Called 12/19/96 908

BLOCK 819 LOT 18 ADDRESS (SITE) 1558 Forge Pond Rd PERMIT NO. 120-97.

Brick

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

RECEIVED DEC 5 1996 2 SETS OF BLUEPRINTS

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

I. IDENTIFICATION

1. Proposed Work-site at: 1558 Forge Pond Rd.
2. Name of Owner in Fee: Still [redacted]
   Address 1558 Forge Pond Rd (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Trinity Heating & Air. Tel. 908 780 3779
   Address 979 US Hwy 9 Howell 07731
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 223292324 Social Security No. _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Trinity Heating & Air. Tel. 908 780 3779

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	35-		
2. Electrical				
3. Plumbing		69-		
4. Fire Protection		33		
5. Elevator Devices				
6. Subtotal	$	130-		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		3-		
10. Subtotal	$			
11. Cert. of Occupancy		200 Penalty		
12. Other				
13. TOTAL	$	333		

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 sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	3545

FURNACE

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
P	12/5/96		12/12/96	JC	2/3/97		GL
			12/9/96	JC			
			12-19-96	KH	1-7-2000		GL

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:

Received

LDS BR 10209862

U.C.C. Form F-100B

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 Trinity Heating & Air INC

Address 979 US Hwy 9
Howell 07731

Telephone (908) 780 3779

Signature Thomas Pollock Date 12-2-96

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

CONSTRUCTION PERMIT

Date Issued 1-22-97.
Control #
Permit # 120-97

IDENTIFICATION Block 819. Lot 18.

Work Site Location 1558- Forge Pond Rd. Still. Contractor Trinity Heating & Air.

Address 979. U.S Hwy #9. Howell NJ 07731.

Owner in Fee

Address Camp.

Tele. ( )

[redacted]

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 22-3949324

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

(FURNACE)

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 $ 3545 -

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	35 -
Plumbing	100 -
Electrical	
Fire Protection	35 -
Other	
Other	
DCA Training Fee	3 -
Cert. of Occ.	
Other	Health 200 -
Total	373 -
Check No.	3761
Cash	
Collected By:	

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

0004
120*#
BLOCK 819 # 0.00
LOT 18 # 0.00
PLUMBING 35.00
TOTAL 35.00
CHECK 35.00
CHANGE 0.00
11/12/99 15:55
IND. 5 0039A005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 11/12/99
Control #
Permit # 97-120+A
Permit Issued 01/22/97

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 819 Lot 18 Qual

Work Site Location 1558 FORGE POND RD.
MAKE ACTIVE

Owner in Fee STILL ELIZ C.
Address SAME
BRICK,, NJ 08723-
Telephone ( ) -

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:

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

DESCRIPTION OF WORK:
TO MAKE PERMIT ACTIVE

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No 11/4/62	999
Cash	
Collected By	TL

Estimated Cost of Work $ 10

Construction Official

11/12/99
Date

U.C.C. F190 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-22-97
Date Issued
Control #
Permit # 120-97

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

Block 819 Lot 18
Work Site Location 1558 Forge Pond Rd. Brick.
Owner in Fee Still
Address Same as Above
Tele [redacted]
Contractor Trinity Heating & Air
Address 979 US Hwy 9 Howell 07731
Tele. 908,780 3779
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 223292324 or Social Security 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.

Thomas Bolick
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Ductwork installed
B- vent Flue through roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	12/12/96	JC
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-5-97
Approved By: J. Chesler

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$ _____

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. Alteration $ _____
3. Total (1+2) $ 900

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-22-97
Date Issued
Control #
Permit # [redacted] 120-97

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

Block 819 Lot 18
Work Site Location 1558 Forge Pond Rd.
Brick.
Owner in Fee Still
Address SAME AS Above
T [redacted]
Contractor Trinity Heating & Air
Address 979 NJ Hwy 9
Howell 07731
Tele. (908) 780 3779
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 223292324 or Social Security 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.

Thomas Tolliver
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Ductwork installed
B- vent Flue through Roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	12/12/96	JK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$

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. Alteration $
3. Total (1+2) $ 900

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received 1-22-97
Date Issued
Control #
Permit # 120-97.

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

Block 819 Lot 18
Work Site Location 1558 FORGE POND RD
BRICK
Owner in Fee STILL
Address SAME AS ABOVE
Tele [redacted]
Contractor TRINITY HEATING & AIR INC
Address 979 US Hwy 9
Howell 07731
Tele. (908) 780 3779
Lic. No.
Federal Emp. No. 22-3292329 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group · Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 2000 [ ] Other _____

Comfortable Air

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/9/96
Approved by:

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

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

Thomas Pollock
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work elec to GAS. Conversion

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1 75,000 BTU	35
OTHER		

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

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-29-97
Control #
Permit # 120-97

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

Block 819 Lot 18
Work Site Location: 1558 Forge Pond Rd
BRICK 08723
Owner in Fee Still
Address SAME AS ABOVE
Tele [redacted]
Contractor JOE MASTRO
Address 913 SPRAY AVE
BEACHWOOD
Tele. (908) 818-0873 — 908-780 3779
Lic. No. 6210
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 650

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-19-96
Approved by: [signature]

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			4-25-97	
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]
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	25
1	~~Steam Boiler~~ FURNACE	35
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 60
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1-22-97
Date Issued
Control #
Permit # 120-97

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

Block 819 Lot 18
Work Site Location 1558 Forge Pond Rd
Brick 08723
Owner in Fee Still
Address
SAME AS Above
Tele [redacted]
Contractor JOE Mastro
Address 913 SPRAY AVE
BEACHwood
Tele. (908) 818-0873 — 908-780 3779
Lic. No. 6210
Federal Emp. No. _____ or Social Security N [redacted]

B. PLUMBING CHARACTERISTICS

Use Group : Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 645

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-19-96
Approved by: [signature]

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

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

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
1	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	25
1	~~Steam Boiler~~ FURNACE	35
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 60
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

12-19-96 BW

U.C.C. Form F-130B 12-91 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/12/99
Date Issued 11/12/99
Control #
Permit # 97-120+A

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

Block 819 Lot 18 Qual

Work Site Location 1558 FORGE POND RD.
MAKE ACTIVE

Owner in Fee STILL ELIZ C.

Address SAME
BRICK,, NJ 08723-

Tele.(__)_____ Fax (__)_____

Contractor

Address

Tele.(__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 80-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 10

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 [ ] CC [X] CA
Approved By:
Date: 1-7-00

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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
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 TO ACTIVATE	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	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 11/12/99
Date Issued 11/12/99
Control #
Permit # 97-120+A

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

Block 819 Lot 18 Qual
Work Site Location 1558 FORGE POND RD.
HAKE ACTIVE
Owner in Fee STILL ELIZ C.
Address SAME
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 U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 10

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				

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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
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 TO ACTIVATE	35
	Other	0

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER: 819 18 Forgione
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "*Return Receipt Requested*" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Marsha A. Shrem
424 Stoney Point road
Brick, NJ 08723

4a. Article Number
P 319 508 077

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
12/14/96

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (*See reverse*)

Sent to	Marsha A. Shrem
Street & Number	424 Stoney Point Road
Post Office, State, & ZIP Code	Brick, NJ 08723
Postage	$ .32
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.27
Postmark or Date	

819 18 P 319 508 077

**mailed to: 424 Stoney Point Rd, Brick
B-819 L-18

LOCATION: 1558 Forge Pond Road

VIOLATION(S): No permit for furnace(possible gas conversion)

1ST NOTICE: 12/4/96 **DUE:** upon receipt
2ND NOTICE: **DUE:**
3RD NOTICE: **DUE:**

INSP'S INITIALS: Don Forgione

COMPLIANCE DATE:

1558 Forge Pond Rd. B819-L 18

P 235 174 066

INSP. JT

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to: Elizabeth Still	
Street & Number: ~~1558 Forge Pond Rd.~~	
Post Office, State, & ZIP Code: ~~Brick, NJ 08723~~	
Postage	$ 32
Certified Fee	110
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	110
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 252
Postmark or Date	

PS Form **3800**, April 1995

P 178 892 122

8 19 18

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to: Marsha A. Shrem	
Street & Number: 424 Stoney Point Road	
Post Office, State, & ZIP Code: Brick, NJ 08723	
Postage	$ 32
Certified Fee	110
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	110
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 252
Postmark or Date	AM 1-15-97

PS Form **3800**, April 1995

LOCATION: 1558 Forge Pond Rd.

VIOLATION(S): (Fire) Posted unsafe structure

1ST NOTICE: 1-16-97 DUE: immediately
2ND NOTICE: DUE:
3RD NOTICE: DUE:

INSP'S INITIALS:

COMPLIANCE DATE:

TOWNSHIP OF BRICK

UNIFORM CONSTRUCTION CODE — NEW JERSEY

☐ NOTICE OF VIOLATION AND ORDER TO TERMINATE

☒ NOTICE AND ORDER TO PAY PENALTY

PERMIT NO. _____
DATE ISSUED _____
Block 819 Lot 18
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:
Name Marsha A. Sheen
Address 424 Signal Pt Rd
Town/State/Zip Brick, NJ 08723
Work Site Address 1558 Forge Pond Rd.

AGENT:
Name N/A
Address _____
Town/State/Zip _____

ACTION

DATE OF NOTICE: 12/4/96 COMPLIANCE DUE DATE: upon receipt DATE OF INSPECTION: 11/26/96

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

N.J.A.C. 5:23-2.31(b)4. Compliance

furnace - no permit. possible gas conversion

You are hereby ordered to terminate the said violations on or before _____. The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☐ Failure to comply with this Order will subject you to a penalty of $ _____ per _____.

☒ You are hereby ordered to pay a penalty in the amount of $ 500 for each violation for a total penalty of $ 500. Each week that any of the said violations remain outstanding after receipt shall result in an additional penalty of $ 500 per week.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the City of Ocean, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if neccessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 100 to be forwarded with your application to the Board of Appeals office at 2 Main St.

If you have questions concerning this matter, please call: 862-7030

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ (SCO) DATE: _____

NOTICE AND ORDER OF PENALTY: _____ (CO) DATE: _____

U.C.C. Form F-210 (8/83)

TOWNSHIP OF BRICK

☐ NOTICE OF VIOLATION AND ORDER TO TERMINATE
☒ NOTICE AND ORDER TO PAY PENALTY

PERMIT NO. _____
DATE ISSUED _____
Block 819 Lot 18
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:
Name Marsha A. Shrem
Address 424 Stoney Point Road
Town/State/Zip Brick, New Jersey 08723
Work Site Address 1558 Forge Pond Road

AGENT:
Name _____
Address N/A
Town/State/Zip _____

ACTION

DATE OF NOTICE: 12/4/96 COMPLIANCE DUE DATE: upon receipt DATE OF INSPECTION: 12/3/96

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

N.J.A.C.5:23-2.31(b)4. COMPLANCE

NO PERMIT FOR FURNACE

(possible gas conversion)

You are hereby ordered to terminate the said violations on or before immediatley. The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☐ Failure to comply with this Order will subject you to a penalty of $ _____ per _____.

☒ You are hereby ordered to pay a penalty in the amount of $ 500.00 for each violation for a total penalty of $ 500.00. Each week that any of the said violations remain outstanding after receipt shall result in an additional penalty of $ 500.00 per week.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the County of Ocean, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if neccessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 100.00 to be forwarded with your application to the Board of Appeals office at 2 Mott Place, Toms River, New Jersey 08753.

If you have questions concerning this matter, please call: 262-1030.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ DATE: _____

NOTICE AND ORDER OF PENALTY: Joseph Curiazza SCO J. Curiazza CO DATE: 12/4/96

U.C.C. Form F-210 (8/83)

8/9 18 P 319 508 077

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	Marsha A. Shrem
Street & Number	424 Stoney Point Road
Post Office, State, & ZIP Code	Brick, NJ 08723
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 319 508 077

MAIL

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Marsha A. Shrem
424 Stoney Point road
Brick, NJ 08723

4a. Article Number
P 319 508 077

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X

7. Date of Delivery

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

TOWNSHIP OF BRICK

SECOND NOTICE

☐ NOTICE OF VIOLATION AND ORDER TO TERMINATE

☒ NOTICE AND ORDER TO PAY PENALTY

PERMIT NO. _____
DATE ISSUED _____
Block 819 Lot 18
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:
Name Marsha A. Shrem
Address 424 Stoney Point Road
Town/State/Zip Brick, NJ 08723
Work Site Address 1558 Forge Pond Road

AGENT:
Name _____
Address n/a
Town/State/Zip _____

ACTION

DATE OF NOTICE: 01/10/97 COMPLIANCE DUE DATE: upon receipt DATE OF INSPECTION: 12/3/96

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

SECOND NOTICE

N.J.A.C.5:23-2.31(b)4. COMPLIANCE

NO PERMIT FOR FURNACE

Sent to wrong Homeowners, Re-submitted TO Elizabeth Stell 1558 Forge Pond Rd. Brick NJ. 08723 OK 1-16-97

You are hereby ordered to terminate the said violations on or before immediately. The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☐ Failure to comply with this Order will subject you to a penalty of $ _____ per _____.

☒ You are hereby ordered to pay a penalty in the amount of $ 500.00 for each violation for a total penalty of $ 500.00. Each week that any of the said violations remain outstanding after receipt shall result in an additional penalty of $ 500.00 per week.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the County of Ocean, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if neccessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

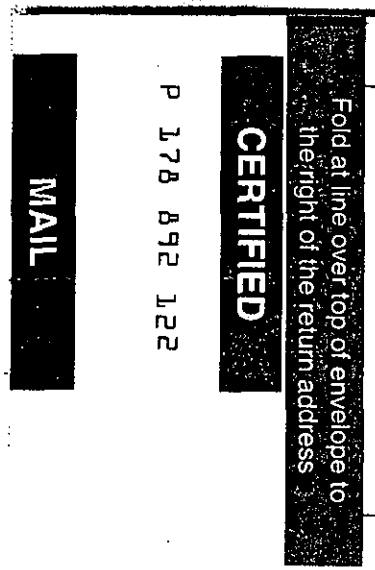
The fee for an appeal is $ 100.00 to be forwarded with your application to the Board of Appeals office at 2 Mott Place, Toms River, NJ 08753.

If you have questions concerning this matter, please call: 908-262-1030

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ DATE: _____

NOTICE AND ORDER OF PENALTY: Joseph Curiazza SCO Joseph Curiazza CO DATE: 1/10/97

U.C.C. Form F-210 (8/83)



PS Form **3800**, April 1995

Postmark or Date	
TOTAL Postage & Fees	$
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	$
Post Office, State, & ZIP Code	Brick, NJ 08723
Street & Number	424 Stoney Point Road
Sent to	Marsha A. Shrem

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

P 178 892 122

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Marsha A. Shrem
424 Stoney Point Road
Brick, NJ 08723

4a. Article Number
P178 892 122

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

TOWNSHIP OF BRICK

UNIFORM CONSTRUCTION CODE — New Jersey

☐ NOTICE OF VIOLATION AND ORDER TO TERMINATE

☐ NOTICE AND ORDER TO PAY PENALTY

PERMIT NO. _____

DATE ISSUED _____

Block 819 Lot 18

Subdivision _____

Notice No. _____

IDENTIFICATION

OWNER:

Name Elizabeth Still

Address 1558 Forge Pond Road

Town/State/Zip Brick, N.J.

Work Site Address 1558 Forge Pond Road

AGENT:

Name _____

Address N/A

Town/State/Zip _____

ACTION

DATE OF NOTICE: 1-16-97 COMPLIANCE DUE DATE: upon receipt DATE OF INSPECTION: 12/3/96

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

N.J.A.C.5:23-2.31(b)4. COMPLIANCE

Complied 1-22-97

NO PERMIT FOR FURNACE

You are hereby ordered to terminate the said violations on or before immediately. The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☐ Failure to comply with this Order will subject you to a penalty of $ _____ per _____.

☒ You are hereby ordered to pay a penalty in the amount of $ 500.00 for each violation for a total penalty of $ 500.00. Each week that any of the said violations remain outstanding after receipt shall result in an additional penalty of $ 500.00 per week.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the County of Ocean, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

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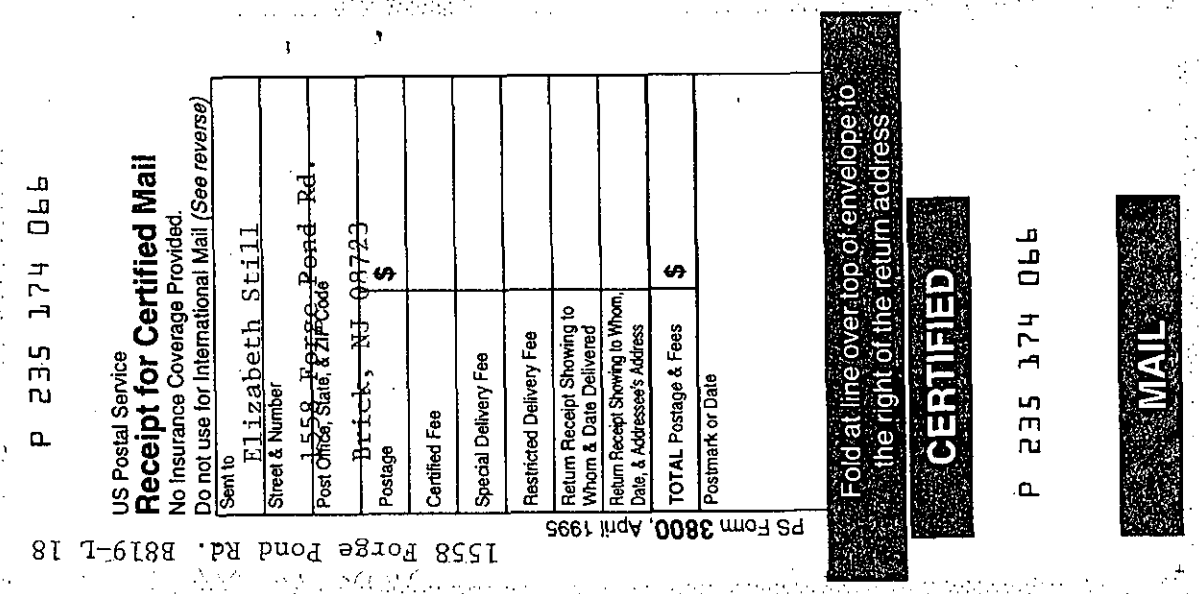
The fee for an appeal is $ 100.00 to be forwarded with your application to the Board of Appeals office at 2 Mott P lace, Toms River, N.J. 08753.

If you have questions concerning this matter, please call: 908-262-1030

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ DATE: _____

NOTICE AND ORDER OF PENALTY: Joseph Curiazza SCO J. Curiazza CO DATE: 1-16-97

U.C.C. Form F-210 (8/83)



US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	Elizabeth Still
Street & Number	1558 Forge Pond Rd.
Post Office, State, & ZIP Code	Brick, NJ 08723
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

P 235 174 066

1558 Forge Pond Rd. B819-L 18

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 235 174 066

MAIL

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Elizabeth Still

1558 Forge Pond Rd.

Brick, N.J. 08723

4a. Article Number
P 235 174 066

4b. Service Type
- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

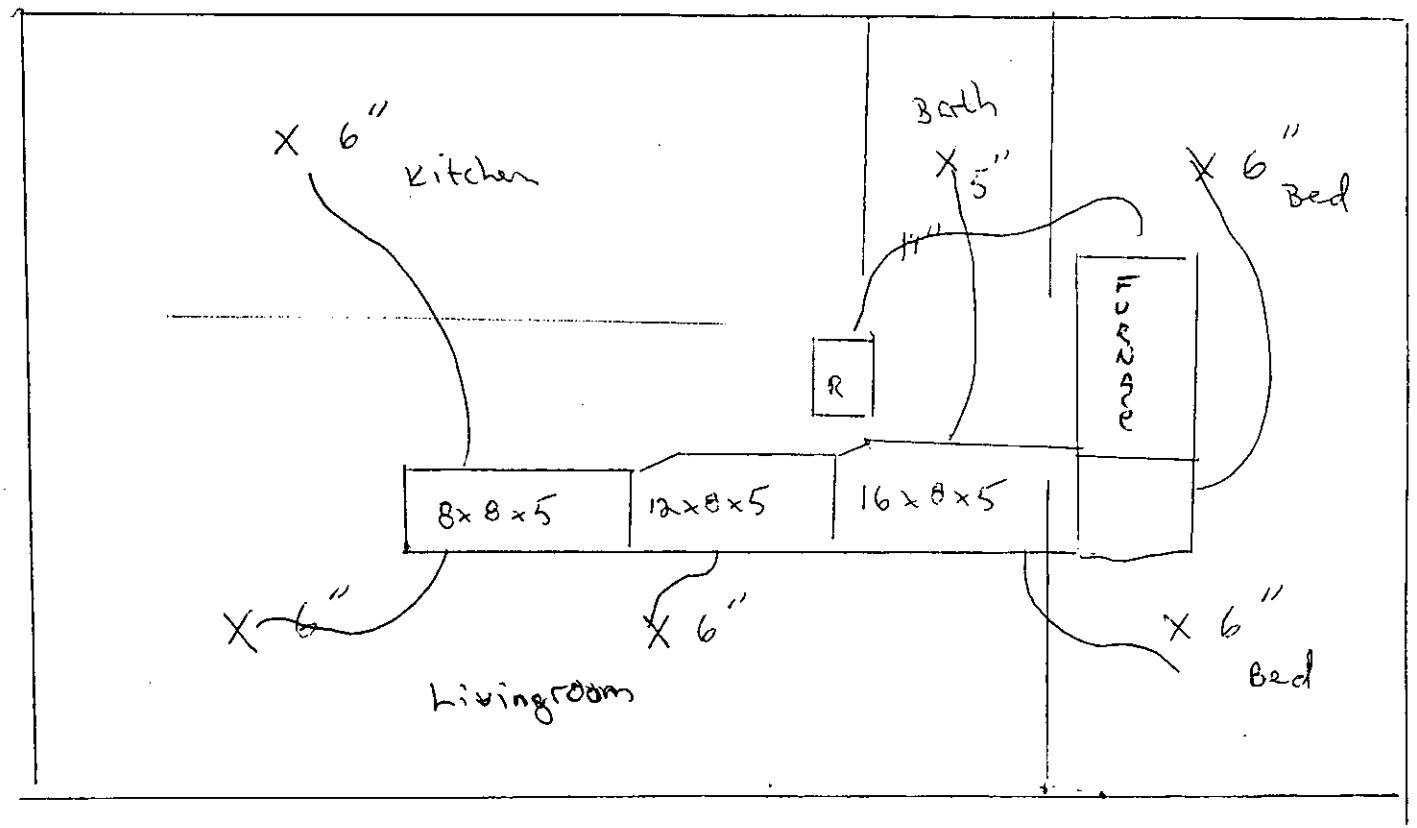
6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994

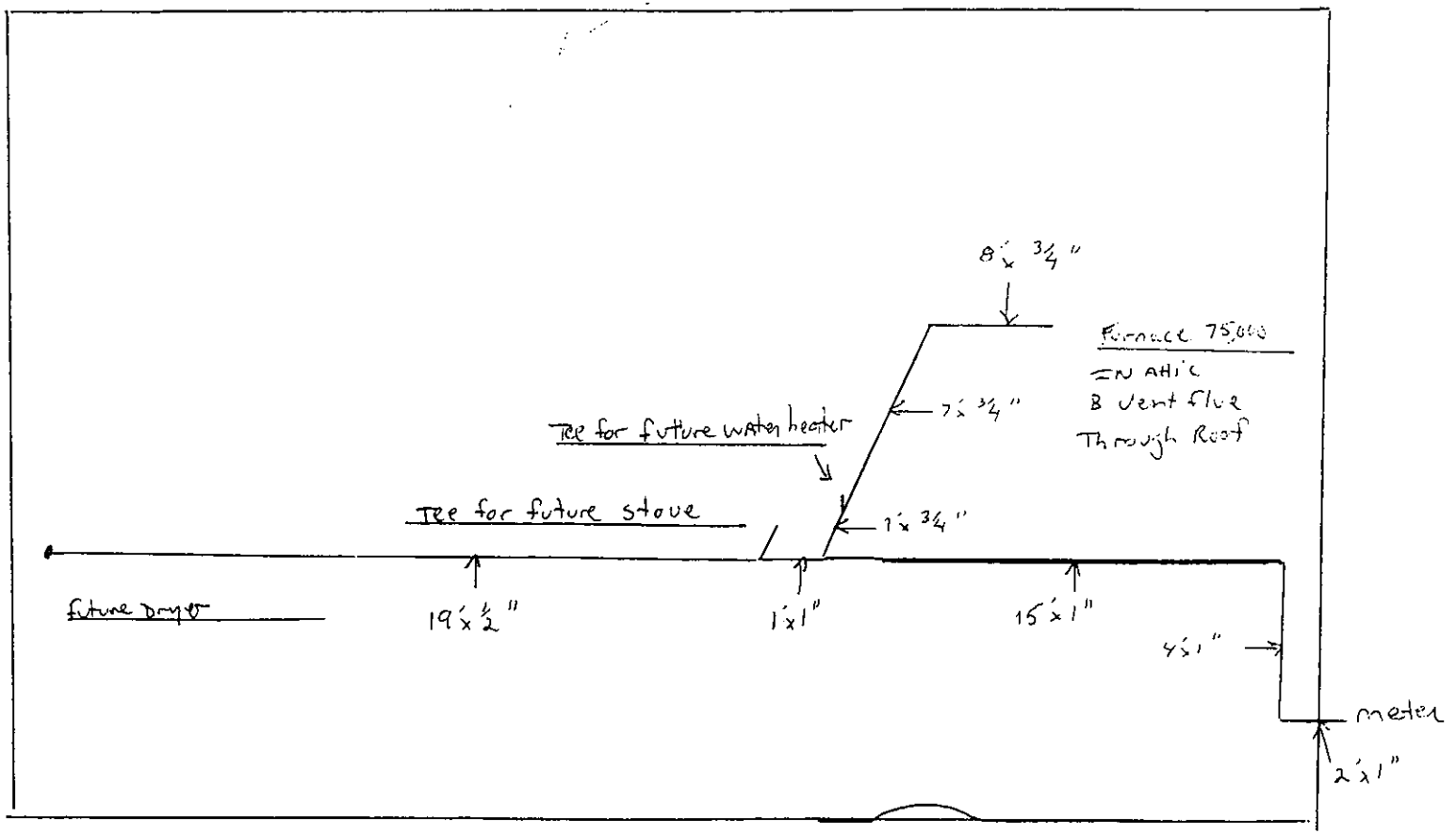
Domestic Return Receipt

Thank you for using Return Receipt Service.

Still Bk 819 Lot 18
1558 Forge Pond Rd.



Still Bk 819 Lot 18
1558 Forge Pond Rd



Longest Run 41'
Load - 175,000 BTU

12-19-96

TRINITY
Heating & Air, Inc.
979 US Highway 9 • Howell, NJ 07731 • (908) 780-3779 • Fax (908) 780-6671

Date 12-3-96

To whom it may concern:

Enclosed please find a permit for Still, Block 819, Lot 18. Please review the permit, and call our office when the permit has been priced.

If you have any questions regarding this permit, please feel free to call our office.

Sincerely,

K Williams

Kathy Williams

FORM NO. G66-447

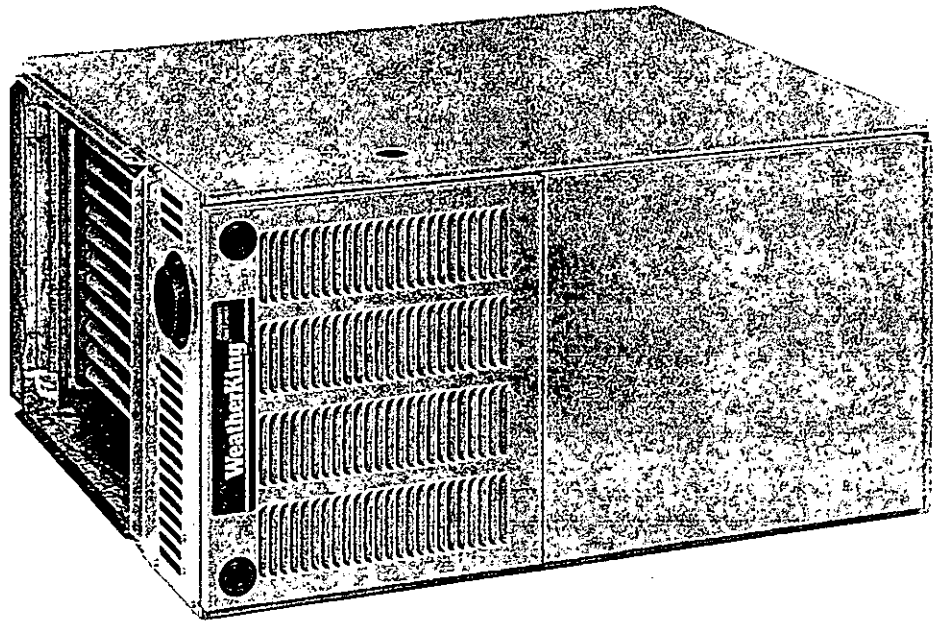
WeatherKing®

50,000 thru 150,000 BTUH

ACCLAIM® 80% A.F.U.E.† Horizontal Only Gas Furnaces

WGVAH- Series

FOR TRADE USE ONLY



The WeatherKing® Acclaim® horizontal gas furnaces are designed for attic, crawl space or suspended installations with horizontal air flow.

The design is certified by the American Gas Association Laboratories. Canadian models are certified by the Canadian Gas Association.

WGVAH- SERIES FEATURES

- Patented Turbulex® Heat Exchanger, constructed of aluminized and stainless steel for the maximum in corrosion resistance, durability and reliability.
- Induced draft to achieve a minimum of 80% Annual Fuel Utilization Efficiency (A.F.U.E.) rating.
- All models are equipped with hot surface ignition.
- Adjustable fan control with multi-speed direct drive blower.
- A slow-open gas valve and a draft inducer motor with a molded composite housing for reduced furnace noise.
- Integrated board with humidifier and electronic air cleaner hookups for easy installation.
- Furnace can be laid on either side to allow greater installation flexibility. (No field converting required.)
- All models are "air conditioning ready" with blower motor assemblies designed for cooling air delivery.
- Grab-holes in doors to aid in door removal and replacement.
- Every WeatherKing horizontal gas furnace is thoroughly checked by a quality assurance team and tested before shipping.

A variety of cooling coils and plenums designed to use with WeatherKing Acclaim gas furnaces are available as optional accessories for air conditioning models.

†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

WeatherKing®

ACCLAIM 80% HORIZONTAL ONLY GAS FURNACE

STANDARD EQUIPMENT

Completely assembled and wired; induced draft; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.)

NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified WeatherKing distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a WeatherKing parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form No. 92-21519-32 for U.S. models and Form No. 92-21519-33 for Canadian models.

NOTE: For natural and L.P. (propane) gas models, standard hot surface ignition is 100% lockout type.

WARNING
THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR USE IN MOBILE HOMES

INFORMATION AVAILABLE FROM YOUR RETAILER.

PHYSICAL DATA AND SPECIFICATIONS

U.S. MODELS (HORIZONTAL ONLY)

MODEL NUMBERS	WGVAH-05EAUER WGVAH-05NAUER	WGVAH-07EAUER WGVAH-07NAUER	WGVAH-07EAMGR WGVAH-07NAMGR	WGVAH-10EAMER WGVAH-10NAMER	WGVAH-10EBRJR WGVAH-10NBRJR	WGVAH-12EARJR WGVAH-12NARJR	WG WG
INPUT-BTU/HR ②	50,000	75,000	75,000	100,000	100,000	125,000	
HEATING CAPACITY BTU/HR	41,000	59,500	60,500	80,000	81,000	99,000	
HEAT EXT. STATIC PRESSURE	.10	.12	.12	.15	.15	.20	
BLOWER (D x W)	11 x 6	11 x 6	11 x 7	11 x 7	11 x 10	11 x 10	
MOTOR H.P.—SPEEDS—TYPE	1/2-4-PSC	1/2-3-PSC	3/4-4-PSC	1/2-3-PSC	3/4-4-PSC	3/4-4-PSC	
MOTOR FULL LOAD AMPS	6.8	6.8	9.5	6.8	9.5	9.5	
HEATING SPEED	MED-LOW	MED	MED-LOW	MED	MED-LOW	MED-LOW	
COOLING SPEED	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	
COOLING CFM @ .5" E.S.P. (NOMINAL)	1200	1200	1600	1200	2000	2000	
MAX. EXT. STATIC PRESSURE (IN. W.C.)	.50	.50	.50	.50	.50	.50	
TEMPERATURE RISE RANGE °F	25-55	40-70	25-55	50-80	40-70	35-65	
APPROX. SHIPPING WEIGHT (LBS.)	85	105	105	115	120	140	
AFUE–H.S.I. MODELS ①	81.4%	80.6%	80.5%	80.0%	80.1%	80.0%	
CALIFORNIA SEASONAL EFFICIENCY–H.S.I./NO_x MODELS	75.4/75.5	75.1/75.7	75.1/75.5	75.7/75.7	74.1/74.4	74.0/74.0	

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form No. 92-21519-30 for high altitude derate.

PHYSICAL DATA AND SPECIFICATIONS

CANADIAN MODELS

MODEL NUMBERS	WGVAH-05EAUEA	WGVAH-07EAUEA	WGVAH-07EAMGA	WGVAH-10EAMEA	WGVAH-10EBRJA	WGVAH-12EARJA	WG
INPUT-BTU/HR ②	50,000	75,000	75,000	100,000	100,000	125,000	
HEATING CAPACITY BTU/HR	41,000	59,500	60,500	80,000	81,000	99,000	
HIGH ALTITUDE INPUT	45,000	67,500	67,500	90,000	90,000	112,500	
HIGH ALTITUDE OUTPUT CAPACITY	36,500	53,500	54,000	72,000	72,500	89,000	
HEAT EXT. STATIC PRESSURE	.10	.12	.12	.15	.15	.20	
BLOWER (D x W)	11 x 6	11 x 6	11 x 7	11 x 7	11 x 10	11 x 10	
MOTOR H.P.—SPEEDS—TYPE	1/2-4-PSC	1/2-3-PSC	3/4-4-PSC	1/2-3-PSC	3/4-4-PSC	3/4-4-PSC	
MOTOR FULL LOAD AMPS	6.8	6.8	9.5	6.8	9.5	9.5	
HEATING SPEED	MED-LOW	MED	MED-LOW	MED	MED-LOW	MED-LOW	
COOLING SPEED	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	
COOLING CFM @ .5" E.S.P. (NOMINAL)	1200	1200	1600	1200	2000	2000	
MAX. EXT. STATIC PRESSURE (IN.)	.50	.50	.50	.50	.50	.50	
TEMPERATURE RISE RANGE °F	25-55	40-70	25-55	50-80	40-70	35-65	
APPROX. SHIPPING WEIGHT (LBS.)	85	105	105	115	120	140	
AFUE–H.S.I. MODELS ①	81.4%	80.6%	80.5%	80.0%	80.1%	80.0%	

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form No. 92-21519-31 for high altitude derate.

GENERAL TERMS OF LIMITED WARRANTY*

WeatherKing will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Gas Heat Exchanger Warranty . . . . . Twenty (2
Draft Inducer Warranty . . . . . Five (
Integrated Blower Control Board Warranty . Five (
Any Other Part . . . . . One

***For Complete Details of the Limited Warranty, In Applicable Terms and Conditions, See Your Local I or Contact the Factory for a Copy.**

HORIZONTAL ONLY MODELS

W	G	V	A	H	—	07E	A	U	E	R
WeatherKing	Gas Furnace	Horizontal	Acclaim	Design Series		Heating Input Designation	Variations	Blower Designation	Heating & Cooling Designation	Fuel Type

Heating Input Designation		
Hot Surface Ignition	NO_x Model	Input BTU/HR
05E	05N	50,000
07E	07N	75,000
10E	10N	100,000
12E	12N	125,000
15E	15N	150,000

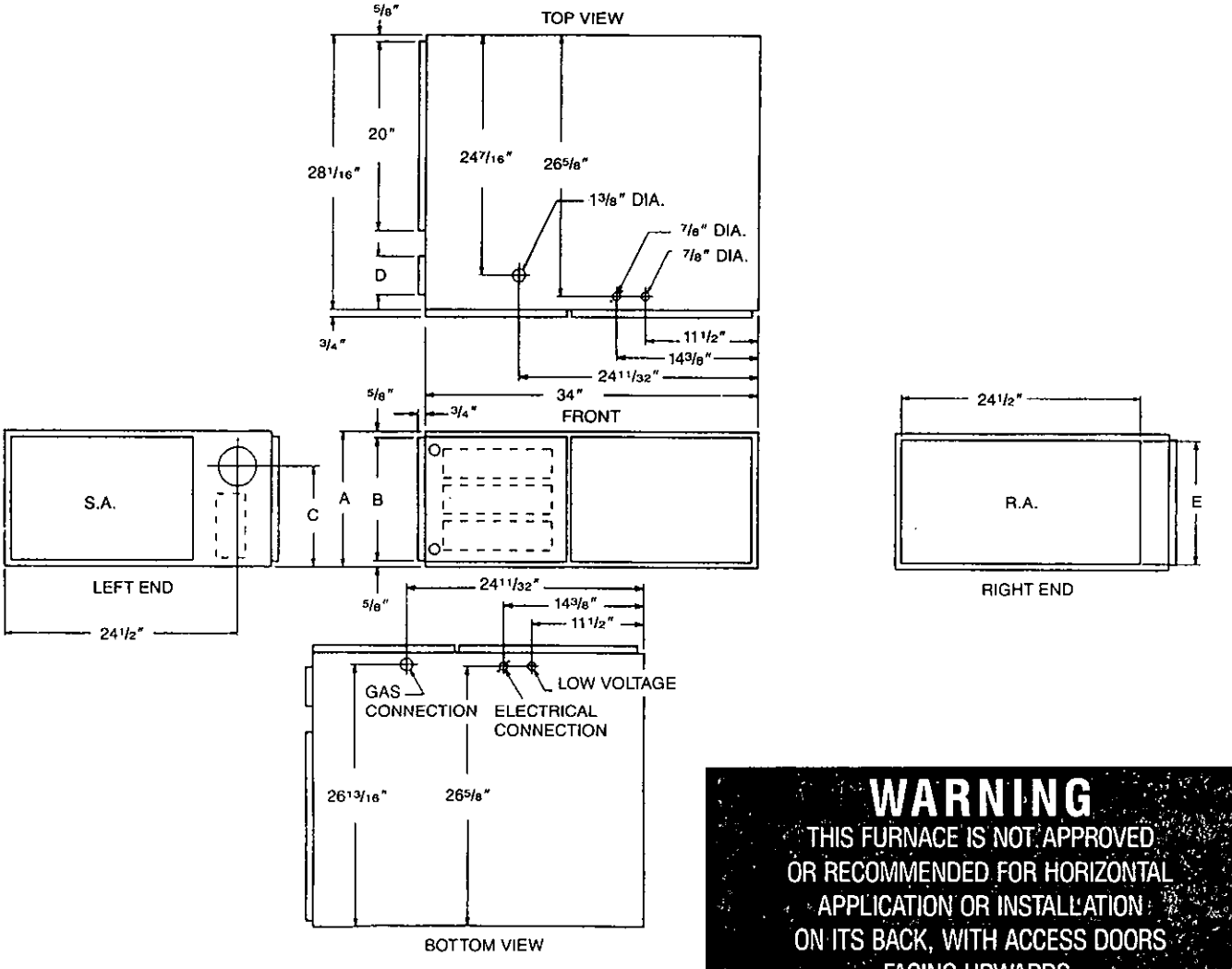
Variations
A = Std. Cabinet
B = Wide Cabinet

Blower Designation
U = 11 x 6
M = 11 x 7
R = 11 x 10

Heating & Cooling Designation
E = 1100-1330 CFM
G = 1450-1750 CFM
J = 1800-2075 CFM

Fuel Type
R = Natural Ga
U.S. Stand
Furnace
A = Natural Ga
Canadian
Standard
Furnace

HORIZONTAL ONLY DIMENSIONS



WARNING
THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR HORIZONTAL APPLICATION OR INSTALLATION ON ITS BACK, WITH ACCESS DOORS FACING UPWARDS.

TABLE 1. DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES)

MODEL	A	B	C	D	E	REDUCED CLEARANCES (IN.)						SHIP WGTS.
						LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	
WGVAH-05	14	12 27/32	10 3/8	Ⓐ	11 1/2	0	4Ⓑ	0	1	6	6Ⓒ	85 lbs.
WGVAH-07	17 1/2	16 11/32	12 1/8	Ⓐ	15	0	3Ⓑ	0	1	6	6Ⓒ	105 lbs.
WGVAH-10(-)A	17 1/2	16 11/32	12 1/8	Ⓐ	15	0	3Ⓑ	0	1	6	6Ⓒ	115 lbs.
WGVAH-10(-)B	21	19 27/32	13 7/8	Ⓐ	18 1/2	0	0	0	1	6	6Ⓒ	120 lbs.
WGVAH-12	24 1/2	23 11/32	15 5/8	Ⓐ	22	0	0	0	1	6	6Ⓒ	140 lbs.
WGVAH-15	24 1/2	23 11/32	15 5/8	Ⓐ	22	0	0	0	1	6	6Ⓒ	150 lbs.

NOTES: Ⓐ Vent connection as shipped from the factory is 3". Certain installations may require a 3" to 4" or 3" to 5" adaptor.
Ⓑ May be 0" with type "B" vent.
Ⓒ May be 1" with type "B" vent.
Furnaces must be vented in accordance with AGA/GAMA rating guidelines included with each furnace, and in accordance with local codes.

BLOWER PERFORMANCE DATA

HORIZONTAL ONLY MODELS

MODEL NUMBER	BLOWER SIZE	MOTOR H.P.	BLOWER SPEED	CFM AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES WATER COLUMN						
				.7	.6	.5	.4	.3	.2	.1
WGVAH-05EAUE* WGVAH-05NAUER	11 x 6	1/2 GE R047S	LOW (H) MED-LO MED-HI (C) HIGH	540 830 980 1125	575 860 1020 1170	605 890 1050 1210	635 915 1080 1245	660 940 1110 1270	680 965 1130 1295	700 985 1155 1315
WGVAH-07EAUE* WGVAH-07NAUER	11 x 6	1/2 EM F4760	LOW (H) MED (C) HIGH	820 985 1160	845 1020 1200	865 1050 1245	885 1080 1280	905 1105 1315	925 1130 1345	945 1150 1375
WGVAH-07EAMG* WGVAH-07NAMGR	11 x 7	3/4 GE 749CS	LOW (H) MED-LO (C) MED-HI HIGH	1105 1350 1525 1715	1145 1400 1585 1780	1175 1455 1645 1850	1210 1490 1705 1915	1240 1530 1765 1985	1265 1570 1820 2055	1290 1610 1875 2125
WGVAH-10EAME* WGVAH-10NAMER	11 x 7	1/2 EM F4760	LOW (H) MED (C) HIGH	915 1070 1250	950 1110 1300	980 1150 1345	1010 1080 1390	1030 1210 1430	1050 1240 1465	1065 1260 1500
WGVAH-10EBRJ* WGVAH-10NBRJR	11 x 10	3/4 GE 749CS	LOW (H) MED-LO (C) MED-HI HIGH	1175 1475 1785 1980	1210 1520 1850 2060	1240 1565 1915 2135	1270 1605 1975 2210	1295 1640 2025 2280	1320 1675 2075 2345	1340 1705 2120 2405
WGVAH-12EARJ* WGVAH-12NARJR	11 x 10	3/4 GE 749CS	LOW (H) MED-LO (C) MED-HI HIGH	1185 1525 1840 2020	1230 1575 1900 2110	1260 1615 1995 2190	1290 1650 2005 2265	1310 1675 2050 2330	1320 1695 2090 2395	1325 1705 2125 2450
WGVAH-15EARJ* WGVAH-15NARJR	11 x 10	3/4 GE 749CS	LOW (H) MED-LO (C) MED-HI HIGH	1145 1495 1795 2010	1175 1535 1865 2085	1210 1570 1920 2155	1240 1600 1985 2225	1265 1630 2030 2295	1295 1655 2060 2360	1315 1680 2085 2425

NOTES: *Designates "R" for U.S. models, and "A" for Canadian models.
(C) Designates Cooling Factory Setting.
(H) Designates Heating Factory Setting.

OPTIONAL ACCESSORY

RXPF-E01

FOSSIL FUEL KIT—is for use with WeatherKing Heat Pumps and Acclaim warm air furnaces.

WeatherKing®

AIR CONDITIONING DIVISION
P.O. Box 17010, Fort Smith, Arkansas 72917-7010

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, and Local codes, regulations, and practices.

"In keeping with its policy of continuous progress and product improvement, WeatherKing reserves the right to make changes without notice."

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