BLOCK 831 LOT 35 QUALIFICATION CODE C6-31 ADDRESS (SITE) 1623 Edge St. PERMIT NO. 99-3896

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1623 Edge St.
2. Name of Owner in Fee: Ed Ayers Tel. [redacted]
   Address 1623 Edge St. (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: William Dalton Tel. (732) 458-2424
   Address 1602 Harvard Ave. Brick NJ.
   License No. OR, if new home, Builder Reg. No. 10633 Exp. Date 6/30/01
   Federal Employee No. 22-3626025 FAX: ( )
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person in Charge of Work ____
   Tel. ( ) ____ FAX ( ) ____

AUX METER
@
SPRINKLER SYS

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing	90		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 90		

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		

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work		JRT	10/6/99						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing	200-				10-6-99		1/12/00		OK
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	200-								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10512409

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.

X Signature William E Dalton Date ____________

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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.

(X) Check if contractor.

X Agent Name William Dalton
Address 1602 Harvard Ave Brick NJ.
08724
Telephone (732) 458 2424
Signature William E Dalton

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

OFFICE DATE RECEIVED: ______________

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			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	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	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. ______	______	______		
☐ Lead Abatement Clearance Certificate	No. ______	______	______	______	______

0004
3896*#

BLOCK	0.00
831 #	
LOT	0.00
35 #	
PLUMBING	90.00
TOTAL	90.00
CASH	90.00
CHANGE	0.00
10/12/99 NO. 5 0032A005	12:49

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/12/99
Control #
Permit # 99-3896

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 831 Lot 35 Qual

Work Site Location 1623 EDGE ST
AUX METER & SPRINKLERS
Owner in Fee AYERS, ED
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor WILLIAM DALTON
Address 1602 HARVARD AVE
BRICK, NJ 08724-
Telephone (732)458-2424
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3676075

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
AUX METER AND LAWN SPRINKLER SYSTEM

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 $ 200

Construction Official

10/12/99
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	90
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	90
Check No.	
Cash	X
Collected By	TL

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/06/99
Date Issued 10/12/99
Control # C6-31
Permit # 99-3896

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

Block 831 Lot 35 Qual

Work Site Location 1623 EDGE ST
AUX METER & SPRINKLERS

Owner in Fee AYERS, ED
Address SAME
BRICK NJ 08724-
Tel [redacted] Fax ( )

Contractor WILLIAM DALTON
Address 1602 HARVARD AVE
BRICK, NJ 08724-
Tele.(732)458-2424
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3676075

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[ ] No Plans Required~~
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10-6-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 4-12-00

INSPECTIONS Type	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO Aux Meter			4-12-00	

Dates (Month/Day)

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
1	Backflow Preventer	35
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other AUX METER	15
	Other 2 HEADS	40

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 90
DCA Training Fee $ 0

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

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

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

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West, Brick, New Jersey 08724-2399
(908)458-7000 • FAX (908)458-7725

APPLICATION FOR AUXILIARY WATER METER

DATE: 9-21-99

Applicant's Name: EDWARD AYERS Telephone No [redacted]

Mailing Address: 1623 EDGE ST BRICK

Service Location:

Account Number: L327204 Block: 831 Lot: 35

Size of Existing Service: 3/4" Size of Existing Meter: 3/4"

Edward Ayers
Applicant's Signature

Beverly O'Neill
Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application, the following steps must be taken:

1. Obtain special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke.
3. Call the Township of Brick Plumbing Department (262-1000) for inspection.
4. Call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the meter is installed and the permit was approved. Failure to do so may result in a tampering fee of $250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued.

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Date Rec'd.:
Block: 831 Lot: 35 Date Issued:
Owner in Fee: Control #:
Address: 1623 EDGE ST Permit #:
BRICK
State: N.J Zip: 08724 Phone: [redacted]
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: William Dalton
ADDRESS: 1602 Harvard Ave.
Brick NJ. 08724
PHONE: 732-458-2424
LIC #: 10633
LIC. EXPIRATION DATE: 6/30/01
FEDERAL EMP. # (or S.S. #): 22-3676075

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
1	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
SPR.	Other # of HEADS (2)
1	AUX METER

Estimated Cost of Plumbing Work: $ 200

Signature: William E. Dalton
Owner ☐ Contractor ☐

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

CONTRACTOR AFFIX SEAL: LICENSED MASTER PLUMBER

BUILDING SUBCODE

CONTRACTOR: William Dalton
ADDRESS: 1602 Harvard Ave.
Brick, NJ 08724
PHONE: 732-458-2424
LIC #: 10633
LIC. EXPIRATION DATE: 6/30/01
FEDERAL EMP. # (or S.S. #): 22-3626075

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Auxilary water meter and back flow preventor

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or Mo
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

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

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

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

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

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

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: