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

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

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

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

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1205.06 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1010 Falkenburg Rd PERMIT NO. 20-2879

CONSTRUCTION PERMIT APPLICATION

C20-003271

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

I. IDENTIFICATION

1. Proposed Work Site at: 1010 Falkenburg Rd
2. Name of Owner in Fee: Osprey Management LLC
   Tel. 732-996-6361 e-mail _____
   Address 1627 Bay Ave (street) Point Pleasant (municipality) 08742 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ Tel. _____
   Address _____
   License No. _____ Date _____
   Home Improv _____
   Federal Emp _____

   Tom Rostron Co. Tel: (732)223-8221
   2490 Tilton's Corner Rd
   Wall, NJ 07719 Email: permits@tomrostron.com
   License: 19HC00223800 Expires 6/30/22
   Home Improvement Registration 13VH00573400
   Fax : (732)965-2632
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Bill Suer
   Tel. 732.223.8221 FAX: 732.965.2632

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1830.-		
2. Electrical	2462.-		
3. Plumbing	2087.-		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	$ 19.-		
10. Subtotal	$ 6398.-		
11. Cert. of Occupancy	175.-		
12. Other			
13. TOTAL	$ 6573.-		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____ COMMERCIAL
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 — HVAC
- ☐ 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

TOTAL COST $0

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
					11-5-2020				
					10-9-20				
					11/16/20				
		Exempt			11/30/2020	ECC			

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Vet
2. Use Group, Proposed: Select Group B
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____
Proposed _____

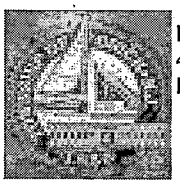
III. PLAN REVIEW (optional)

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

Bill 732-558-0278



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued	02/25/2021
Control Number	C-20-003271
Permit Number	20-2879
Permit Issue Date	12/03/2020
Certificate Number	20-2879

Identification

Work Site Location: 1010 FALKENBURG RD Brick Township, NJ Block: 1205.01 Lot: 1 Qual:

Owner in Fee: OSPREY MANAGEMENT LLC

Owner Address: 1627 BAY AVE POINT PLEASANT NJ 08742

Telephone: (732) 996-6361

Contractor TOM ROSTRON CO INC

Address 2490 Tiltons Corner Road Wall NJ 08736-

Telephone: (732) 223-8221 Fax: (732) 223-9380 Federal Emp. Number: 22-3397127

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HVAC

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:

David J. Neumann Jr.

Construction Official

Date Printed: 02/25/2021

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

Fee: $0.00

Check Number:

Collected By:

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

(NW)

Date Received / Control # 12/3/20

Date Issued / Permit # 20-2879

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

Block 1205.01 Lot 1 Qualification Code

Work Site Location 1010 Falkenburg Rd Brick

Owner in Fee: Osprey Management

Tel. (732) 996-6361 e-mail

Address 1627 Bay Ave Point Pleasant 08742
street municipality zip code

Contractor: Tom Rostron Co Tel. (732) 223-8221

Address 1490 Tilton Corner Rd e-mail permits@tomrostron.com
Wall NJ 07719

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00573400

Federal Emp. ID No. FAX: (732) 965-2632

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [X] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location: Attic

Total Cost of Fire Protection Work $ 1500

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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.

Applicant/Contractor sign here: Bill Suer

Print name here: Bill Suer

D. TECHNICAL SITE DATA [ ] Certified Contractor [X] Exempt Applicant

DESCRIPTION OF WORK: Install 3 b-vent Flues and 3 Furnaces

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	3	
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12/4/2020

Approved by: LSO KEC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 2/22/21

Approved by: KEC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2-22-21	PM
Other				

COV alarm

PLUMBING SUBCODE
TECHNICAL SECTION

Veterinary

Date Received 12/3/20
Control # 20-0879
Date Issued
Permit #

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

Block 1209.01 Lot 1 Qualification Code
Work Site Location 1010 Falkenburg Rd Brick
Owner in Fee: Osprey management
Tel. (732) 996-6361 e-mail
Address 1627 Bay Ave (street) Point Pleasant (municipality) 08742 (zip code)
Contractor: Tom Rostron Co Tel. (732) 223-8221
Address 2490 Tilton Corner Rd (street) Wall (municipality) NJ (zip code) 07719 e-mail permits@tomrostron.com
Contractor License No. 19HC00223800 Exp. Date 6/30/22
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00573400
Federal Emp. ID No. FAX: (732) 965-2632

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 25000.00

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: Tom Rostron Jr
[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK GAS Piping
Replace 3 furnaces and Central AIR Systems

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 10-9-20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-9-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-3-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			12-15-20	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			2-1-21	

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
3	Other Furnaces + Central AIR	

COMMERCIAL

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/3/20
Control #
Date Issued
Permit # 20-2879

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

Block 1205.01 Lot 1 Qualification Code

Work Site Location 1010 Falkenburg Rd Brick

Owner in Fee: Osprey Management

Tel. (732) 996-6361 e-mail

Address 1627 Day Ave (street) Point Pleasant (municipality) 08742 (zip code)

Contractor: Turbo Electric Inc Tel. ( )

Address 811 Woodwild Dr Point pleasant e-mail Turbo14720@gmail.com

Contractor License No. 14720 Exp. Date 3-21

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

Federal Emp. ID No. 223657748 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 11-5-2020 WM
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 11-5-2020
Approved by: WM
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date 2-4-21
Approved by: WM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	2/4/21		2/4/21	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
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 sign and seal here:

Print name here: Glen Brann

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 3 Furnaces, 3 central AIR HVAC Systems

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
(2)	30A	HP Garbage Disposal	
3	(1) 20A	KW Central A/C Unit	
3	15A	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	

COMMERCIAL

Furnaces

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

TOM ROSTRON "Your Indoor Climate Specialists"
HEATING • AIR CONDITIONING
www.tomrostron.com

2490 Tilton Corners Road
Wall, NJ 07719

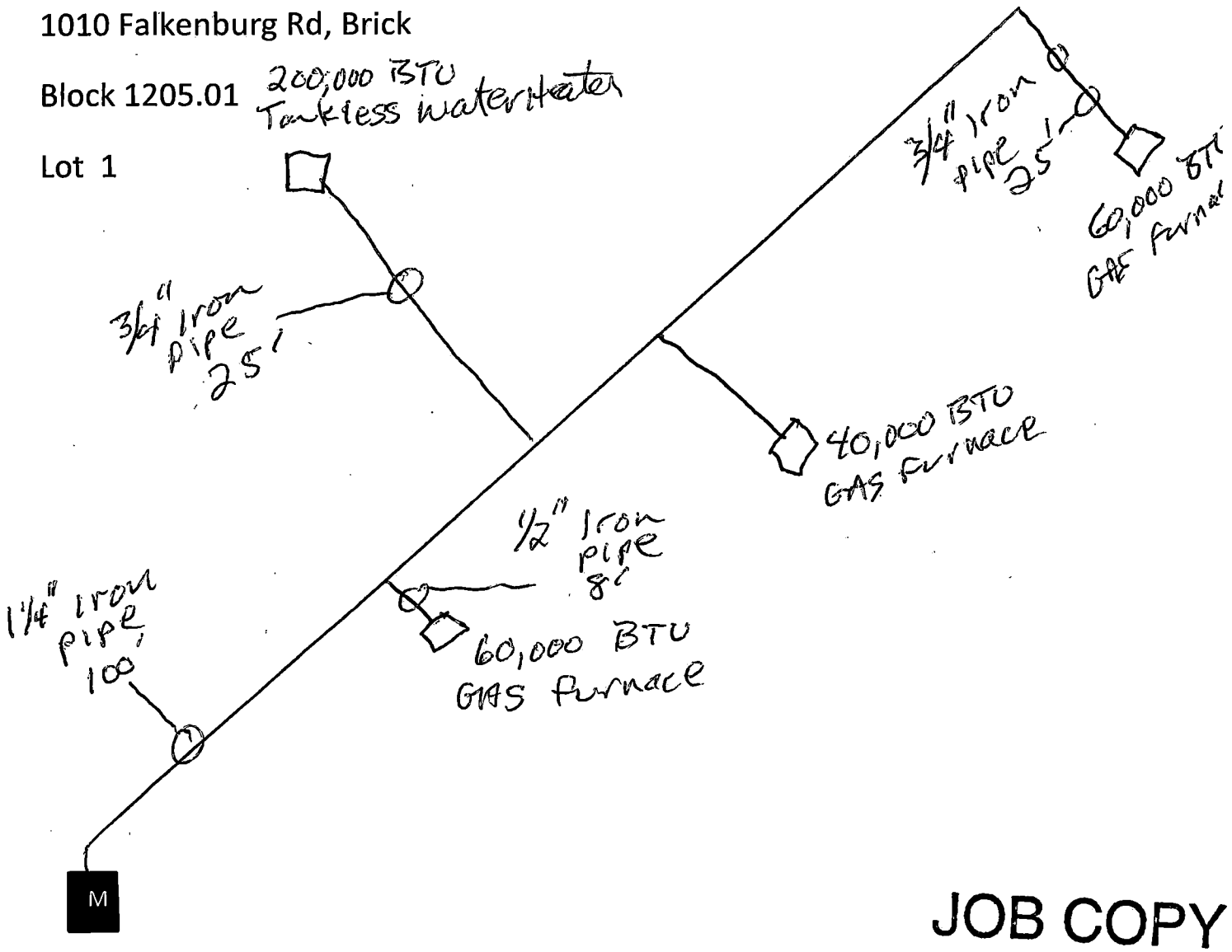
732-223-8221
Fax: 732-223-9380

Gas Diagram

1010 Falkenburg Rd, Brick

Block 1205.01

Lot 1



JOB COPY

PLUMBING
OCT 09 2020
APPROVED

CONSTRUCTION PERMIT

Date Issued 11/18/20
Control # C-20-003271
Permit #

IDENTIFICATION Block: 1205.01 Lot: 1 Qualifier
Work Site Location: 1010 FALKENBURG RD Brick Township, NJ
Owner in Fee: OSPREY MANAGEMENT LLC
1627 BAY AVE POINT PLEASANT NJ 08742
Telephone: (732) 996-6361

Contractor: TOM ROSTRON CO INC
Address: 2490 Tiltons Corner Road Wall NJ 08736-
Telephone: (732) 223-8221
Lic. No. or Bldrs. Reg. No. 13VH00573400 19HC00223800
Federal Employee. No. 22-3397127

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:
HVAC

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 $10,000

D Durman Jr 11/18/20
Construction Official Date

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR PLUM GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$340
Fire Protection	$375
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$19
CO Fee	
Other	$0
Total	$884
Check No.	
Cash	$0
Credit	$0
Collected By	

884
954

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.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP.20-01377
DATE ISSUED 12/3/20

BLOCK: 1205.01 LOT: 1 QUALIFIER: _____ SITE ADDRESS: 1010 Falkenburg Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Osprey Management LLC.
COMPLETE ADDRESS: 1627 Bay Ave
Point Pleasant 08742
PHONE # 732-996-6361 EMAIL: _____

2. NAME OF APPLICANT: Bill Suer (Tom Rostron Co.)
APPLICANT ADDRESS: 2490 Tilton Corner Rd
Wall
PHONE # 732-223-8221 EMAIL: permits@tomrostron.com

3. RESPONSIBLE PERSON FOR WORK: Bill Suer
PHONE# 732-223-8221 FAX# _____

4. SIGNATURE OF APPLICANT: Bill Suer

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: yes
EXISTING USE: Vetrenary
PROPOSED USE: Same
CONT.

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER Install 2 new condenser (Replacing one existing)

DESCRIPTION: _____

ZONING REVIEW:
DATE REVIEWED: 11-30-20 DATE DENIED: _____ DATE APPROVED: 11-30-20 INTLS: CL

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 12/3/20
Application Number: ZA-20-01551
Application Date: 11/18/2020
Project Number:
Permit Number: ZP-20-01377
Fee: $75.00

Zoning Permit

Worksite **1010 FALKENBURG RD**
Location: **Brick Township, NJ 08724**

Owner: **OSPREY MANAGEMENT LLC**
Address: **1627 BAY AVENUE**
POINT PLEASANT, NJ 08742

Applicant: **TOM ROSTRON CO INC**
Address: **2490 Tiltons Corner Road**
Wall, NJ 08736-

Block: **1205.01** Lot: **1** Qualifier: Zone: **B-3**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Commercial**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Commercial**

Work Description:

Air-Conditioner Condenser Unit - (2) New A/C Units

The A/C units must be setback at least 75' from the front property line, 37.5' from the second frontage on Jack Martin Blvd., 30' from the side property line and 50' from the rear property line.

Additional Zoning Permit is required for additional work.

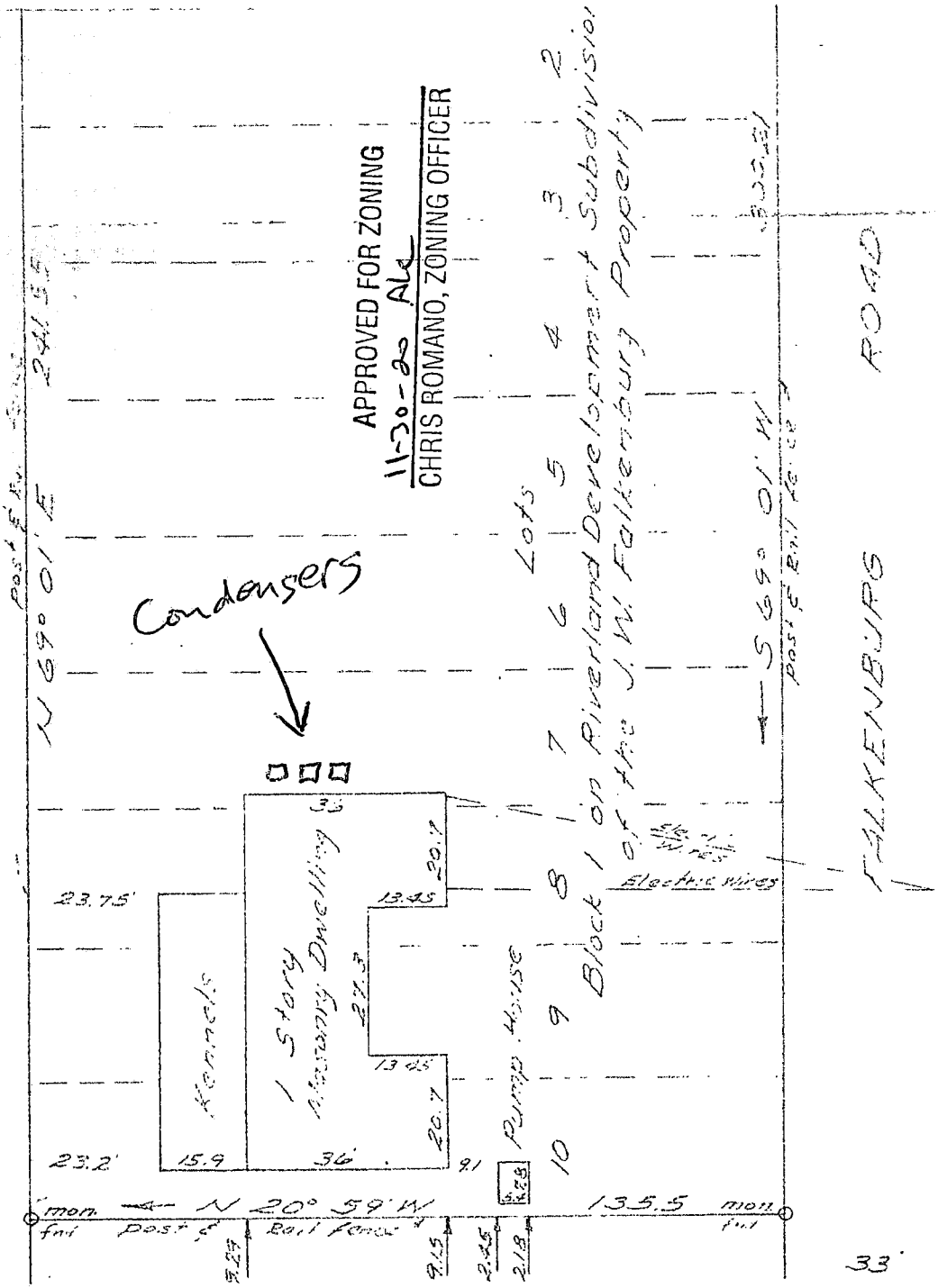
Application Approved Date: 11/30/2020

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer

11/30/2020
Date



PREMISES SURVEYED FOR

Dr EUGENE ROSZKO

BRICK TOWNSHIP, OCEAN COUNTY, N. J.

SURVEYED JULY 12, 1961 **SCALE: 1" = 30**

Certified to Ocean County National Bank.

MORRIS & GLASGOW, INC.

1119 ARNOLD AVENUE

POINT PLEASANT BORO, N. J.

MAP No. 2-540

BOOK 4136

TOM ROSTRON
"Your Indoor Climate Specialists"
HEATING • AIR CONDITIONING
www.tomrostron.com

2490 Tilton Corners Road
Wall, NJ 07719

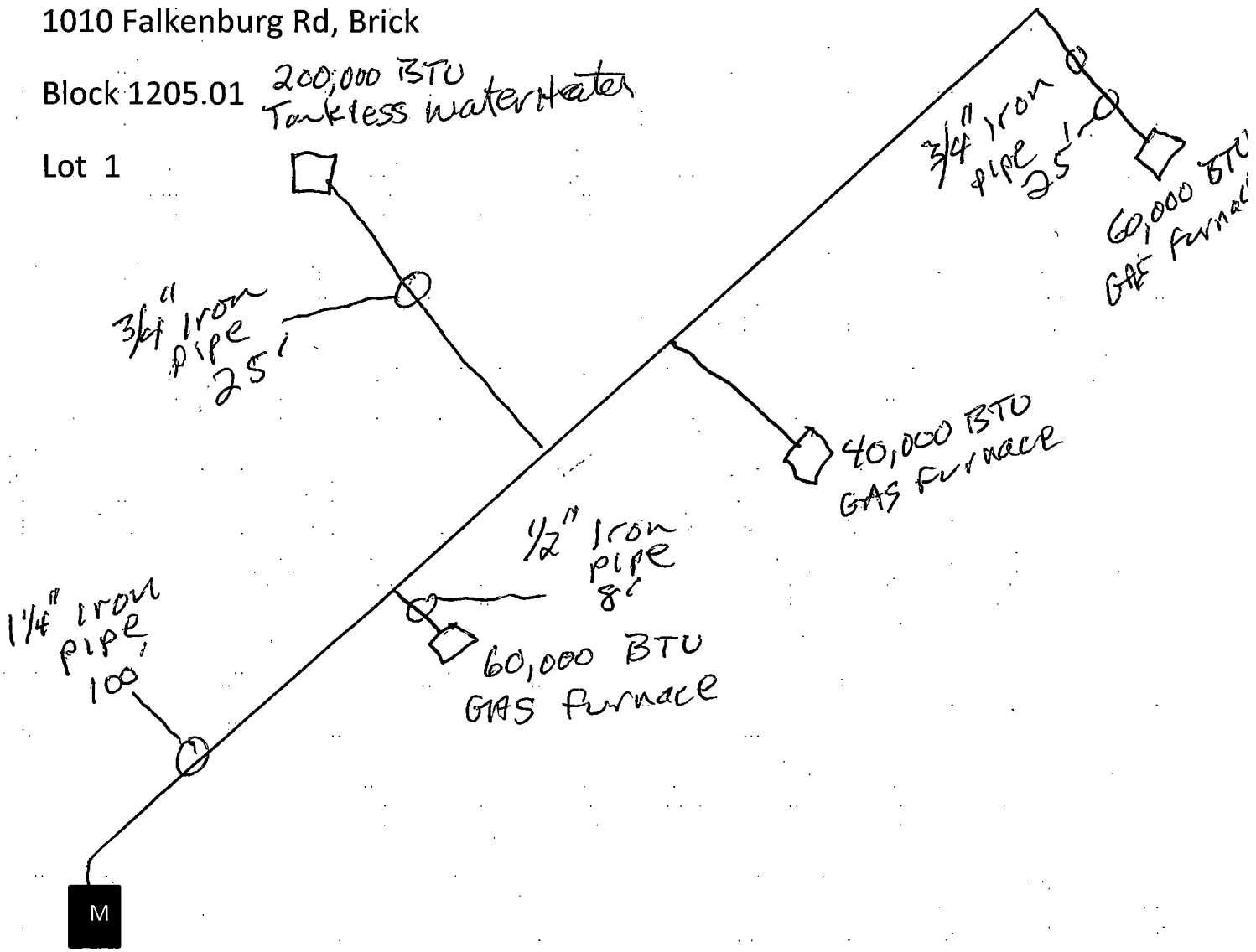
732-223-8221
Fax: 732-223-9380

Gas Diagram

1010 Falkenburg Rd, Brick

Block 1205.01

Lot 1



FILE COPY

PLUMBING

OCT 09 2020

APPROVED

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1205.01 LOT 1 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1010 Falkenburg Rd

Owner in Fee Osprey Management

Verifying Individual Bill Suer Company Tom Rostron Co.

Address 2490 Tilton Corner Rd (Street) Wall (City) NJ (State) 07719 (Zip Code)

Tel: (732) 223-8221 Fax: (732) 965-2632

Check the Appropriate Box(es):

Type of Replacement:

- [X] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size 4"

- [X] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other:	60,000
Appliance 2:	Furnace	Oil / (Gas) / Other:	60,000
Appliance 3:	Furnace	Oil / (Gas) / Other:	40,000

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

(3)

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Bill Suer (Signature) 9-28-2020 (Date)

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ (Signature) _____ (Date)

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ (Signature) _____ (Date)

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ (Signature) _____ (Date)

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

Township of Brick

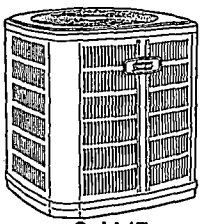
HVAC CHECKLIST- COMMERCIAL

REVISED 12/29/16

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely	Yes X	No ___
2. Zoning Application completely filled out for all outside mechanicals that are either **new, being relocated or raised on a platform**	Yes X	No ___
3. Engineering Form completely filled out for all outside mechanicals that are either **new, being relocated or raised on a platform**	Yes X	No ___
4. Four true size surveys/site plans to scale showing all dimensions & setbacks of existing and proposed exterior HVAC equipment.	Yes X	No ___
5. Bldg/Elec/Plmb/Fire Tech Sub-code Forms completed	Yes X	No ___
6. Two (2) copies of drawings for the platform and/ductwork	Yes ___	No ___
7. Two (2) gas pipe drawings – BTU's , length and size of pipe - only needed if gas piping is **new or altered**	Yes X	No ___
8. Chimney Verification Form	Yes X	No ___
9. Brochures for all units being installed Manufacturers installation requirements including clearances	Yes X	No ___

NOTE: If doing an Electric to Gas Conversion a Heat Loss Calculation is required

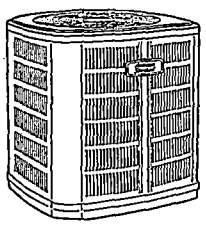
Split System Cooling
Single Phase – 1½-5 Tons



Gold 17
(Two Stage)

Table SC-3-A — Gold 17 R-410A Split System Two Stage Cooling (70/100% capacity)

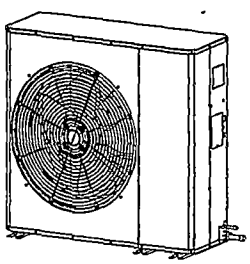
Model Number	Power Supply	Nom. Cap. Cooling (BTUH)	Uncrated Dimensions(in.) H	W	D	Shipping Weight (lbs.)	Sound** Rating	MCA*	Max. Fuse*	Line Size (in) OD Gas	OD Liq.
4A7A7024A1000B	208/230/1/60	24,000	41	37	34	276	72	15	25	5/8	3/8
4A7A7036A1000B	208/230/1/60	36,000	45	37	34	283	72	20	35	3/4	3/8
4A7A7048A1000B	208/230/1/60	48,000	45	37	34	291	73	27	45	7/8	3/8
4A7A7048B1000A	208/230/1/60	48,000	45	37	34	296	73	28	45	7/8	3/8
4A7A7060A1000B	208/230/1/60	60,000	45	37	34	312	74	37	60	1 1/8	3/8



Silver 16
(Single Stage)

Table SC-3-B — Silver 16 R-410A Split System Single Stage Cooling

Model Number	Power Suppy	Nom. Cap. Cooling (BTUH)	Uncrated Dimensions(in.) H	W	D	Shipping Weight (lbs.)	Sound** Rating	MCA*	Max. Fuse*	Line Size (in) OD Gas	OD Liq.
4A7A6018J1000A	208/230/1/60	18,000	29	33	30	189	73	12	20	3/4	3/8
4A7A6024J1000B	208/230/1/60	24,000	29	33	30	190	71	13	20	3/4	3/8
4A7A6030J1000A	208/230/1/60	30,000	37	33	30	220	71	17	25	3/4	3/8
4A7A6036J1000A	208/230/1/60	36,000	37	37	34	246	69	18	30	3/4	3/8
4A7A6042J1000A	208/230/1/60	42,000	45	37	34	302	70	21	35	7/8	3/8
4A7A6048J1000A	208/230/1/60	47,000	45	37	34	306	70	24	40	7/8	3/8
4A7A6049J1000A	208/230/1/60	48,000	45	37	34	322	70	26	40	7/8	3/8
4A7A6060J1000A	208/230/1/60	57,500	45	37	34	327	70	32	50	1 1/8	3/8
4A7A6061J1000A	208/230/1/60	60,000	45	37	34	327	74	32	50	1 1/8	3/8



Silver 16
(Single Stage)

Table SC-3-C — Silver 16 R-410A Side Discharge Single Stage Cooling

Model Number	Power Supply	Nom. Cap. Cooling (BTUH)	Uncrated Dimensions(in.) H	W	D	Shipping Weight (lbs.)	Sound** Rating	MCA*	Max. Fuse*	Line Size (in) OD Gas	OD Liq.
4A7L6018A1000A①	208/230/1/60	18,000	36	40	15	165	70	12	20	3/4	3/8
4A7L6024A1000A①	208/230/1/60	23,000	36	40	15	165	70	13	20	3/4	3/8
4A7L6030A1000A①	208/230/1/60	29,000	36	40	15	180	71	17	25	3/4	3/8
4A7L6036A1000A①	208/230/1/60	35,000	36	47	18	242	72	19	30	3/4	3/8
4A7L6042A1000A1	208/230/1/60	41,000	36	47	18	243	73	22	35	7/8	3/8
4A7L6048A1000A1	208/230/1/60	47,000	36	47	18	243	73	24	40	7/8	3/8
4A7L6060A1000A①	208/230/1/60	57,000	42	47	18	263	73	31	50	1-1/8	3/8

① For coastal applications where units are installed within one (1) mile of salt water, epoxy coated models are available for order. Model numbers with "COT" in the eleventh (11) through thirteenth (13) digits represent an epoxy coated coil.
Example: 4A7L6036A1COTA These models have an 8 week lead time after order.

* Information subject to change. Please confirm with current Product Data/Service Facts for current factory production.

** Rated in accordance with AHRI Standard 270-2008 (Min/Max when applicable).

For complete equipment / combination selections, installation instructions and warranty information, please refer to Product Data/Ratings and/or Installers Guides and Limited Warranty Handbooks.

Effective 1/1/19
14-1011-36

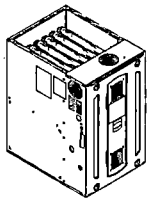
BUILT TO A HIGHER STANDARD®

American Standard®

HEATING & AIR CONDITIONING

S8X2 – Two Stage ECM

Table FUR-11-A — S8X2 2 Stage, Upflow/Downflow/Horizontal Left/Horizontal Right, Non-Condensing, Induced Draft Gas Furnace (120/1/60)②



S8X2
4-Way
Multi-Poise

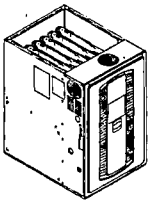
Unit Model No.	Airflow In Tons	Output (Btuh) Stage 2	Output (Btuh) Stage 1	ICS① AFUE	Flue Size (in)	Ignition Device	Uncrated Dimensions (in.) H x W x D	Shipping Weight (lbs.)	Max Fuse*	Filter Sizes**
S8X2A040M3PSAA	2-3	32,000	20,800	80.0	4	③	34 x 14½ x 28¾	102	15	14 x 25 x 1
S8X2B060M3PSAA	3	48,000	31,200	80.0	4	③	34 x 17½ x 28¾	130	15	16 x 25 x 1
S8X2B060M4PSAA	4	48,000	31,200	80.0	4	③	34 x 17½ x 28¾	132	15	16 x 25 x 1
S8X2B080M4PSAA	3-4	64,000	41,600	80.0	4	③	34 x 17½ x 28¾	137	15	16 x 25 x 1
S8X2C080M5PSAA	4-5	64,000	41,600	80.0	4	③	34 x 21 x 28¾	142	15	20 x 25 x 1
S8X2C100M5PSAA	4-5	80,000	52,000	80.0	4	③	34 x 21 x 28¾	144	15	20 x 25 x 1
S8X2D120M5PSAA	5	96,000	67,200	80.0	4	③	34 x 24½ x 28¾	160	15	24 x 25 x 1
Low NOx Models ④										
S8X2A040M3PTAA	2-3	32,000	20,800	80.0	4	③	34 x 14½ x 28¾	102	15	14 x 25 x 1
S8X2B060M3PTAA	3	48,000	31,200	80.0	4	③	34 x 17½ x 28¾	130	15	16 x 25 x 1
S8X2B060M4PTAA	4	48,000	31,200	80.0	4	③	34 x 17½ x 28¾	132	15	16 x 25 x 1
S8X2B080M4PTAA	3-4	64,000	41,600	80.0	4	③	34 x 17½ x 28¾	137	15	16 x 25 x 1
S8X2C080M5PTAA	4-5	64,000	41,600	80.0	4	③	34 x 21 x 28¾	142	15	20 x 25 x 1
S8X2C100M5PTAA	4-5	80,000	52,000	80.0	4	③	34 x 21 x 28¾	144	15	20 x 25 x 1
S8X2D120M5PTAA	5	96,000	67,200	80.0	4	③	34 x 24½ x 28¾	160	15	24 x 25 x 1

① Isolated Combustion System.
② 9 Speed direct drive motor is an ECM constant torque motor.
③ Silicon Nitride Igniter.
④ These models comply with California 40ng/J Low NOx regulations.
* Information subject to change. Please confirm with current Product Data/Service Facts for current factory production.
** Filters are not shipped with furnace.

Furnaces

S8X1 – Single Stage ECM

Table FUR-11-B — S8X1 1 Stage, Upflow/Downflow/Horizontal Left/Horizontal Right, Non-Condensing, Induced Draft Gas Furnace (120/1/60)②



S8X1
4-Way
Multi-Poise

Unit Model No.	Airflow In Tons	Nominal Output (Btuh)	ICS① AFUE	Flue Size (in)	Ignition Device	Uncrated Dimensions (in.) H x W x D	Shipping Weight (lbs.)	Max Fuse*	Filter Sizes**
S8X1A026M2PSAA	2	20,800	80.0	4	③	34 x 14½ x 28¾	102	15	14 x 25 x 1
S8X1A040M3PSAA	2-3	32,000	80.0	4	③	34 x 14½ x 28¾	102	15	14 x 25 x 1
S8X1B040M2PSAA	2	32,000	80.0	4	③	34 x 17½ x 28¾	128	15	16 x 25 x 1
S8X1B060M3PSAA	3	48,000	80.0	4	③	34 x 17½ x 28¾	130	15	16 x 25 x 1
S8X1B060M4PSAA	4	48,000	80.0	4	③	34 x 17½ x 28¾	132	15	16 x 25 x 1
S8X1B080M4PSAA	3-4	64,000	80.0	4	③	34 x 17½ x 28¾	137	15	16 x 25 x 1
S8X1C080M5PSAA	4-5	64,000	80.0	4	③	34 x 21 x 28¾	142	15	20 x 25 x 1
S8X1C100M5PSAA	4-5	80,000	80.0	4	③	34 x 21 x 28¾	144	15	20 x 25 x 1
S8X1D120M5PSAA	5	96,000	80.0	4	③	34 x 24½ x 28¾	160	15	24 x 25 x 1
Low NOx Models ④									
S8X1A026M2PTAA	2	20,800	80.0	4	③	34 x 14½ x 28¾	102	15	14 x 25 x 1
S8X1A040M3PTAA	2-3	32,000	80.0	4	③	34 x 14½ x 28¾	102	15	14 x 25 x 1
S8X1B040M2PTAA	2	32,000	80.0	4	③	34 x 17½ x 28¾	128	15	16 x 25 x 1
S8X1B060M3PTAA	3	48,000	80.0	4	③	34 x 17½ x 28¾	130	15	16 x 25 x 1
S8X1B060M4PTAA	4	48,000	80.0	4	③	34 x 17½ x 28¾	132	15	16 x 25 x 1
S8X1B080M4PTAA	3-4	64,000	80.0	4	③	34 x 17½ x 28¾	137	15	16 x 25 x 1
S8X1C080M5PTAA	4-5	64,000	80.0	4	③	34 x 21 x 28¾	142	15	20 x 25 x 1
S8X1C100M5PTAA	4-5	80,000	80.0	4	③	34 x 21 x 28¾	144	15	20 x 25 x 1
S8X1D120M5PTAA	5	96,000	80.0	4	③	34 x 24½ x 28¾	160	15	24 x 25 x 1

① Isolated Combustion System.
② 9 Speed direct drive motor is an ECM constant torque motor.
③ Silicon Nitride Igniter.
④ These models comply with California 40ng/J Low NOx regulations.
* Information subject to change. Please confirm with current Product Data/Service Facts for current factory production.
** Filters are not shipped with furnace.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of Electrical Contractors

HAS LICENSED

TURBO ELECTRIC INC
GLEN R BROWN
811 WOODWILD DRIVE
PT PLEASANT NJ 08742-4552

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

02/08/2018 TO 03/31/2021
VALID

34EB01477000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED

PLEA
IF YOUR LIC
CERTIFICAT
PLEASE NO
Board of Exa
P.O. Box 450
Newark, NJ 0

PLEASE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of Electrical Contractors

HAS LICENSED

GLEN R. BROWN
811 WOODWILD DRIVE
PT PLEASANT NJ 08742-4552

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Contractor

02/07/2018 TO 03/31/2021
VALID

34EI01477000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
GLEN R. BROWN
Electrical Contractor

02/07/2018 TO 03/31/2021
VALID

SIGNATURE

34EI01477000
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Board of Exam. of Electrical Contrac
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

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New Jersey Office of the Attorney General
Division of Consumer Affairs

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NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

TOM ROSTRON CO., INC.
Tom Rostron
2490 Tiltons Corner Rd.
Wall NJ 07719

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/16/2020 TO 03/31/2021
VALID

13VH00573400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
TOM ROSTRON CO., INC.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

03/16/2020 TO 03/31/2021
VALID

SIGNATURE

ACTING DIRECTOR

13VH00573400
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

800
TIFICATION #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Examiners of HVACR Contract
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors
HAS LICENSED
Thomas L. Rostron Jr.
Master HVACR Contractor

04/30/2020 TO 06/30/2022
VALID

SIGNATURE

19HC00223800
License/Registration/Certificate #

ACTING DIRECTOR

OCEAN COUNTY CLERK'S OFFICE
RECORDING DOCUMENT
COVER SHEET

SCOTT M. COLABELLA
OCEAN COUNTY CLERK
P.O. BOX 2191
TOMS RIVER, NJ 08754-2191
(732) 929-2110
www.oceancountyclerk.com

2

INSTR # 2020085437
OR BK 18002 PG 1794
RECORDED 08/11/2020 10:17:10 AM
SCOTT M. COLABELLA, COUNTY CLERK
OCEAN COUNTY, NEW JERSEY
RTF TOTAL TAX $1,910.00

OFFICIAL USE ONLY

DATE OF DOCUMENT: *(Enter Date as follows:00/00/0000)*

JUL 27 2020

TYPE OF DOCUMENT: *(Select Doc Type from Drop-Down Box)*

DEED

COUNTY OF OCEAN
CONSIDERATION 325,000
REALTY TRANSFER FEE 1910
DATE 8/11/2020 BY CR

OFFICIAL USE ONLY - REALTY TRANSFER FEE

FIRST PARTY NAME: *(Enter Last Name, First Name)*

Richardson, T. Gregg
Richardson, Tara

SECOND PARTY NAME: *(Enter Last Name, First Name)*

Osprey Management LLC

ALL ADDITIONAL PARTIES: *(Enter Last Name, First Name)*

RETURN NAME AND ADDRESS:

William Gage, Esq.
536 Lake Avenue
Bay Head, NJ 08742

THE FOLLOWING SECTION IS REQUIRED FOR DEEDS ONLY

BLOCK: 1205.01

LOT: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

MUNICIPALITY: *(Select Municipality from Drop-Down Box)* BRICK

CONSIDERATION: $ 325,000.00

MAILING ADDRESS OF GRANTEE: *(Enter Street Address, Town, State, Zip Code)*

Street Address 1627 Bay Avenue Town Point Pleasant State NJ Zip 08742

all cash

THE FOLLOWING SECTION IS FOR
ORIGINAL MORTGAGE BOOKING & PAGING INFORMATION FOR ASSIGNMENTS, RELEASES,
SATISFACTIONS, DISCHARGES & OTHER ORIGINAL MORTGAGE AGREEMENTS ONLY

ORIGINAL BOOK:

ORIGINAL PAGE:

OCEAN COUNTY CLERK'S OFFICE RECORDING DOCUMENT COVER SHEET

Please do not detach this page from the original document as it contains important recording information and is part of the permanent record.

Deed

JUL 27 2020

This Deed is made on

BETWEEN T. Gregg Richardson by his Attorney in Fact Tara Richardson
Unmarried
whose post office address is 50 Bridge Road
Lumberton, NJ 08048

COUNTY OF OCEAN
CONSIDERATION 325,000
REALTY TRANSFER FEE 1910-
DATE 7/11/2020 BY

referred to as the Grantor,
AND Osprey Management LLC

whose post office address is 1627 Bay Avenue
Point Pleasant, NJ 08742

referred to as the Grantee.

The words "Grantor" and "Grantee" shall mean all Grantors and all Grantees listed above.

1. **Transfer of Ownership.** The Grantor grants and conveys (transfers ownership of) the property (called the "Property") described below to the Grantee. This transfer is made for the sum of $325,000.00
Three Hundred Twenty-Five Thousand Dollars and No Cents.

The Grantor acknowledges receipt of this money.

2. **Tax Map Reference.** (N.J.S.A. 46:26A-3) Municipality of Brick
Block No. 1205.01, Lot No(s) 2, 3, 4, 5, 6, 7, 8, 9, 10, Qualifier No. _____ and Account No. _____.
☐ No lot and block or account number is available on the date of this Deed. (Check box if applicable.)

3. **Property.** The Property consists of the land and all the buildings and structures on the land in the Township of Brick, County of Ocean and State of New Jersey.
The legal description is:

☒ Please see attached Legal Description annexed hereto and made a part hereof. (Check box if applicable.)

Being the same premises conveyed to T. Gregg Richardson and Diana Richardson, husband and wife, by Deed from Eugene John Roszko and Eileen K. Roszko, husband and wife, dated 4/10/1990 and recorded 4/20/1990 in the Ocean County Clerk's Office in Deed Book 4829, Page 136.

The said Diana Richardson passed away on 6/13/2016 thereby vesting title in T. Gregg Richardson as surviving tenant by the entirety.

Prepared by:
Celeste D. Miller, Esq.

(For Recorder's Use Only)

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 1205.01 **LOT** 1 **ADDRESS** 1010 Falkenburg Rd, Brick

IDENTIFICATION:

1. WORK SITE ADDRESS 1010 Falkenburg Rd
2. APPLICANT Bill Suer (for Tom Rostron Co)
3. NAME OF OWNER IN FEE Osprey Management
   ADDRESS 1627 Bay Ave, Point Pleasant 08742
   PHONE 732-996-6361 EMAIL _____
4. PRINCIPAL CONTRACTOR Tom Rostron Co.
   ADDRESS 2490 Tilton Corner Rd
   PHONE 732-996-6361 EMAIL permits@tomrostron.com
5. ARCHITECT OR ENGINEER _____
   ADDRESS _____
   PHONE _____ EMAIL _____
6. RESPONSIBLE PERSON FOR WORK Bill Suer
   ADDRESS 2490 Tilton Corner Rd Wall NJ 07719
   PHONE 732-273-8221 EMAIL permits@tomrostron.com

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS _____

DRAINAGE EASEMENTS _____

UTILITY EASEMENTS _____

CONSERVATION EASEMENTS _____

FEMA REQUIREMENTS _____

D.E.P. PERMITS _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER _____

APPROVED DATE _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☒ DESCRIPTION Install 3 gas furnaces and 3 condensers

ENGINEERING REVIEW:

DATE RECEIVED DATE REJECTED DATE APPROVED INITIALS