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: