BLOCK 1205.02 LOT 1.02 ADDRESS (SITE) 220 PAGE DR. PERMIT NO. 1610-96

RECEIVED
JUN 4 1996
DIV. OF CODES

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 220 PAGE DR. Brick
2. Name of Owner in Fee: LIZ CONST Te [redacted]
   Address P.O. Box 143 ALLENWOOD. N.J 08720 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: LIZ CONST. Tel. (908) 223-4006
   Address P.O. Box 143 ALLENWOOD. N.J. 08720
   License No. OR, if new home, Builder Reg. No. 009644 Exp. Date 7/31/97
   Federal Emp. No. 22.2538000 Social Security No. ____
5. Architect or Engineer JEREMIAH J. REGAN Tel. (908) 308-0444
   Address 144 MERCER ROAD. COLTS NECK.
6. Responsible Person in Charge of Work ARTUR C. DO OLITEIRO Tel. (908) 223-4006

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	574-	35-	
2. Electrical				
3. Plumbing		170		
4. Fire Protection		140		
5. Elevator Devices				
6. Subtotal	$	884-		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		48-		
10. Subtotal	$			
11. Cert. of Occupancy		88-		
12. Other 2PH		$30	15-	
13. TOTAL	$	1050-00		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	28 ft.	
3. Area—Largest Floor	974 sq. ft.	
4. New Building Area	1706 sq. ft.	
5. Volume of New Structure	30,422 cu. ft.	
6. Construction Classification	R-3	
7. Total Land Area Disturbed	____ sq. ft.	
8. Flood Hazard Zone	____	
9. Base Flood Elevation	____ ft.	
10. Wetlands yes	____ sq. ft.	
no	____	
11. Max. Live Load	____	
12. Max. Occupancy Load	____	

II. PROPOSED WORK

dwelling

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☑ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☑ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	60,000.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
ARP	6/4/96		6/26/96		6/19/97		
			6/24/96		6-17-97		
			6-11-96		6-17-97		
			6-28-96		5/25/97		
EWG	6/10/96		6/10/96				

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10404774

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

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

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

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

(✓) Check if contractor.

Agent Name ARTHUR C. DE OLIVEIRA

Address P.O. BOX 143 ALLENWOOD, N.J. 08720

Telephone (908) 223-4006

Signature _____ Date _____

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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. 1610	6/24/97			
☐ Certificate of Approval	No.				

CONSTRUCTION PERMIT

Date Issued 7/1/96
Control #
Permit # 1610-96

IDENTIFICATION Block 1205.02 Lot 1.02

Work Site Location 320 Front St

Owner in Fee [illegible]

Address [illegible]

Tele. [redacted]

Contractor Lic Contractor

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. [illegible]

or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

SF dwelling

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 $ 100,000.-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	574.-
Plumbing	170.-
Electrical	140.-
Fire Protection	
Other	
Other	
DCA Training Fee	[illegible]
Cert. of Occ.	[illegible]
Other	[illegible]
Total	[illegible]
Check No.	1370
Cash	
Collected By:	[illegible]

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Update Issued 6/24/97
Control #
Permit # 1610-96
Date Permit Issued

IDENTIFICATION Block 1205.02 Lot 1-02
Work Site Location 220 Page Dr.

Owner in Fee LIZ CONST
Address P.O Box 143 ALLENWOOD

Tele. [redacted]

Contractor LIZ CONST
Address P.O Box 143 ALLENWOOD **** 1610*#

Tele. (908) 223-4016
Lic. No. or Bldrs. Reg. No. 009644
Federal Emp. No. 22-2538000
or Social Security No.

LOT 102 #	0.00
BUILDING	35.00
ZONEPLOT	15.00*
TOTAL	50.00
CASH	100.00
CHANGE	50.00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER:
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

ENG 6/23/97
SL. CIC

DESCRIPTION OF WORK:
4X7 Deck.

Estimated Cost of Work $ 50.-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	35
Electrical 06/24/97 NO. 5 0004A005	00:38
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total ZAP	$15 50.-
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

SUBCODE
TECHNICAL SECTION

Date Issued 7/17/96
Control #
Permit # 1600-96

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

Block 1205.02 Lot 1.02
Work Site Location 220 PAGE DR. BRICK

Owner In Fee LIZ CONST.
Address P.O. Box 143 ALLENWOOD. N.J. 08720

Tele. [redacted]
Contractor LIZ CONST.
Address P.O. Box 143 ALLENWOOD. N.J. 08720

Tele. (908) 223-4006
Lic. No. or Bldrs. Reg. No. 009644
Federal Emp. No. 22-2538000 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Req.
[X] All — Date 6/24/96 Initial JC
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Failure Date	Failure Initial	Approval Date (Month/Day)	Approval Initial
Footing			7-17-96	JC
Foundation			8/2/96	Dan
Slab				
Frame	10/3/96	Dan	10/25/96	Dan
Insulation	10/25/96	Dan	10/29/96	Dan
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group R-3 Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 2
Height of Structure 28 Ft.
Area—Largest Floor 974 Sq. Ft.
New Bldg. Area/All Floors 1,706 Sq. Ft.
Volume of New Structure 30,222 Cu. Ft.
Total Land Area Disturbed 14,728 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 60,000
2. Alteration $
3. Total (1+2) $

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
As per prints including The Deck Basement/crawl.
No Zoning App for Deck JC

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE

$

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

10/3/96 Not framed according to plan. Chk notes ~1, 2, 8 + 10 and cut through center joist for plmg. in floor joist upper and lower level. J Dan

10/18/96 O/K to insulate per letter from Architect on Changes, with Chk repair to floor joist 1st floor on insulation inspection per attached copy. J Dan

10/25/96 Frame O/K insulation R-19 in Cathedral plan calls for R30 otherwise the rest is O/K 10/25/96 J Dan

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/1/96
Date Issued
Control #
Permit # 1610-96

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

Block 1205.02 Lot 1.02
Work Site Location 220 PAGE DR. BRICK

Owner in Fee LIZ CONST.
Address P.O. BOX 143 ALLENWOOD. N.J. 08720

Tele [redacted]
Contractor LIZ CONST.
Address P.O. BOX 143 ALLENWOOD. N.J. 08720

Tele. (908) 223-4006
Lic. No. or Bldrs. Reg. No. 009644
Federal Emp. No. 22-2538000 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/26/96	JC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 8/6/97		
Approved By: JC		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			7-17-96	Ken
Foundation			8/2/96	Ken
Slab				
Frame	10/3/96 Ken	10/8/96 Ken	10/25/96	Ken
Insulation	10/25/96 Ken		10/28/96	Ken
Finishes:	6/17/97 COVER	SC		
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group R-3 Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure 28 Ft.
Area—Largest Floor 974 Sq. Ft.
New Bldg. Area/All Floors 1,706 Sq. Ft.
Volume of New Structure 30,227 Cu. Ft.
Total Land Area Disturbed 14,428 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 60,000
2. Alteration $ _____
3. Total (1+2) $ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
As per prints including The Deck Basement/crawl.
No Zoning App for deck JC

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only) FEE

$ _____

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

U.C.C. Form F-110B

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

10/3/96 Not framed according to plan. Check notes #1, 2, 8 + 10 and cut through center joist for plmg. in floor joist upper and lower level. J Davis

10/18/96 O'K to insulate per letter from Architect on Changes, with check repair to floor joist 1st floor on insulation inspection per attached copy. J Davis

10/25/96 Frame O'K insulation has R-19 in Cathedral Ceiling plans calls for R-30 otherwise the rest of the house is O'K J Davis

6-17-97 No Flashing under gutter, 4x7 deck not on plan, after needs Zoning J.D.

6-18-97 Above Flashing O'K footing OK needs update for deck. JD

6-19-97 If Zoning is approved all else is O'K JS

RECEIVED
JUN 17 1997
DIV. OF INSPECTION

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/24/97
Date Issued
Control #
Permit # 1610-96

UPDATE

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

Block 1205-02 Lot 1-02
Work Site Location 220 Page Dr.

Owner in Fee LIZ CONSTRUCTION
Address P.O. Box 143 ALLENWOOD NJ 08720

Tele. [redacted]
Contractor LIZ CONSTRUCTION
Address P.O. Box 143 ALLENWOOD 08720

Tele. (908) 223-4006
Lic. No. or Bldrs. Reg. No. 009644
Federal Emp. No. 22-2538000 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

4X7 Deck

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 6/24/97		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other _____
  - [ ] Other _____
- [ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Brick. R.S. Ready. E - will call.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # SEP 18 96 0 0 8 5 6 0

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

Block 1205.02 Lot 1.02
Work Site Location 290 PAGE DRIVE
BRICK, NJ.
Owner in Fee NJ COAST LP
Address P.O BOX 113
RIVERWOOD, NJ.
Tele. ( )
Contractor EASTERN ELEC.
Address 175 EWING BLVD
BRICK, NJ.
Tele. (908) 350 3322
Lic. No. 4558
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3A Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as DWELLING Utility Co. GPU
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 5-28-97
Approved By: D. Lovelace

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			9.19.96	
Temporary			9.19.96	
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued 9.19.96 #26
Final Cut-in-Card Date Issued 5-28-97 #29
P.I.

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
18		Fixtures (1)	
30		Receptacles (2)	
20		Switches (3)	
68		Total 1 + 2 + 3	45-
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	3.5 Kw	A/C Unit	7-
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
1	15 Kw	Central heat: oil (gas) or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	150 Amp	Service Entrance	35-
		Other	

Paid [ ] Check # 1045
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 87.

U.C.C. Form F-120B RPF
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

5.28.97
(1) Needs EMT to Romex adapter for furnace sleeve.
(2) Lites in 2nd floor Bathroom & Master Bdrm not working

SEP 1 [illegible]

Brick
R
F
Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 7996 4917

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

Block 1705-02 Lot 1.02
Work Site Location 220 MAPLE AV. BRICK NJ
Owner in Fee LIZ CONST. P.O. BOX 143 ALLENWOOD.
Address SAME N.J. 08720
Tele. ( )
Contractor COASTAL ELEC CO
Address 175 QUILL DRIVE BRICK NJ
Tele. ( ) 920 3532
Lic. No. 4558
Federal Emp. No. 222323105 or Social Security No.

LOST NOT RANGE IN

10/10/96

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO (P) [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary 10/16/96				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Fixtures (1)	
40		Receptacles (2)	
20		Switches (3)	
75		Total 1 + 2 + 3	50
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	1.5 hp	Dishwasher	7
	hp	Garbage Disposal	
	Kw	Dryer	
1	3 TON	A/C Unit	7
		Burglar Alarms	
		Intercoms Panels	
7		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
1	15 Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
1	150 Amp	Service Entrance	35
		Other	

Paid [✓] Check # 1566
Collected by: RF

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 99.-
TOTAL FEE $

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

RPF

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/1/96
Date Issued
Control #
Permit # 16196

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

Block 1205-02 Lot 1.02
Work Site Location 220 PAGE DR. BRICK.

Owner in Fee LIZ CONST.
Address P.O.BOX 143 ALLENWOOD N.J. 08720

Tele [redacted]
Contractor BRICK TOWNSHIP HEATING & AIR CONDITIONING
Address 465 BRICK BLVD. BRICK N.J. 08723

Tele. (908) 477-3300
Lic. No.
Federal Emp. No. 21-0703175 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: BASEMENT
Total Est. Cost of Fire Prot. Work $ 2800.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 6/24/96
Approved by:

SUBCODE APPROVAL:
[✓] CO [ ] CCO [✓] CA
Date: 6/17/97
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Suppression Test				
Fire Alarm Test				
Smoke Test			6/17/97	
Mechanical	6/17/97		6/17/97	
TCO				
Other				
Other				
Other				

6/17/97 Stone NO Contact Left 6/17/97 Walker Dave,

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

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 ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC	7	35
Heat Detectors Battery Back up		
TOTAL		
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	3	105
OTHER		

Administrative Surcharge $ 140
Paid [ ] Check # Minimum Fee $
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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/1/96
Date Issued 16/10/96
Control #
Permit #

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

Block 1205-07 Lot 1.02
Work Site Location 220 PAGE DR. BRICK.

Owner in Fee LIZ CONST.
Address P.O.BOX 143 ALLENWOOD N.J. 08720

Tele. [redacted]

Contractor BRICK TOWNSHIP HEATING & AIR CONDITIONING
Address 465 BRICK BLVD. BRICK N.J. 08723

Tele. (908) 477-3300
Lic. No.
Federal Emp. No. 21-0703175 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: BASEMENT
Total Est. Cost of Fire Prot. Work $ 2800.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 6/24/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work 1&1

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC	7	35
Heat Detectors Battery Back up		
TOTAL		
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	3	105
OTHER		

Administrative Surcharge $ 140
Paid [ ] Check # Minimum Fee $
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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7/1/96
Date Issued
Control #
Permit # 1610-96

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

Block 1205.02 Lot 1.02
Work Site Location 22n PAGE DR. BRICK

Owner in Fee L17 CONSTRUCTION
Address P.O. Box 143 ALLENWOOD, N.J. 08720

Tele. [redacted]
Contractor Freudenberg Plg INC.
Address 812 Woodside Rd
Forked River NJ 08731
Tele. (609) 971-3543
Lic. No. 2371
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer Y / Private Septic _____
Water Service Size 3/4" Public Water Y / Private Well _____
Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-11-96
Approved by: Jeff

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: _____
Date: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Signature—Contractor—Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

170

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	14
	Urinal/Bidet	
1	Bath Tub	7
2	Lavatory	14
	Shower	
	Floor Drain	
1	Sink	7
1	Dishwasher	7
	Drinking Fountain	
1	Washing Machine	7
2	Hose Bibb	14
1	Water Heater	25
	Fuel Oil Piping	
1	Gas Piping	15
	~~Steam Boiler~~ FURN	25
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	25
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 170

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7/1/96
Date Issued
Control #
Permit # 1610-96

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

Block 1205.02 Lot 1.02
Work Site Location 220 PAGE DR. BRICK

Owner in Fee LIZ CONSTRUCTION
Address P.O. Box 143 ALLENWOOD, N.J. 08720

Tele. [redacted]
Contractor Tri-County P/G Inc.
Address 1812 Woodside Rd
Forked River NJ 08731
Tele. (609) 971-3543
Lic. No. 9371
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer ~~X~~ 1 Private Septic _____
Water Service Size ¾" Public Water ~~X~~ 1 Private Well _____
Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-11-96
Approved by: JoAH

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: 6-17-97
Date: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			9/14/96	[signature]
Water			3-27-97	[signature]
Sewer			3-27-97	[signature]
Fixtures			6-17-97	[signature]
Gas Equipment			6-17-97	[signature]
Gas Piping			9/14/96	[signature]
Solar				
TCO				

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.

[signature]
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	14
	Urinal/Bidet	
1	Bath Tub	7
2	Lavatory	14
	Shower	
	Floor Drain	
1	Sink	7
1	Dishwasher	7
	Drinking Fountain	
1	Washing Machine	7
2	Hose Bibb	14
1	Water Heater	25
	Fuel Oil Piping	
1	Gas Piping	15
	~~Steam Boiler~~ FURN	25
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	25
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 170

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

ZONING PERMIT

Date of Issue: June 17, 1997 1997 - 1890

Block 1205.02 Lot 1.02 Zone R-7.5

Property Address: 220 Page Drive

Owner: Liz Construction (Phone): [redacted]

Applicant: Arthur Outeiro (Phone): Same

Mailing Address: P.O. Box 143, Allenwood, N.J. 08720

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): 4' by 7' deck attached to rear of house.

Conditions: Deck must be setback at least 25' from the front property line, 6' from the side property line, and 15' from the rear property line.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not 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

pick-UP 5/29

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Liz Construction PHONE NO. 223-4006 (bus.)

ADDRESS: 1560 Holly Blvd. _____ (home)

Manasquan, NJ 08736

PROPERTY IN QUESTION: ADDRESS 220 ~~238~~ Page Dr. & Jack Martin

BLOCK(S) 1205.02 LOT(S) 1.02

BTMUA ACCOUNT NO. R296914 TAX MAP DRAWING NO. 61A

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS: INITIAL SERVICE CHARGES

WATER Page Dr. (STREET) 3/4" 1688.00 1" 2944.00

SEWER Page Dr. (STREET) 2292.00

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED.

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES.

DATE: 5/29/96 SIGNED: Joseph M. S. Siddiqui

NOTE: STATEMENT GOOD FOR ONE YEAR.

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.
6. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.

SIZING FOR WATER AND SEWER SERVICES

Property Owner LIZ CONSTRUCTION. Date 6/3/96

Property Address 220 PAGE DR. Block 1205.02 Lot 1.02

Zoning _____ Use Group _____

Contractor FREUDENBERG PLUMBING License No. Registration 2371

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

Total 13

Gallons per minute 10

Size of Service 3/4

Date: 6-11-96 Approved: _____

Brick Township Plumbing Inspector

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax: (908) 920-4850

FAX CORRESPONDENCE

(908) 262-8954

DATE: 08-07-96

To Fax Number: 458-7725 Pages to Follow: 2

Attention: PATTY

From: ALLISON BRICK TWP BLDG DEPT

Message: PER TODAYS PHONE CALL RE: 220 PAGE DRIVE

INSPECTOR: K Shafer

DATE: 6/13/97

JOB: —

SECTION: Off Jack Martin Blvd

TYPE OF WORK: Final

WEATHER: Rainy

LOCATION: 220 Page Dr

TEMPERATURE: 60°'s

BLOCK: 1205.02 LOT: 1.02

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	~~✓~~ see note 3
2. Grading		✓
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding		✓
6. Clean-up Procedures		✓
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

(1) Swale @ left side

(2) Clean up debris along rear

(3) Verify gravel base insp. w/ Stan (report)

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☒ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: K Shafer

JOB: —

SECTION: off Sudy Marvin Blvd

WEATHER: P+Cloudy

TEMPERATURE: 70°s

DATE: 6-18-97

TYPE OF WORK: Final (2nd)

LOCATION: 220 Page Dr

BLOCK: 1205.02 LOT: 1.02

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ PLANNING BOARD ENGINEER

[signature] MUNICIPAL ENGINEER

I ____________________, Authorized representative of ____________________, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within ______ days of the issuance of Certificate of Occupancy.

JJR
JEREMIAH J. REGAN, AIA
ARCHITECT

October 17, 1996

RECEIVED
OCT 1 0 1996
DIV. OF INSPECTION

Construction Offical
Building Department
401 Chambers Bridge Road
Brick Township, N.J. 08723

Re: Liz Construction (Lot 1.02 - Block 1205.02)

Dear Sir,

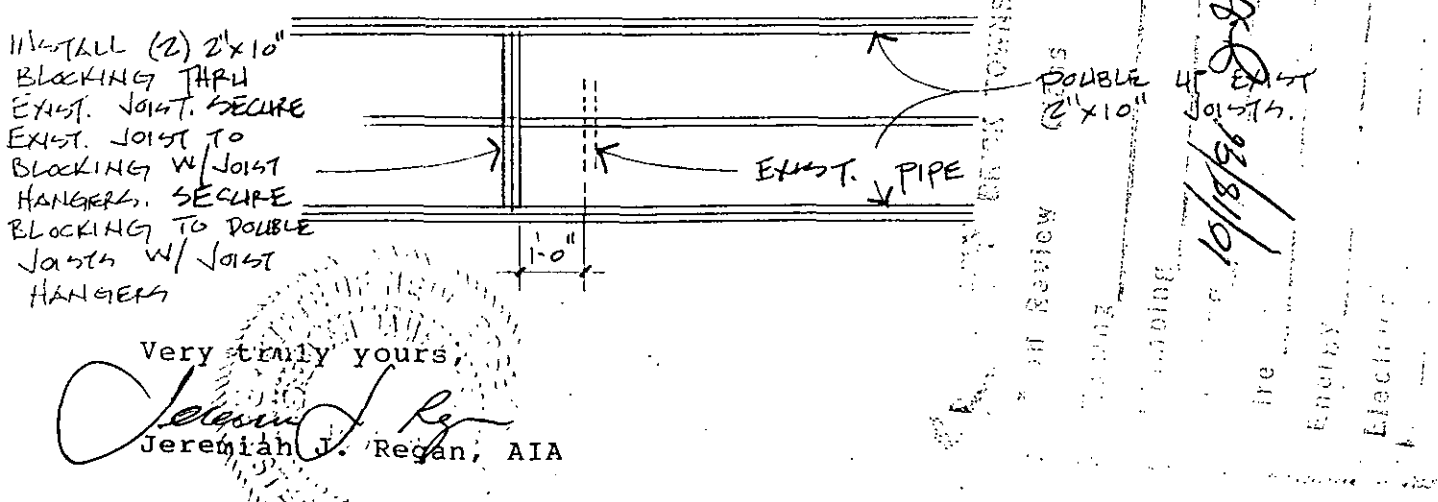
In reference to the above mentioned project, the following items shall be in addendum to the construction documents dated 5/14/96 and addendum letter dated 6/12/96.

#1 Item #2. Framing note #1 structural lumber shall be changed to Hem-Fir #2 or better (fb=1265 , E=1,600,000).

#2 Item #3. Framing note #2 shall be changed to eliminate double joists or solid blocking under base cabinets and bath and kitchen fixtures.

#8. Item #4. Framing note #8 states that "all headers shall be (2) 2"x10" with 2"x4" bottom plate unless other wise noted." The headers at Master Bedroom Bay and Garage O.H. door are other wise noted on plans and therefore the bottom plate is not required.

Item #5. See detail below;



Very truly yours,

Jeremiah J. Regan, AIA

144 MERCER ROAD, COLTS NECK, N.J. 07722 908-308-0444

JJR
JEREMIAH J. REGAN, AIA
ARCHITECT

October 17, 1996

RECEIVED
OCT 16 1996
DIV. OF INSPECTION

Construction Offical
Building Department
401 Chambers Bridge Road
Brick Township, N.J. 08723

Re: Liz Construction (Lot 1.02 - Block 1205.02)

Dear Sir,

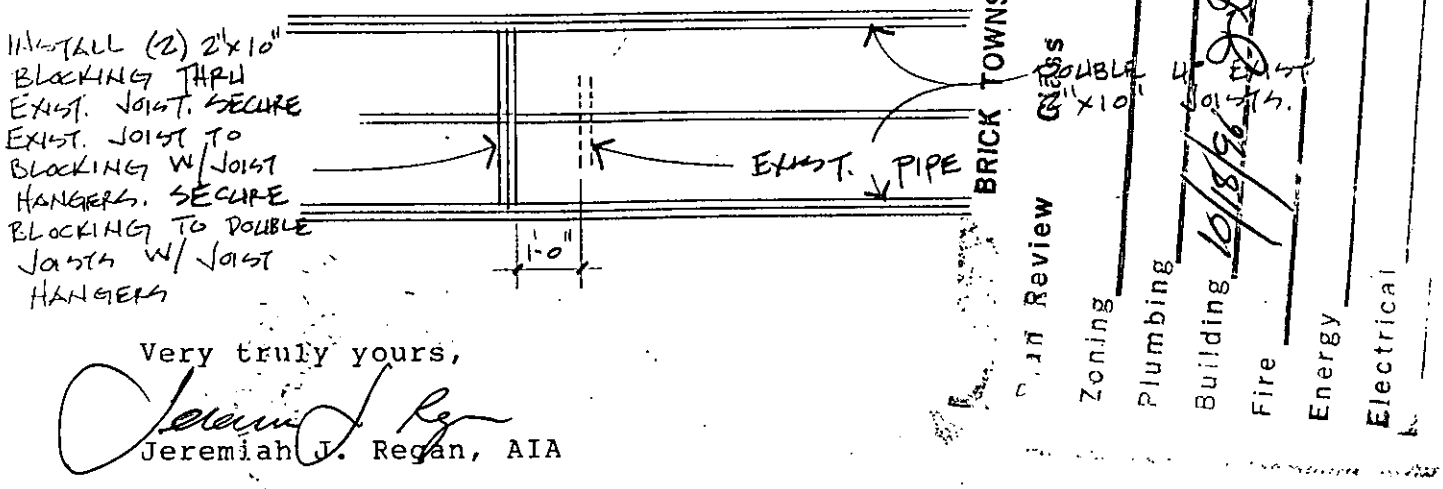
In reference to the above mentioned project, the following items shall be in addendum to the construction documents dated 5/14/96 and addendum letter dated 6/12/96.

#1 Item #2. Framing note #1 structural lumber shall be changed to Hem-Fir #2 or better (fb=1265 , E=1,600,000).

#2 Item #3. Framing note #2 shall be changed to eliminate double joists or solid blocking under base cabinets and bath and kitchen fixtures.

#8. Item #4. Framing note #8 states that "all headers shall be (2) 2"x10" with 2"x4" bottom plate unless other wise noted." The headers at Master Bedroom Bay and Garage O.H. door are other wise noted on plans and therefore the bottom plate is not required.

Item #5. See detail below;



Very truly yours,

Jeremiah J. Regan, AIA

144 MERCER ROAD, COLTS NECK, N.J. 07722 908-308-0444

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
CN 805
Trenton, NJ 08625-0805

97 JUN -9 PM 2:20

Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ **Check if for Common Elements***

1 Suzanne M Palya/Robert J Thieme
Name of Owner who will be first resident. **When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

Registered Builder-Warrantor**

2 Liz Construction
Name
P.O. Box 143
Street and Number (Mailing Address)
Allenwood, NJ 08720
City State Zip Code

Phone Number (908) 223-4006

NJ Builder Registration Number 009644

Print Builder Name Artur do Outeiro

Registered Builder's Signature

***Where title is transferred, the seller must be the registered builder and warrantor.*

New Dwelling Location

3 220 Page Drive
Street Name and Number

Building Number Unit Number Total Number of Units in Building
Brick 08724
City Zip Code
1205.02 1.02
Block Number Lot Number
Brick Ocean
Municipality County

Commencement Date of Warranty

4 Commencement Date*** 6 15 97
Month Day Year

****The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5 a.
Selling Price**** $137,500.
Amount of Premium $412.50
(Rate .003 × Selling Price)

*****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable.*

A premium payment is not required if this certificate is for common elements in a condominium development.

b.
☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

For Office Use Only

Total Contract Price _____

Amount of Premium $ _____
(1.25 × Total Contract Price × Rate _____)

FHA Mortgage

6 ☐ Check if FHA Mortgage
X FHA Case Number 351-326 10 10

☐ Check if VA Mortgage
VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8
- ☒ Single family detached (101)
- ☐ Townhouse (102)
- ☐ Two Family (103)
  - ☐ Side by Side
  - ☐ Top/Bottom
- ☐ Condominium—*three or four units in each building* (104)
- ☐ Condominium—*five or more units in each building* (105)

Construction Type (check one)

9
- ☐ Premanufactured (industrial or modular) (M)
- ☒ Conventional Construction (C)

Stories

10 Number of stories 2

Owner Type (check one)

11
- ☐ Condominium or Cooperative (C)
- ☐ Homeowners' Association—fee simple (H)
- ☒ No Homeowners' Association—fee simple (N)

PRED

12 PRED Registration or Exemption Number (R or E)

Note: See reverse side for assignment of property.

Note to Owner:
Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, NJSA 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years.

CERTIFICATE NUMBER
VALIDATION NUMBER
124858 JUN 11 97
WARRANTY NUMBER

7685c rev. 7/93

MUNICIPAL COPY