TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

840/0202

I. IDENTIFICATION

1. Proposed Work at: LAURELTON FIRE 918-4913
2. Owner Name: SAME. Tel. ( ) 370-2140 - C/O JOE JANORA
   Address 88 W. OLDEN ST
3. Principal Contractor: _____ Tel. ( ) _____
   Address _____
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: JIM HYERS Tel. ( ) 367-2636
   Address _____
5. Responsible Person in Charge of Work JOE JANORA. Tel. ( ) 370-2140

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☒ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ 700000.00
2. ☐	Plumbing	100.-
3. ☐	Electrical	100.-
4. ☐	Fire Protection	100.-
5. ☐	Other _____	_____
6. ☐	Other _____	_____
	TOTAL COST	$ 1 M.LL

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: FIRE HOUSE

If Change in Use Group, Indicate Former: B-

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure 20 Ft.
16. Area–Largest Floor 11742 Sq. Ft.
17. Bldg. Area–All Fls. 11742 Sq. Ft.
18. Volume of Structure 236608 Cu. Ft.
19. Total Land Area Disturbed 11742 Sq. Ft.

LDS BR 10208829

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE 5/12/88

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 847-4 LOT NO. 1-12 SUBDIVISION _____ PERMIT NO. 2295

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board	✓	✓															
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____		_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING			7-5-88	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 30m189			OK 6/1/87	5/29	
☒	PLUMBING			7/11-88		7-11-88 [illegible]
☐	ELECTRICAL					
☐	FIRE PROTECTION			7-8-88 JC		
☐	OTHER _____					OK SIT O.R.

Soil ok
Engok

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		12-15-89 JC	
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
✓	PLUMBING		12-14-89 JC	
✓	ELECTRICAL		11-20-89	
✓	FIRE PROTECTION		12-19-89 JC	
	OTHER _____		3/4/90 JC	

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☑ Certificate of Occupancy No. 2095	5-4-90
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 1656.24
PLUMBING	425.00
ELECTRICAL	•
FIRE PROTECTION	110.—
OTHER _____	•
SUBTOTAL	$ 2191.24
– LESS: 20% of subtotal (when plan review performed by state agency).	(219.12)
D.C.A. TRAINING FEE .0006 x 236660 sq ft =	141.96
CERTIFICATE OF OCCUPANCY	328.69
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 2881.01

DATE 5/1/88 Collected By [signature]

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •

CERTIFICATE

Date Issued 5-4-90
Control #
Permit # 2095

IDENTIFICATION

Block 847 Lot 1-12
Work Site Location 88 West Olden Street

Owner in Fee Laurelton Fire Co.
Address P.O. Box 312
Brick, NJ
Tele. ( )
Contractor U.M.I. Construction, Inc.
Address 1931 Baileys Corner Rd.
Wall, NJ 07719
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. none
Use Group B 2 hours
Maximum Live Load
Description of Work/Use:

Addition and renovation to Laurelton Fire House

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** xx☒ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cleary

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2695
DATE ISSUED 8-1-88
REVISION DATE
Block 8662-4 Lot 1-12
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Lavrelton Fire Co.
Address P.O. Box 312
Brick N.J.
Tel. (201) 370 2140
Work Site Address Rt 88w & Olden St

Contractor U.M.E. Const. INC.
Address 1931 Bailey's Corner Rd.
Wall, N.J. 07719
Tel. (201) 449-1235
Lic. No. N/A
Federal Emp. No. 185058 88

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

10,000 Sq. Ft.
Masonary Fire House

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☑ Addition
- ☑ Alteration/Renovation
  - ☑ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other 236,606 Cu Ft

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: B Present _____ Proposed

No. of Stories 2
Height of Structure 20' Ft.
Area–Largest Floor 11,742 Sq. Ft.
Estimated Cost of Building Work: $ I.M.

Total Building Area–All Floors 11742 Sq. Ft.
Volume of Structure 236,606 Cu. Ft.
Total Land Area Disturbed 2580 Sq. Ft.

D. COMMENTS

☒ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green - Office Copy White - Applicant Copy Pink - County Copy Manila Tag - Inspector - Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
8-8-88	OK SUPPORT FOOTING UNDER EXIST FOUNDATION
8/9/88	Support footings under existing foundation - J.C.
8/11/88	Support footings under existing foundation Rear wall - J.C.
8/12/88	" " " " " " J.C.
8/16/88	" " " " " " J.C.
8/17/88	" " " " " " J.C.
8/18/88	" " " " " " J.C.
8/19/88	" " " " " " J.C.
8/22/88	" " " " " " J.C.
8/23/88	" " " " " " J.C.
8/24/88	Footing for pre-cast wall (rear of bldg.) O.K. J.C.
8/31/88	80' of Rear wall O.K. to pour - J.C.
9/6/88	Remainder of footing for New Structure O.K. J.C. 9/21/88

Fire Grading: Maximum Live Load: 9/29/88 Footings for columns J.C. Maximum Occupancy Load: Remainder of Wall J.C.

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	2-5-88	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 12-15-89

Inspected By: J. Chrosler

INSPECTIONS 12-14-89 - INSUL MISSING ceiling / 2 FLOOR RAILING NEEDS

Type	Failure Dates			Approval Date
☒ Footing/Foundation			Foundation	9/14/88 J.C.
☒ Slab				11/9/88 J.C.
☒ Frame			Frame O.K.	1/18/89 J.C.
☐ Architectural				
☒ Insulation				5-30-89 J.C.
☑ Finishes	11-29-89 J.C.	12-14-89 J.C.		
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

BACK J.C. of TRUSS Bays

U.C.C. Form F-110 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 2095
DATE ISSUED 8-1-88
REVISION DATE
Block 847-4 Lot 1-12
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Lawrelton Fire Co.
Address P.O. Box 312
Brick N.J.
Tel. (201) 3702140
Work Site Address Rt 88 W & Olden Street.

Contractor U.M.T. Const. INC.
Address 1931 Baileys Corner RD.
Wall N.J. 07719
Tel. (201) 449-1235
Lic. No. N/A
Federal Emp. No. 185058 88

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☒ Partial (specify in comments)
No. of Heads: 25 No. of Spare Heads: _____
☒ Valves Supervised – Method: _____
Water Supply – Source: Atmua Size: 3
FD Connection Location: (2)
Estimated Cost of Work: $ _____ $45.-

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other ANSUL
Manual Pull: ☐ Yes ☐ No
Locations: Smoke & Heat Dector.
Estimated Cost of Work: $ _____ $35.-

B3. ALARM

TYPE: ☐ Manual ☒ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $30.-

B4. STAND PIPES

~~Pipe Size:~~ 3 Pump Size: 2½ x 6.
Water Source: City Size: _____
FD Connection Location: X 2
Hose Station: ☒ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

Emergency Lite Battery Back up $ _____
ANSUL $ _____
Exit Signs Battery Back up $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 110.-

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP B Present _____ Proposed
Heating Systems – Location: BASE.
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☒ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
11-29-89	Needs Suppression Syst. test on gas Valve & Exhust Hood & Cooking Area.
12-14-89	Rempected Bld. found it to Complia with Code no Cooking to be done in Bld till Seppression Syst is Tested & OK. gas Shut off.

JOB SUMMARY

- ☐ No Plans Required
- ☐ Plan Review Approved

Date: 7-5-88

Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 12-14-89

Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other	11-29-89			12-14-89
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 2093
DATE ISSUED 8-1-88
REVISION DATE
Block 847.4 Lot 1-12
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — *When changing contractors, notify this office*

Owner Laurelton Fire Co.
Address P.O. Box 312
Brick NJ
Tel. (201) 370-2140
Work Site Address Rt 88 W Olden St.

Contractor U.M.T. Const INC
Address 1931 Baileys Corner RD
Wall, N.J. 07719
Tel. (201) 449-1235
Lic.No./Bus. Permit N/A
Federal Emp. No. 185058B

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Harold G. Mauk
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
10	Water Closet/Bidet/Urinal	$ 50.-		Garbage Disposal	$
	Bathtub		5	Air Conditioner Unit	25.-
11	Lavatory/Sink	55.-		Indirect Connection	
10	Shower/Floor Drain	55.-	2	Sewer Ejector	50.-
	Washing Machine		1	Grease Trap	25.-
1	Dishwasher	5.-	1	Interceptor O.L	25.-
	Commercial Dishwasher		1	Backflow Device	25.-
1	Water Heater	5.-		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15.-	1	Vent Stack	10.-
	Steam Boiler			Solar System	
1	Water Util. Connection	15.-	1	Other Slop Sink	
1	Sewer Util. Connection		1	Other GAS	15.-
	Hose Bibb		2	Other Hair C.	
1	Water Cooler			Other	
	COLUMN 1	$ 200.-		COLUMN 2	$ 225.-

Fee	
COLUMN 1	$ 200.-
COLUMN 2	$ 225.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 425.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage – Material Cast Size 4, 3, 2
Building Sewer – Material " Size 6"
Water Service – Material 2 Copp Size 2"
Venting – Material Cast. Size 3, 4, 1½, 2

Estimated Cost of Plumbing Work: $

D. COMMENTS

THIS PERMIT DOES NOT AUTHORIZE, 6" w/s
SEWER CONNECTION
OBTAIN SEWER CONNECTION PERMIT 2" w/s
FROM ~~SEWER MUNICIPAL UTILITIES~~
AUTHORITY

☒ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 1416
DATE ISSUED 6-1-88
REVISION DATE
Block 356 Lot 430
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner JACK GeCORAH
Address 300 Highway 37
MIDDLETOWN NJ
Tel. (201) 671 4462
Work Site Address 17 Tunesbrook Dr

Contractor M. Hanck
Address 201 Lincoln Ave
Pine Beach
Tel. ( ) 244-1682
Lic.No./Bus. Permit 4760
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

M. Hanck
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
4	Water Closet/Bidet/Urinal	$ 20.-		Garbage Disposal	$
3	Bathtub	15.-	1	Air Conditioner Unit	15.-
7	Lavatory/Sink	35.-		Indirect Connection	
1	Shower/Floor Drain	5.-		Sewer Ejector	
1	Washing Machine	5.-		Grease Trap	
1	Dishwasher	5.-		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15.-		Vent Stack	10.-
	Steam Boiler			Solar System	
1	Water Util. Connection			Other GAS	15.-
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 105.-		COLUMN 2	$ 40.-

Fee	
COLUMN 1	$ 105.-
COLUMN 2	$ 40.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 145.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

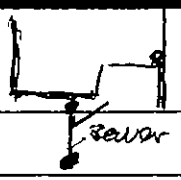
Drainage —	Material ABS	Size	3-2-1½
Building Sewer —	Material "	Size	4-3-2-1½
Water Service —	Material "	Size	1"
Venting —	Material "	Size	2-1½

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS
	
10/20/88	Storm Drain ok
10/20/88	3/4 K Copper Tanker fill see Red →
11/18/88	Lower floor Rough ok
01/10/89	Gas Pipe ok
11-29-89	ALL FIXTURES HAVE HOT + COLD SUPPLIES FED WITH HOT WATER.
	BASIN FAUCET IN LOWER LEVEL WOMEN'S REST ROOM NOT METERED.
	NO WATER IN LOWER LEVEL MEN'S ROOM BASIN.
	ROTATE GAS VALVE TO KITCHEN STOVE 90°'s TO MAKE ACCESSIBLE.

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved

Date: 7-25-88

Approved By: J. D. Spicer

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 12-14-89

Inspected By: J. D. Spicer

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				9/27/88 ok
☒ Rough				1/26/89 ok
☐ Water				
☒ Sewer				9/28/88
☐ Energy				
☒ Mechanical				2/10/89 ok
☐ TCO				
☐ Other				

U.C.C. Form F-130 (8/83)

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

6 Mott Place, CN 2191, Toms River, NJ 08754
Telephone: 201-244-7048

RECEIVED
JUN 30 1989
DIV. OF INSPECTION

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK Township

PROJECT: Addition to Laurelton Fire Co #1 SCD NO.: 3117

BLOCK NO.(s) 847.4 — LOT NO.(s) 1-12 —

Complete Compliance ☒ Temporary Compliance ☐

BLOCK NO.	LOT NO.	CONDITIONS

Total Fees Due: $—

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act. (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: Kenneth Jennings

Date: 6/28/89

Distribution: White-Township Canary-Applicant Pink-District

A4687

SIZING FOR WATER AND SEWER SERVICES

Property Owner Laurelton Fire Co Date 8/5/88

Property Address Rt 88 + Olden St Block 8479 Lot 1-2

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units		(dfu) Drainage Units	
1. Water Closet	8	(5)	40	(6)	48
2. Lavatory	9	(2)	18	(2)	18
3. Bath Tub		( )		( )	
4. Shower Stall	1	(4)	4	(2)	2
5. Kitchen Sink	3	(4)	12	(4)	12
6. Service Sink	1	(3)	3	(3)	3
7. Laundry Tray	1	(3)	3	(3)	3
8. Dishwasher	1	(3)	3	(3)	3
9. Washing Machine		( )		( )	
10. Urinal	2	(10)	20	(6)	12
11. Floor Drain	10	(0)		(3)	30
12. Drinking Fountain	1	(1)	1	(1)	1
13. Air Conditioner (water cooled)		( )		( )	
14. Dental Unit		( )		( )	
15. Lawn Sprinkler No. of Heads		( )		( )	
16. Fire Sprinkler No. of Heads		( )		( )	
17.		( )		( )	
18.		( )		( )	
Total			104		131

Gallons per minute 45

Size of Service 1½ Motor 4"

Date: 8/5/88

Approved: _____
Brick Township Plumbing Inspector

FELTZ ASSOCIATES Architects • Planners

Brick Building Dept.
401 Chambers Bridge Road
Brick, N.J. 08723

Att: Mr. Evaristo

105 BAY AVENUE • POINT PLEASANT, N.J. 08742 • (201) 892-0208

INSPECTOR: M. Sullivan

DATE: 5-3-90

JOB: Lamellino Fine Homes 90-1433

SECTION: —

TYPE OF WORK: Final Eng Insp.

WEATHER: overcast

LOCATION: K788

TEMPERATURE: 60's

BLOCK: 8017

LOT: 1-12

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway Parking Lot	✓	
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:

OK 4 Lots
1/+/90

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

5-4-90

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.