BLOCK 10330.05 LOT 32 QUALIFICATION CODE C10.33 ADDRESS (SITE) 85 OAK KNOLLS PERMIT NO. 01-3543

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 85 OAK KNOLLS
2. Name of Owner in Fee: MR+MRS GEORGE PIZZUTA Tel. [redacted]
   Address 85 OAK KNOLLS (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: RALPH MAIDA Tel. (732) 8703073
   Address 39 TECUMSEH AVE. OCEANPORT, N.J.
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 077406384 FAX: (732) 8703073
5. Architect or Engineer OWNER Tel [redacted]
   Address 85 OAK KNOLLS
6. Responsible Person in Charge of Work OWNER / CONTRACTOR
   Tel. [redacted]

ADDITION

NO machine

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 53	35	
2.	Electrical	35		
3.	Plumbing	253	95	
4.	Fire Protection		46	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	3		
10.	Subtotal	35		
11.	Cert. of Occupancy	35		
12.	Other	30	156	176
13.	TOTAL	$		

+A

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	2	
2.	Height of Structure	24' ft.	
3.	Area — Largest Floor	1490 sq. ft.	
4.	New Building Area	210 sq. ft.	
5.	Volume of New Structure	2100 cu. ft.	
	Construction Classification		
	Total Land Area Disturbed	210 sq. ft.	
	Flood Hazard Zone		
	Base Flood Elevation	ft.	
10.	Wetlands yes / no		
11.	Max. Live Load		
12.	Max. Occupancy Load		

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☑ Addition	28000				9-25-01	FM	12-17		
4.	☐ Alteration									
5.	☐ Fire Protection							12-14		
6.	☐ Plumbing							12-18		
7.	☑ Electrical	600				9/20-TO		12-14		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS		ENC	9/12/01		9/12/01	JJ			

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction ____
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 10502505

.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 X George J Pazzuto Jr Date 9-21-01

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

(✓) Check if contractor.

Agent Name RALPH MAIDA

Address 39 TECUMSEH AVE.

OCEANPORT, NJ 07757

Telephone (732) 8703073

Signature Ralph Maida

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.I. 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.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

L3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/26/2001
Control #
Permit # 01-3543

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1033.05 Lot 32 Qual

Work Site Location 65 OAK KNOLL
ADDITION
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor RALPH HAIDA
Address 39 TECUMSEH AVE
OCEANPORT, NJ 07757-
Telephone (732)870-3073
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 07-7406304

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FAMILY ROOM EXTENSION 17'5X12

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 30,000

Construction Official 09/26/2001

Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	53
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	35
Other ZFEE	30
Total	126
Check No.	253
Cash	
Collected By	MJR

156

09/26/01 12:48PM 000000#7071
XX02 SERV.002

#3543	
BUILDING	$53.00
ELECTRIC	$35.00
DCA	$3.00
C/O	$35.00
ZPA	$15.00
EPA	$15.00
CHECK	$156.00

035

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/05/2001
Control #
Permit # 01-3543+A
Permit Issued 09/26/2001

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 1033.05 Lot 22 Qual

Work Site Location 65 OAK KNOLL
GAS FIREPLACE-GAS PIPING
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08722-
Telephone [redacted]

Contractor RALPH MAIDA
Address 38 TECUMSEH AVE
OCEANPORT, NJ 07757-
Telephone (732)870-3073
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 07-7406324

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS FIREPLACE

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	25
Fire Protection	46
Elevator Devices	0
Other	
UCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	106
Check No.	260
Cash	
Collected By	MJE

Estimated Cost of Work $ 2,130

Construction Official 10/05/2001
Date

U.C.C. 5190 (rev. 3/96)

10/05/01 2:22PM 000000#7314
**02 SERV.002

#3543	
BUILDING	$35.00
PLUMBING	$25.00
FIRE	$46.00
CHECK	$106.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/01
Date Issued 9/26/01
Control # C10-33
Permit # 01-3543

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

Block 1033.05 Lot 32 Qual
Work Site Location 85 OAK KNOLL ADDITION
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor RALPH MAIDA
Address 39 TECUMSEH AVE
OCEANPORT, NJ 07757-
Tele.(732)870-3073 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 07-7406384

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

FAMILY ROOM EXTENSION 17'5X12

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-25-01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 12-17-01
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing	10/1/2001 (OH)		10/2/2001	KH
Foundation	10-4-01		10/10/2001	FM
Slab	10/3/2001			
Frame	No Inspection			
BarrierFree	10/23 (OH)			
Insulation			10/25/2001	KH
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/14/2001	KH
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	53
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 24 Ft.
Area Largest Floor 1,490 Sq. Ft.
New Bldg. Area/All Floors 210 Sq. Ft.
Volume of New Structure 2,100 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 28,000
2. Alteration $ 0
3. Total (1+2)$ 28,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 53
DCA Training Fee	$ 3

U.C.C. F110 (rev. 3/96)

Changed Plans - Span of opening also paralam carrying flush

10/23/2001 3½ X 16 Paralam.

18'4 cant. with Double 2x4 one end Ripped down - 2 x 10 to 8¼

Ledger for Steps J.K.S.

10-4-01 Plans Three Foundations Not Secured

10/1/2001 Changed no Plans Taken

[redacted]HIP OF BRICK
[redacted]1 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/03/2001
Date Issued ~~01/01/1954~~ 10-5-01
Control #
Permit # 01-3543+A

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

Block 1033.05 Lot 32 Qual
Work Site Location 85 OAK KNOLL
GAS FIREPLACE/GAS PIPING
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08723-
Tele[redacted]
Contractor RALPH MAIDA
Address 39 TECUMSEH AVE
OCEANPORT, NJ 07757-
Tele.(732)870-3073 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 07-7406384

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

GAS FIREPLACE

Check Clearances Per Manufacturer

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10-3-01	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-17-01
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12/14/2001	JAA
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

8. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,500
2. Alteration $ 0
3. Total (1+2)$ 1,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 35
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/2001
Date Issued 9/26/01
Control # C10-33
Permit # 01-3543

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

Block 1033.05 Lot 32 Qual
Work Site Location 85 OAK KNOLL
ADDITION
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor RALPH MAIDA
Address 39 TECUMSEH AVE
OCEANPORT, NJ 07757-
Tele. (732)870-3073 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 07-7406384

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

FAMILY ROOM EXTENSION 17'5X12

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-25-01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

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

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	53
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 24 Ft.
Area Largest Floor 1,490 Sq. Ft.
New Bldg. Area/All Floors 210 Sq. Ft.
Volume of New Structure 2,100 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 28,000
2. Alteration $ 0
3. Total (1+2) $ 28,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 53
DCA Training Fee	$ 3

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/2001
Date Issued 9/26/01 C1
Control # C10-33
Permit # 01-3545

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

Block 1033.05 Lot 22 Qual
Work Site Location 85 OAK KNOLL
ADDITION
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08723-
Tele[redacted]
Contractor RALPH MAIDA
Address 39 TECUMSEH AVE
OCEANPORT, NJ 07757-
Tele.(732)870-3073 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 07-7406384

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

FAMILY ROOM EXTENSION 17'5X12

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-25-01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

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

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	53
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 24 Ft.
Area Largest Floor 1,470 Sq. Ft.
New Bldg. Area/All Floors 210 Sq. Ft.
Volume of New Structure 2,100 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 20,000
2. Alteration $ 0
3. Total (1+2)$ 28,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 53
DCA Training Fee	$ 3

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/03/2001
Date Issued ~~01/01/1954~~ 10-5-01
Control #
Permit # 01-3543+A

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

Block 1033.05 Lot 32 Qual
Work Site Location 85 OAK KNOLL
GAS FIREPLACE/GAS PIPING
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor RALPH MALDA
Address 39 TECUMSEH AVE
OCEANPORT, NJ 07757-
Tele.(732)870-3073 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 07-7406384

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

GAS FIREPLACE

Check Clearances Per manufacturer

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10-3-01	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,500
2. Alteration $ 0
3. Total (1+2)$ 1,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 35
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/03/2001
Date Issued ~~01/01/1954~~ 10-5-01
Control #
Permit # 01-3543+A

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

Block 1033.05 Lot 32 Qual
Work Site Location 85 OAK KNOLL
GAS FIREPLACE/GAS PIPING
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor RALPH HAIDA
Address 39 TECUMSEH AVE
OCEANPORT, NJ 07757-
Tele.(732)870-3073 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 07-7406384

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

GAS FIREPLACE

Check Clearances Per Manufacturer

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10-3-01	FMM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,500
2. Alteration $ 0
3. Total (1+2)$ 1,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 35
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/01/2001
Date Issued 11/9/01
Control # C1-33
Permit # 01-4156

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

Block 1033.05 Lot 32 Qual
Work Site Location 85 OAK KNOLL DR
FENCE
Owner in Fee PIZZUTA JR. GEORGE
Address SAME
BRICK, NJ 08724-
Tele. [redacted]
Contractor JERSEY SHORE FENCE CO
Address 2199 RT 9
TOMS RIVER, NJ 08755-
Tele.(732)341-2001 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2037982

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

6' STOCKADE FENCE

30' From F.P.L.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	11-5-01	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 12-17-01
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12/14/2001	
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other FENCE	8
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present 0 Proposed 0
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 885
3. Total (1+2)$ 885

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 8
DCA Training Fee	$ 1

U.C.C. F110 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 9-26-01
Control #
Permit # 01-3543

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

Block 1033-5 Lot 32
Work Site Location 85 OAK KNOLLS
BRICKTOWN NJ
Owner in Fee/Occupant MR. MRS GEORGE PIZZUTA
Address 85 OAK KNOLLS
BRICKTOWN NJ
Tele. (732) [redacted]
Contractor HAROLD SOMMERLEY
Address 24 ETON PL
EATONTOWN NJ
Tele. (732) 542-0536 Fax ( ) _____
Lic. No. 6238
Federal Emp. N [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9/20/01
Approved by: TMD

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			6	
Temp. Serv.				
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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
6		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
11	5	TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

70
70

U.C.C. F120 (rev. 3/96)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-26-01
Control #
Permit # 01-3543

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

Block 1033-5 Lot 32
Work Site Location 85 OAK KNOLL
BRICKTOWN NJ
Owner in Fee/Occupant MR+MRS GEORGE PIZZUTA
Address 85 OAK KNOLLS
BRICKTOWN NJ
Tele. (732) [redacted]
Contractor HAROLD CONNELLEY
Address 24 ETON PL
EATONTOWN NJ
Tele. (732) 542-0536 Fax ( )
Lic. No. 6,228
Federal Emp. No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9/20/01
Approved by: MD

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/4/01
Approved by: WM

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			10/9	DW
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/4	DW

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.

Applicant's Signature/Contractor's Seal and Signature

[4] Licensed Electrical Contractor [ ] Exempt Applicant

DR 10025 7187
DR 10027 0830

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
6		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
11		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120
(rev. 3/96)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/03/2001
Date Issued ~~01/01/1954~~ 10-5-01
Control #
Permit # 01-3543+A

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

Block 1033.05 Lot 32 Qual
Work Site Location 85 OAK KNOLL
GAS FIREPLACE/GAS PIPING
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08723-
Tele [redacted] Fax (__)
Contractor RALPH HALDA
Address 39 TECUMSEH AVE
OCEANPORT, NJ 07757-
Tele.(732)870-3073
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 07-7406384

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 150

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] ~~No~~ Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-4-01
Approved By: DB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other GAS FIREPLACE		46
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	0

Paid [ ] Check # Collected by:

U C C F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/03/2001
Date Issued ~~01/01/1954~~ 10-5-01
Control #
Permit # 01-3543+A

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

Block 1033.05 Lot 32 Qual
Work Site Location 85 OAK KNOLL
GAS FIREPLACE/GAS PIPING
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08723-
Tele.([redacted]x ( )
Contractor RALPH MAIDA
Address 39 TECUMSEH AVE
OCEANPORT, NJ 07757-
Tele.(732)870-3073
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 07-7406384

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 150

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-4-01
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other GAS FIREPLACE		46
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 46
	DCA Training Fee	$ 0

UCC 5140 (rev 3/96)

Brick Twp.

OWNSHIP OF BRICK
01 CHAMBERS BRIDGE RD
›IVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL ~~SECTION~~

Date Received 10/03/2001
Date Issued ~~01/01/1954~~ 10-5-01
Control #
Permit # 01-3543+A

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

Block 1033.05 Lot 32 Qual
Work Site Location 85 OAK KNOLL
GAS FIREPLACE/GAS PIPING
Owner in Fee PIZZUTA, GEORGE
Address SAME
BRICK, NJ 08723-
Tele [redacted] Fax (__)
Contractor RALPH MAIDA
Address 39 TECUMSEH AVE
OCEANPORT, NJ 07757-
Tele.(732)870-3073
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 07-7406384

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 150

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[ ] Yes~~ Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-4-01
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/4/01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			12/14/01	BB
Other Rough			10-24-01	DD

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 Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other GAS FIREPLACE		46
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U C C F140 (rev. 3/96)

Update 01-3543 1A

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-5-01
Control #
Permit # 01-3543+A

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

Block 1033.05 Lot 32
Work Site Location 85 OAK KNOLL DR.
BRICK TOWN NJ
Owner in Fee MR + MRS G. PIZZUTA
Address 85 OAK KNOLL DR
BRICK [redacted]
Tele. (732) [redacted]
Contractor FLINT ADJUSTMENT [illegible] C. Hanna
Address 1228 EATONTOWN BLVD
OCEANPORT NJ 07757
Tele. (732) 578-1653 Fax ( )
Lic. No. 846[redacted]
Federal Emp. No. [redacted]

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 $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 10-4-01
Approved by: DN

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

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's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO	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	
/	Gas Piping 30'	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

GAS to Fireplace

UCC F130 (rev 3/96)

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

Update 01-3543 1A

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-5-01
Control #
Permit # 01-3543+A

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

Block 1033.05 Lot 33
Work Site Location 85 OAK KNOLL DR.
BRICK TOWN NJ
Owner in Fee MR + MRS G. PIZZUTA
Address 85 OAK KNOLL DR.
BRICK TOWN
Tele. (732) [redacted]
Contractor First Adjustment Plbg (C. Hanna
Address 1228 Easton Klm
Ocean Twp NJ 07757
Tele. (732) 578-1653 Fax ( )
Lic. No. 8468
Federal Emp. No. [redacted]

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 $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 10-4-01
Approved by: DN

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-14-01
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			12-14-01	
Gas Piping			10-10-01	
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's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO	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	
	Gas Piping 30'	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

GAS to Fireplace

UCC F130 (rev 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: September 11, 2001 No. 1.1428

Block: 1033.05 Lot: 7 Zone: R-10

Property Address: 85 Oak Knoll Drive

Applicant: Ralph Maida, Ralph Maida Construction

Property Owner: George Pizzuta

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: 12' x 17.5', 24' high, one-story family room addition.

Conditions: The addition must be set back at least 6 feet from the side property line and at least 20 feet from the rear property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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

RECEIVED
SEP 10 2001
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Block 103305 Lot 32 Qualifier _____

PROPERTY ADDRESS 85 OAK KNOLLS

PERSONAL NAME OF APPLICANT MR RALPH MAIDA

BUSINESS NAME OF APPLICANT RALPH MAIDA CONST.

PROPERTY OWNER MR + MRS GEORGE PIZZOTA

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) 17.5 x 12 FAM RM ADDITION
☑ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a 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.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant Ralph Maida Date Sept 10 2001

Reviewed by Zoning Office _____ Date 9/11/01 (X) Approved ( ) Denied

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: Sept 10, 2001

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 1033-5 Lot: 32

Property Address: 85 OAK KNOLLS

I, RALPH MAIDA (name) of 39 TECUMSEH AVE OCEANPORT (address)

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

Ralph Maida
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

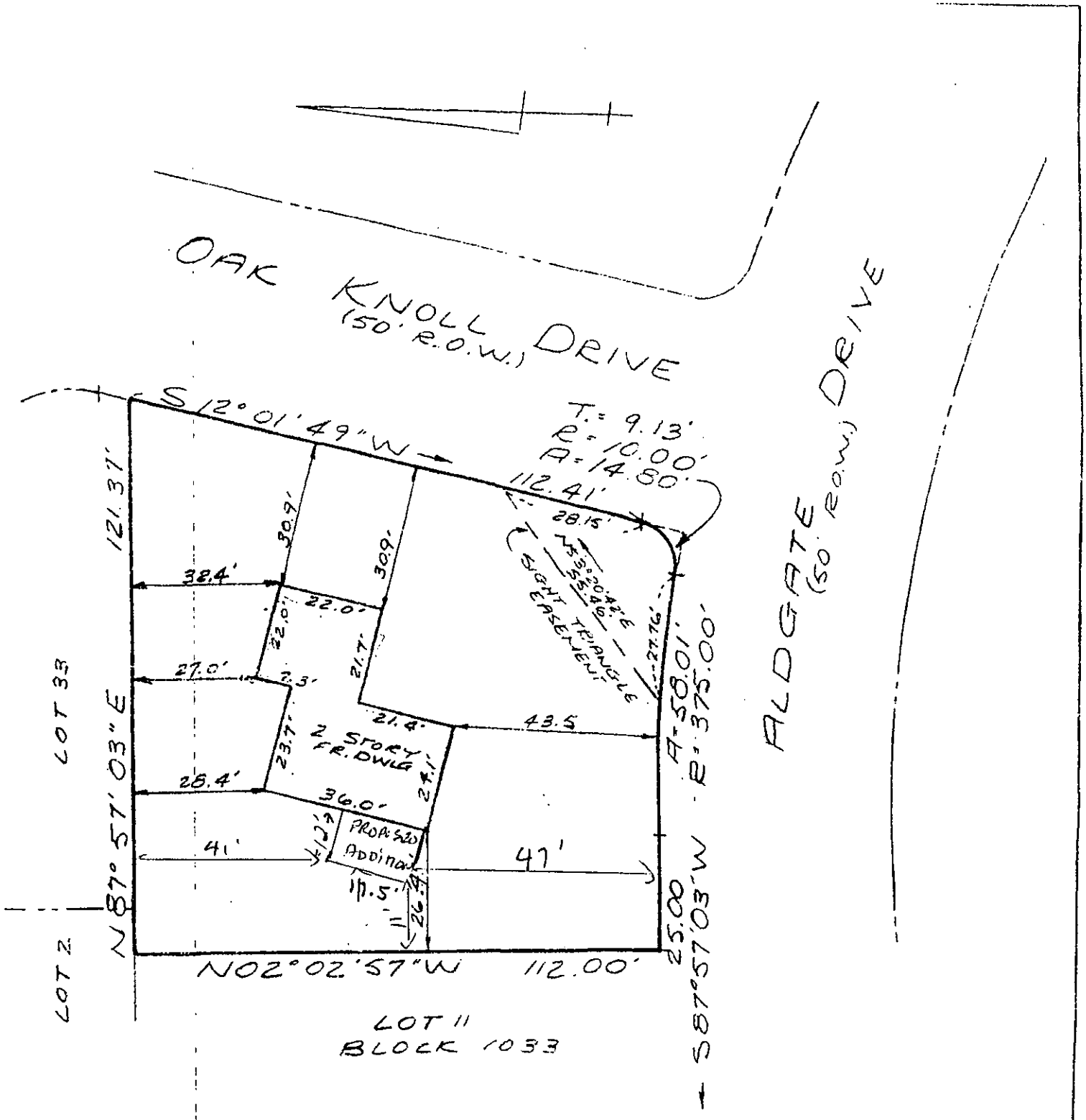
OFFICE USE

Approved: 9/12/01 Signed:

Rejected: _____ Signed: _____

Comments: _____

7/99



March 28, 1986, Certified to George J. Pizzuta and Nancy A. Pizzuta, Eric

Anchor Mortgage Services, Inc. its successors and/or assigns and all parties in interest.

GEORGE C. LISSENDEN, JR., P.E. & L.S.
LICENSE #12946, TOMS RIVER, N.J.

LOCATION SURVEY

LOT 32 BLOCK 1033.5

AS SHOWN ON MAP OF

BAY BRIDGE VILLAGE

SECTION 4

BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

COUNTY FILE No. A-1613 FILED: 12-24-1985

SCALE: 1" = 30' DATE: MARCH 28, 1986 LCK

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

DEPARTMENT OF ADMINISTRATION & FINANCE

DIVISION OF INSPECTIONS
Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
http://www.twp.brick.nj.us

FAX CORRESPONDENCE

DATE: 09.18.01

TO FAX NUMBER: 899-7978 PAGES TO FOLLOW 1

ATTENTION Mr Pizzuto.

FROM: Allison - Bldg dept

MESSAGE Re: Bldg dejection for permit application

Pls. contact Mr Mizer @ 732.262.1008 for any questions. Thank-you.

Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.

FAX CORRESPONDENCE

DATE: 09.18.01

TO FAX NUMBER: 899-7978 PAGES TO FOLLOW 1

ATTENTION Mr Pizzuto.

FROM: Allison. Bldg dept

MESSAGE Re: Bldg Rejection for permit application

Pls. contact Mr Micek @ 732.262.1008 for any questions. thank-you.

Telephone Number	Mode	Start	Time	Page	Result	Note
8997978	NORMAL	18,11:20	1'24"	2	O K	

P.1 Sep 18 2001 11:22

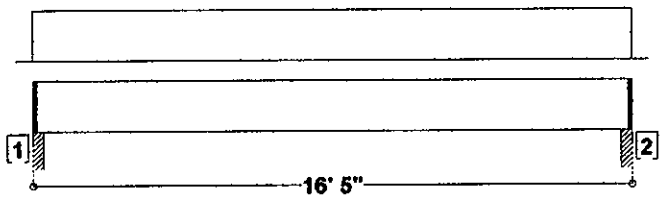
** Transmit Conf. Report **

Land Use/ Bldg Dept Fax:732-262-8954

2ND FLOOR GABLE END BEAM

4 Pcs of 1.75" x 9.5" 1.9E Microllam® LVL

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis for Beam Member Supporting FLOOR - RES. Application. Tributary Load Width: 1'
Loads(psf): 40 Live at 100% duration; 20 Dead; 80 Partition; and:

TYPE	CLASS	LIVE	DEAD	LOCATION	APPLICATION	COMMENT
Uniform(plf)	Snow(1.15)	180	90	0 to 16' 5"	Adds to	SHED ROOF LOAD

SUPPORTS:

		INPUT WIDTH	BEARING LENGTH	REACTIONS(lbs.) LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1	Column	3.50"	2.25"	1806 / 1710 / 3516	1	9.5"	Detail A3	1.25" LSL Rim
2	Column	3.50"	2.25"	1806 / 1710 / 3516	1	9.5"	Detail A3	1.25" LSL Rim

- See TJ SPECIFIER'S / BUILDER'S GUIDES for detail(s): A3.

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	3445	3052	14530	Passed(21%)	Lt. end Span 1 under Snow Roof loading
Moment(ft-lb)	13851	13851	27082	Passed(51%)	MID Span 1 under Snow Roof loading
Live Defl.(in)		0.361	0.536	Passed(L/534)	MID Span 1 under Snow Roof loading
Total Defl.(in)		0.704	0.804	Passed(L/274)	MID Span 1 under Snow Roof loading

- Deflection Criteria: STANDARD(LL: L/360, TL:L/240).
- Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

ADDITIONAL NOTES:

- IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.
- Not all products are readily available. Check with your supplier or TJ technical representative for product availability.
- THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
- Allowable Stress Design methodology was used for Code BOCA analyzing the TJ Residential product listed above.
- Note: See TJ SPECIFIER'S / BUILDER'S GUIDES for multiple ply connection.

PROJECT INFORMATION

PIZZUTA

OPERATOR INFORMATION:

BUILDERS GENERAL
BRUCE TATTI
15 SYCAMORE AVE
LITTLE SILVER, NEW JERSEY 07739-1208
732-747-0808
732-741-1095

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 9-17-01

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

BUILDING LOCATION 85 OAK Knolls
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY fax # 899-7978

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

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Jacket Not Signed By H.O. Drwgs are	
(1)	Distance From Grade To untreated Lumber	
(2)	Spacing on Anchor Bolts	
(3)	Cut sheet on Parralam Lumber	
(4)	Note what are "Header Supports"	
(5)	LOAD From New ROOF Also Partially Transfered To Paralam was this entered INTO Calculations? — (Lateral LOAD)	
(6)	Window size & Headers?	
	9/19-01 Builder Took Drwgs	

06/93

10:20 AM Spoke To H.O.

VENT•FREE

Gas Fireplace Systems

SmartLine DFS Series

MONESSEN

The Monessen DFS Vent-Free Gas Fireplace System is part of the family of SmartLine Fireplace Systems that provide outstanding design flexibility with the most desired product features for either a recessed or against the wall installation. Now with the new **2 IN 1 FLEXIBLE-FACE™ SYSTEM**, *no other zero-clearance vent-free fireplace can match its versatility. Only three fireplaces - 32", 36" and 42" - are required to meet virtually any installation need.*

2 IN 1
FLEXIBLE-FACE™
Converts from Circulating to Radiant in Seconds!

- **Out-of-the-box ready for a circulating installation**
- **Radiant plates included for easy field conversion**
- **Available in 32", 36", and 42" for virtually any installation need**

Available with patent pending **CATALYTIC FILTER SYSTEM**

- *Full size 32", 36" and 42" fireplace system*
- *2 in 1 Flexible-Face™ System for easy, on-site conversion from a circulating to a radiant face*
- *Realistic ceramic fiber logs with glowing coals and dancing yellow flames*
- *Integrated stainless steel burner system*
- *Concealed controls and fixed screen*
- *No venting required, all the heat stays in your home*

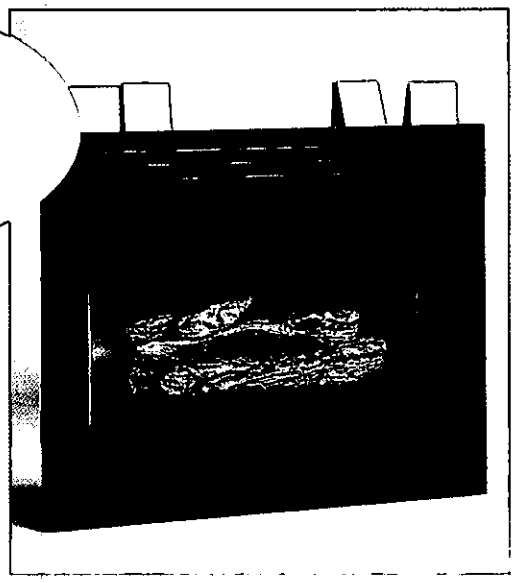
LIFETIME MONESSEN LIMITED WARRANTY

Heat with Personality.

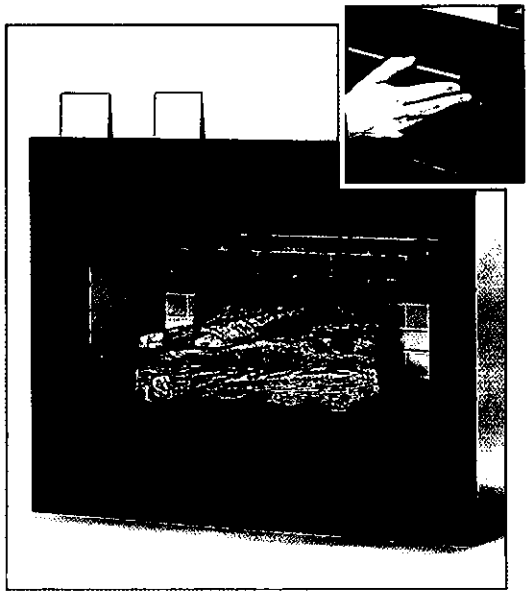
2 IN 1 FLEXIBLE-FACE™

Converts from Circulating to Radiant in Seconds!

- **Out-of-the-box ready for a circulating installation**
- **Radiant plates included for easy field conversion**
- **Available in 32", 36", and 42" for virtually any installation need**



Circulating DFS Fireplace System



Radiant DFS Fireplace System

SMARTLINE DFS FIREPLACE SYSTEM FOR OUTSTANDING DESIGN FLEXIBILITY AND VALUE.

The DFS Vent-Free gas fireplace system features full size height and width builder dimensions, yet is only 16 inches deep for those slim-profile installations. The new **2 IN 1 FLEXIBLE-FACE™ SYSTEM** field converts from a circulating to a radiant system. Only three sizes - 32", 36", and 42" - are required for virtually any installation need. The DFS features a fixed safety screen, concealed controls and a modular burner system. The DFS offers a broad range of value from the basic manual system, to a fully featured high-end remote controlled catalytic fireplace system. The SmartLine designer accessories allow flexibility in customizing your fireplace through a variety of factory or field installed options. There are no hot pull screens to open or close, no unsightly controls or unattractive punched louvers. The Smartline DFS with the new 2 in 1 Flexible-Face System is the ultimate in installation and design flexibility.

DFS3224 with Dark Cherry Surround and Hearth

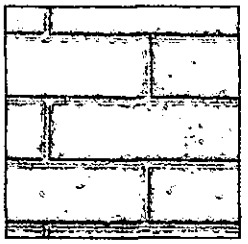
32" FIREPLACE SYSTEM WITH 24" AGED SPLIT LOGS FOR A BOLD, FULL FIREPLACE LOOK.

The VENT-FREE ADVANTAGE

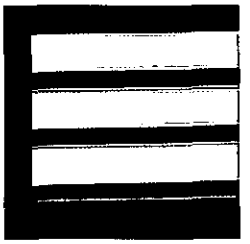
Vent-free gas fireplaces continue to be the sensible choice when looking for supplemental heat. Since no outside venting is required, all the heat stays in your home and the high heating efficiency provides comfortable warmth for only pennies an hour. And since vent-free appliances do not require electricity to operate, they are an excellent heat source during power outages. Vent-free gas appliances are environmentally clean, safe, and operate within industry indoor air quality standards as well as being design certified by the American Gas Association.

FACTORY INSTALLED OPTIONS

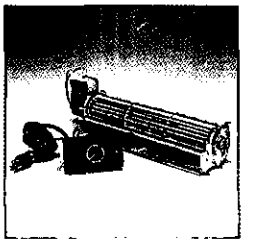
ALSO AVAILABLE AS FIELD INSTALLED ACCESSORIES



Traditional Firebrick

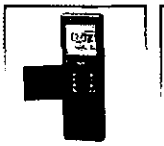


Brass Louvers



Variable Forced Air Blower

OPTIONAL ACCESSORIES FOR REMOTE CONTROL MODELS



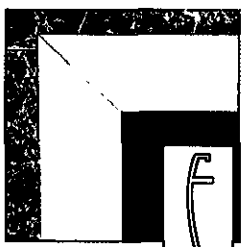
Hand Held Thermostat Remote Control with Receiver

On/Off Hand Held Remote Control with Receiver

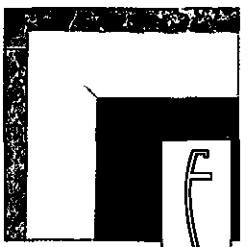
Wall-Mounted Thermostat with 20 feet of Wire

- Wall Switch with 20 feet of Wire

FIELD INSTALLED ACCESSORIES

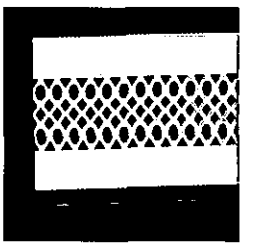


Curved Brass Trim



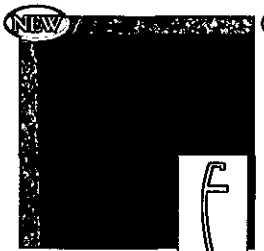
Curved Chrome Trim

Brass Louvers



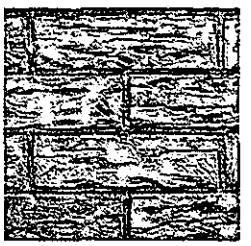
Decorative Brass Filigree

Chrome Louvers



Curved Black Trim

4" Brass Wall Trim



Weathered Firebrick

Decorative Ceramic Fiber Embers

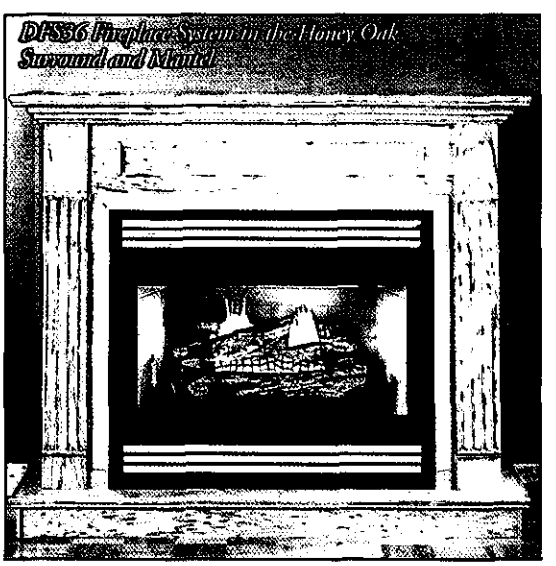
Black Arched Screen

The MONESSEN ADVANTAGE

Monessen offers the broadest line of vent-free gas fireplace systems with the most realistic ceramic fiber log designs in the industry. From compact bedroom systems to full-size high-tech catalytic systems with remote control, Monessen offers a broad range of decorative options and product selection. When combined with one of the many wood surround options, the Monessen vent-free gas fireplace system brings the dream of a fireplace into your home instantly.

PATENT PENDING CATALYTIC TECHNOLOGY

Monessen has taken the vent-free concept one step further. While traditional vent-free appliances are clean burning and by themselves meet all industry standards for vent-free emissions, catalytic technology achieves a new level of combustion performance which further reduces emissions. Monessen's innovative catalytic filtering system consists of a substrate coated with a precious metal catalyst which chemically reacts with the exhaust gases and converts the emissions to carbon dioxide and water vapor, further reducing carbon monoxide and other particles to well below industry indoor air quality standards.



32" and 36" Wall Surrounds and Hearths

- *Finished Honey Oak*
- *Finished Dark Cherry*
- *Unfinished Birch*
- *Unfinished Oak*

Specifications

PRODUCT FEATURES

- 2 in 1 Flexible-Face™ System
- Aged Split Fiber Ceramic Logs
- Dual Stainless Steel Burner System
- Concealed Controls in Lower Access Panel
- Low Profile Hood
- Manual, Thermostat (*32" only*) or Remote Control Operation
- Easy Access, Removable Burner Assembly
- Drywall Lip
- Flat Faced Standoffs for Easy Drywall Mounting
- Catalytic Filter System *(Catalytic Models)*
- Tempered Glass *(Catalytic Models)*

STANDARD VENT-FREE BTU RATINGS

Log Model	Size	Fuel Type	Manual Control	Thermostat Control	Millivolt Control	Approximate Heating Area Sq. Ft.	Approximate Cost to Operate Manual Control* Low - High
DFS3224	24"	NG	19,000-32,000	20,000-28,000	22,000-32,000	1100	12¢ - 20¢
DFS3224	24"	LP	19,000-33,000	20,000-28,000	27,000-33,000	1100	20¢ - 35¢
DFS36	24"	NG	19,000-32,000		22,000-32,000	1100	12¢ - 20¢
DFS36	24"	LP	19,000-33,000		27,000-33,000	1100	20¢ - 35¢
DFS42	28"	NG	19,000-32,000		22,000-32,000	1100	12¢ - 20¢
DFS42	28"	LP	19,000-33,000		27,000-33,000	1100	20¢ - 35¢

*Cost per hour based on 1997 Dept. of Energy National Average Energy Costs.

FIREBOX DIMENSIONS (inches)

Model DFS	32"	36"	42"
Overall height	38 1/4	38 1/4	38 1/4
Finished height	34 1/2	34 1/2	34 1/2
Overall width*	37	41	47
Overall depth**	16	16	16

* *Does not include flexible nailing flange.*

** Does not include hood.

CATALYTIC VENT-FREE BTU RATINGS

Log Model	Size	Fuel Type	Manual Control	Millivolt Control	Approximate Heating Area Sq. Ft.	*Approximate* Cost to Operate Manual Control* Low - High
DFC32	18"	NG	13,000 - 25,000	14,000 - 24,000	800	8¢ - 15¢
DFC32	18"	LP	10,000 - 20,000	16,000 - 24,000	800	11¢ - 21¢
DFC36	24"	NG	14,000 - 27,000	18,000 - 27,000	900	9¢ - 17¢
DFC36	24"	LP	13,000 - 26,000	19,000 - 26,000	850	14¢ - 28¢
DFC42	28"	NG	14,000 - 27,000	18,000 - 27,000	900	9¢ - 17¢
DFC42	28"	LP	13,000 - 26,000	19,000 - 26,000	850	14¢ - 28¢

*Cost per hour based on 1997 Dept. of Energy National Average Energy Costs.

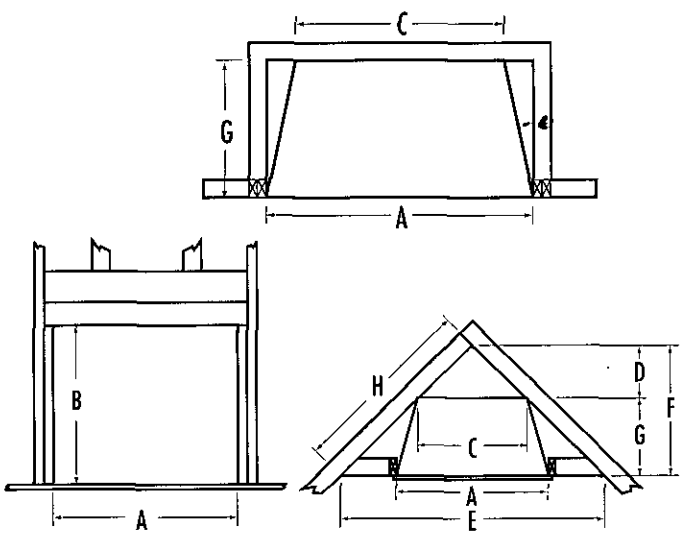
FRAMING DIMENSIONS (inches)

	DFS32	DFS36	DFS42
A	37 1/4	41 1/4	47 1/4
B	38 1/2	38 1/2	38 1/2
C	28 3/4	32 1/2	38 3/4
D	14 1/2	16 1/4	19 1/2
E	60 3/4	65 1/4	70 3/4
F	30 1/2	32 1/4	35 1/2
G	16	16	16
H	37 3/4	40 3/4	45

WOOD SURROUNDS

Dimensions (inches)	32" Wall Surround	32" Wall Hearth	36" Wall Surround	36" Wall Hearth
Width	50 1/2"	57 1/4"	54 1/2"	61 1/4"
Height	48 1/4"	5"	48 1/4"	5"
Depth	17 3/4"	21"	17 3/4"	21"
Opening Width	38"	-	42"	-
Opening Height	35 7/8"	-	35 7/8"	-
Width of Top	57 /14"	-	61 1/4"	-
Depth of Top	21 1/8"	-	21 1/8"	-

Dimensions (inches)	32" Corner Surround	32" Corner Hearth	36" Corner Surround	36" Corner Hearth
Width	62 3/8"	62 3/8"	63 3/8"	63 3/8"
Height	48 1/4"	5"	48 1/4"	5"
Depth of Mantel from corner to center of Mantel	35 1/2"	-	37 1/2"	-
Depth of Mantel from corner along wall	44 1/8"	-	47"	-



- Available for 32" and 36" Fireplaces
- All available finished in Honey Oak or Dark Cherry Stain
- Wall Surrounds and Hearths in Unfinished Oak and Birch

IMPORTANT: This information is for planning purposes only. Always consult the *Owner's Manual for installation and operating instructions.*

Warning:

- It is recommended that all installations be performed by qualified service technicians.
- Always follow installation and operation instructions to ensure safety at all times.
- Check local codes before installation to ensure compliance.
- Correct installation of the ceramic fiber logs, proper location of the heater, and periodic cleaning are necessary to avoid potential service problems with sooting.
- Keep small children and animals away from the open flame of the gas log set at all times.
- There may be a "warm-up" smell associated with the heating of the logs. The odor should diminish in 2-3 hours of operation with the burner at its highest setting.

Regulatory Approval

The DLX series of vent-free gas logs has been tested and approved by AGA as an unvented room heater to the latest ANS Z21 and I.A.S. US 5-95 requirements. Approved for installation in an aftermarket manufactured (mobile) home, where not prohibited by state or local codes. This unit complies with requirements to be classified as a zero clearance unit.

Distributed by:

MONESSEN HEARTH SYSTEMS

149 Cleveland Road • Paris, Kentucky 40361

MHS2499

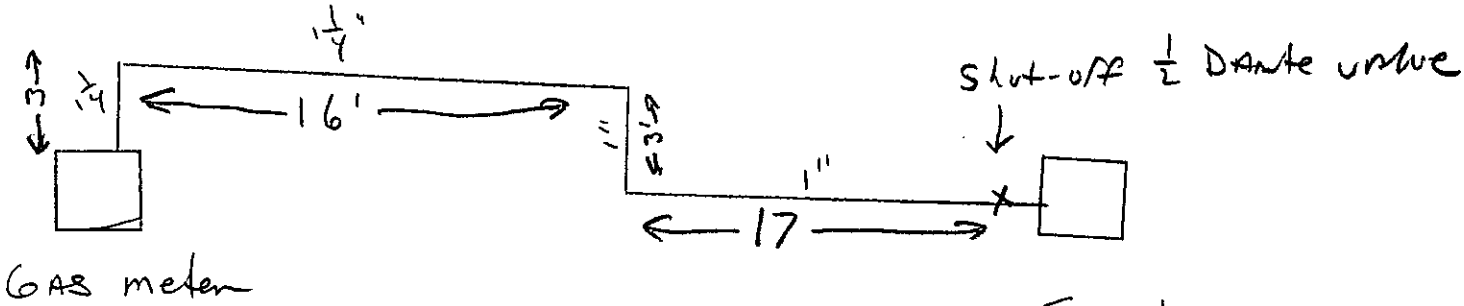
Fully Insured

License No. 8468

Final Adjustment

Plumbing Heating

126 South 7th Ave.
Long Branch, N.J. 07740
571-1274



DN
10-4-01

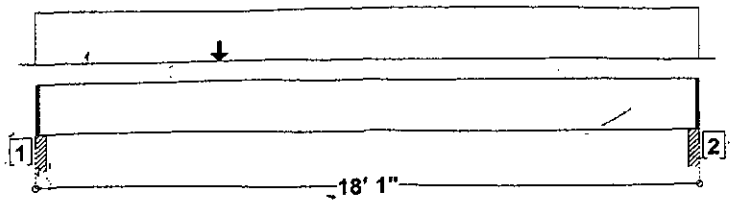
From total renovations to changing just a simple washer

TJ-Beam™ v5.55 Serial Number: 700101396
BEAMUSA 1111 10/10/01 4:15:19 PM
Page 1 of 1 Build Code: 146

2ND FLOOR BEAM

3.5" x 16" 2.0E Parallam® PSL

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis for Beam Member Supporting FLOOR - RES. Application. Tributary Load Width: 1'
Loads(psf): 40 Live at 100% duration; 12 Dead; 0 Partition; and:

TYPE	CLASS	LIVE	DEAD	LOCATION	APPLICATION	COMMENT
Point(lbs.)	Floor(1.00)	600	180	5'	Adds to	POINT LOAD FROM BEAM
Uniform(plf)	Floor(1.00)	240	152	0 to 18' 1"	Replaces	FLOOR LOAD PLUS GABLE WALL
Uniform(plf)	Snow(1.15)	180	90	0 to 18' 1"	Adds to	SHED ROOF

SUPPORTS:

		INPUT WIDTH	BEARING LENGTH	REACTIONS(lbs.) LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1	Column	3.50"	2.557"	4234 / 2477 / 6711	1	16.0"	Detail A3	1.25" LSL Rim
2	Column	3.50"	2.421"	3961 / 2395 / 6356	1	16.0"	Detail A3	1.25" LSL Rim

- See TJ SPECIFIER'S / BUILDER'S GUIDES for detail(s): A3.
- Bearing length requirement exceeds input at support(s) 1, 2. Supplemental hardware is required to satisfy bearing requirements.

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	6598	5607	12451	Passed(45%)	Lt. end Span 1 under Snow Roof loading
Moment(ft-lb)	28678	28678	40197	Passed(71%)	MID Span 1 under Snow Roof loading
Live Defl.(in)		0.467	0.592	Passed(L/456)	MID Span 1 under Snow Roof loading
Total Defl.(in)		0.743	0.888	Passed(L/287)	MID Span 1 under Snow Roof loading

- Deflection Criteria: STANDARD(LL: L/360, TL:L/240).
- Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

ADDITIONAL NOTES:

- IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.
- Not all products are readily available. Check with your supplier or TJ technical representative for product availability.
- THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
- Allowable Stress Design methodology was used for Code BOCA analyzing the TJ Residential product listed above.

PROJECT INFORMATION

PIZZUTA

OPERATOR INFORMATION:

BUILDERS GENERAL
BRUCE TATTI
15 SYCAMORE AVE
LITTLE SILVER, NEW JERSEY 07739-1208
732-747-0808
732-741-1095

FM 10-23-01

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: LACPA MAIDA
Address: 39 TECUMSEH
OCEANPORT NJ 07757
Phone #: 732 870 3073
Lis #:_____
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace ✓ 0
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work ✓ 0

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

Signature: ✓ Joseph Lacpa

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

ite Location: 85 Oak Knoll
Block: 1033.05 Lot: 32
Owner's Name: Pizzuta
Owner's Mailing Address: Same
[redacted]
Phone: (____)____

BUILDING

Contractor: RALPH MAIDA
Address: 39 TECUMSEH
OCEANPORT NJ
Phone#: 732 8703073
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Gas fireplace

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Building:_____
Volume of Structure:_____
Total Land Disturbed:_____

Cost of Alteration:_____

Cost of New Building:_____

Total Cost of Building Work: ✓ 1500

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

Signature: ✓ Ralph Maida

Please Print Name_____

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

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

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

85 OAK KNOLLS
Work Site Address | Block | Lot

MR+MRS GEORGE PIZZUTA 85 OAK KNOLLS [redacted]
Owner's Name, Address, Phone

RALPH MAIDA 39 TECUMSEH AVE. OCEANPORT, NJ. 07757
Contractor's Name, Address, Phone

Construction SINGLE FAMILY HOME - ADDITION
Describe type (Single-family home, etc.)

Demolition WALL - SIDING
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material WOOD + SHEETROCK - 3-400 LBS

Name, address and phone of party responsible for removal of debris:

RALPH MAIDA 39 TECUMSEH AVE. OCEANPORT NJ 8703073

Size of dumpster: 8X8

Destination of discarded debris:

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

RALPH MAIDA — Ralph Maida — Sept 10, 2001
Printed/Typed Name | Signature | Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISS

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 85 OAK KNOLLS
Block: 1033-5 Lot: 32
Owner's Name: MR+MRS GEORGE PIZZUTA
Owner's Mailing Address: 85 OAK KNOLLS
BRICKTOWN
Phone [redacted]

BUILDING

Contractor: RALPH MAIDA
Address: 39 TECUMSEH AVE
OCEANPORT, NJ
Phone#: 732 8703073
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

17.5 X 12
FAMILY RM. EXTENSION

Type of Work

___New Building
_✓_Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: 28,600

Cost of New Building:

Total Cost of Building Work:

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

Signature: Ralph Maida

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
*Number of gas/oil fired appliances*_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____