BLOCK 828 LOT 37.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

C06-102150

Called 6/15/06

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

I. IDENTIFICATION

1. Proposed Work Site at: Home 1619 W. Princeton
2. Name of Owner in Fee: America Cruz Tel [redacted]
   Address 1619 West Princeton Ave (street) Brick Twp. (municipality) NJ 08724 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: self Homeowner Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun America Cruz
   T [redacted] _____ FAX: (___) _____

Above ground pool

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	75		
2. Electrical		50		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review		7		
8. Subtotal	$			
9. State Permit Fee Surcharge				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZA		30		
13. TOTAL	$	157		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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	

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	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical					6/8/06	MM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Emr	6/5/06		6/5/06				
TOTAL COSTS									

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:
   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

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 Americo Cruz Date 5/22/06

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.

IMPORTANT
A.H.B.T. - EXEMPT

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☒ Zoning Application deemed complete Initialed: SRT Date: 5/23/06

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

BUILDING SUBCODE
TECHNICAL SECTION

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 828 Lot 37.01 Qualification Code

Work Site Location 1619 West Princeton Ave, Brick, NJ

Owner in Fee Americo Cruz

Address 1619 West Princeton Ave, Brick NJ

[redacted]

Contractor Self

Address Same as above

[redacted] FAX ( )

Contractor License No. or Builder Registration No. N/A

Federal Emp. No N/A

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	6-6-06	[illegible]
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 500.00
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Americo Cruz
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

27' round above ground Pool

Any Access must meet Code.

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

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 828 Lot 37.01 Qualification Code

Work Site Location 1619 West Princeton Ave, Brick, NJ

Owner in Fee Americo Cruz

Address 1619 West Princeton Ave, Brick NJ

Tel. [redacted]

Contractor Self

Address Same as above

Tel [redacted] FAX ( )

Contractor License No. or Builder Registration No. N/A

Federal Emp. No N/A

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	6-6-06	[illegible]
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free		6/7		

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 500.00
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Americo Cruz
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

27' round above ground Pool

Any Access must meet Code.

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

FEE (Office Use Only)
$

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

BUILDING SUBCODE
TECHNICAL SECTION

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 528 Lot 27.01 Qualification Code

Work Site Location 1619 West Princeton Ave, Brick, NJ

Owner in Fee America Cruz

Address 1619 West Princeton Ave, Brick NJ

Tel [redacted]

Contractor

Address Same as above

Tel [redacted] FAX ( )

Co ration No. N/A

Federal Emp. No N/A

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	6-6-06	EM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 5000.00
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

27' round alcue ground Pool

Any Access must meet Code.

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

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 78 Lot 37.01 Qualification Code

Work Site Location 1619 West Trimmer Ave, Brick, NJ

Owner in Fee America Cruz

Address 1619 West Trimmer Ave, Brick NJ

[redacted]

Contractor Self

Address same as above

[redacted] FAX ( )

Contractor License No. or Builder Registration No. N/A

Federal Emp. No N/A

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	6-6-06	EM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 5000
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

27' round above ground pool.
Deck

Any Access must meet Code.

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 07/03)

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

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date:_____

PLOT PLAN EXEMPT FORM

Block: 828 Lot: 37.01

Property Address: 1619 W. Princeton Avenue

I, America Cruz of 1619 W. Princeton Ave.
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

America Cruz
Applicant's Signature

The following shall be submitted with this request:

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

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

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

FOR OFFICE USE ONLY

Approved on: 6/5/06 Signed: _____

Rejected on: _____ Signed: _____

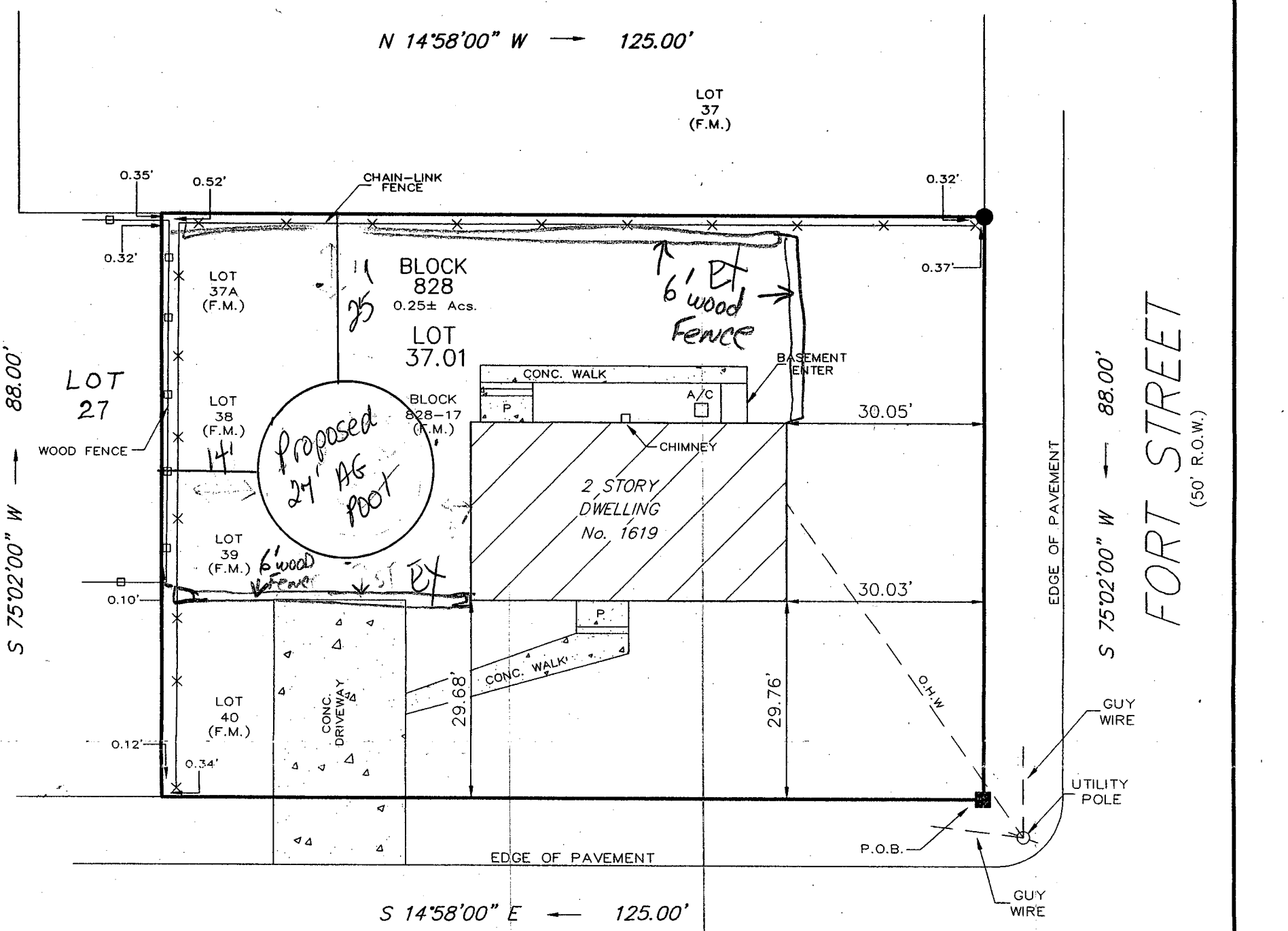
Comments:

NOTE: NO ATTEMPT WAS MADE OR LIABILITY IS ASSUMED TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY.

NOTE: PROPERTY CORNERS HAVE NOT BEEN SET AS PER CONTRACTUAL AGREEMENT WITH THE OWNER OR HIS AGENT.
THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE.

FILED MAP REF.

LEGEND:
- ■ – MONUMENT FOUND.
- ● – IRON PIPE FOUND.



WEST PRINCETON AVENUE
(50' R.O.W.)

THIS SURVEY IS CERTIFIED TO:

AMERICO CRUZ AND DINA M. CRUZ, H/W.

MID-STATE ABSTRACT COMPANY (MS-122848)
FIRST AMERICAN TITLE INSURANCE COMPANY

ATTORNEY ASSISTANCE

SULLIVAN FINANCIAL SERVICES, INC.
ITS SUCCESSORS AND/OR ASSIGNS

"TO ANY INSUROR OF TITLE RELYING HEREON AND ANY OTHER PARTY IN INTEREST," IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS THAT ARE NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON. THIS RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.

DATE	REVISIONS

8/1/02
DATE

Frank J. Ernst

FRANK J. ERNST
PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 28308
PROFESSIONAL PLANNER NO. 2864

DEED DESCRIPTION:

BEING KNOWN AS LOTS 37A, 38, 39, AND 40 IN BLOCK 828-17 AS SHOWN ON A MAP ENTITLED, "RESUBDIVISION OF LOTS, 27, 28, 35, 36, 37, 38, 39, 40; BLOCK 828-17, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY," FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON NOVEMBER 10, 1971 IN CASE No. C-629.

BEING KNOWN AS LOTS 37.01, 38, 39 AND 40 IN BLOCK 828 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY.

DEED REFERENCE: DB 4492-0459

PLAN OF SURVEY

SITUATE

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

BLOCK 828 LOT 37.01

SENECA SURVEY CO., INC.
SURVEYORS & PLANNERS
229 WASHINGTON STREET
TOMS RIVER, NEW JERSEY 08753
(732) 341-7744

Date: 08/01/02	Drawn by: D.S.S.
Scale: 1" = 20'	Proj. No.: 02-26853

5-26-6 SC

Lot 5/23/06

Township of Brick
Zoning Permit

Approved: Friday, May 26, 2006 **Number:** 664

Block 828 **Lot** 37.01 **Zone:** R-7.5

Property Address: 1619 West Princeton Avenue

Applicant: Amerigo Cruz

Property Owner: Amerigo s. Cruz

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Above ground swimming pool 27' diameter.

Conditions: The swimming pool must be set back at least 5 feet from the side and rear property lines and 25 feet from the front property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

Township of Brick
Zoning Permit

Approved: Friday, May 26, 2006 **Number:** 664

Block 828 **Lot** 37.01 **Zone:** R-7.5

Property Address: 1619 West Princeton Avenue

Applicant: Amerigo Cruz

Property Owner: Amerigo s. Cruz

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Above ground swimming pool 27' diameter.

Conditions: The swimming pool must be set back at least 5 feet from the side and rear property lines and 25 feet from the front property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

MAY 25 2006

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

BLOCK 828 LOT 37.01 QUALIFIER _____

PROPERTY ADDRESS 1619 W Princeton Ave. Brick NJ

PERSONAL NAME OF APPLICANT Americo Cruz

BUSINESS NAME OF APPLICANT ~~Self~~

MAILING ADDRESS OF APPLICANT ~~Same as above~~ 1619 West Princeton Ave Brick NJ. 08724

PROPERTY OWNER'S FULL NAME Americo S. Cruz

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height_____
☐ Addition - Height_____
☐ Alteration
☐ Porch or deck - Height_____
☐ Shed - Height _____
☐ Fence - Type_____ Height_____
☒ Swimming Pool ☐ in-ground ☒ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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

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

SIGNATURE OF APPLICANT Americo S Cruz Date 5/22/06

Reviewed by Zoning Office JC Date 5/26/06 ( ) Approved ( ) Denied

March 2003

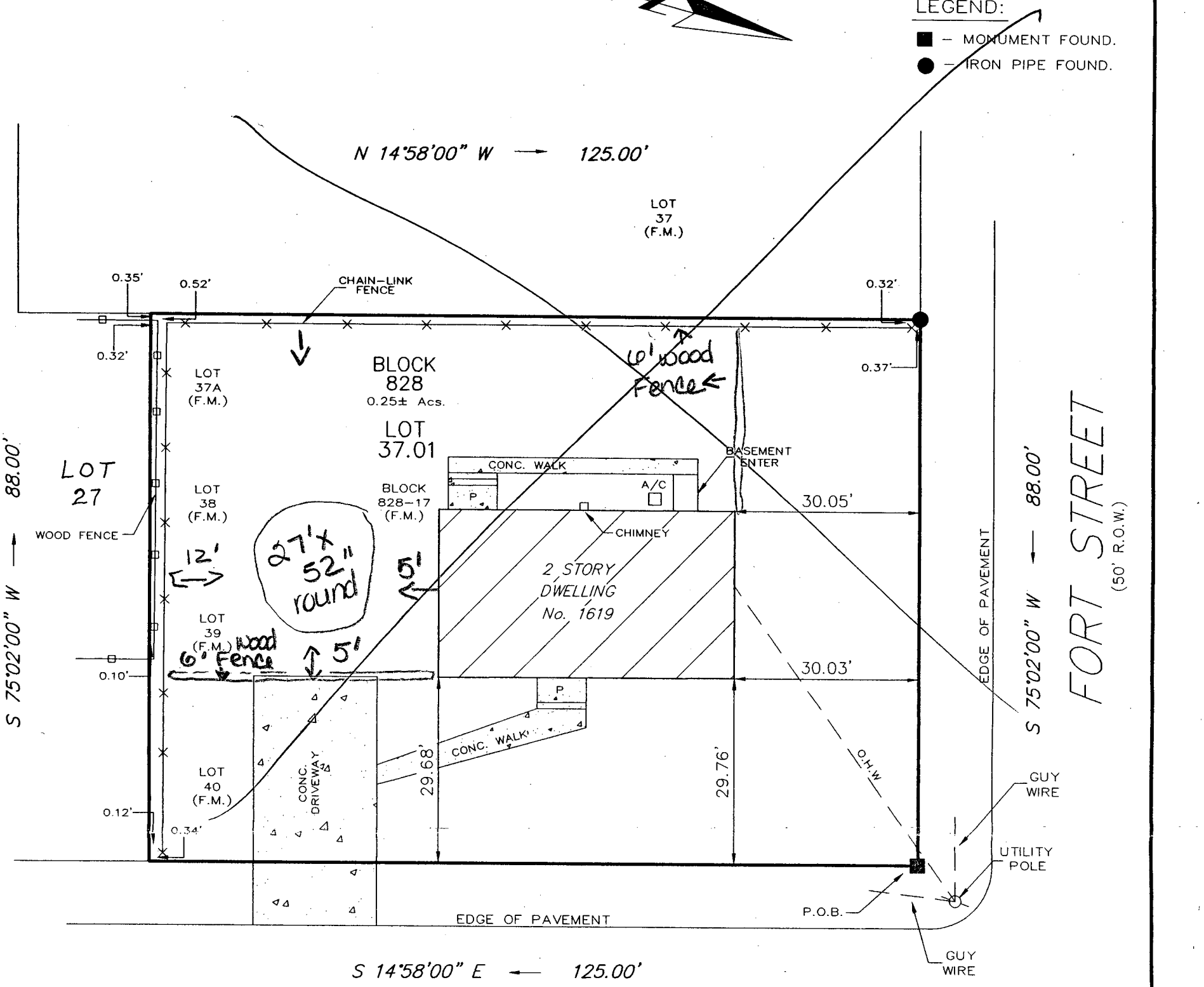
JC 5/22/06

NOTE: NO ATTEMPT WAS MADE OR LIABILITY IS ASSUMED TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY.

NOTE: PROPERTY CORNERS HAVE NOT BEEN SET AS PER CONTRACTUAL AGREEMENT WITH THE OWNER OR HIS AGENT.
THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE.

FILED MAP REF.

LEGEND:
- ■ — MONUMENT FOUND.
- ● — IRON PIPE FOUND.



THIS SURVEY IS CERTIFIED TO:

AMERICO CRUZ AND DINA M. CRUZ, H/W.

MID-STATE ABSTRACT COMPANY (MS-122848)
FIRST AMERICAN TITLE INSURANCE COMPANY

ATTORNEY ASSISTANCE

SULLIVAN FINANCIAL SERVICES, INC.
ITS SUCCESSORS AND/OR ASSIGNS

DEED DESCRIPTION:

BEING KNOWN AS LOTS 37A, 38, 39, AND 40 IN BLOCK 828-17 AS SHOWN ON A MAP ENTITLED, "RESUBDIVISION OF LOTS, 27, 28, 35, 36, 37, 38, 39, 40; BLOCK 828-17, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY," FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON NOVEMBER 10, 1971 IN CASE No. C-629.

BEING KNOWN AS LOTS 37.01, 38, 39 AND 40 IN BLOCK 828 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY.

DEED REFERENCE: DB 4492-0459

"TO ANY INSUROR OF TITLE RELYING HEREON AND ANY OTHER PARTY IN INTEREST," IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS THAT ARE NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON. THIS RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.

DATE	REVISIONS

PLAN OF SURVEY

SITUATE

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

BLOCK 828 LOT 37.01

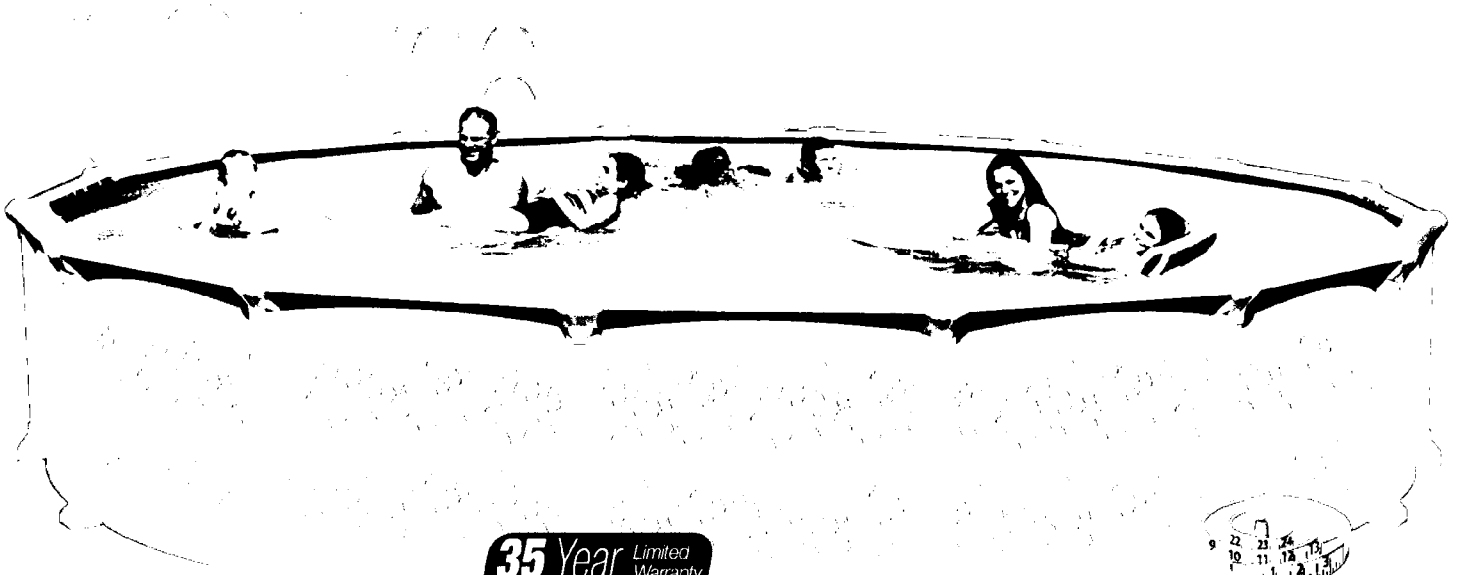
8/1/02
DATE

Frank J. Ernst

FRANK J. ERNST
PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 28308
PROFESSIONAL PLANNER NO. 2864

SENECA SURVEY CO., INC.
SURVEYORS & PLANNERS
229 WASHINGTON STREET
TOMS RIVER, NEW JERSEY 08753
(732) 341-7744

Date: 08/01/02	Drawn by: D.S.S.
Scale: 1" = 20'	Proj. No.: 02-26853



Deluxe 8000

35 Year Limited Warranty
First two years no charge

52" Wall Height

2500 series All-Weather™ virgin vinyl E-Z Hook® tile print liner

Wall	Gray saw grass steel with Cristex® coat
Ledges	8" steel with Cristex® coat
Verticals	6" deluxe box with Cristex® coat
Rails	1" steel top and bottom rails
Cover	Two-piece full contoured molded resin
Plates	6" painted steel top and bottom plates

5 layer steel core frame treatment

1. Copper-bearing alloy
2. Alkaline-cleaned G-115 hot-dipped galvanized coating
3. Alkaline-cleaned zinc bonderized coating
4. Chromic sealant
5. Textured vinyl shield exterior and interior weather coating

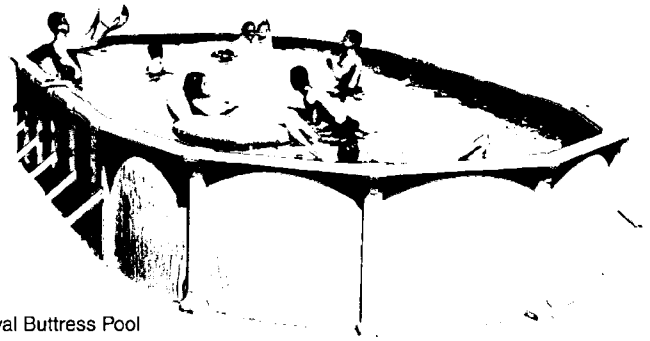
8 layer steel core wall treatment

1. Copper-bearing alloy
2. Alkaline-cleaned G-90 hot-dipped galvanized coating
3. Alkaline-cleaned zinc bonderized coating
4. Chromic sealant
5. Primer coat
6. All-Weather® enamel protective coating
7. Printed pattern
8. Exterior poly-textured sealant

Available sizes

15' Round	33' x 18' Oval
18' Round	15' x 10' SSO
21' Round	18' x 12' SSO
24' Round	21' x 15' SSO
27' Round	24' x 18' SSO
30' Round	24' x 12' NB
24' x 12' Oval	24' x 15' NB
24' x 15' Oval	30' x 15' NB
30' x 15' Oval	33' x 18' NB

SSO Indicates – Space Saver Oval
NB Indicates – Oval Non-Buttress

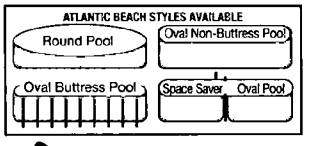


Oval Buttress Pool

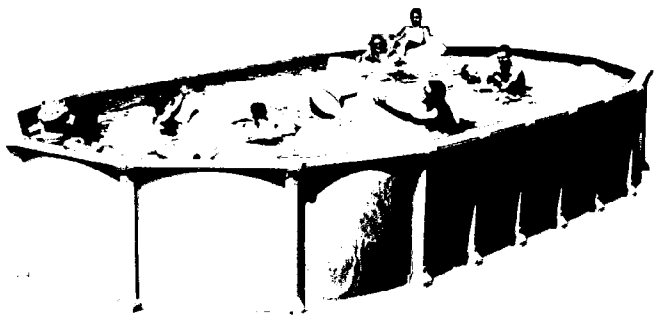
Stainless Steel Panel

Weatherall® Epoxy-Shield

Rust-Oleum® Certified



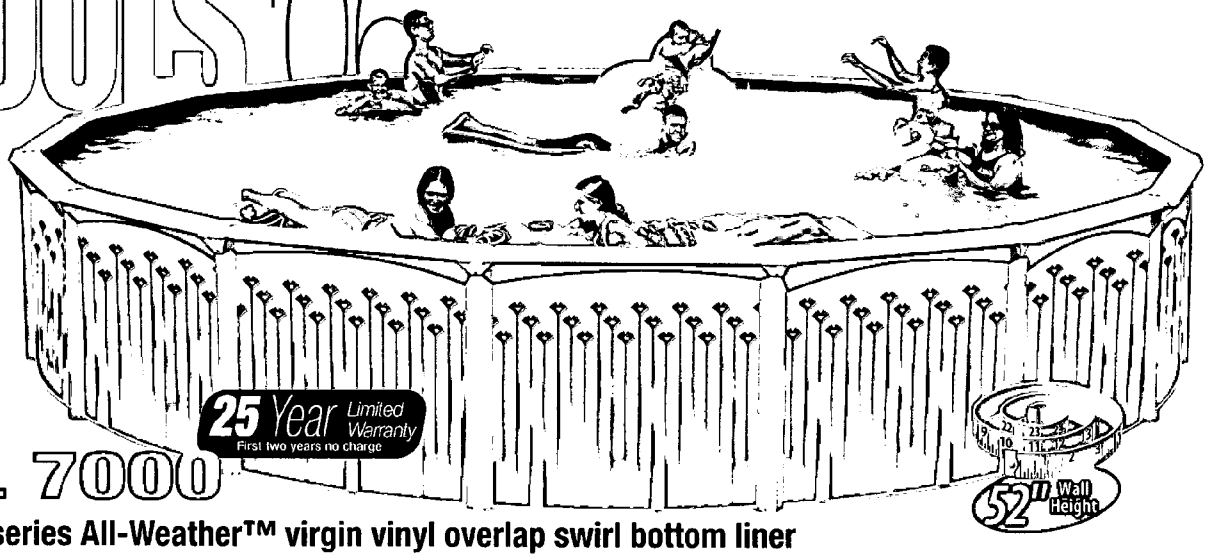
Quality above ground pools made right here in New Jersey



Oval Non-Buttress Pool

Space Saver Oval Pool

POOLS '06



XL 7000

2000 series All-Weather™ virgin vinyl overlap swirl bottom liner

Wall	Dune Millennium wall
Ledges	7" roll-formed steel
Verticals	6" roll-formed steel
Rails	1" Steel top and bottom rails
Cover	Snap-in two-piece molded resin
Plates	Steel universal top and bottom plates

5 layer steel core frame treatment

1. Copper-bearing alloy
2. Alkaline-cleaned G-90 hot-dipped galvanized coating
3. Alkaline-cleaned zinc bonderized coating
4. Chromic sealant
5. All-Weather® enamel protective coating on both sides of frame

8 layer steel core wall treatment

1. Copper-bearing alloy
2. Alkaline-cleaned G-90 hot-dipped galvanized coating
3. Alkaline-cleaned zinc bonderized coating
4. Chromic sealant
5. Primer coat
6. All-Weather® enamel protective coating
7. Printed pattern
8. Exterior poly-textured sealant

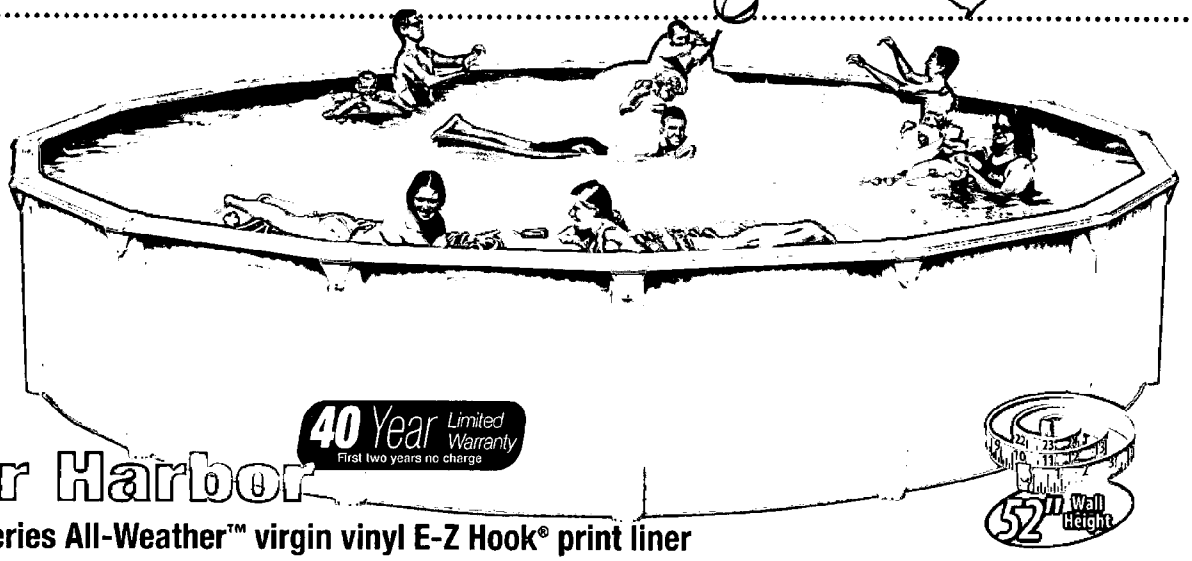
Available sizes

12' Round	24' Round
15' Round	24' x 15' Oval
18' Round	30' x 15' Oval
21' Round	33' x 18' Oval

Styles available

Round Pool | Oval Buttress Pool

Quality above ground pools made right here in New Jersey



Bar Harbor

2500 series All-Weather™ virgin vinyl E-Z Hook® print liner

Wall	Gray twill steel
Ledges	7" extruded resin
Verticals	6" extruded resin
Rails	1" plastisol top and bottom rails
Cover	Two-piece full contoured molded resin
Plates	6" plastisol top and bottom plates

8 layer steel core wall treatment

1. Copper-bearing alloy
2. Alkaline-cleaned G-115 hot-dipped galvanized coating
3. Alkaline-cleaned zinc bonderized coating
4. Chromic sealant
5. Primer coat
6. All-Weather® enamel protective coating
7. Printed pattern
8. Cristex® coat textured weather sealant

Available sizes

18' Round
24' Round

Style available

Round Pool

Quality above ground pools made right here in New Jersey

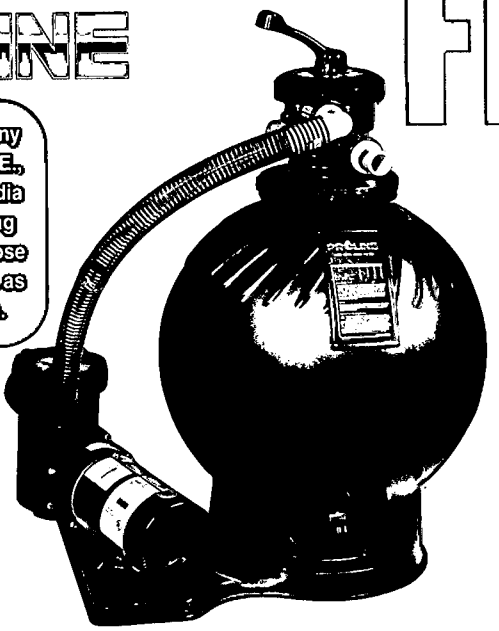
PROLINE FILTERS

Branch Brook Company carries a full line of D.E., sand, and cellular media filters from the leading manufacturers like those featured on this page, as well as many others.

PROLINE 75 SQ FT ELEMENT FILTER
Model: WWFC0751P
EDP#02062
Cellular Media Filter
- 1 HP Pump and Motor
- 4500 Gallons Per Hour Flow Rate
- 10 Hour Turnover of 45,000 gallons

PROLINE 150 SQ FT ELEMENT FILTER
Model: WWFC15015P
EDP#02917
Cellular Media Filter
- 1 1/2 HP Pump and Motor
- 9000 Gallons Per Hour Flow Rate
- 10 Hour Turnover of 90,000 gallons

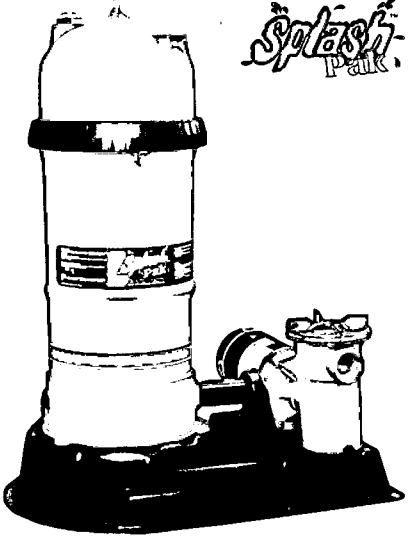
*Optional 2 HP/2 Speed Pump Available



PROLINE 19" SAND FILTER
Model: WW191P EDP#19704
- 1 HP Pump and Motor
- Resin Tank and Base
- 100# Sand Capacity
- 7-way Filter Valve
- 2700 Gallons Per Hour Flow Rate
- 10 Hour Turnover of 27,000 gallons

PROLINE 22" SAND FILTER
Model: WW2215P EDP#00906
- 1 1/2 HP Pump and Motor
- Resin Tank and Base
- 150# Sand Capacity
- 7-way Filter Valve
- 3300 Gallons Per Hour Flow Rate
- 10 Hour Turnover of 33,000 gallons

*Optional 2 HP/2 Speed Pump Available



Splash Pak

PROLINE SPLASH DE FILTER
Model: JALS40150P
EDP#00566
- 1 1/2 HP Pump and Motor
- Resin Tank and Base
- 2400 Gallons Per Hour Flow Rate
- 10 Hour Turnover of 27,000 gallons

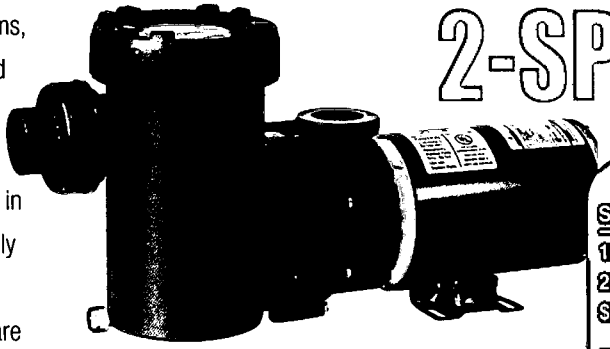
*Optional 2 HP/2 Speed Pump Available

D.E. Filter System by Jacuzzi

Ask About The Filter Service — Lifetime Warranty

2-SPEED PUMPS

Use high speed for vacuuming, water problems, and adding chemicals, or switch to low speed for continuous filtration and circulation. Normal pumps run only at high speed (3450 rpm), drawing 1903 watts. By running in low-speed mode (1725 rpm) and drawing only 334 watts, two-speed pumps can save up to 55% off electrical costs. Two-speed pumps are designed for continuous filtration; this improved filtration and circulation also reduces the chemical costs by cutting down on chemical usage. The result is a cleaner pool for less money!



You can now customize your filter operation and save money!

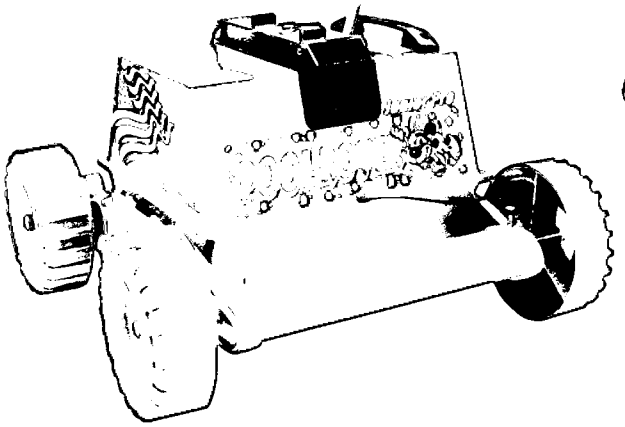
Energy Cost Comparison

Single Speed Pump Running for 10 Hours
1903 watts = 20.9 cents per hour*
20.9 cents per hour x 10 hours = $2.09 per day
$2.09 per day x 30 days = $62.70 per month

Two-Speed Pump Running for 24 Hours (on Low)
334 watts = 3.67 cents per hour*
3.67 cents per hour x 24 hours = 88¢ per day
88¢ per day x 30 days = $26.40 per month

Savings = $36.30 per Month
*Based on an 11 cent kilowatt hour

POOL CLEANERS

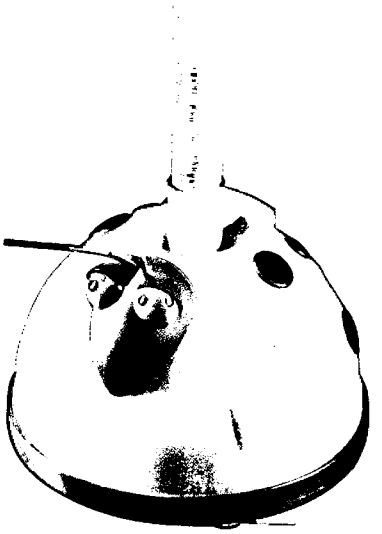


Pool Rover Jr
Pro Series Robotic Pool Cleaner for Above-Ground Pools

Recommended for pools up to 33' round or 41' x 21' oval. Has a self-monitoring smartchip to ensure the most comprehensive cleaning coverage. Operates independently of pool pump and filter.

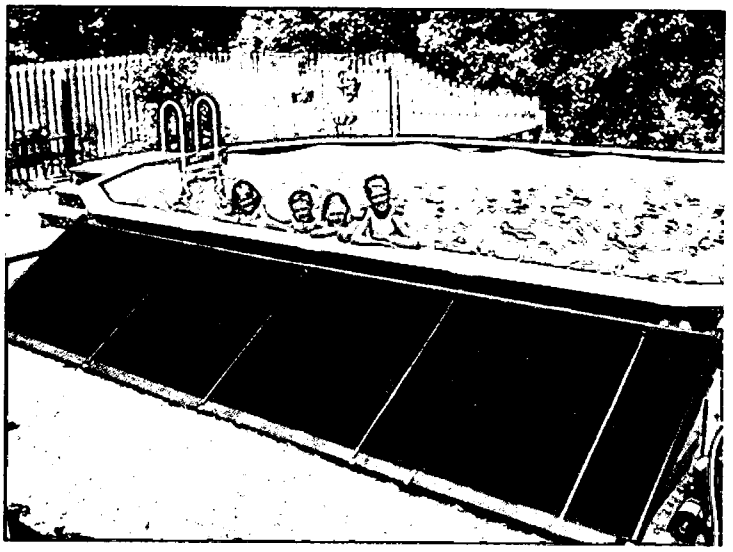
Orion Pool Vacuum

The Orion scrubs and vacuums your entire pool bottom. It's like adding another filter to your pool. It cleans a 20'x40' pool in 3 hours.



Aqua Bug Above Ground Pool Cleaner

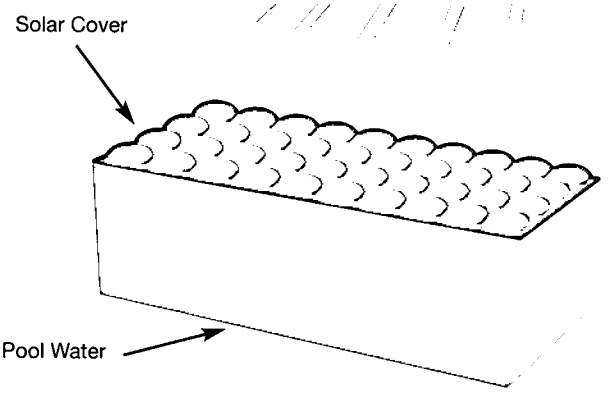
Operates off the pool's existing filtration system. Patented Smart Drive® programmed steering system ensures the entire bottom of the pool is cleaned quickly and completely.



Solar Heating System

Put the power of the sun to work for you! The solar panel pool heaters use your pool's existing pool pump to circulate water through a solar collector to heat your pool. You can see the black rectangular shape of the solar collector lying beside the pool as shown. Now you can enjoy a warm dip in your pool whenever you like while saving on energy costs at the same time!

Not Complete



Solar Covers

The solar cover is an expanse of durable plastic material covered with small air bubbles which you pull across the surface of your pool. The air within the bubbles is then superheated by the suns rays, and the captured heat is, in turn, radiated into the pool water. The plastic material of the cover also helps keep the heat from escaping. A properly used solar cover can raise the water temperature 8 to 10 degrees! Available in round, oval, and rectangular pool sizes.

HOMEOWNER'S POOL CERTIFICATION

FENCE REQUIRMENTS:

Outdoor private swimming pool: An outdoor private swimming pool, includes an in-ground, above-ground or on-ground pool, hot tub or spa shall comply with the following.

1. The top of the barrier shall be at least 48 inches above finished ground level measured on the side of the barrier which faces away from the swimming pool. The maximum vertical clearance between finished ground level and the barrier shall be 2 inches measured on the side of the barrier which faces away from the swimming pool. Where the top of the pool structure is above finished ground level, such as an above-ground pool, the barrier shall be at finished ground level, such as the pool structure, or shall be mounted on top of the pool structure. Where the barrier is mounted on the pool structure, the opening between the top surface of the pool frame and the bottom of the barrier shall not allow passage of a 4 inch diameter sphere.

2. Openings in the barrier shall not allow passage of a 4 inch diameter sphere.

3. Solid barriers shall not contain indentations or protrusions except for normal construction tolerances and tooled masonry joints.

4. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches, the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 1 ¾ inches in width. Decorative cutouts shall not exceed 1 ¾ inches in width.

5. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is 45 inches or more, spacing between vertical members shall not exceed 4 inches. Decorative cutouts shall not exceed 1 ¾ inches in width.

6. Maximum mesh size for chain link fences shall be a 1 ¼ inch square unless the fence is provided with slats fastened at the top or the bottom which reduce the openings to not more than 1 ¾ inches.

7. Where the barrier is composed of diagonal members, such as a lattice fence, the maximum opening formed by the diagonal members shall be not more than 1 ¾ inches.

8. Access gates shall comply with the requirements of items 1 through 7, and shall be equipped to accommodate a locking device. Pedestrian access gates shall open outwards away from the pool and shall be self-closing and have a self-latching device. Gates other than pedestrian access gates shall have a self-latching device. Where the release mechanism of the self-latching device is located less than 54 inches from the bottom of the gate: (a) the release mechanism shall be located on the pool side of the gate at least 3 inches below the top of the gate and; (b) the gate and barrier shall not have an opening greater than ½ inch within 18 inches of the release mechanism.

BLOCK: 828 **LOT:** 37.01 **ADDRESS:** 619 W Princeton Ave; Brick NJ

In accordance with the NJAC 5:23-2.23, no pool shall be used in whole or in part until a Certificate of Approval has been issued by the Construction Official.

I certify that I am the owner of the above referenced pool being built. I further certify that the pool will not be used in whole or in part until a permanent fence is installed and a Certificate of Approval has been issued by the Construction Official.

I have read the fence requirements listed above and understand them.

America S. Cruz America S. Cruz
Owner's Signature

America S. Cruz
Print Name

Sworn and subscribed to before me on this **day of** **20**

Notary Signature

Barrier Exceptions: Spas or hot tubs with a safety cover which complies with ASTM F 1346, as listed in Section AG107, shall be exempt from the provisions of this appendix.

ELECTRICAL SUBCODE
TECHNICAL SECTION

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 828 Lot 37.01 Qualification Code

Work Site Location 1619 W. Princeton Ave Brick NJ

Owner in Fee Americo Cruz

Address 1619 W Princeton Ave Brick NJ

[redacted]

Address same as above

[redacted] FAX ( )

Contractor License No. [redacted]

Federal Emp. No. N/A

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

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.

Americo S. Cruz

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 6/4/06

Approved by: VM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

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 [illegible] Lot 7.01 Qualification Code _____

Work Site Location 1619 W. Hunterton Ave
Brick NJ

Owner in Fee America Cruz

Address 1619 W Hunterton Ave
Brick NJ

Tel [redacted]

Contractor Self

Address same as above

Tel [redacted] FAX ( ) _____

Con[redacted]

Federal Emp. No. N/A

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 500.00

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]
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 6/1/06
Approved by: LM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____
Date of Grounding and Bonding Certification _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

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 ____ Lot 7.01 Qualification Code ____

Work Site Location 1619 W. Princeton Ave Brick NJ

Owner in Fee Americo Cruz

Address 1619 W Princeton Ave Brick NJ

[redacted]

Contractor TBD

Address same as above

[redacted] FAX ( ) ____

Federal Emp. No. N/A

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 500.00

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 6/1/06

Approved by: LM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued ____

Final Cut-in-Card Date Issued ____

Annual Pool Inspection ____ ____ ____ ____

Date of Grounding and Bonding Certification ____

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____