

BLOCK 827 LOT 15.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1614 West Princeton Ave PERMIT NO. 11-0935



CONSTRUCTION PERMIT APPLICATION

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

C11-000781

I. IDENTIFICATION

1. Proposed Work Site at 1614 West Princeton Ave
2. Name of Owner in Fee: Don Prezzi
Tel. () e-mail
Address Burne
street municipality zip code
3. Ownership in Fee: Public Private ✓
4. Principal Contractor: Point Bay Fuel Tel. (732) 349-5089
Address 71 Irons St, Toms River e-mail
License No. OR, if new home, Builder Reg. No. 13VH01149900 Exp. Date
Federal Employee No. 22-1817388 FAX: (732) 349-1788
5. Architect or Engineer Contact
Address e-mail
Tel. () FAX: ()
6. Responsible Person in Charge once Work has Begun William Kennedy
Tel. (732) 349-5059 x104 FAX: (732) 349-1788

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories
2. Height of Structure ft.
3. Area - Largest Floor sq. ft.
4. New Building Area sq. ft.
5. Volume of New Structure cu. ft.
6. Construction Classification
7. Total Land Area Disturbed sq. ft.
8. Flood Hazard Zone
9. Base Flood Elevation ft.
10. Wetlands yes
no
11. Max. Live Load
12. Max. Occupancy Load

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection	<u>1200.-</u>								
6. ☒ Plumbing	<u>1250.-</u>								
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>2450.-</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units Income-restricted
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:

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
- 10. ☐ Swimming Pools, Spas and Hot Tubs

IMPORTANT
A.H.B.T. - EXEMPT

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(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 Point Bay Fuel

Address 71 Irons St
Toms River, NJ

Telephone 732 349-5059 x104

Signature William Kennedy

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

OFFICE DATE RECEIVED: 5-22-11 SC 20

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	SC	5/22/11							2A-11-00187
☐ 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.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building	Energy	
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.			



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/23/2011
Control Number C-11-000781
Permit Number 11-0935
Permit Issue Date 04/08/2011
Certificate Number 11-0935

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1614 W. PRINCETON AVE. Brick Township, NJ Block: 827 Lot: 15.01 Qual: _____
Owner in Fee: BREZZI, DONATO & CAROLE M.
Owner Address: 1614 W. PRINCETON AVENUE BRICK NJ 08724
Telephone: [REDACTED]
Contractor POINT BAY FUEL INC
Address 71 IRONS ST TOMS RIVER NJ 08753-
Telephone: (732) 349-5059 Fax: _____
License Number or Builders Registration Number: 13VH01149900 Federal Emp. Number: 22-1817388

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK INSTALLATION

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 05/23/2011 U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued 04/11/11
Control # C-11-000781
Permit # 11-1700

IDENTIFICATION Block: 827 Lot: 15.01 Qualifier _____
Work Site Location: 1614 W. PRINCETON AVE. Brick Township, NJ Contractor POINT BAY FUEL INC
Address 71 IRONS ST. TOMS RIVER NJ 08753-
Owner in Fee BREZZI, DONATO & CAROLE M. Telephone: (732) 349-5059
1614 W. PRINCETON AVENUE BRICK NJ 08724 Lic. No. or Bldrs. Reg. No. 13VH01149900
Telephone: _____ Federal Employee No. 22-1817388

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

TANK INSTALLATION

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 \$2,450

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$50
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$99
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

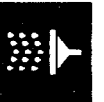
☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



PLUMBING SUBCODE TECHNICAL SECTION



BRICK

Date Received
Control #
Date Issued
Permit #

12-09335
04/08/11

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

Block 827 Lot 15.01 Qualification Code _____
Work Site Location 1614 WEST PRINCETON AVE

Owner in Fee: DONATO BREZZI

Tel. () _____ e-mail _____
Address SAME street municipality zip code

Contractor: POINT BAY FUEL Tel. (732) 349-5059
Address 71 IRONS ST, TOMS RIVER e-mail _____

Contractor License No. 13VH01149900 Exp. Date _____

Federal Employee No. 22-1817388 FAX: (732) 349-5059

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 \$ 1250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS			
No Plans Required		Type:	Failure	Dates (Month/Day)	Initial
Joint Plan Review Required:		Slab			
☐	Building	☐	Electric		
☐	Fire	☐	Elevator		
☐	Plumbing Plans Approved				
Date:	<u>3/25/11</u>				
Approved by:	<u>[Signature]</u>				
SUBCODE APPROVAL					
☐	CO	☐	CCO	☐	CA
Date:	<u>5-17-11</u>				
Approved by:	<u>[Signature]</u>	TCO	<u>PANAL</u>		
				<u>05-13-11</u>	

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.

William Kennedy

Applicant's Signature/Contractor's Seal and Signature

☐ 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	\$ _____
	LP Gas Tank	\$ _____
	Steam Boiler	\$ _____
	Hot Water Boiler	\$ _____
	Sewer Pump	\$ _____
	Interceptor/Separator	\$ _____
	Backflow Preventer	\$ _____
	Greasetrap	\$ _____
	Sewer Connection	\$ _____
	Water Service Connection	\$ _____
	Stacks	\$ _____
	Other <u>INSTALL 275 TANK</u>	\$ _____
	Other _____	\$ _____

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



BRUC

Date Received
Control #

Date Issued
Permit #

11-0935
04/08/11

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

Block 327 Lot 15.01 Qualification Code _____
Work Site Location 1614 WEST PRINCETON AVE

Owner in Fee: DONATO BREZZI

Tel. () _____ e-mail _____

Address SAME municipality _____

Contractor: POINT BAY FUEL Tel. (732) 349-5059 zip code _____

Address 71 IRONS ST, TOMS RIVER e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13YH01149900
Federal Emp. ID No. 22-1817388 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible Capacity _____

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
or [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: [] New or [] Existing
Other _____ Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required	Type: _____	Failure _____ Approval _____ Initial _____
☒ Partial Underlab Utilities Approved	Alarm System _____	
Date: <u>3/21/11</u> Approved by: _____	Suppression Sys. _____	
☐ Fire Protection Plans Approved	Standpipe _____	
Date: _____ Approved by: _____	Fire Pump _____	
Joint Plan Review Required: _____	Pre-Eng. System _____	
[] Bldg. [] Elec. [] Plumb. [] Elev. _____	Mechanical _____	
SUBCODE APPROVAL/PERMIT <u>3-28-11</u>	Smoke Control _____	
Date: _____	TCO _____	
Approved by: _____	Flam/Combust Tanks _____	
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting _____	
[] CO [] CCO _____	Final _____	
Date: <u>5/13/11</u> <u>AS</u>	Other _____	
Approved by: _____		

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 275 OIL TANK

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110V Interconnected _____

[] CO Detectors/110V _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

RECEIVING CLERK Handwritten **ZONING PERMIT APPLICATION** PERMIT # 04/08/11
DATE REC'D Handwritten DATE ISSUED 11-00-2112
BLOCK: 827 LOT: 15.01 QUALIFIER: --- SITE ADDRESS: 1614 West Princeton Ave

IDENTIFICATION: FOR OFFICE USE ONLY
FEE SUMMARY:
APPLICATION FEE: \$ 50.00
OTHER: \$ ---
TOTAL: \$ ---

1. NAME OF OWNER IN FEE: Donato Brezzi
COMPLETE ADDRESS: 1614 West Princeton Ave
Brick, NJ 08724
PHONE [REDACTED] EMAIL: ---
2. NAME OF APPLICANT: Point Bay Fuel
APPLICANT ADDRESS: 11 Irons St
Long River, NJ 087
PHONE # 732-349-5059 EMAIL: ---
3. RESPONSIBLE PERSON FOR WORK: William Kennedy
PHONE # 732-349-5059 FAX # 732-349-1788
4. SIGNATURE OF APPLICANT: William Kennedy

REQUIRED BY APPLICANT
RESIDENTIAL: ✓
COMMERCIAL: ---
EXISTING USE: SFD
PROPOSED USE: SFD
BOARD APPROVAL: --- PB --- ZB ---
RESOLUTION #: ---
APPROVAL DATE: ---
PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: --- *ADDITION --- *ALTERATION --- *PORCH --- *DECK ---
POOL: ABOVE GROUND --- IN GROUND --- FENCE: HEIGHT --- TYPE ---
HEIGHT: --- (*IF APPLICABLE)
OTHER 275 gallon oil tank
DESCRIPTION: install 275G above ground oil tank.
ZONING REVIEW: ---
DATE REVIEWED: 3-22-11 DATE DENIED: --- DATE APPROVED: 3-22-11 INTLS: Handwritten (SEE BACK PAGE)

RECEIVED
MAR 22 2011
NY22

RECEIVED
MAR 22 2011
NCS

[illegible][illegible]

TOWNSHIP OF BRICK ZONING CHECKLIST

1) Two (2) copies of plot plan containing:

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

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

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

Choose which is applicable for submission

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

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

01/2010

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTT-88; 9-27-1988 by Ord. No. 354-2XXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size				Minimum Required Yard Depth								Maximum Building Height				Minimum Floor/ Building Area (square feet)	Maximum Allowable Impervious Coverage	
	Interior Lots		Corner Lots		Principal Building				Accessory Building		Maximum Building Height								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard ¹ (feet)	Maximum Lot Coverage by Building	Stories	Eaves (feet)	Ridge (feet)			
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	-		25		-	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	-	40	10	10	25%	-		25	35	38.5	-
R-15	15,000	100	115	17,250	100	115	35	12	-	35	10	10	25%	-		25	35	38.5	-
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	-		25	35	38.5	-
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	-		25	35	38.5	-
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	-		25	35	38.5	-
Q-P	15,000	100	150	15,000	100	150	50	10	-	50	20	50	35%	2	-		35	38.5	1,500
B-1	10,000	100	90	12,500	100	125	30	10	-	20	10	20	30%	2	-		35	38.5	1,000
B-2	20,000	125	125	20,000	125	125	50	10	-	50	10	50	30%	2	-		35	38.5	2,000
B-3	2 acres	200	200	2 acres	200	200	75	30	-	50	20	50	25%	-	-		35	38.5	2,000
B-4	5 acres	300	300	-	-	-	100	50(150 ¹)	-	100(150 ¹)	20	50	25%	3	-		35	38.5	30,000
M-1	5 acres	300	300	5 acres	300	300	100	50	-	150	75	150	30%	-	-		35	38.5	5,000
R-M	25 acres	350	200	-	-	-	50	50	-	30	30	30	20%	-	-	25	35	38.5	-
O-P-T	40,000	150	150	40,000	150	150	50	20	-	50	20	50	25%	2	-	-	35	38.5	2,000
H-S	See § 245-261.																		

- NOTES:
- 1 If adjacent to residential zone or use.
 - 2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
 - 3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1027



Receipt

Payment Date 04/08/2011

Transaction # PMT-11-01943

Receipt #

Issued To POINT BAY

Description 1614 W. PRINCETON AVE.

Date Printed 04/08/2011

Check Number 00300496

Cash \$0.00

Check \$50.00

Charge \$0.00

Total Paid \$50.00

04/08/11 10:43AM 001558#5025
XX06 SERV.006

#0935

ZPA

CHECK

\$50.00

\$50.00



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: _____
Application Number: ZA-11-00187
Application Date: 03/22/2011
Project Number: _____
Permit Number: _____
Fee: \$50

Zoning Permit

Worksite **1614 W. PRINCETON AVENUE**
Location: **Laurelton Park**
BRICK, NJ 08724

Block: 827
Lot: 15.01
Qualifier: _____
Zone: R-7.5

Owner: **BREZZI, DONATO & CAROLE M.**
Address: **1614 W. PRINCETON AVENUE**
BRICK, NJ 08724

Applicant: **William Kennedy; Point Bay Fuel**
Address: **71 Irons Street**
Toms River, NJ 08753

Application Approved Date: 03/22/2011

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

Use is: Single-Family Residential

Nonconforming Use is: _____

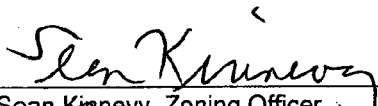
Work Description:

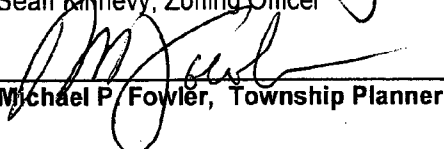
Above-ground Oil Storage Tank - 43" x 28", 61" high.

The tank must be set back at least 25 feet from the front property line, at least six (6) feet from the side property line, and at least 15 feet from the rear property line.

Upon review it was determined that:

- ☒ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer


Sean Kinnevy, Zoning Officer

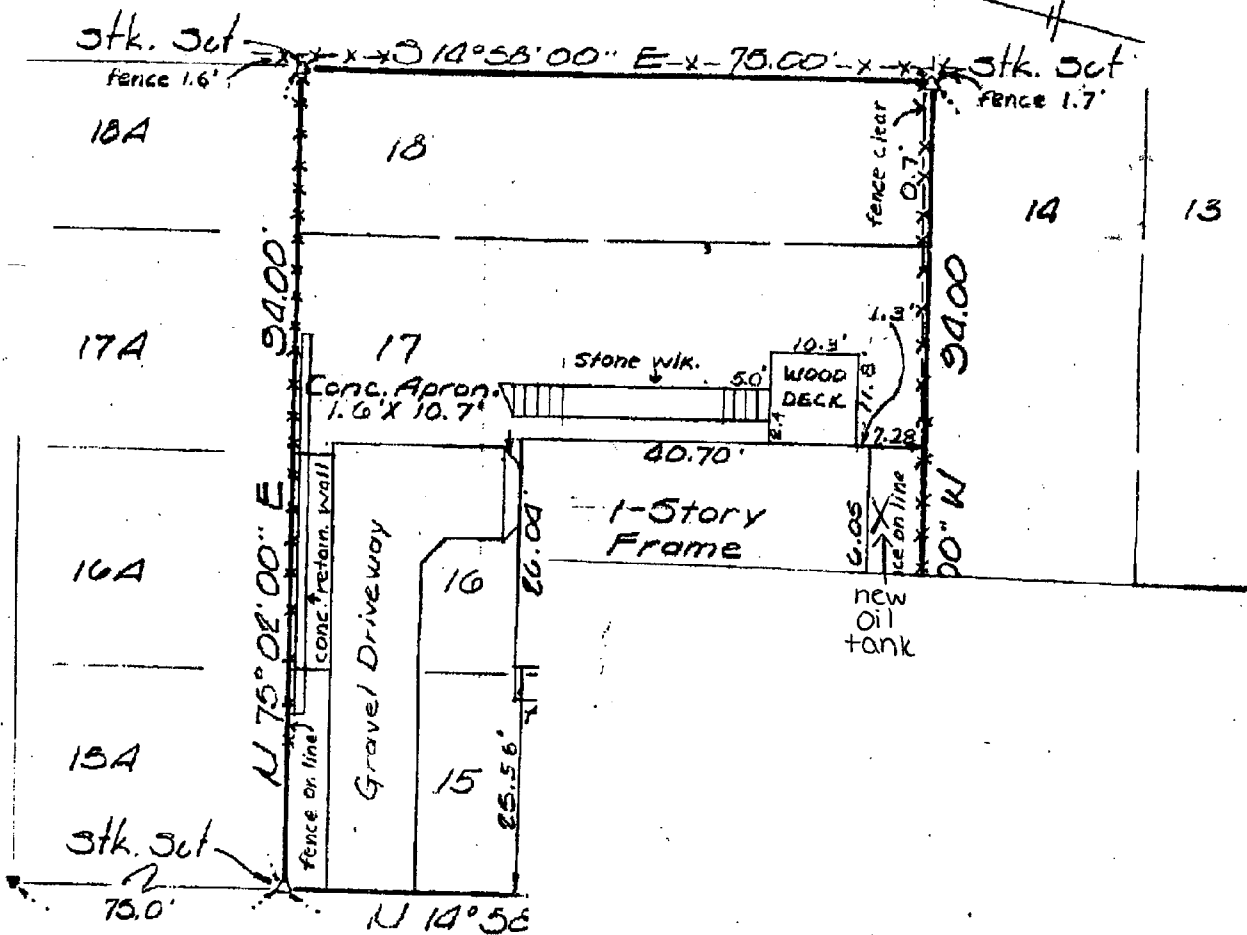

Michael P. Fowler, Township Planner

03/22/2011

Date

3/23/11
Date

FORT STREET



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAR 22 2011

- oil tank -

Known & designated as Lots 15, 16,
17 & 18 Block 827 as shown on Tax
Map of Brick Town, Ocean County,
N.J.
Sheet 45B

Only copies from the original of this survey marked with
an original of the Land Surveyor's embossed seal shall
be considered to be valid copies.
Signature and embossed seal signify that this survey was
prepared in accordance with the existing code of practice
adopted by the N.J. State Board of Professional Engineers
and Land Surveyors. Certifications indicated hereon shall
run only to the person for whom the survey is prepared, and
on his behalf to the title company, governmental agency and
lending institution listed hereon, and to the assignees of the
lending institution. Certifications are not transferable to
additional institutions or subsequent owners.
Underground improvements or encroachments, if any, are not
shown hereon, nor are any easements not recorded in title
search supplied by property owner.
Unauthorized alteration or addition to a survey map bearing
a licensed Land Surveyor's seal is illegal and punishable
by law.
Property subject to documents of record.

Certified To:
Donato Breczi and Carole M. Breczi;
Central Jersey Title Company

F	R	S	C
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PLAN OF

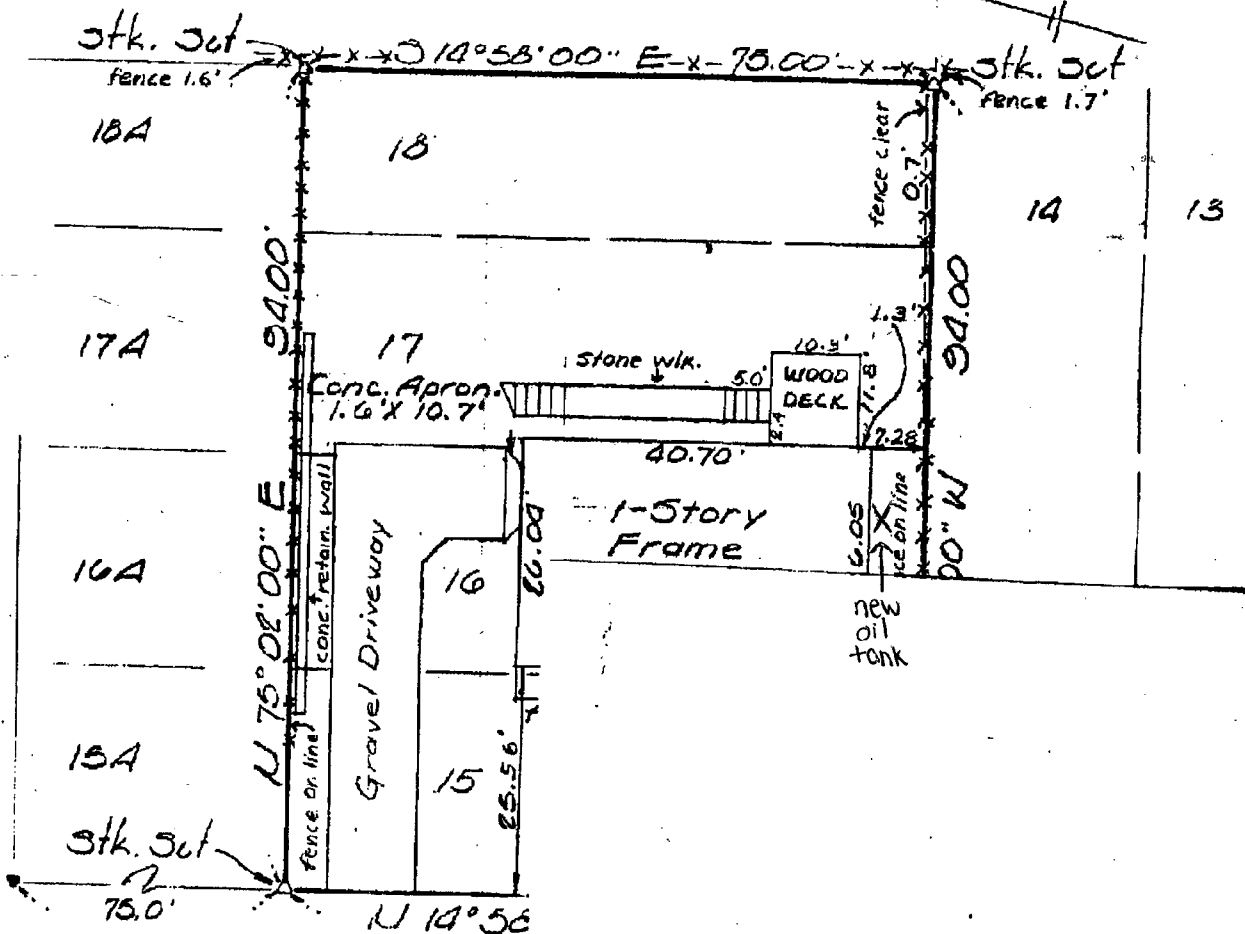
R	F	F	D
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LOT 15, 16, 17, 18 BLOCK 827

INITIATED IN
page 1

Mar 16 2011 8:49AM 732-364-1555

FORT STREET



WEST PR.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAR 22 2011

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F R S C

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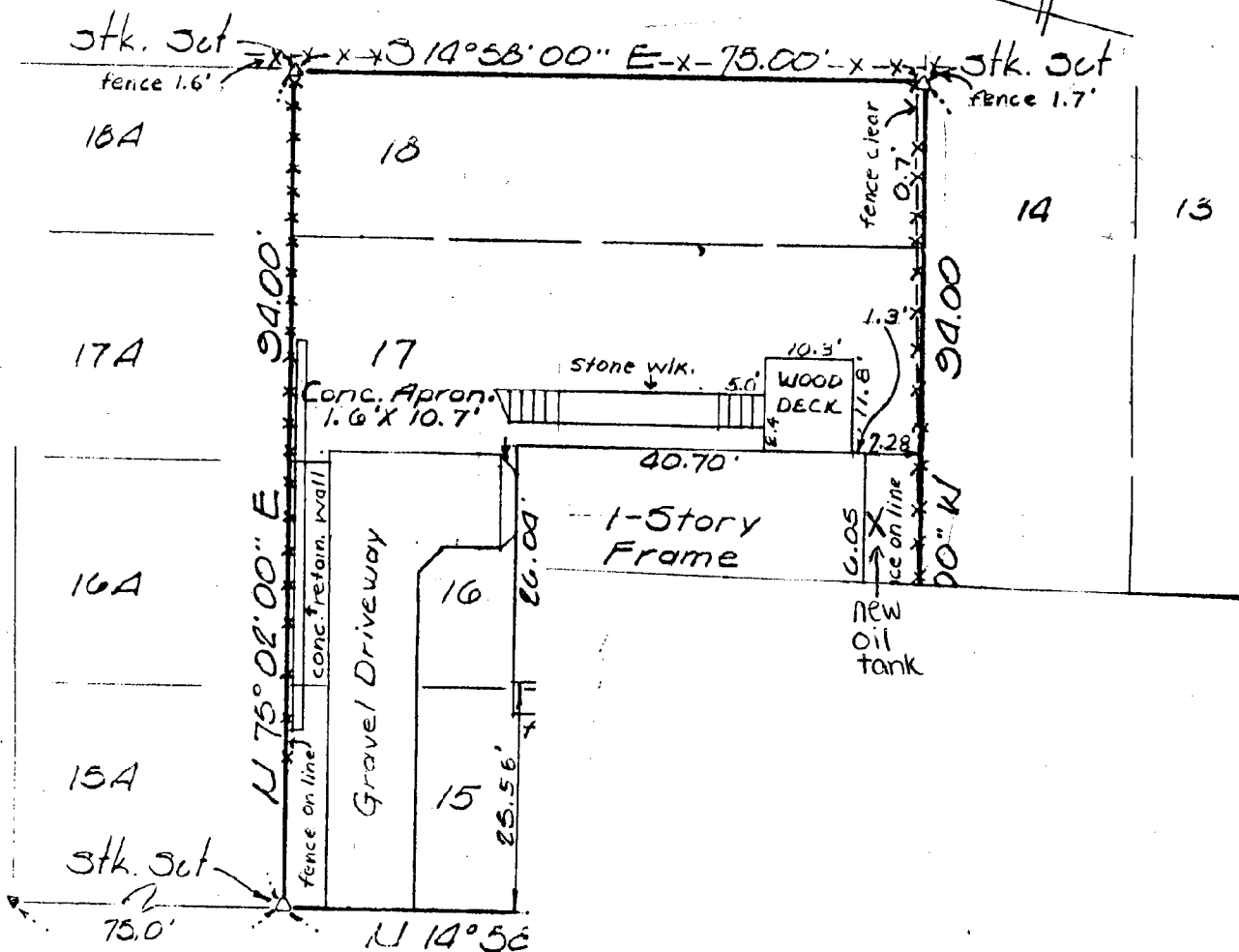
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LOT 15, 16, 17, & 18 BLOCK 827

SITUATED IN
page 1

Mar 16 2011 8:49AM 732-364-1555

FORT STREET



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F	R	S	C
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PLAN OF

R	F	F	D
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LOT 15,16,17,18 BLOCK 827

BECAUSE YOU HAVE EVERY REASON TO INSIST ON MORE, ROTH IS AN INNOVATOR THAT ALWAYS GIVES YOU MORE.

More for the Environment

ROTH double-wall tanks are designed to offer the highest level of environmental protection.

*Avoid oil spills and leaks caused by defective pipes, couplings or fittings which are located underneath the tank.**

Every inner ROTH tank is made of blow-molded, high-density polyethylene that is seamless and absolutely leak-proof and corrosion-resistant. In addition, ROTH tanks feature top connections to ensure the oil stays where it should.

The outer tank is made of leak-proof corrosion resistant steel which is capable of containing at least 110% of the capacity of the inner tank for maximum protection.

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More Quality

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*Forget about the problems of oil odors and the dangers of oil leaks.**

ROTH tanks meet the strictest European safety standards and exceed the most recent industry safety regulations.

Quality control of our finished products is carried out according to ISO 9001 standards, ensuring consistently superior quality. Each tank undergoes thorough testing, including ultrasound tests to ensure optimal thickness of plastic and pressure testing to ensure the tank is sealed completely. ROTH tanks can be used for heating oil or diesel fuel.

More than 3 million tanks have been installed

Since 1971, more than 3 million ROTH tanks have been installed in Europe and North America.

*No more purchasing a new tank every 10 years.**

ROTH tanks last longer than ever before due to the outstanding quality and the unbeatable guarantee. That is why ROTH tanks enjoy such an enviable reputation.

* Subject to limitations and conditions described in the guarantee certificate, available upon request.

INSTALLATION OF TANKS IS FASTER AND EASIER THAN EVER.

- Up to 50% lighter than conventional steel tanks.
- Wide handles on each end facilitate transport and handling.
- Removable base facilitates access to tight spaces and offers greater stability.
- Compact and economical design. (8 sq. ft. for 1000 L).
- The only tanks on the market with no fittings below the oil line.
- Unique expansion system ensures increased storage capacity and faster, easier fill-ups.
- Completely sealed, every one of our tanks is pressure tested and meets ISO 9001 quality control standards.

Dimensions for individual tanks

DWT 400L DWT 600L DWT 1000L DWT 1000LH DWT 1500L

	DWT 400L	DWT 600L	DWT 1000L	DWT 1000LH	DWT 1500L
Nom. Capacity US gal (liters)	110 (400)	165 (620)	275 (1000)	275 (1000)	400 (1500)
Length inches (cm)	29 (74)	29 (74)	43 (110)	51 (130)	64 (163)
Width inches (cm)	28 (72)	28 (72)	28 (72)	30 (76)	30 (77)
Height inches (cm)	44 (112)	61 (155)	61 (155)	54 (137)	68 (173)
Min Height Req'd inches (cm)	49 (125)	66 (168)	66 (168)	60 (152)	76 (193)
Tank Weight lbs. (kg)	106 (48)	132 (60)	167 (76)	208 (94)	333 (151)
Shipping Weight lbs. (kg)	115 (52)	143 (65)	185 (84)	230 (104)	358 (162)

Approximative Footprint for Multiple DWT Installations

	DWT 400L	DWT 600L	DWT 1000L	DWT 1500L	
2 Tanks (Side by Side)	29 x 60 (74 x 152)	29 x 60 (74 x 152)	43 x 60 (110 x 152)	51 x 63 (130 x 160)	64 x 63 (163 x 160)
3 Tanks (Side by Side)	29 x 92 (74 x 234)	29 x 92 (74 x 234)	43 x 92 (110 x 234)	51 x 96 (130 x 244)	64 x 96 (163 x 244)
4 Tanks (Side by Side)	29 x 124 (74 x 315)	29 x 124 (74 x 315)	43 x 124 (110 x 315)	51 x 129 (130 x 328)	N/A
5 Tanks (Side by Side)	29 x 156 (74 x 397)	29 x 156 (74 x 397)	43 x 156 (110 x 397)	51 x 162 (130 x 411)	N/A
2 Tanks (End to End)	N/A	N/A	28 x 90 (72 x 229)	N/A	N/A

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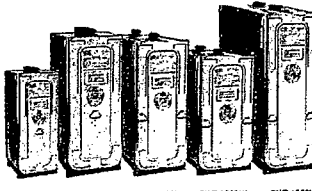
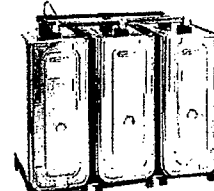
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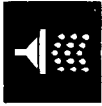
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	2 Tanks (End to End)	N/A	N/A	28 x 90 (72 x 229)	N/A



PLUMBING SUBCODE
TECHNICAL SECTION



BRICK

Date Received
Control #
Date Issued
Permit #

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

Block **827** Lot **15.01** Qualification Code **11-100-751**
Work Site Location **1614 WEST PRINCETON AVE**

Owner in Fee: **DONATO BREZZI**
Tel. **[REDACTED]** e-mail _____
Address **SAME** street municipality zip code

Contractor: **POINT BAY FUEL** Tel. **(732) 349-5059**
Address **71 IRONS ST, TOMS RIVER** e-mail _____
Contractor License No. **13VH01149900** Exp. Date _____
Federal Employee No. **22-1817388** FAX: **(732) 349-5059**

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 \$ **1250.00**

JOB SUMMARY (Office Use Only)		PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Approval	Initial
☐ No Plans Required				Slab			
☐ Building ☐ Electric				Rough			
☐ Fire ☐ Elevator				Water			
☐ Plumbing Plans Approved				Sewer			
Date: 3/25/11				Fixtures			
Approved by: [Signature]				Gas Equipment			
SUBCODE APPROVAL				Gas Piping			
☐ CO ☐ CCO ☐ CA				LP Gas Tank			
Date: _____				Fuel Oil Piping			
Approved by: _____				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.
William Kennedy
Applicant's Signature/Contractor's Seal and Signature
☐ 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	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other INSTALL 275 TANK	_____
_____	Other _____	_____

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

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy
Reorder from OCS Printing (609) 398-4375

U.C.C. F130
(rev. 05/05)



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 827 Lot 15.01 Qualification Code _____
Work Site Location 1614 WEST PRINCETON AVE

Owner in Fee: DONATO BREZZI
Tel. () e-mail _____
Address 347E municipality _____
Contractor: POINT-BAY FUEL Tel. (732) 349-5059 zip code _____
Address 71 IRONS ST, TOMS RIVER e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01149900
Federal Emp. ID No. 22-1817388 FAX: ()

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank:
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable OR [] Combustible Capacity _____
Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing
OR [] Conversion OR [X] Replacement Location of Panel: _____
Fuel Type: [] Gas [X] Oil [] Electric [] Solar Fire Suppression/Standpipe System: [] New OR [] Existing
Other _____ Location of Main Control Valve: _____
Location: _____

Total Cost of Fire Protection Work \$ 1200.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
[X] Partial Underslab Utilities Approved	Suppression Sys.				
Date: <u>3/29/11</u> Approved by: <u>[Signature]</u>	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT		TCO			
Date: <u>3-29-11</u>	Flam/Combust Tanks				
Approved by: <u>[Signature]</u>	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE		Final			
[] CO [] CCO [] CA	Other				
Date: _____					
Approved by: _____					

Date Received
Control # 11-0935
Date Issued
Permit # 04/08/11

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

INSTALL 275 OIL TANK

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

NUMBER _____ FEE (Office Use Only) _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/floor) 1 CO

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other As installed _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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Since 1971, more than 3 million ROTH tanks have been installed in Europe and North America.

*No more purchasing a new tank every 10 years.**

ROTH tanks last longer than ever before due to the outstanding quality and the unbeatable guarantee. That is why ROTH tanks enjoy such an enviable reputation.

* Subject to limitations and conditions described in the guarantee certificate, available upon request.

1 INSTALLATION OF TANKS IS FASTER AND EASIER THAN EVER

- Up to 50% lighter than conventional steel tanks.
- Wide handles on each end facilitate transport and handling.
- Removable base facilitates access to tight spaces and offers greater stability.
- Compact and economical design. (8 sq. ft. for 1000 L).
- The only tanks on the market with no fittings below the oil line.
- Unique expansion system ensures increased storage capacity and faster, easier fill-ups.
- Completely sealed, every one of our tanks is pressure tested and meets ISO 9001 quality control standards.

Dimensions for individual tanks		DWT 400L	DWT 620L	DWT 1000L	DWT 1000LH	DWT 1500L
Nom. Capacity US gal (liters)		110 (400)	165 (620)	275 (1000)	275 (1000)	400 (1500)
Length inches (cm)		29 (74)	29 (74)	43 (110)	51 (130)	64 (163)
Width inches (cm)		28 (72)	28 (72)	28 (72)	30 (76)	30 (77)
Height inches (cm)		44 (112)	61 (155)	61 (155)	54 (137)	68 (173)
Min Height Req'd inches (cm)		49 (125)	66 (168)	66 (168)	60 (152)	76 (193)
Tank Weight lbs. (kg)		106 (48)	132 (60)	167 (76)	208 (94)	333 (151)
Shipping Weight lbs. (kg)		115 (52)	143 (65)	185 (84)	230 (104)	358 (162)

Approximate Footprint for Multiple DWT Installations		DWT 400L	DWT 620L	DWT 1000L	DWT 1000LH	DWT 1500L
2 Tanks (Side by Side)		29 x 60 (74 x 152)	29 x 60 (74 x 152)	43 x 60 (110 x 152)	51 x 63 (130 x 160)	64 x 63 (163 x 160)
3 Tanks (Side by Side)		29 x 92 (74 x 234)	29 x 92 (74 x 234)	43 x 92 (110 x 234)	51 x 96 (130 x 244)	64 x 96 (163 x 244)
4 Tanks (Side by Side)		29 x 124 (74 x 315)	29 x 124 (74 x 315)	43 x 124 (110 x 315)	51 x 129 (130 x 328)	N/A
5 Tanks (Side by Side)		29 x 156 (74 x 397)	29 x 156 (74 x 397)	43 x 156 (110 x 397)	51 x 162 (130 x 411)	N/A
2 Tanks (End to End)		N/A	N/A	28 x 90 (72 x 229)	N/A	N/A

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Point Bay Fuel Company Inc.
Timothy Bergin
71 Irons Street
Toms River NJ 08753

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

10/20/2010 TO 12/31/2011
VALID

13VH01149900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Point Bay Fuel Company Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
10/20/2010 TO 12/31/2011
VALID

SIGNATURE

13VH01149900

License/Registration/Certificate #

ACTING DIRECTOR

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

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE