BLOCK 821 LOT 5-6 C11-5 QUALIFICATION CODE _____ ADDRESS (SITE) 1614 Fort St Brick NJ PERMIT NO. 98-3532

9/2/98

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1614 Fort St
2. Name of Owner in Fee: Vincent Laffredo Tel. [redacted]
   Address 91 Tunesbrook Dr (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Vincent Laffredo Tel. [redacted]
   Address 91 Tunesbrook Dr Brick NJ
   License No. OR, if new home, Builder Reg. No. 003700 Exp. Date 1/31/2000
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer Morgan [illegible] Tel. (____) 364-1139
   Address 1027 Hooper Ave Toms River
6. Responsible Person in Charge of Work Vincent Laffredo
   Tel. [redacted] FAX (____) _____

667
744
1411

SF Dwelling w/ Crawl

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	456.-	
2.	Electrical		198.-	
3.	Plumbing		195.-	
4.	Fire Protection		127.-	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		29.-	
10.	Subtotal			
11.	Cert. of Occupancy		86.-	
12.	Other ZPA JPP		130	
13.	TOTAL	$	1031.-	

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	2	
2.	Height of Structure	19' ft.	
3.	Area — Largest Floor	sq. ft.	
4.	New Building Area	1411 sq. ft.	
5.	Volume of New Structure	18,235. 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		

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	130,000.	UPP	9/2/98		10-6-98	FM			
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection	2,000.	Resubmit			10-7-98	FM			
6.	☐ Plumbing	3,000.	9/10/98							
7.	☒ Electrical	2800.				10 days	MM			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Cwe	9/20/98		9/30/98	SL			
	TOTAL COSTS	137800								

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 10411451

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 Vincent LoBrutto Date 9-2-98

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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.									
☐									
☐									

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. 3532	12/15/99			
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

U.C.C. F100-3 (rev 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/15/99
Control #
Permit # 98-3532

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee/Occupant LOFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Telephone [redacted]
Contractor H W O E W N E R
Address

Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No. 139797
Type of Warranty Plan: [X] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SF DWELLING ON CRAWL

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

Frank Mey

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 86
Paid [X] Check No. 1897
Collected by: HP

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 821 Lot 5

Work Site Location 1614 FORT ST.

Owner in Fee VINCENT LOFFREDO

Address 91 TUNESBROOK DR BRICK, NJ

Tel. [redacted]

Contractor Same

Address

Tel. ( )

License No.

Federal Employee No.

ION

- ☑ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP R-3 Previous Empty Current

FINAL COST OF CONSTRUCTION: $ 92,000.

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: Vincent Loffredo
OWNER/AGENT

- ☐ OWNER
- ☐ AGENT

U.C.C. F270
(rev. 3/96)

0002
983532#
BLOCK 821 # 0.00
LOT 5 # 0.00
BUILDING 456.00
ELETRICx 108.00
PLUMBING 195.00
FIRE 127.00
D.C.A. 29.00
C / O 86.00
ZONEPLOT 15.00
ENG P.R. 15.00
TOTAL 1031.00
CHECK 1031.00
CHANGE 0.00
10/09/98 NO. 5 0014A005 12:39

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/09/98
Control #
Permit # 98-3532

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 821 Lot 5 Qual

Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LOFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SF DWELLING ON CRAWL

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 $ 37,800

Construction Official

10/09/98
Date

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

PAYMENTS (Office Use Only)

Building	456
Electrical	108
Plumbing	~~175~~ 195
Fire Protection	127
Elevator Devices	0
Other	
DCA Training Fee	29
Cert. of Occupancy	86
Other 3PEP	30
Total	~~281~~ 1041
Check No.	1897 1031
Cash	
Collected By	HP

C6

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/9/98
Control # C11-5
Permit # 98-3532

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

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Tel [redacted] Fax ( )
Contractor PALAZZO ELECTRICAL CONT
Address 139 ARIZONA AVE
TOMS RIVER, NJ 08753-
Tele [redacted]
Lic. No. or Bldrs. Reg. No. 10323
Federal Emp. No. 22-3075247

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SF DWELLING Utility Co.
Estimated Cost of Electrical Work $ 2,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 10 2 98
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 10 2 98
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			6-7-99	MM
Temp Serv			6 7 99	MM
Const Serv				
TCO				
Other				
Service				
Final	10 2 99 MM		10 2 99	MM

Temp. Cut-in-Card Date Issued 6 7 99 MM
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
16		Lighting Fixtures	
32		Receptacles	
24		Switches	
5		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
79		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
1	3	KW Central A/C Unit	9
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 108
DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/9/98
Control # C11-5
Permit # 98-3532

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

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUHESBROOK DR
BRICK, NJ 08723-
Tele [redacted] Fax ( )
Contractor PALAZZO ELECTRICAL CONT
Address 139 ARIZONA AVE
TOMS RIVER, NJ 08753-
Tele [redacted]
Lic. No. or Bldrs. Reg. No. 10323
Federal Emp. No. 22-3075247

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SF DWELLING Utility Co.
Estimated Cost of Electrical Work $ 2,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 10/2/98
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
16		Lighting Fixtures	
32		Receptacles	
24		Switches	
5		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
79		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
1	3	KW Central A/C Unit	9
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 108
DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/9/98
Control # C11-5
Permit # 98-3532

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

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Tele [redacted] Fax ( )
Contractor PALAZZO ELECTRICAL CONT
Address 139 ARIZONA AVE
TOMS RIVER, NJ 08753-
Tele [redacted]
Lic. No. or Bldrs. Reg. No. 10323
Federal Emp. No. 22-3075247

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SF DWELLING Utility Co.
Estimated Cost of Electrical Work $ 2,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 1.22.98
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
16		Lighting Fixtures	
32		Receptacles	
24		Switches	
5		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
79		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
1	3	KW Central A/C Unit	9
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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

Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee $ 0
Collected by:	TOTAL FEE $ 108
	DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/19/98
Control # C11-5
Permit # 98-3532

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

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Tele.(__) Fax (__)
Contractor
Address

Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,000

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
[X] Fire Plans Approved
Date: 10-7-98
Approved By:
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12-14-98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			12-14-98	
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			12-14-98	
Smoke Ctl				
TCO				
Final			12-14-98	
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

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	5	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	5	35
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 [X] or Oil [ ] Fired Appliances	2	92
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	127
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 09/10/98
Date Issued 10/9/98
Control # C11-5
Permit # 98-3532

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

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,000

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
[X] Fire Plans Approved
Date: 10-7-98
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 am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	5	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	5	35
Suppression Systems		
Fire Pump 0 GPH 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 [X] or Oil [ ] Fired Appliances	2	92
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	127
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 09/10/98
Date Issued 10/19/98
Control # C11-5
Permit # 98-3532

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

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,000

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
[X] Fire Plans Approved
Date: 10-7-98
Approved By: CCS
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		
Alarm Devices(smoke,heat,pulls,water/flow)	5	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	5	35
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 [X] or Oil [ ] Fired Appliances	2	92
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 127
	DCA Training Fee	$ 0

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/19/98
Control # C11-5
Permit # 98-3532

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

Block 821 Lot 5 Qual

Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL

Owner in Fee LAFFREDO, VINCENT

Address 91 TUMESBROOK DR
BRICK, NJ 08723-

Tele.(__) Fax (__)

Contractor

Address

Tele.(__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/8/98
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 11-8-98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	5-6-98		6-3-98	
Water			10-10-98	
Sewer			10-10-98	
Fixtures			11-8-98	
Gas Equip.				
Gas Piping			5-6-98	
Solar				
TCO				
1" Spike			11-8-98	

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
1	Bath Tub	10
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
0 2	Hose Bib	0 20.00
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 175
	DCA Training Fee	$ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/09/98
Control #
Permit # 98-3532

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

Block 821 Lot 5 Qual

Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL

Owner in Fee LOFFREDO, VINCENT

Address 91 TUNESBROOK DR
BRICK, NJ 08723-

Tele.(__)_____ Fax (__)_____

Contractor

Address

Tele.(__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

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

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
1	Bath Tub	10
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # 1897 Minimum Fee $ 0
Collected by: MP TOTAL FEE $ 195
DCA Training Fee $ 0

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.

[redacted]/Contractor Seal

[redacted]lumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 3/96)

5-6-99 - NO STAIRS

5-25-99 - ① Flat vent below flood rim off W.C.

② LAV tyed in to vent stack below Flood Rim ~~highest fixtures~~

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/19/98
Control # C11-5
Permit # 98.3532

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

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SE DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUHESBROOK DR
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/6/98
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
1	Bath Tub	10
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
0 2	Hose Bib	0 2
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 175
	DCA Training Fee	$ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/09/98
Control #
Permit # 98-3532

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

Block 821 Lot 5 Qual

Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL

Owner in Fee LOFFREDO, VINCENT

Address 91 TYNESBROOK DR
BRICK, NJ 08723-

Tele.( ) Fax ( )

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
[ ] No Plans Required	Type	Failure	Failure	Approval	Initial
Joint Plan Review Required:	Slab				
[ ] Bldg [ ] Elect	Rough				
[ ] Fire [ ] Elevator	Water				
[ ] Plumb. Plans Approved	Sewer				
Date:	Fixtures				
Approved By:	Gas Equip.				
SUBCODE APPROVAL	Gas Piping				
[ ] CO [ ] CCO [ ] CA	Solar				
Approved By:	TCO				
Date:					

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized [illegible] make this application and perform the work listed on this application.

[illegible]/Contractor Seal

[illegible]bing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
1	Bath Tub	10
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge $ 0

Paid [X] Check # 1897 Minimum Fee $ 0

Collected by: MP TOTAL FEE $ 195

DCA Training Fee $ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/09/98
Control #
Permit # 98-3532

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

Block 821 Lot 5 Qual

Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL

Owner in Fee LOFFREDO, VINCENT

Address 91 TUNESBROOK DR
BRICK, NJ 08723-

Tele.( ) Fax ( )

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Exp. No. HQ-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
[ ] No Plans Required	Type	Failure	Failure	Approval	Initial
Joint Plan Review Required:	Slab				
[ ] Bldg [ ] Elect	Rough				
[ ] Fire [ ] Elevator	Water				
[ ] Plumb. Plans Approved	Sewer				
Date:	Fixtures				
Approved By:	Gas Equip.				
SUBCODE APPROVAL	Gas Piping				
[ ] CO [ ] CCO [ ] CA	Solar				
Approved By:	TCO				
Date:					

C. CERTIFICATION IN LIEU OF OATH

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

...Contractor Seal

...umbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
1	Bath Tub	10
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge $ 0

Paid [X] Check # 1897 Minimum Fee $ 0

Collected by: MP TOTAL FEE $ 195

DCA Training Fee $ 0

U.C.C. 5130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/9/98
Control # C11-5
Permit # 98-3532

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

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/9/98
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

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

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 and perform the work listed on this application.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
1	Bath Tub	10
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
0 2	Hose Bib	0 20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 175
DCA Training Fee $ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/98
Date Issued 10/19/98
Control # C11-5
Permit # 98-3532

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

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Tele.(732)920-8895
Contractor
Address

Tele.(__) Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

SF DWELLING ON CRAWL
AS GOOD FOUNDATION SURVEY REQUIRED BEFORE SCHEDULING INSPECTION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-6-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 11-18-99
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing	ore C		11/23/98	JK
Foundation	12-2	12/9/98	1/20/99	JKG
Slab	NO AS	BUILT		
Frame			7/8/99	JKG
BarrierFree	Delay 1/27/99		2/9/99	JKG
Insulation			7/8/99	JKG
Finishes				
Energy	Structural		4/13/99	JKG
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 19 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 1,411 Sq. Ft.
Volume of New Structure 18,235 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 30,000
2. Alteration $ 0
3. Total (1+2)$ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 456
[ ] 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	$ 0
Collected by: TOTAL FEE	$ 456
DCA Training Fee	$ 29

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 09/10/98
Date Issued 10/19/98
Control # C11-5
Permit # 98-3532

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Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Tele [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SF DWELLING ON CRAWL
AS BUILT Foundation Survey Required Before Scheduling inspection

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All 10-6-98 FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 19 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 1,411 Sq. Ft.
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Est. Cost of Bldg. Work:
1. New Bldg. $ 30,000
2. Alteration $ 0
3. Total (1+2)$ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 456
[ ] 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	$ 0
Collected by: TOTAL FEE	$ 456
DCA Training Fee	$ 29

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 09/10/98
Date Issued 10/9/98
Control # C11-5
Permit # 98-3532

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

Block 821 Lot 5 Qual
Work Site Location 1614 FORT ST
SF DWELLING W/CRAWL
Owner in Fee LAFFREDO, VINCENT
Address 91 TUNESBROOK DR
BRICK, NJ 08723-
Tele [redacted]
Contractor:
Address
Tele.(__) Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

C. CERTIFICATION IN LIEU OF OATH

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Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SF DWELLING OW CRAWL
AS GoIT Foundation Sorvey Required Before Schedulian inspection

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-6-98	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)
[X] New Building	$ 456
[ ] 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 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 19 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 1,411 Sq. Ft.
Volume of New Structure 18,235 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 30,000
2. Alteration $ 0
3. Total (1+2)$ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 456
DCA Training Fee	$ 29

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: September 11, 1998 1998 - 1534

Block 821 Lot 5 Zone R-7.5

Property Address: 1614 Fort Street

Owner: Vincent Loffredo (Phone): [redacted]

Applicant: Same (Phone): Same

Existing Use: Vacant lot.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): Two-story, single-family dwelling; 19' high, 30' by 38'.

Conditions: Original zoning approval granted September 8, 1994 under Section 190-58.B of the Township Code.

House must be setback at least 25' from the front property line, 6' from the side property lines, and 15' 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 of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 821 LOT 5-6

PROPERTY ADDRESS 1614 Fort St Brick NJ

NAME OF OWNER Vincent Loffredo OWNER'S PHON [redacted]

NAME OF APPLICANT VINCENT LOFFREDO

APPLICANTS COMPLETE ADDRESS 91 Tinneshook DR. Brick NJ 08723

APPLICANTS PHONE NUMBER [redacted] APPLICANT'S BUSINESS NAME

PRESENT USE OF PROPERTY (check one)

- ☑ Vacant Lot ~~☐~~ Single Family Dwelling ☐ Condo or Apartment
- ☐ Commercial (please describe) Store Place
- ☐ Other (please describe)

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☑ Single Family Dwelling ☐ Condo or Apartment
- ☐ Commercial (please describe) 1 Fam. Dw
- ☐ Other (please describe)

PROPOSED CONSTRUCTION Sinash Fam. dwelling

All Dimensions 24 W 38 L 19' Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type Colonial Ht

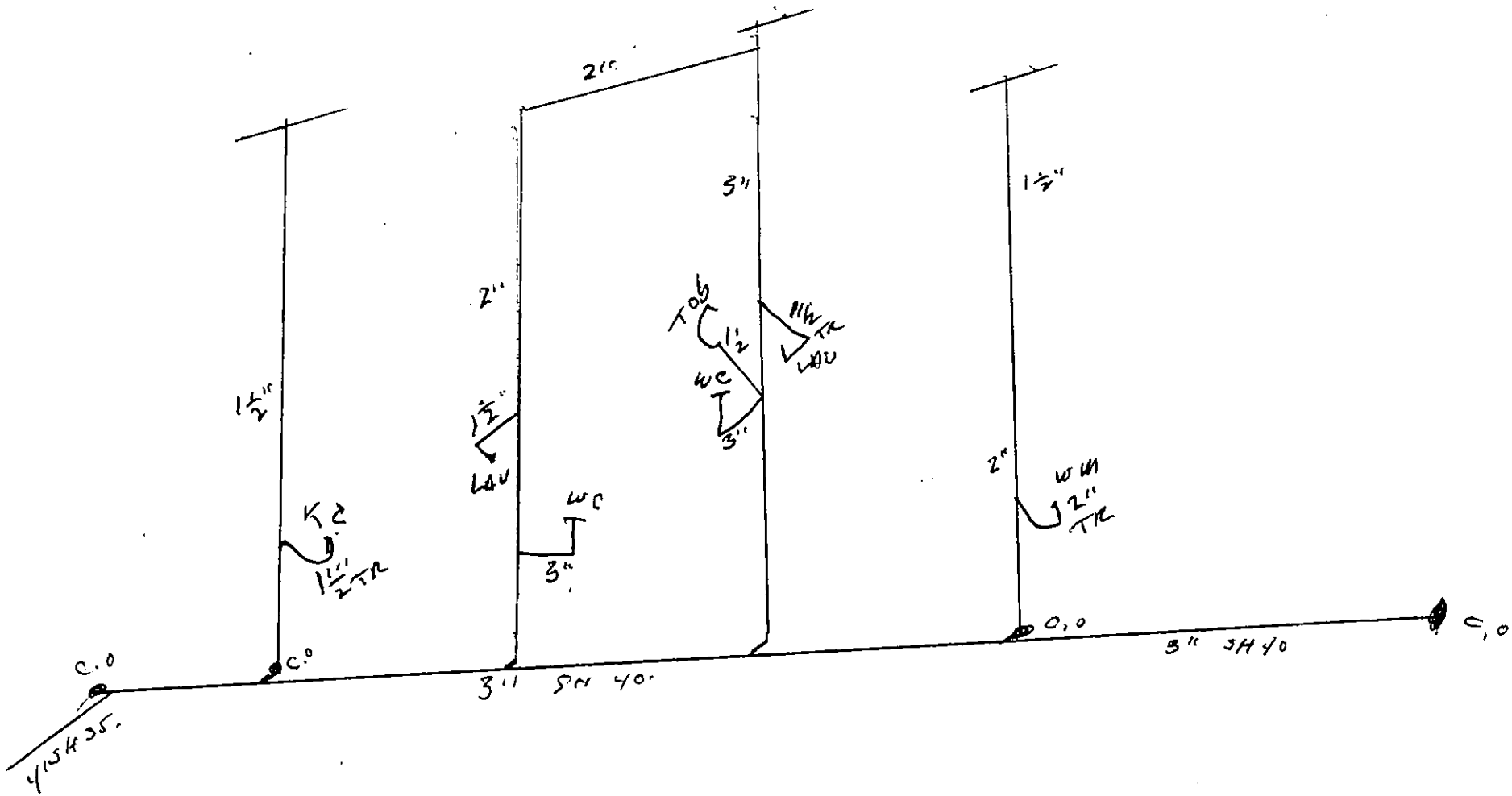
CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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 x Vincent Loffredo Date 9-2-98

Reviewed by Zoning Officer Date 9/11/98 ☑ Approved ☐ Rejected



BLOCK # 821 L-5-6
1614 Fort St
BRICK NJ

OWNER Vincent Loffredo

(1)

COMBINED GROSS WALL THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Wall Component	Area	Resistance	A/R
Glass Double Glazed	167.67	2	83.83
Glass			
Glass			
Door Thermal	42	15.49	2.71
Door			
Wall Alum. Siding	1331.01	15.46	86.09
Framing	234.88	7.14	32.89
Wall Garage Partition	186.15	15.81	11.77
Framing	32.85	7.16	4.58
Wall			
Framing			
Header or Rim Joist	149.32	17.03	8.62
Exposed Basement Wall			
Exposed Basement Wall			
Basement Glass			
Basement Glass			
Total	2143.88		230.49

U_o Wall = $\frac{A/R}{A}$ = $\frac{230.49}{2143.88}$ = .107 BTU/h-ft^2-^{o}F

U_o Wall Code Limit = 0.23

X Meets Code

___ Does Not Meet Code

Comm # 751009

COMBINED GROSS ROOF/CEILING THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Roof/Ceiling Component	Area	Resistance	A/R
Non-Cathedral Roof Ceiling R-30	824	31.67	26
Framing	91	10.88	8.36
Cathedral Roof/Ceiling			
Total	915		34.36

U_o Roof = $\frac{A/R}{A} = \frac{34.36}{915} = .037$ BTU/h-ft^2-^{o}F

U_o Roof Code Limit = 0.05*

X Meets Code

____ Does Not Meet Code

*0.08 for the cathedral portion of the roof.

Comm # 751009

(2)

COMBINED GROSS ROOF/CEILING THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Roof/Ceiling Component	Area	Resistance	A/R
Non-Cathedral Roof Ceiling R-30	824	31.67	26
Framing	91	10.88	8.36
Cathedral Roof/Ceiling			
Total	915		34.36

U_o Roof = $\frac{A/R}{A}$ = $\frac{34.36}{915}$ = .037 BTU/h-ft^{2-o}F

U_o Roof Code Limit = 0.05*

X Meets Code

_____ Does Not Meet Code

*0.08 for the cathedral portion of the roof.

Comm # 751009

COMBINED GROSS FLOOR THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Floor Component		Area	Resistance	A/R
Floor	R-19	824	21.03	39.18
Framing		91	11.7	8.05
	Totals	915		47.23

U_o Floor = $\frac{A/R}{A}$ = $\frac{47.23}{915}$ = .051 BTU/h-ft^2-^{o}F

U_o Floor Code Limit = 0.08

X Meets Code

____ Does Not Meet Code

Comm #751009

(4)

ALTERNATE METHOD: TOTAL ENVEL'PE CONFORMANCE

	A Gross Area	Total A/R	U_o Code Limit	A x U_o Limit
Wall			0.23	
Non-Cathedral Roof/Ceiling			0.05	
Cathedral Roof/Ceiling			0.08	
Floor				
	(1) Grand Total	BTU/H x ^oF	(2) Total	BTU/H x ^oF

_____ Meets Code

_____ Does Not Meet Code

If the grand total (1) of the wall, roof/ceiling and floor A/R values is equal to or less than the total (2) of the A x U_o Code Limits for the wall, roof/ceiling and floor, the Total Envelope meets the Code, even though the wall, roof/ceiling or floor may not.

If the total envelope calculation indicates that the desired construction does not meet code requirements, make changes in the structure to add insulation, reduce glass areas or use insulating glass as required to meet the code requirements.

Comm # 751009

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

TOWNSHIP OF BRICK

1614 Fort St Brick NJ — 821 — 5-6
Work Site Address — Block — Lot

Vincent Laffredo - 91 Tunesbrook Dr. Brick NJ 920 889 5
Owner's Name, Address, Phone

Vincent Loffredo 91 Tunesbrook Dr Brick NJ 08723 - 920-889 5
Contractor's Name, Address, Phone

Construction Single family home (New)
Describe type (Single -family home, etc.)

Demolition _____
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material Construction material

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

Stewart Excavating 119 Harding Dr. Brick NJ

Size of dumpster: 30 yds

Destination of discarded debris: O.C. Landfil

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.

Vincent Loffredo — Vincent Loffredo — 9-2-98
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

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

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

L&H SUPPLY INC.

"QUALITY & SERVICE"

MAIN OFFICE:
190 N. OBERLIN AVENUE
LAKEWOOD, NEW JERSEY 08701

FAX # (908) 905-9628
(908) 905-1000
1-800-866-5471

Dear Customer:

Enclosed is the Load Calculation Report you requested. L&H Supply, Inc. is happy to provide this as a service to you, our valued customer.

This report was prepared using *A.C.C.A. Manual - J 7th Edition* data, an approved industry standard for residential load applications. As such, we feel confident that the results in this report are as accurate as is reasonably possible.

If you have any questions regarding this report, or need additional assistance, please feel free to contact L&H Supply's Technical Services Department at (732) 905-1000.

Thank you for your continued patronage.

Sincerely,

L&H SUPPLY, INC.
Technical Services Staf

Computed results are estimates, since building construction and operating conditions are subject to variation.

LOCATIONS THROUGHOUT NEW JERSEY TO SERVE YOU BETTER!

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: LOFFREDO.bld 8/19/98

For: VINCENT LOFFREDO/CASH0461
TUNES BROOK DR
BRICK NJ
732-920-8895

By: L & H SUPPLY INC.
190 OBERLIN AVE. N.
LAKEWOOD NJ 08701
(732) 905-1005

RECOMMEND: WEIL McCLAIN BOILERS, HONEYWELL PERFECT CLIMATE SYSTEM: T8602/F50F/PC8900, HUMIDIFIERS

Job # 273097/LOFFREDO
Wthr Long_Branch NJ
Zone Entire House

WINTER DESIGN CONDITIONS

Outside db:	0	Deg F
Inside db:	70	Deg F
Design TD:	70	Deg F

SUMMER DESIGN CONDITIONS

Outside db:	95	Deg F
Inside db:	75	Deg F
Design TD:	20	Deg F
Daily Range	M	
Rel. Hum.:	50	%
Grains Water	31	gr

HEATING SUMMARY

Bldg. Heat Loss	39678	Btuh
Ventilation Air	0	CFM
Vent Air Loss	0	Btuh
Design Heat Load	39678	Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure	0	Btuh
Ventilation	0	Btuh
Design Temp. Swing	3.0	Deg F
Use Mfg. Data	n	
Rate/Swing Mult.	1.00	
Total Sens Equip Load	0	Btuh

INFILTRATION

Method	Simplified
Construction Quality	Average
Fireplaces	0

	HEATING	COOLING
Area (sq.ft.)	1395	0
Volume (cu.ft.)	11160	0
Air Changes/Hour	1.0	0.5
Equivalent CFM	186	0

LATENT COOLING EQUIP LOAD SIZING

Internal Gains	1150	Btuh
Ventilation	0	Btuh
Infiltration	0	Btuh
Tot Latent Equip Load	1150	Btuh
Total Equip Load	1150	Btuh

HEATING EQUIPMENT SUMMARY

Make FRIGIDAIRE / DUCANE
Model WEIL MCLAIN / SLANT FIN
Type 180'd.w.t.@ 2gpm hotwtr

Efficiency / HSPF	0.00	
Heating Input	0	Btuh
Heating Output	0	Btuh
Heating Temp Rise	0	Deg F
Actual Heating Fan	0	CFM
Htg Air Flow Factor	0.000	CFM/Btuh
Space Thermostat	T8602C1095	

COOLING EQUIPMENT SUMMARY

Make FRIGIDARE / DUCANE
Model
Type 10.0 S.E.E.R. MIN.

COP/EER/SEER	0.00	
Sensible Cooling	0	Btuh
Latent Cooling	0	Btuh
Total Cooling	0	Btuh
Actual Cooling Fan	0	CFM
Clg Air Flow Factor	0.543	CFM/Btuh
Load Sens Heat Ratio	0	

MANUAL J: 7th Ed. RIGHT-J: V1 3.0.14 S/N 11131

Printout certified by ACCA to meet all requirements of Manual Form J

File name: LOFFREDO.bld

				Htg	Clg
Job #:	273097/LOFFREDO		Outside db	0	95
For:	VINCENT LOFFREDO/CASH0461		Inside db	70	75
	TUNES BROOK DR		Design TD	70	20
	BRICK NJ		Daily Range	-	M
	732-920-8895		Inside Humid.	-	50
			Grains Water	-	31
By:	L & H SUPPLY INC.		Method	Simplified	
	190 OBERLIN AVE. N.		Const. qlty	Average	
	LAKEWOOD NJ 08701		Fireplaces	0	
	(732) 905-1005				

HEATING EQUIPMENT

Make	FRIGIDAIRE / DUCANE	
Model	WEIL MCLAIN / SLANT FIN	
Type	180'd.w.t.@ 2gpm hotwtr	
Efficiency / HSPF	0.00	
Heating Input	0	Btuh
Heating Output	0	Btuh
Heating Temp Rise	0	Deg F
Actual Heating Fan	0	CFM
Htg Air Flow Factor	0.000	CFM/Btuh
Space Thermostat	T8602C1095	

COOLING EQUIPMENT

Make	FRIGIDARE / DUCANE	
Model		
Type	10.0 S.E.E.R. MIN.	
COP/EER/SEER	0.00	
Sensible Cooling	0	Btuh
Latent Cooling	0	Btuh
Total Cooling	0	Btuh
Actual Cooling Fan	0	CFM
Clg Air Flow Factor	0.543	CFM/Btuh
Load Sensible Heat Ratio	0	

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
DINING	138	4469	0	0	0
KITCHEN	180	5484	0	0	0
POWDER	50	1397	0	0	0
UTILITY	63	1868	0	0	0
FOYER/LWR STRS	102	3528	0	0	0
LIVING	216	7136	0	0	0
MASTER BEDRM	191	5029	0	0	0
WLK IN CLST	25	250	0	0	0
BATHROOM	75	968	0	0	0
UPPER STRS/HALL	61	552	0	0	0
BEDRM 3	139	2998	0	0	0
BEDRM 4	156	6000	0	0	0
Entire House D	1395	39678	0	0	0
Ventilation Air		0	0		
Equip. @ 1.00 RSM			0		
Latent Cooling			1150		
TOTALS	1395	39678	1150	0	0

SINGLE FAMILY DWELLING CHECKLIST

✓	1	Construction Permit Application jacket completed and signed	yes ✓ no
✓	2	Zoning application completed	yes ✓ no
✓	3	Two plot plans-TRUE SIZE	yes ✓ no
✓	4	Debri form information completed Not complete	yes ✓ no ✓
✓	5	BTMUA availability application	yes ✓ no
✓	6	Engineering plot plan checklist or major subdivision	yes ✓ no
✓	7	Shade Tree application none	yes no
N/A	8	Building, Plg, Fire, and Electrical Technical Forms Completed	yes ✓ no
✓	9	Gas pipe drawing	yes ✓ no
✓	10	Riser schematic for plumbing	yes ✓ no
✓	11	Furnace/boiler/a/c/gas fireplace brochures	yes ✓ no ✓
✓	12	Heat loss application (optional)	yes ✓ no
	13	Building characteristics on jacket and/or Building application complete	yes ✓ no
	14	Indicate Options ~~Fireplace--GAS or WOOD~~ Deck Basement Crawl Space ✓	yes no
	15	Two sets of plans drawn by an architect with seals or can be drawn by homeowner for homeowners use.	yes ✓ no
	16	Cost Breakdown of EACH sub-code List fee for decks separate under alteration cost	yes ✓ no yes no

IF ANY INFORMATION IS MISSING FROM THE ABOVE LIST, THE APPLICATION CANNOT BE ACCEPTED UNTIL COMPLETED.

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
Fax (732) 262-8954
http://www.gbshost.com/brick

June 18, 1998

Vincent Loffredo
91 Tunesbrook Drive
Brick, NJ 08723

RE: Block 821.22, Lot 5
Fort Street
Zoning Determination

Dear Mr. Loffredo:

The above referenced property is located in the R-7.5, single-family residential zone and is buildable without the need for a zoning variance or subdivision approval.

Very truly yours,

Sean Kinnevy

Sean P. Kinnevy,
Zoning Officer

cc: Mayor Joseph C. Scarpelli
Scott MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner

SPV/mk

TO- VINCENT - LOFFREDO

71 TOMS BROOK DR.

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(908) 262-1041
Fax (908) 262-8954
http://gbshost.com/brick

March 20, 1997

Marsha Shrem
Marsha Shrem Realty
214 Chambers Bridge Road
Brick, N.J. 08723

RE: Block 821.22, Lot 5
Fort Street
Zoning Determination

Dear Ms. Shrem:

The referenced property is located in the R-7.5, single-family residential zone and is buildable without the need for a zoning variance or subdivision.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

SK/cas

c: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP\PP, Municipal Planner

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1040
Fax: (908) 920-4850

September 8, 1994

Sinn, Fitzsimmons, Cantoli,West & Pardes
Robert West
PO Box 1347
Pt Pleasant Beach, NJ 08742

Re: Block 821.22, Lot 5
Fort Street - vacant lot
Laurelton Park Baptist Church
Your file no. L94/515-W

Dear Mr. West:

The referenced property is located in the R-7.5, Single-family residential zone and is a buildable lot as per Section 190-58.B of the Township Code. No variance is required to build and the lot may be sold without a variance.

Plesae feel free to contact this office for any additional information or assistance.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

cc: Scott MacFadden, BusAdm.

TOWNSHIP OF BRICK
PLOT PLAN REVIEW
CHECKLIST

BLOCK 821 LOT 5-6 DATE RECEIVED

ADDRESS 1614 Fort St Brick NJ

APPLICANT Vincent Loffredo PHONE [redacted]

CONTRACTOR " " PHONE

ADDRESS 91 Tunesbrook Dr. SUBDIVISION

TYPE OF WORK New House ZONING APPROVAL

REVIEW FLOOD ZONE IDENTIFIED BY FIRM ELEV.

PANEL # MAP # DATED

FEMA LETTER RECEIVED YES NO

		YES	NO	N/A
1.	SITE PLAN &/OR SURVEY SIGNED & SEALED	✓		
2.	DRAW TO A SCALE OF NOT LESS THAT 1"-100' 1-20	X		
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)	X	X	OK 9/17/98
4.	SIDE PROPERTY LINES & DWELLINGS & PROP. CORNERS	X	X	OK 9/17/98
5.	STREET GUTTER, TOP CURB & CENTER LINE ELEV.	X		
6.	CONTOURS; 1' INCREMENTS / IF ELEV. FLUCTUATES 2'	X		
7.	ADJACENT DWELLING CORNERS	X	X	OK 9/17/98
8.	PROPOSED GRADING	X	X	9/29/98
9.	GARAGE / 1ST FLOOR / CRAWLSPACE / BASEMENT ELEV.	X		
10.	LOT GRADING / FILLING & FINAL ELEVATION	X	X	9/29/98
11.	METHOD OF DRAINING All Roof Drains to Street	X	X	9/29/98
12.	FLOOD OPENING SIZED & PLACED			X
13.	DRIVEWAY WIDTH / TYPE & DRAINAGE	X	X	9/29/98
14.	DIMENSIONS / ACREAGE OF PARCEL IN QUESTION	X		
15.	LOCATION OF FLOODWAY BOUNDARY / HAZARD AREA			X
16.	SIDEWALK			X
17.	PARKING AREAS	X		
18.	UTILITY & CONNECTIONS; WATER / SEWER / GAS / ELEC	✓		
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS			X
20.	STREETS	X		
21.	CURBING			X
22.	DESCRIPTION OF ALTERATIONS / REL. OF WATERCOURSE			X
23.	PRIOR APPR: ARMY CORP / NJDEP / WETLANDS, ETC.			X
24.	SOIL CONSERVATION SERVICE			X
25.	PLANNING BOARD			X

All Roof Drains to Street

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE	9/15/95	9/29/95 (For TR)	X

REVISED

REVISED

REVISED

FIELD CHECK

REVISED

REVISED

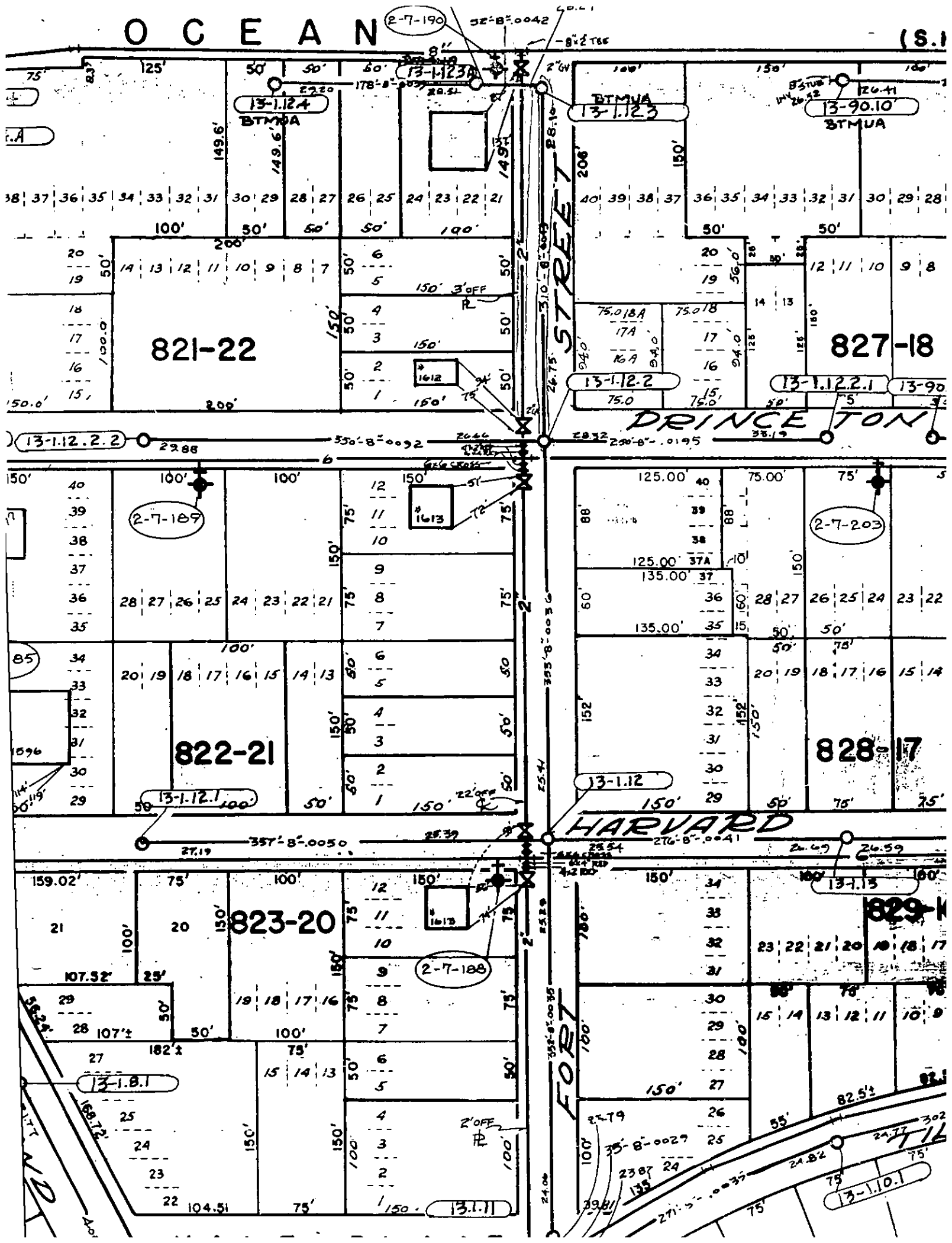
REVISED

MUNICIPAL ENGINEER

REVISED

REVISED

REVISED


OCEAN
2-7-190
13-1.123A
13-1.12.4
BTMUA
13-1.12.3
BTMUA
13-90.10
BTMUA
STREET
821-22
827-18
13-1.12.2
13-1.12.2.1
PRINCETON
13-1.12.2.2
2-7-189
2-7-203
822-21
828-17
13-1.12.1
13-1.12
HARVARD
823-20
829-
2-7-188
13-1.8.1
13-1.13
13-1.10.1
13-1.11
FORT

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date _____

Property Address _____ Block _____ Lot _____

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

Gallons per minute _____

Size of Service _____ _____

Date: _____ Approved: _____

Brick Township Plumbing Inspector

PICK UP

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: MR. VINCENT LOFFREDO PHONE NO. [redacted] (bus.)

ADDRESS: 91 TUNES BROOK DRIVE _____ (home)

BRICK, NJ 08723-6635

PROPERTY IN QUESTION: ADDRESS 1 1614 FORT STREET

BLOCK(S) 821 LOT(S) 5-6

BTMUA ACCOUNT NO. L240800 TAX MAP DRAWING NO. 45B

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

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

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

WATER FORT STREET (STREET) 3/4" 1818.00 1" 3163.00

SEWER FORT STREET (STREET) 2422.00

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

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

K.B.

DATE: Aug. 12, 1998 SIGNED: Faiz M. S. Siddiqui

NOTE: STATEMENT GOOD FOR ONE YEAR.

UTILITY SERVICES FOR NEW HOMES

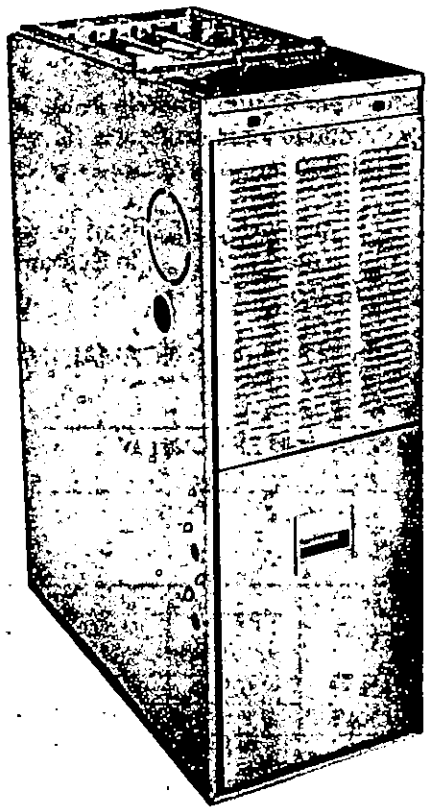
1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR,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

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

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

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

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



Multi-Position Induced Draft Gas Furnace GMP Series

Description / Application

- All models design certified by ETL and ETL$_C$ testing laboratories to be in compliance with United States and Canadian Safety Standards.
- Completely assembled, factory tested furnace, for heating or combination heating / cooling application.
- For utility room, closet, alcove, basement or attic application.
- All models can be common vented with a water heater using B-1 vent.
- Capable of multiple position installation - upflow, downflow or horizontal (left side and right side application).
- This product must not be horizontally vented without the use of optional equipment SVB-80, Sidewall Venting Blower.

Construction

- Heavy gauge, reinforced, wrap-around insulated, steel cabinet with durable baked enamel finish.
- Aluminized steel heat exchanger cells featuring our "weld free" manufacturing process.
- Aluminized steel in-shot burners.
- Right hand or left hand connection for gas and electric service.

Standard Equipment

- Energy saving PSC, multi-speed, direct drive blower motors.
- Quiet operating, sound isolated blower assembly.
- 40va transformer for heating and air conditioning control service.
- Combination redundant gas valve and regulator.
- Integrated furnace control with diagnostics.
- Blower door safety switch.
- Energy saving hot surface ignition system.
- Alternate bottom, left or right side return air connection provision.
- Quiet operating vent motor.
- Easily removable base plate.
- Multiple flame roll-out switches.
- Outlet air limit switch.
- Pressure switch for proof of air.
- Complies with California LoNox Standards.

Optional Equipment

- L.P. conversion kit (LPM-01)
- Combustible floor base for downflow configuration (SBM).
- Sidewall Venting Blower (SVB-80) for horizontal venting.

PERFORMANCE RATINGS

Model No.	NAT GAS Input*+ BTUH	Heating Capacity BTUH	DOE** AFUE	Temp. Rise Range
GMP050-3	45,000	36,000	80.0	25-55
GMP075-3	75,000	60,000	80.0	35-65
GMP075-4	75,000	60,000	80.0	25-55
GMP100-3	100,000	80,000	80.0	45-75
GMP100-4	100,000	80,000	80.0	35-65
GMP100-5	100,000	80,000	80.0	35-65
GMP125-4	125,000	100,000	80.0	45-75
GMP125-5	125,000	100,000	80.0	45-75
GMP150-5	150,000	120,000	80.0	35-65

* For altitudes above 2,000 feet reduce input rating 4% for each 1,000 feet above sea level.

** DOE AFUE is based upon Isolated Combustion System (ICS).

+L.P. 20m/cell NORMAL INPUT

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

SPECIFICATION DATA

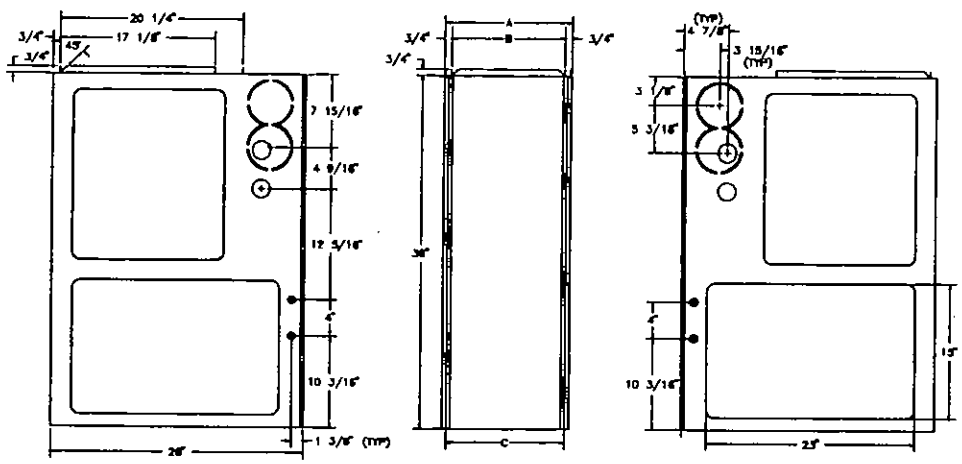
Electrical Characteristics 115/1/60 Gas Service Connection 1/2" FPT

Model GMP	BLOWER Motor HP	BLOWER Motor Speeds	Dia.	Width	Vent Dia. Metal	Filter** Size In	Electrical FLA	Electrical Max	Ship Wt.
050-3	1/3	4	10	6	4	14 X 25	5.2	15	114
075-3	1/3	4	10	6	4	14 X 25	5.2	15	124
075-4	1/2	3	10	8	4	16 X 25	7.8	15	136
100-3	1/3	4	10	8	4	16 X 25	5.2	15	146
100-4	1/2	3	10	8	4	16 X 25	7.8	15	146
100-5	3/4	3	11	10	4	20 X 25	8.2	15	156
125-4	1/2	3	10	10	4	20 X 25	7.8	15	166
125-5	3/4	3	11	10	4	20 X 25	8.2	15	166
150-5	3/4	3	10	6(2)	4***	24 X 25	9.6	15	176

** Filter dimensions for bottom application. All models require 18" x 25" filter(s) for side air installations. Permanent air filters recommended. Both sides or bottom inlet(s) must be used for applications over 1800 c.f.m.

***GMP150-5 requires 5" diameter vent in downflow configuration.

DIMENSIONS



Clearances for Combustible Material (all models)

Sides	Rear	Top		Front*	Vent	
		Vert	Horiz		Single+	B-1
1"	0"	1"	8"	3"	6"	1"

MODEL	A	B	C	DOWNFLOW COMBUSTIBLE FLOOR BASE KIT
050-3 & 075-3	14.0	12.5	12.5	SBM14
075-4 & 100-3 & -4	17.5	16.0	16.0	SBM17
100-5 & 125-4 & -5	21.0	19.5	19.5	SBM21
150-5	24.5	23.0	23.0	SBM24

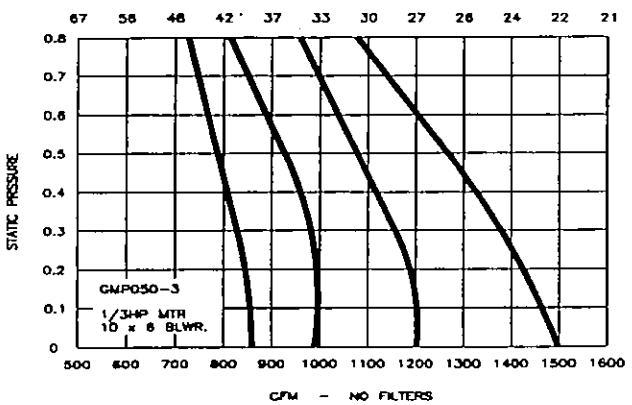
+ Vent connector only

*Accessibility clearance shall take precedence where greater

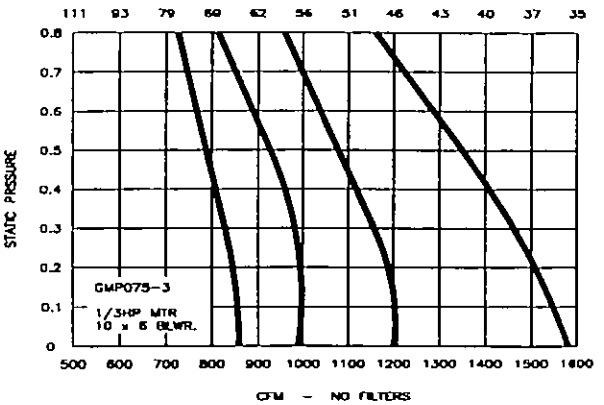
Specifications and Performance Data are Subject to Change Without Notice.

AIRFLOW DATA

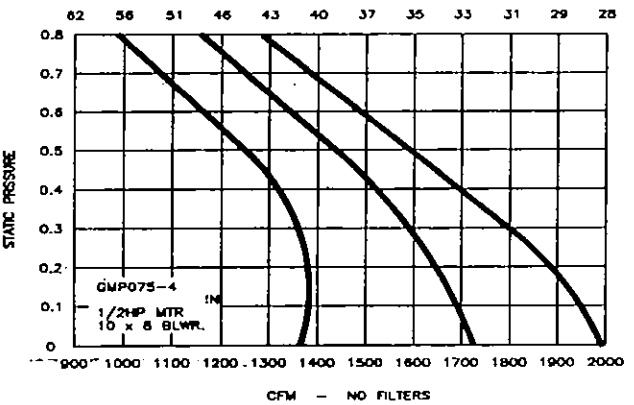
TEMPERATURE RISE (F) – NATURAL GAS



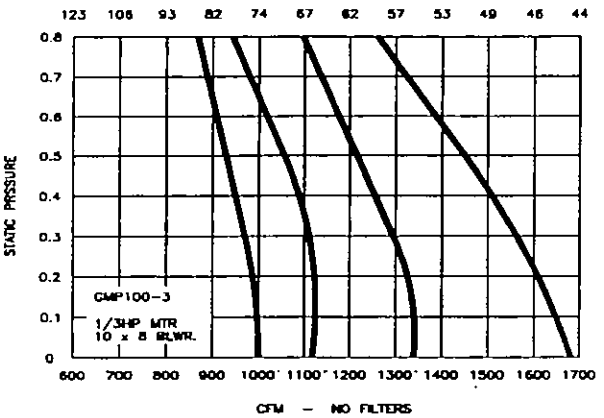
TEMPERATURE RISE (F) – NATURAL GAS



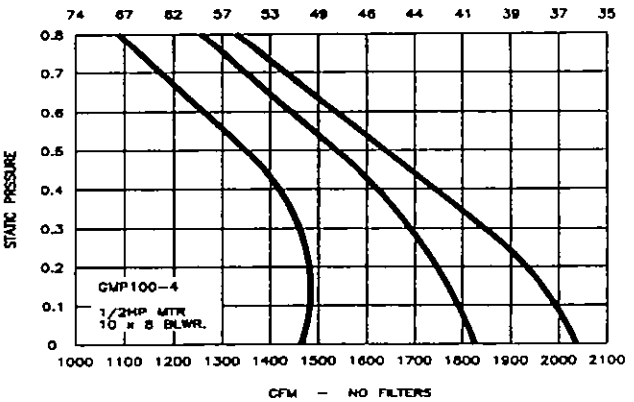
TEMPERATURE RISE (F) – NATURAL GAS

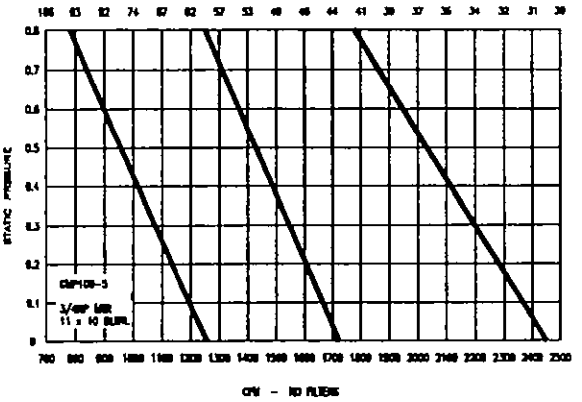


TEMPERATURE RISE (F) – NATURAL GAS

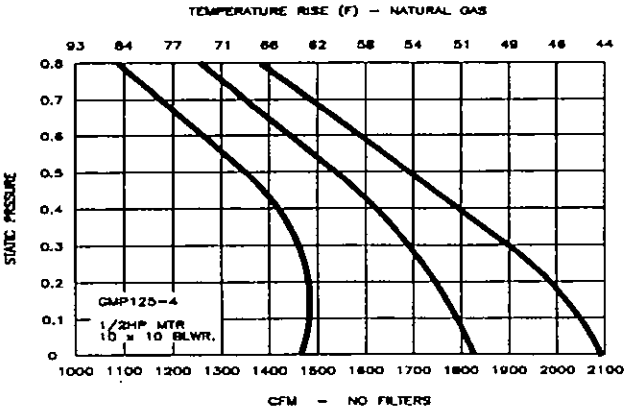


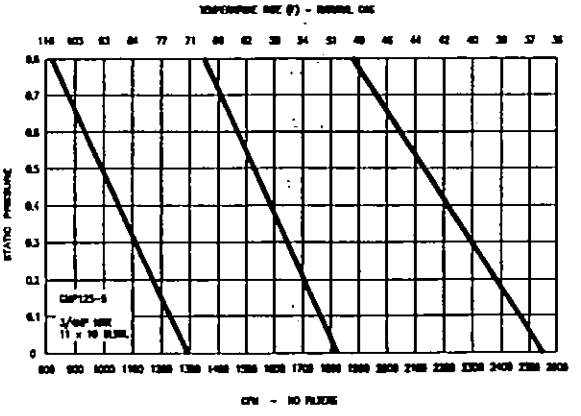
TEMPERATURE RISE (F) – NATURAL GAS

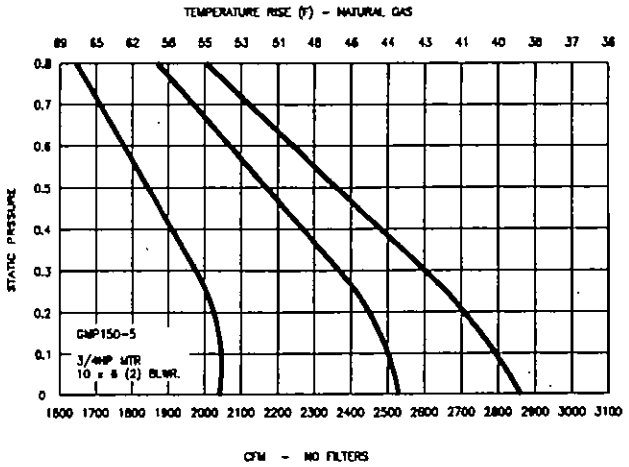




TEMPERATURE RISE (F) – NATURAL GAS







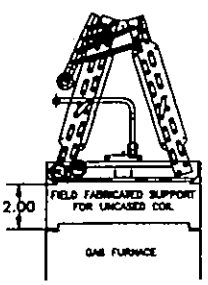
CASED (U) COIL APPLICATION OPTIONS

	FURNACE MODEL NO.	GMP050-3 GMP075-3 GMPN060-3 *GSU060-3	GMP075-4 GMP100-3 GMP100-4 GMPV075-1.5/3 GMPN080-4 *GSU080-4	GMP100-5 GMP125-4 GMP125-5 GMPV100-3/5 GMPV125-3/5 GMPN100-4 *GSU100-4	GMP150-5 GMPN120-5
	NOMINAL FURNACE WIDTH	14"	17 1/2"	21"	24 1/2"
	DFK MODEL NO.(3)	DFK-14	DFK-17	DFK-21	DFK-24
COIL MODEL NO.	NOMINAL COIL WIDTH				
U-18	14"	X			
U-29	14"	X			
U-30	17 1/2"	X(1)	X(2)		
U-31	14"	X			
U-32	17 1/2"	X(1)	X(2)		
U-35	14"	X			
U-36	17 1/2"	X(1)	X(2)		
U-42	17 1/2"	X(1)	X(2)		
U-47	17 1/2"		X		
U-49	21"		X(1)	X(2)	
U-59	21"		X(1)	X(2)	
U-60	24 1/2"			X(1)	X(2)
U-61	24 1/2"			X(1)	X(2)
U-62	21"		X(1)	X(2)	

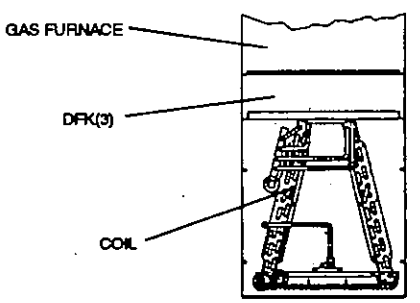
(1) - Utilizing factory installed bottom cabinet filler plates.
(2) - Discard bottom cabinet filler plates.
(3) - Downflow Coil Adapter Kit allows use of U coils in downflow applications.
* - Upflow Application only

UC COIL INSTALLATION RECOMMENDATIONS:

MINIMUM DISTANCE BETWEEN FURNACE AND COIL PAN : 2"



DOWNFLOW APPLICATIONS



Note:
A. Do not use this coil on oil furnaces or any applications where the temperature on drain pan may exceed 300°F. Use the following metal drain pans: 15236-18 (U-18 thru U-32), 15236-19 (U-36 thru U-47), 15236-20 (U/UC-60 thru U-61), and 15236-12 (U/UC-49, U-59, and U-62) for those applications.
B. Due to the rating mix/match of various coils with outdoor units it is important to match the furnace air flow for the total system capacity. (Refer to furnace spec. sheet & condenser/heat pump spec. sheet.)

349 pair 7

NJ | MISC PAYMENT/ADJUSTMENT | UCCARS

Permit/Certif Number: 98-3532

Block: 821
Lot: 5
Qual:

Adjustment (Y/N)? N

Check Number:

Fee Type:
Penalty
Elevator
X Other: COPIES

Check Amount Paid: 0

Cash Amount Paid: 10

Received - By: WP
Date: 11/30/98

Receipt Number: 98-3532

<F2> store, <F5> abort, <F10> correct

BLOCK
821 #
LOT
5 #
MISCLLNS
MISCLLNS

MISCLLNS **0002**
TOTAL 983532*#
CASH
CHANGE
11/30/98 NO. 5 0024A005

INSPECTOR: R. Peterman

JOB: SECTION:

WEATHER: Clear

TEMPERATURE: 50

DATE: 11/29/99

TYPE OF WORK: Final

LOCATION: 1614 Fort St

BLOCK: 82.1 LOT: 5-6

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

Thomas C. Hayes MUNICIPAL ENGINEER

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

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 12/3/99

NAME Vincent Loffredo

ADDRESS 91 Tunesbrook Dr. Brick, NJ 08723

PROPERTY LOCATION 1614 Fort St.

Account No. L240800 **Block** 821 **Lot** 5

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Carol Hundel

12-9-99

BRICK TOWNSHIP TAX OFFICE

Receipt for Taxes

BLOCK 821 LOT 5 QUAL

ACCOUNT* 41412

NAME: LOFFREDO

PAID BY: 1614 PORT ST

DETAILS: TAX $

INTEREST

FEES

TOTAL $50 19

Certificate of Occupancy Single Family Dwelling

Location _____ Block 821 Lot 5

Final Inspections needed as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Report of Compliance, Ocean County Soil
8. Home Owners Warranty (HOW) or Affidavit by Owner

Certificate of Approval Additions and Alterations

Final inspections on all the Technical Sections that were paid for Building, Plumbing, Fire, and Electrical.

Report of Compliance from Ocean County Soils needed when; more than 5000 square feet are disturbed, almost always when more than 1 house is constructed as in Major and Minor Subdivisions. Affordable Housing when applicable. Stamped in Red when review is needed.

	FINALS	FINALS	FINALS
Building	Approved		11/18/99 O/K
Plumbing	Approved		11-8-99 ok
Fire	Approved		12/14/99
Electric	Approved		10/28/99
Ctf of Comp BTMUA	Approved		ok
HOW	Approved		ok
Engineering	Approved		OK
Soil	Approved		ONE Lo. T. 11/17
Affordable Housing	Approved		EXEMPT
Commercial Occupancy Load	Completed		N/A
Public Works Garbage Can Receipt	Received		ok
Application for CO	Completed		ok

BLOCK 821 LOT 5 LOCATION

B # 821
1614 Front St
Brick NJ
Owner Vincent Lotfredo

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

Department Of Community Affairs

Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ Check if for Common Elements*

1 Rental

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

Registered Builder-Warrantor**

2

Name Vincent Loffredo

Street and Number (Mailing Address) 91 Tunesbrook Dr

City Brick State NJ Zip Code 08723

Phone Number (732) 920-8895

NJ Builder Registration Number 03700

Print Builder Name Vincent Loffredo

Vincent Loffredo JR
Registered Builder's Signature

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

New Dwelling Location

3 1614 Fort St
Street Name and Number

Building Number Unit Number Total Number of Units in Building

City Brick NJ Zip Code 08723

Block Number 821 Lot Number 5-6

Municipality Ocean County

Commencement Date of Warranty

4

Commencement Date*** 12 (Month) 15 (Day) 99 (Year)

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

Premium Payment

5

a.

Selling Price**** $ ~~$~~ 119,000

Amount of Premium $ ~~446.25~~ 371.61
(Rate ~~0.375~~ × Selling Price)

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

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

b.

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

For Office Use Only

Total Contract Price _____

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

FHA Mortgage

6

☐ Check if FHA Mortgage
FHA Case Number ☐☐☐–☐☐☐☐☐☐

☐ Check if VA Mortgage
VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8

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

Construction Type (check one)

9

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

Stories

10 Number of stories 2

Owner Type (check one)

11

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

PRED

12 PRED Registration or Exemption Number (R or E) _____

Note: See reverse side for assignment of property.

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

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

VALIDATION STAMP

VALID... CERTIFICATE ...ER

139797 DEC 2 9 ...
WARRANTY NUMBER

7685c rev. 7/93

MUNICIPAL COPY

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Palazzo Electrical Contr Inc
ADDRESS: 139 Arizona Rd
Toms River NJ
PHONE: 732-255-5903
LIC. #: 10323 EXP. DATE: 2000
FEDERAL EMPL. #: (or S.S. #): 22 3075247

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	16	
Receptacles	22	
Switches	04	
Detectors	5	
Light Poles		
Motors - Fract. HP	2	
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher	2	KW
HP Garbage Disposal		HP
KW Central A/C Unit	3 Ton	KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service	100	AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ 2800
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name): Pietro Palazzo
Owner ☐ Contractor ☒

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: VINCENT LOFFREDO
ADDRESS: 91 TUNES BROOK DR
BRICK NJ 08723
PHON [redacted]
LIC. #
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervsion		
Proprietary Supervision		
Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	5
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	2 gas furnace + stove
Other	
Other	

Estimated Cost of Fire Protection Work: $ 2000
Signature:
Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: