BLOCK 831 LOT 33 QUALIFICATION CODE ______ ADDRESS (SITE) 1621 Edge St PERMIT NO. 08-0466

CONSTRUCTION PERMIT APPLICATION

C07-005759

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

I. IDENTIFICATION

1. Proposed Work Site at: 1621 Edge St [redacted]
2. Name of Owner in Fee: Raymond Kowanz [redacted]
   Tel. (732) 840-6472 e-mail
   Address 1621 Edge St (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public ___ Private ✓
4. Principal Contractor: Lamore Cont. Tel. (732) 330-7776
   Address 151 Laurel Blvd. Lanoka Harbor e-mail mck2626@AOL.com
   License No. OR if new home, Builder Reg. No. ______ Exp. Date ______
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
   Federal Emp. ID No. ______ FAX: (732) 403-0516
5. Architect or Engineer Amanda M. Laputo RA Contact
   Address 149 Station Drive Forked River e-mail amlaputo@yahoo
   Tel. (609) 971-1409 FAX: ( )
6. Responsible Person in Charge once Work has Begun Raymond Kowanz
   Tel. [redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	169		
2. Electrical		205		
3. Plumbing		90	40	50
4. Fire Protection		90		
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$	7		
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal	$	35		
11. Cert. of Occupancy				
12. Other ZA+GP		60		
13. TOTAL	$	556	40	50

101

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
2. Height of Structure 27 ft.
3. Area — Largest Floor 320 sq. ft.
4. New Building Area 320 sq. ft.
5. Volume of New Structure 2560 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

IIa. PROPOSED WORK Addition

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☑ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	13000	SL	11/26/07		2-11-08		7-15-08		
☑ Electrical	2000				1/16/08		7-11-08		
☑ Plumbing	2000				2-27-08		6-9-08 + 7-10-08		
☑ Fire Protection	2000				1/2208		7-10-08		
☐ Elevator		DCA	1/8/08		1/8/08				
TOTAL COSTS	19000								

Left message
Called 2/26/08

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (*primary use*)
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* | *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL (*primary use*)
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:
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

U.C.C. F100-1 (rev. 9/06)

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☒ Zoning Application deemed complete Initialed: [illegible] Date: 6/22/11

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

[illegible]

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.ix:

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 11-19-07

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No._____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No._____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No._____	_____	_____	_____	_____
☐ Certificate of Compliance	No._____	_____	_____	_____	_____
☐ Certificate of Occupancy	No._____	_____	_____		
☐ Certificate of Approval	No._____	_____	_____		
☐ Lead Abatement Clearance Certificate	No._____	_____	_____	_____	_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/1/2012
Control Number C-07-005759
Permit Number 08-0466
Permit Issue Date 2/28/2008
Certificate Number 08-0466

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1621 EDGE ST Brick Township, NJ Block: 831 Lot: 33 Qual:

Owner in Fee: KOWANTZ, RAYMOND

Owner Address: 1621 EDGE ST BRICK NJ 08724

Telephone: [redacted]

Contractor LAMORE CONTRACTING

Address 15 LAUREL BLVD. LANOKA HARBOR NJ 08734

Telephone: (609) 693-1983 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RESIDENTIAL ADDITION 2ND STORY ADDITION

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

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

Daniel J. Newman Jr.
Construction Official

Fee: $35.00
Check Number: 101
Collected By: Stephanie Capozzi

Date Printed: 3/1/2012

U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued 5/9/2008
Control # C-08-001744
Permit # 08-0466+A

IDENTIFICATION Block: 831 Lot: 33 Qualifier
Work Site Location: 1621 EDGE ST Brick Township, NJ
Owner in Fee KOWANTZ, RAYMOND
1621 EDGE ST BRICK NJ 08724
Telephone: (7[redacted]

Contractor LAMORE CONTRACTING
Address 15 LAUREL BLVD. LANOKA HARBOR NJ 08734
Telephone: (609) 693-1983
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
AUXILIARY METER

Note: If constuction 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 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	
Cash	$40
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 5/21/2008
Control # C-08-002429
Permit # 08-0466+B

IDENTIFICATION Block: 831 Lot: 33 Qualifier

Work Site Location: 1621 EDGE ST Brick Township, NJ

Owner in Fee: KOWANTZ, RAYMOND
1621 EDGE ST BRICK NJ 08724

Telephone: [redacted]

Contractor: LAMORE CONTRACTING
Address: 15 LAUREL BLVD. LANOKA HARBOR NJ 08734

Telephone: (609) 693-1983
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

BACKFLOW PREVENTER/LAWN SPRINKLER BACKFLOW PREVENTER

Note: If constuction 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 _____ Date _____

PAYMENTS (Office Use Only)

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

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 02/28/2008
Control # C-07-005759
Permit # 08-0466

IDENTIFICATION Block: 831 Lot: 33 Qualifier

Work Site Location: 1621 EDGE ST Brick Township, NJ

Owner in Fee KOWANTZ, RAYMOND
1621 EDGE ST BRICK NJ 08724

Telephone: [redacted]

Contractor LAMORE CONTRACTING
Address 15 LAUREL BLVD. LANOKA HARBOR NJ 08734

Telephone: (609) 693-1983
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RESIDENTIAL ADDITION 2ND STORY ADDITION

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $19,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$69
Electrical	$205
Plumbing	$90
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	$35.00
Other	$60
Total	$556
Check No.	101
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
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- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

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

- [ ] A complete copy of released plans must be kept on the job site.

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

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	*831.00*	LOT:	*33*
SITE ADDRESS:	*1621 Edge St.*		
CONTROL #:	*07-005759*	WORK TYPE:	*2nd story addition*
APPLICANT:	*Raymond Kowantz*	PHONE #	[redacted]
APPLICANT ADDRESS:	*1621 Edge St.*	CITY/STATE/ZIP:	*Brick, NJ 08724*

MANDATORY DEVELOPER FEES

_X__ Residential is 1% Business Name:
___ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value: Residential $ *25,600.00*
Commercial

12/4/2007
Date

The final equalized assessed value at the above referenced site is: Residential *$25,900.00*
Commercial

3/1/2012
Date

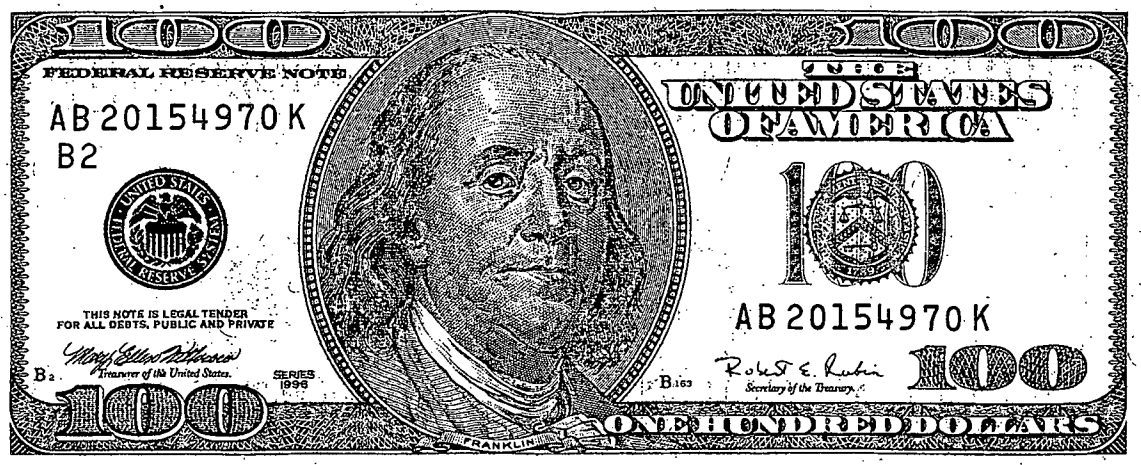
Prel. Fee (Res)	*$128.00*	Final Fee (Res)	*$131.00*
Prel. Fee (Comm)	*$0.00*	Final Fee (Comm)	$ -
Waiver Fee(Res. Only)			
Check #	*883*	Check #	*cash*
Date Paid	*1/8/2008*	Date Paid	*3/1/2012*
Paid by	*H/O*	Paid by	*owner*

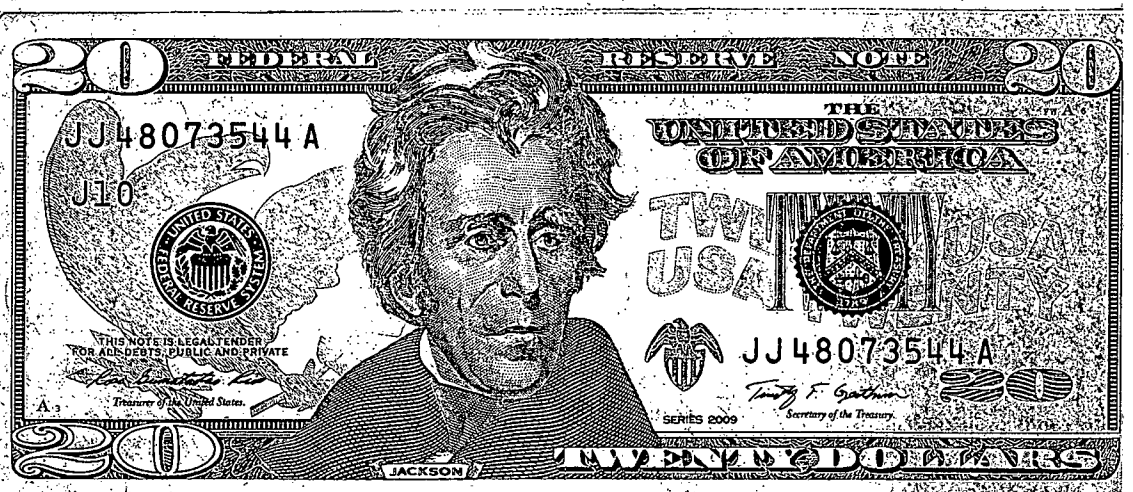
Total Fee Paid (Res) $ *259.00*
Total Fee Paid (Com) $ -

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Authorized Signature – Township of Brick


FEDERAL RESERVE NOTE
THE UNITED STATES OF AMERICA
ONE DOLLAR
F 29985671 T
THIS NOTE IS LEGAL TENDER FOR ALL DEBTS, PUBLIC AND PRIVATE
WASHINGTON, D.C.
SERIES 2006


FEDERAL RESERVE NOTE
AB 20154970 K
B2
THIS NOTE IS LEGAL TENDER FOR ALL DEBTS, PUBLIC AND PRIVATE
THE UNITED STATES OF AMERICA
100
AB 20154970 K
SERIES 1996
ONE HUNDRED DOLLARS


FEDERAL RESERVE NOTE
JJ 48073544 A
J10
THIS NOTE IS LEGAL TENDER FOR ALL DEBTS, PUBLIC AND PRIVATE
THE UNITED STATES OF AMERICA
JJ 48073544 A
SERIES 2009
TWENTY DOLLARS


FEDERAL RESERVE NOTE
IG 72207200 A
G7
THIS NOTE IS LEGAL TENDER FOR ALL DEBTS, PUBLIC AND PRIVATE
THE UNITED STATES OF AMERICA
We The People
IG 72207200 A
SERIES 2006
TEN DOLLARS

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

September 26, 2011

Raymond Kowantz
1621 Edge Street
Brick, NJ

Re: Mandatory Development Fees – Second Notice - Addition Permit

Dear Mr. Kowantz:

You have an outstanding balance of $131.00 for an unpaid Affordable Housing Development fee related to a building department permit. The Affordable Housing Mandatory Development Fee requires that residential development applicants pay a fee in the amount of one percent of the assessed value per project as per Ordinance 354-2C-93.

At the time you received your building permit for improvements at the above mentioned address, you paid one half of the required one percent mandatory development fee. You are required to pay the remaining one half of the one percent fee prior to the issuance of a certificate of occupancy (CO) or certificate of approval (CA) by the building department. You currently do not have a certificate of occupancy or certificate of approval and your project and may be subject to fines.

Please remit the Affordable Housing Development Fee balance to the Township of Brick in the self addressed envelope within 30 days of this letter. Payment by check can be made to the "Township of Brick." If the payment is not received by the Township by the deadline, you may receive a notice of violation as mentioned above and may be subject to additional penalties.

If you have any questions, please feel free to contact me at 732-262-4783.

Yours truly,

Tara B. Paxton, AICP/PP
Division of Land Use & Planning

311 ACCESS BRICK TOWNSHIP

B. 831 L. 33

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Division of Land Use & Planning

732-262-1039
732-262-1083

Fax: 732-262-8954
www.twp.brick.nj.us

September 12, 2008

Raymond Kowantz
1621 Edge St.
Brick, NJ 08724

RE: Mandatory Development Final Fees – 2nd story addition

BLOCK & LOTS		*ADDRESS*	*ASSESSMENT*	*BALANCE DUE*
831	*33*	*1621 Edge St.*	*$25,900.00*	*$131.00*

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share
Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that residential development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit applications received for the blocks and lots listed above.

Therefore, you are required to submit the balance due in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. ***The balance of fees must be collected prior to the issuance of a Certificate of Occupancy/Approval and all inspections are completed.***

If you have any questions, please contact me at 732-262-1046.

Sincerely,

Lisa Rose Tavalaiccio
Zoning Permit Clerk

831|33

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	*831.00*	LOT:	*33*
SITE ADDRESS:	*1621 Edge St.*		
CONTROL #:	*07-005759*	WORK TYPE:	*2nd story addition*
APPLICANT:	*Raymond Kowantz*	PHONE #	[redacted]
APPLICANT ADDRESS:	*1621 Edge St.*	CITY/STATE/ZIP:	*Brick, NJ 08724*

MANDATORY DEVELOPER FEES

_X__ Residential is 1% Business Name:
___ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value: Residential $ *25,600.00*
Commercial

12/04/2007
Date

The final equalized assessed value at the above referenced site is: Residential 25,900
Commercial

09/09/2008
Date

Prel. Fee (Res)	*$128.00*	Final Fee (Res)	~~($128.00)~~ $131.00
Prel. Fee (Comm)	*$0.00*	Final Fee (Comm)	$ -
Waiver Fee(Res. Only)			
Check #	*883*	Check #	
Date Paid	*01/08/2008*	Date Paid	
Paid by	*H/O*	Paid by	
Total Fee Paid (Res)	$ 259.00		
Total Fee Paid (Com)	$ -		

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Authorized Signature – Township of Brick

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Division of Land Use, Planning & Affordable Housing

December 4, 2007

La Mora Contracting
15 Laurel Blvd.
Lanoka Harbor, NJ 08734

RE: Mandatory Development Fees – 2nd story addition

Block	*Lot*	*Address*	*Assessment*	*Total Fee*	*½ Due*
831	*33*	*1621 Edge St.*	*$25,600.00*	*$256.00*	*$128.00*

Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February, 1993.

This Ordinance requires that residential development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit applications to be as listed above.

Therefore, you are required to submit one half of the estimated fees in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund, prior to the Construction Department review. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. so as to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me at 732-262-1046.

Sincerely,

Lisa Rose Tavalaiccio
Zoning Permit Clerk

311 ACCESS BRICK TOWNSHIP

LaMore Contracting is not the principal contractor, I am only a subcontractor.

1/2/08

Larry LaMore

15 Laurel Blvd Lanoka Harbor 08734.

Contractor will give NOF letter to H/O for payment.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/18/08
Control # 5/9/08
Date Issued
Permit # 08-0466tA
COR-001744

Called 4/22/08 left message

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

Block 531 Lot 33 Qualification Code
Work Site Location 1621 Edge St
Brick NJ 08724.
Owner in Fee:
Tel. [redacted] e-mail
Address 1621 Edge St Brick 08724.
(street) (municipality)
Contractor: Home owner Tel. [redacted]
Address 1621 Edge St e-mail
Contractor License No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer ✓ Private Septic
Water Service Size 3/4 Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-22-08
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-9-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final DOT MMR			6/6/08	

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Auxiliary water	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 200.00

08-0466+B
@ 5/21/08
C07-005759

PLUMBING 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 831 Lot 33 Qualification Code

Work Site Location 162 Edge St
Brick NJ 08724

Owner in Fee

Address 162 Edge St

[redacted]

Tel

Contractor Home owner

Address 162 Edge St

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size 3/4 Public Water Private Well

Est. Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 5/21/08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 6.12.08

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TPD Backflow			5/30/08	

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
4	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 200.00

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 2/28/08
Permit # 08-0466

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

Block 831 Lot 33 Qualification Code RR
Work Site Location 1621 Edge St.

Owner in Fee Ray Kavanagh
Address 1621 Edge st Brick NJ. 08724

Tel [redacted]
Contractor Ray Kavanagh
Address 1621 Edge st. Brick NJ.

Tel [redacted]
Contractor License No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed bathroom.
Building Sewer Size Public Sewer ✓ Private Septic
Water Service Size Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 2,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2-27-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 7-10-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			4/24/08	
Water				
Sewer				
Fixtures			7-10-08	
Gas Equipment			7-10-08	
Gas Piping	4/24/08		5/15/08	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
	5/15/08		7-10-08	

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 Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	
1	Water Closet	
	Urinal/Bidet	
1	Bath Tub	70 1
1	Lavatory	
1	Shower	364 000
10	Floor Drain	
10	Sink	1 1/4
	Dishwasher	
	Drinking Fountain	
	Washing Machine	3/4
	Hose Bibb	
	Water Heater	69000
	Fuel Oil Piping	
1	Gas Piping	Furnace
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other	AC
	Other	~~GAS FURNACE~~

Field check, to new

FEE (Office Use Only)	
	$
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

1 HB on lt on well

U.C.C. F130 (rev. 01/04)

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

4/24/08

① GAS PIPE TO ATTIC FROM OUTSIDE METER NOT READY – NO GAS PIPE IN – NEW AREA, WHERE PLUMBING WAS INSPECTED

5/15/08

① – A/C DISCHARGE

② – UPDATE FOR BACKFLOW

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 2/28/08
Permit # 08-0466

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

Block 631 Lot 33 Qualification Code
Work Site Location Brick, 1621 Edge St.

Owner in Fee Ray Rosanelli
Address 1621 Edge St Brick NJ. 08724
Brick NJ 08724

Tel. [redacted]

Contractor LaMore Contracting
Address 15 Laurel Blvd. Lanoka Harbor Lacy

Tel. (732) 330-7776 FAX ( )
Contractor License No. or Builder Registration No. 13VH02851600
Federal Emp. No 02-0775123

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
- [ ] No Plans Required
- [X] All — 2-1-08 — FM
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-15-08
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	*4/29/08		*5/6/08	
Truss Sys./Bracing				
~~Barrier Free~~ Progress			5/2/08	
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ *Sheath			*4/7/08	
Mechanical				
TCO				
~~Other~~				
Final				
Barrier-Free			7/15/08	

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2 total 1 addition
Height of Structure 27 Ft.
Area — Largest Floor 320 Sq. Ft.
New Bldg. Area/All Floors 320 Sq. Ft.
Volume of New Structure 2,560 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 13,000

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.
Larry LaMore
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
2nd ~~Story~~ addition to be built over existing structure.
Glass Door to Sunroom To Remain

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

4/7/08 w- Sheath App-

* By Frame

Expose center Beam by cutting plywood flooring

4/29/08 w- Frame Rej-

V 1) Framing Checklist

V 2) Center Beam Supporting dimensional lumber requires proper support

3) Connect 1st fl. Bath fan

V 4) Insulate Back of Oval hard duct in walls-

V 5) Nailplates @ top of HVAC lines-

5/6/08 w- By insl- insp-

1) # 3 from 4/29

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 2/28/08
Permit # 08-0466

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

Block 831 Lot 33 Qualification Code
Work Site Location 1621 Edge St.

Owner in Fee Raymond Kavanr
Address 1621 Edge St. Brick
Tel [redacted]
Contractor Kay mare Kavanr
Address 1621 Edge St
Tel [redacted]
Co. Electr. License No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2000

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)
8		Lighting Fixtures	
9		Receptacles	
12		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
1		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	
1	7	KW Central A/C Unit	
1	3	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
1	100	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

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 1/60 8
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/10
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			4/25 08	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	7/09		7/10 08	MM
Final	7/09		7/10 08	MM
Barrier-Free				

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

848 992 0401

17 Sawmill Rd

7-10-08

1) Show PLANS FOR ADDITION
2) Show WATER SERVICE when ENTER HOUSE
3) PLATE MISSING FOR SPA
4) Remove or use PROPER CLAMP + BOND FOR ARMOR WIRE
5) ID white 2/0 OUT ALL WIRE.
6) Move LIGHT AWAY FROM DUCTWORK IN FURNACE AREA

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 2/28/08
Permit # 08-0466

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

Block 831 Qualification Code
Work Site Location 1621 Edge 33 St.

Owner in Fee Ray Kawanz Jr.
Address 1621 Edge St Brick NJ. 08724

Tel [redacted]

Contractor Ray Kawanz
Address 1621 Edge St Brick NJ. 08724

Tel [redacted]

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [✓] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

Fire Alarm System: [ ] New OR [✓] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [✓] Existing
Location of Main Control Valve: Hallway basement

Fuel Storage Tank:
Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $ 3000.

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: 2nd Story addition to be built over existing structure.

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [✓] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 1-22-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2-11-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			2-11-08	DB
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2-11-08	DB
Other				

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Blc. 831
lot- 33

1621 Edge St Brick NJ 08724
Raymond Kowantz

All of the smoke detectors in the house will be hard wired with a battery back up at the time of the addition. One in every bedroom and on every floor including basement.

(phone #) 732-773-3880
(Fax #) 732-903-6516

1/22/08

PLUMBING 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 _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel (_____) _____

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License No. _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

_____

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Closet	$ _____
____	Urinal/Bidet	
____	Bath Tub	
____	Lavatory	
____	Shower	
____	Floor Drain	
____	Sink	
____	Dishwasher	
____	Drinking Fountain	
____	Washing Machine	
____	Hose Bibb	
____	Water Heater	
____	Fuel Oil Piping	
____	Gas Piping	
____	LPGas Tank	
____	Steam Boiler	
____	Hot Water Boiler	
____	Sewer Pump	
____	Interceptor/Separator	
____	Backflow Preventer	
____	Greasetrap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks _____	
____	Other _____	
____	Other _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

PLUMBING 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 _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel (_____) _____

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License No. _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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_____

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/18/08
Control # 5/9/08
Date Issued
Permit # C8-C4666A
2005-001744

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

Block 631 Lot 33 Qualification Code

Work Site Location 1601 Edge St
Brick NJ 08724

Owner in Fee:

Tel [redacted] e-mail

Address 1601 Edge St Brick 08724
(street) (municipality)

Contractor: Same owner Tel. [redacted]

Address 1601 Edge St e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer ✓ Private Septic

Water Service Size 3/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 200.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4.28.08
Approved by:

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

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

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Auxiliary water	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 200.

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/19/08
Control # 5/9/08
Date Issued
Permit # (9-(4(6A

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

Block 31 Lot 23 Qualification Code _____

Work Site Location 101 Fox St

Owner in Fee: _____

Tel. ( ) _____ e-mail _____

Address _____ (street) _____ (municipality) _____ (zip code)

Contractor: _____ Tel. ([redacted]

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: ( ) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size 1" Public Water ✓ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by: _____
[ ] Plumbing Plans Approved
Date:_____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____				
Final				
_____				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
1	Other Lab Sink	
	Other _____	

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

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: 04/18/06

Applicant's Name: Raymond Kennant Jr Telephone No. [redacted]

Mailing Address: 1621 Edge St

Service Location: Same mailing address

Account Number: L326402 Block: 831 Lot: 33

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

Applicant's Signature

D. Daniels
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 a special device permit from the Township of Brick Plumbing Department.

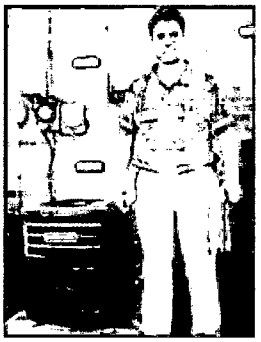
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke. A valve before and after the meter is required as well as a backflow preventer.

3. Call the Township of Brick Plumbing Department (732- 262-4627) for inspection.

4. After inspection by Brick Township Plumbing Department, 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 permit is issued, the inspection is approved, the meter is installed and that the **water is not used prior to the meter being installed.** Failure to comply 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 at the rate of $5.05 per 1,000 gallons.



Louis Avallone from Milford, MI writes:

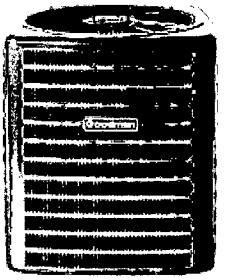
Goodman GSC140241A Condenser

2 Ton, 14 or 15 SEER Condenser, R22 Refrigerant

PRODUCT | INSTRUCTIONS & BROCHURES | ACCESSORIES | LEARN MORE | SIMILAR ITEMS

ON SALE! $1,087.99
Compare to: ~~$1,425.99~~
You save: $338.00
Low Price - Guaranteed!

1 Buy Now
You can always remove it later



THIS PRODUCT INCLUDES:

10 YEAR Parts Warranty | Free Shipping | DVD Video | Premium Guarantee | Contractor Assistance

Scratch-N-Dent Items Available

The following item(s) are immediately available from our Scratch-N-Dent inventory.
Please view the items for specific descriptions and photographs.

Goodman GSC140241A Condenser (Item No. 3111) **ON SALE! $1050.00**

ABOUT THIS PRODUCT

The Goodman® GSC14 Air Conditioner features a high-efficiency Copeland® scroll compressor for improved temperature and humidity control and the unique Goodman® sound control top design for quiet operation. In addition, the unit has an attractive louvered metal guard that protects the coil from damage plus a powder-paint finish that provides premium durability and improved UV protection.

10 YEAR parts warranty

This unit can be 14 or 15 SEER, depending on which indoor unit it is paired with. If it is installed with the manufacturer recommended evaporator coil and a Goodman variable speed furnace or variable speed air handler, it is a 15 SEER system (see mfg. spec sheet under "Instructions & Brochures" tab above for details). A 15 SEER system will reduce your electric bill approximately 7% - 8% more than a 14 SEER system. Additionally, anyone who purchases a 15 SEER system qualifies to receive a $300 energy tax credit from the federal government.

Installation Video Included.

A condenser is paired with an indoor air handler or evaporator coil to make a complete cooling system. What tonnage coil or air handler should you choose? It depends on two factors about the air conditioner: 1) the tonnage, and 2) the efficiency rating (listed as "SEER"). Often, high efficiency condensers are required to use a larger tonnage coil than the tonnage of the condenser. To find the coils or air handlers that are recommended for any specific air conditioner, click on the "Accessories" tab above. Or, you can view the manufacturer's specifications sheets at the "Instructions and Brochures" tabs above which indicate such.

When installing a compatible Goodman indoor evaporator coil (or air handler which includes the coil) that has more than one tonnage rating, and the smaller tonnage rating of the coil is the same as the condenser, you will need to purchase an orifice (also called "flow rater" or "piston") and install it in the coil. You can find the appropriate orifice for this condenser under the "Accessories" tab at the top of this page. Installing the orifice in the coil is a simple 5 minute task. View this step-by-step guide to learn how to easily do so.

Use our easy System Selector to obtain the indoor equipment and other components needed

to make a complete system for this product.

Standard Features

- High-efficiency Copeland® scroll compressor with internal pressure relief valve
- Factory-installed liquid line filter dryer
- 850 RPM condenser fan motor
- High-efficiency copper tube/aluminum fin coil
- R-22 refrigerant charged for 15' of refrigerant line
- Brass liquid and suction line service valves
- Contactor with lug connection
- ARI Certified
- ETL Certified

Cabinet Features

- Unique Goodman® sound control top design
- Steel louver coil guard
- Heavy-gauge galvanized-steel cabinet
- Attractive Architectural Gray powder-paint finish with 500-hour salt-spray approval
- When properly anchored, meets the 2001 Florida Building Code unit integrity requirements for hurricane-type winds

PRODUCT SPECIFICATIONS

Cooling Capacity	2 ton
Cooling Capacity (BTU)	24000 BTU
Efficiency	14 SEER
Compressor Type	Scroll
Voltage	208/230V (1 Phase)
Compressor Warranty	10 year(s)
Other Parts Warranty	10 year(s)
Suction Line Size	3/4 inches

Liquid Line Size	3/8 inches
Pad Size	30x30 inches
Shipping Weight (lbs)	178
Refrigerant	R22
Maximum Overcurrent Protection (Breaker)	20 Amps

PLUMBING 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 _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel ( ) _____

Contractor _____

Address _____

Tel [redacted]

Contractor License No. _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
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	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

PLUMBING 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 _____ Qualification Code _____
Work Site Location _____

Owner in Fee _____
Address _____

Tel (_____) _____
Contractor _____
Address _____

Tel ([redacted]
Contractor License No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

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

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

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

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
1	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other AC	
	Other	

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

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf.Report **

P.1 Feb 21 2008 16:09

Telephone Number	Mode	Start	Time	Page	Result	Note
[D] BTMUA	NORMAL	21,16:09	0'28"	1	* O K	

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Mr. Kowantz DATE 1-10-08

PROPERTY ADDRESS 1621 Easy St. BLOCK 831 LOT 33&34

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP	3	( )	9	( )	
2. KITCHEN GROUP	1	( )	2	( )	
3. WATER CLOSETS		( )		( )	
4. LAVATORY		( )		( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1 Group	( )	5	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST BRICK, NEW JERSEY 08724 458-7000

773
3880

WATER SERVICE PERMIT

Block: 831 Lot: 33
1621 Edge St

upgrade to 1" service

Raymond Kavantz
1621 Edge St
Brick NJ 08724-2938

ACCOUNT # L326402 METER # _____ METER MFGR. _____

SIZE OF SVC LINE 1" METER SIZE 1"

CONNECTION FEE $ _____

INSPECTIONS 15.00 64.00 79.00	Date 1st	Insp. 2nd	Comment	Inspector
A. Service Line				
B. Curb Connection				
C. House Conn. & Mtr.				
D. Cross-Connection				

_____ Inspector

X _____ Homeowner/Applicant

☐ Building ☐ Electrical ☐ Fire ☒ Plumbing

CONTROL NUMBER 005759

TOWNSHIP of BRICK

APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1621 ~~Easy~~ Dye St. Edge

DATE REVIEWED: 1-10-08

REVIEWED BY: Bernie

CONTACT CALLED/FAXED: 732-840-6472

Awater service Permit is required from the Btmua

Permit 2-27-08

2/21/08 per HD needs Zoning sheet faxed to BTMUA

8/08 8-0466

am authorized

tor's Signature

licant

FEE (Office Use Only)

rge $

Fee $

Fee $

EE $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 2-2-06
Permit # 18-1116

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

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee _____
Address _____

Tel (_____) _____
Contractor _____
Address _____

Tel (_____) _____ FAX (_____) _____
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other _____		

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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 1 Lot 1.01 Qualification Code

Work Site Location

Owner in Fee

Address

Tel. ( )

Contractor LaMore Contracting

Address 15 Laurel Blvd. Lanoka Harbor Lacy

Tel. [redacted] FAX ( )

Contractor License No. or Builder Registration No. 13VH02851600

Federal Emp. No 02-0775123

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.

Larry LaMore

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2nd story addition to be built over existing structur.

Glass Door to Sunroom To Remain

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2-1-08	KM
[ ] 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				

TYPE OF WORK:
- [ ] New Building
- [✓] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] 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 $

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories	2 total 1 addition	
Height of Structure	27 Ft.	
Area — Largest Floor	320 Sq. Ft.	
New Bldg. Area/All Floors	320 Sq. Ft.	
Volume of New Structure	2,560 Cu. Ft.	
Total Land Area Disturbed	0 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 13,000

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 _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (____) _____

Contractor LaMore contracting

Address 1 [illegible] Blvd. [illegible]

Tel. [redacted] (____) _____

Contractor License No. or Builder Registration No. 13VH02951600

Federal Emp. No 02-0775123

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2-1-06	[illegible]
[ ] 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 2 + 1 [illegible]
Height of Structure 27 Ft.
Area — Largest Floor 320 Sq. Ft.
New Bldg. Area/All Floors 320 Sq. Ft.
Volume of New Structure 2,560 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 13,000

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 [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2nd story addition to be built over existing structure.

Glass Door to Sunroom To Remain

TYPE OF WORK:
[ ] New Building
[✓] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] 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 $ _____

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Mr. Kowantz DATE 1-10-08

PROPERTY ADDRESS 1621 Easy St. BLOCK 831 LOT 33&34

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP	3	( )	9	( )	
2. KITCHEN GROUP	1	( )	2	( )	
3. WATER CLOSETS		( )		( )	
4. LAVATORY		( )		( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1 Group	( )	5	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	2	( )	3.5	( )	
	TOTALS		19.5		

GALLONS PER MINUTE 14

SIZE of SERVICE 1"

DATE: 1-10-08 APPROVED BY: _____

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 5759

Memo sent to Bldg 3/11/08

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1621 Edge St.

DATE REVIEWED: 1-8-08

REVIEWED BY: FM.

CONTACT CALLED/(FAXED): 903-6516 @ 11:30

1-15-08 called HO @ 9:45 left message

1-16-08 left message @ 9:30

(1) Addition Going over Sun Room which By Nature is 3-Season Room, and unheated. When Removing Door From Dwelling This Area will Contribute To Heat loss From Home, How will This Be Addressed?

Frank/plan review template

1621 EDGE ST BRICK NJ
Raymond Kowantz

To whom it may concern,

The door from the house to the sun room will not be removed. Upstairs (in the new room) a second zone of heat is being installed. If for some reason that is not acceptable, ceiling vents from the new zone which is right above the room will be installed, and the sun room will be properly insolated. However I would much rather leave the sunroom as a 3 season room. Please let me know at you earliest convenice. By phone or fax whichever you prefer.

Fax # 732 903 6516
Phone # 732 773 3880
Pages 2

1621 EDGE ST BRICK NJ
Raymond Kowantz

To whom it may concern,

The door from the house to the sun room will not be removed. Upstairs (in the new room) a second zone of heat is being installed. If for some reason that is not acceptable, ceiling vents from the new zone which is right above the room will be installed, and the sun room will be properly insolated. However I would much rather leave the sunroom as a 3 season room. Please let me know at you earliest convenice. By phone or fax whichever you prefer.

Fax # 732 903 6516
Phone # 732 773 3880
Pages 2

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 5759

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1621 Edge ST

DATE REVIEWED: 1-8-08

REVIEWED BY: FM.

CONTACT CALLED/(FAXED): 903-6516 @ 11:30

(1) Addition Going over Sun Room which By Nature is 3-Season Room, and unheated. When Removing Door From Dwelling This Area will Contribute To Heat loss From Home, How will This Be Addressed?

Frank/plan review template

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Mr. Kowantz DATE 1-10-08

PROPERTY ADDRESS 1621 Easy St. BLOCK 831 LOT 33&34

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

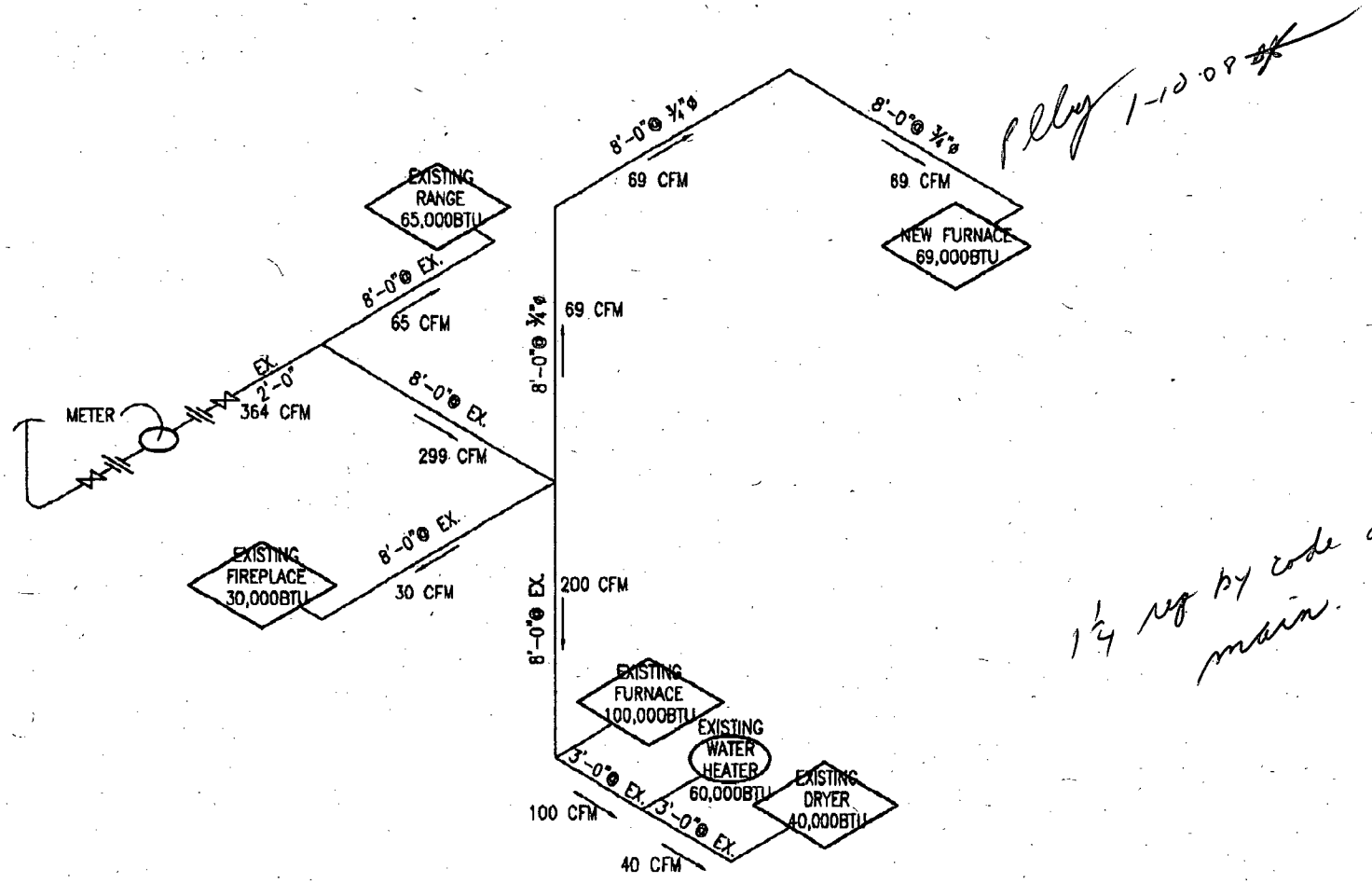
WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP	3	( )	9	( )	
2. KITCHEN GROUP	1	( )	2	( )	
3. WATER CLOSETS		( )		( )	
4. LAVATORY		( )		( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1 Group	( )	5	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	2	( )	3.5	( )	
	TOTALS		19.5		

GALLONS PER MINUTE 14

SIZE of SERVICE 1"

DATE: 1-10-08 APPROVED BY: _____



1 GAS RISER DIAGRAM
NOT TO SCALE

plug 1-1.0.P

1¼ reg by code of main.

PIPE SIZING

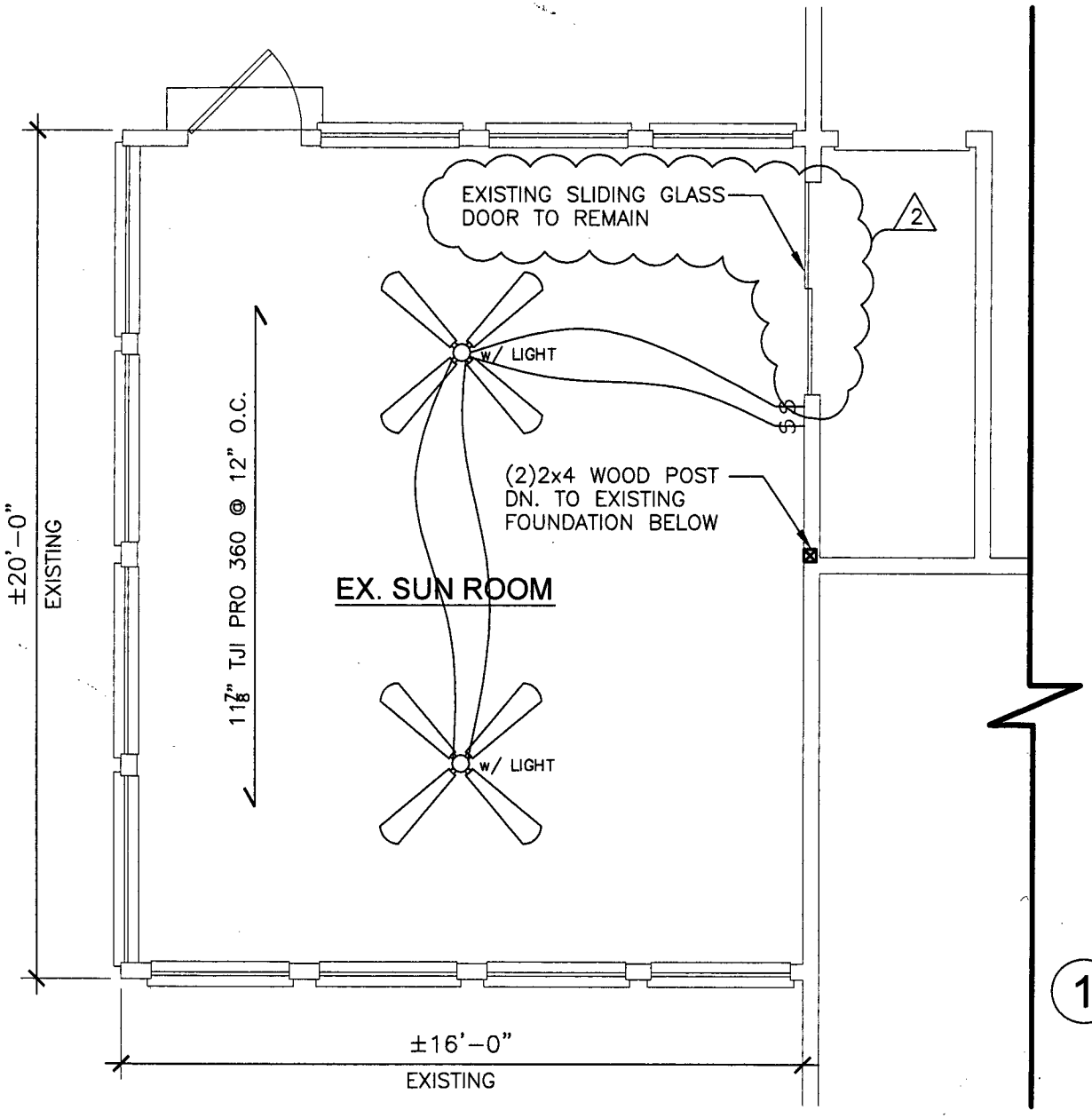
TOTAL LENGTH	+/- 64 FEET
TOTAL BTUH	364,000 B.T.U.H.
SIZE OF EXIST. SUPPLY PIPE	1-1/2"

Existing Fixtures

1 Bathtub/Shower
2 Bathroom sink
3 Bathroom tolite
4 Kitchen sink
5 Dishwasher
6 Washer/ dryer
7 Bathroom sink
8 Bathroom toilet
9 Laundry room sink
10 Hot water heater
11 Two out door water lines 3.5

9
2
5
3.5
19.5

+ 4 Piece mstr bath



1 FIRST FLOOR PLAN

SCALE: $\frac{1}{4}$" = 1'-0"

SK-2

Date: November 15, 2007
Job No.: 07002
Drawn By: AML
Drawing Title: Front Elevation

Date:	Revisions:
11/19/07	1 Building Heights per Code Official
1/16/08	2 Revision to Sunroom

Dwgs. Not For Multiple or Prototype Development

Alterations & Additions for:
Mr. & Mrs. Kowantz
Lots 33 & 34 , Block 831
1621 Edge Road
Brick Township, Ocean County, New Jersey 08724

Amanda M. Lanuto, R.A.
NJ Lic. No. 21A10376

Amanda M. Lanuto, R.A.
149 Station Drive
Forked River, New Jersey 08731
Phone: 609-971-1409
Email: amlanuto@yahoo.com

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 231 - Lot 23 Qualification Code

Work Site Location

Owner in Fee

Address

Tel (732) 608-6417

Contractor

Address

Tel (732) 608-6417 FAX (732) 903-6616

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7,000

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)
8		Lighting Fixtures	
9		Receptacles	
12		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
1		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	
1	7	KW Central A/C Unit	
1	3	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
1	100	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

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 1/6/03

Approved by: PM

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 _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel ( ) _____

Contractor _____

Address _____

Tel [redacted]

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

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
8		Lighting Fixtures
9		Receptacles
12		Switches
2		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		_____
		TOTAL NUMBERS
		Pool Permit/with UW Lights
1		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
1	1	KW Central A/C Unit
1	3	HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	20	AMP Service
1	100	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		_____
		_____

FEE (Office Use Only)

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
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[X] Elec. Plans Approved		
Date: 1/2		
Approved by:		

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 _____

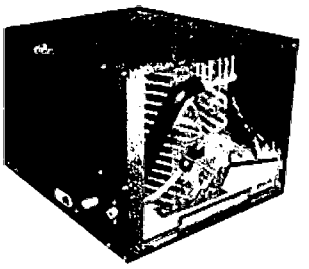
Goodman CHPF3636B6

3 Ton, W 21 1/8 x H 17 1/2 x D 26, Horizontal Cased Evaporator Coil

PRODUCT INSTRUCTIONS & BROCHURES ACCESSORIES LEARN MORE

YOUR PRICE: $293.99
Compare to: ~~$385.99~~
You save: $92.00
Low Price - Guaranteed!

1 Buy Now
You can always remove it later



THIS PRODUCT INCLUDES:

Premium Guarantee
Contractor Assistance

ABOUT THIS PRODUCT

The Goodman® CHPF Cased Horizontal "A" Coils are made for split system air conditioners and heat pumps. Each coil is made of quality galvanized steel with a painted, leather-grain-embossed finish. The coil's cabinet is painted Architectural Gray.

Standard Features

- Suitable for use with R-410A and R-22 refrigerants
- Rust-proof, high-temperature, thermoplastic drain pans feature a low water-retention design
- Available with check flowrater expansion device for heat pump or cooling-only applications
- Rifled copper tubing and corrugated aluminum fin coils
- Foil-faced insulation

Cabinet Features

- High-quality post-paint cabinet
- Split-seam front for easy access

PRODUCT SPECIFICATIONS

Suction Line Size	7/8 inches
Cooling Capacity	3 ton
Shipping Weight	55 lbs
Configuration	Horizontal-Flow
Coil Width	21 1/8 inches
Coil Height	17.5 inches
Plenum Opening Width	19 inches

Liquid Connection Line Size	3/8 inches
Number of Rows	4

Township of Brick
Zoning Permit

Approved: Tuesday, November 27, 2007 **Number:** 1387

Block 831 **Lot** 33 **Zone:** R-7.5

Property Address: 1621 Edge Street

Applicant: Ray Kowantz

Property Owner: Raymond Kowantz

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Second floor alterations and addition over existing enclosed porch, 16' x 20', eave height 18' 1-1/8", building height 20' 4-7/8", ridge height 22' 2-7/8".

Conditions: Same footprint.

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

RECEIVED
NOV 27 2007
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 631 LOT 33 QUALIFIER —

PROPERTY ADDRESS 1621 Edge St.

PERSONAL NAME OF APPLICANT Ray Kewanty Jr.

BUSINESS NAME OF APPLICANT —

MAILING ADDRESS OF APPLICANT 1621 Edge St. Brick NJ. 08724

PROPERTY OWNER'S FULL NAME Raymond Kewanty

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 2nd story master bedroom 27 ft.
☐ 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.

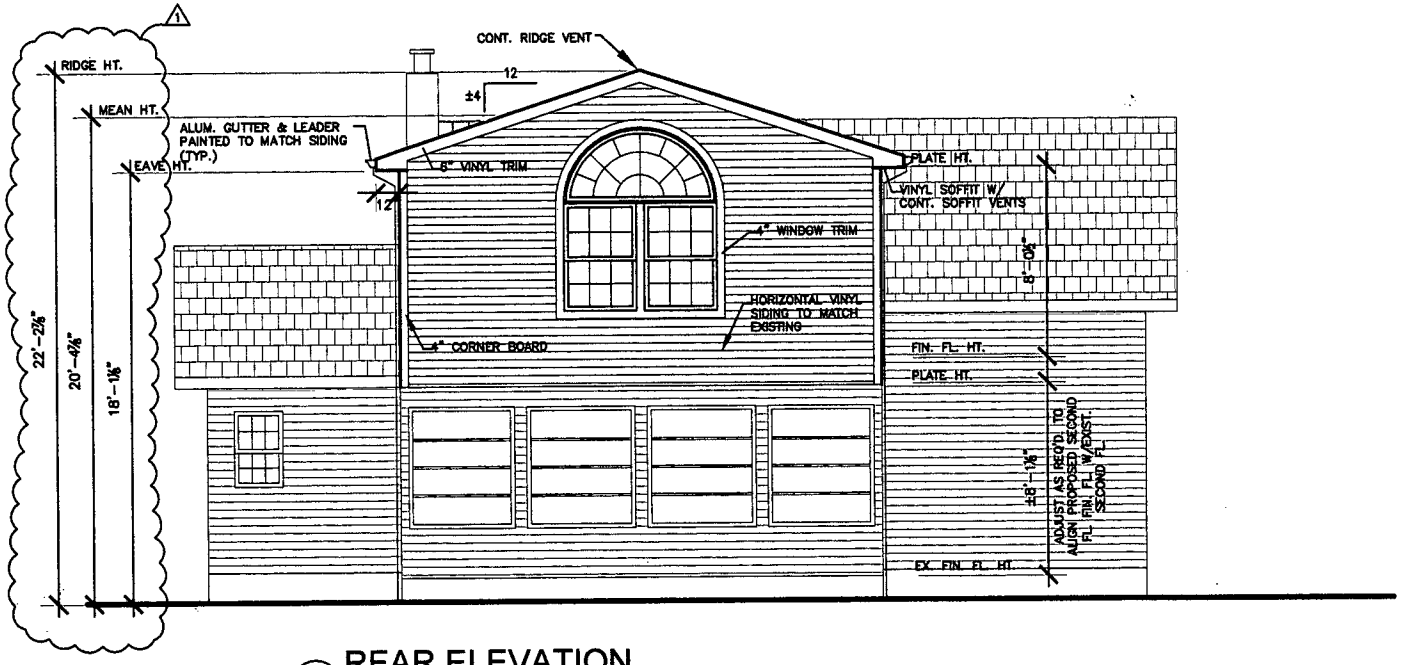
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County,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

SIGNATURE OF APPLICANT Ray Kewanty Jr. Date 11-15-07.

Reviewed by Zoning Office Date 11/27/07 ☑ Approved ( ) Denied

11/26/07

March 2003



1 REAR ELEVATION

SCALE: $\frac{1}{8}$" = 1'-0"

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
NOV 27 2007

Amanda M Lanuto

SK-1

Date: November 15, 2007
Job No.: 07002
Drawn By: AML
Drawing Title: Front Elevation

Date:	Revisions:
11/19/07	⚠ Building Heights per Code Official

Dwgs. Not For Multiple or Prototype Development

Alterations & Additions for:
Mr. & Mrs. Kowantz
Lots 33 & 34 , Block 831
1621 Edge Road
Brick Township, Ocean County, New Jersey 08724

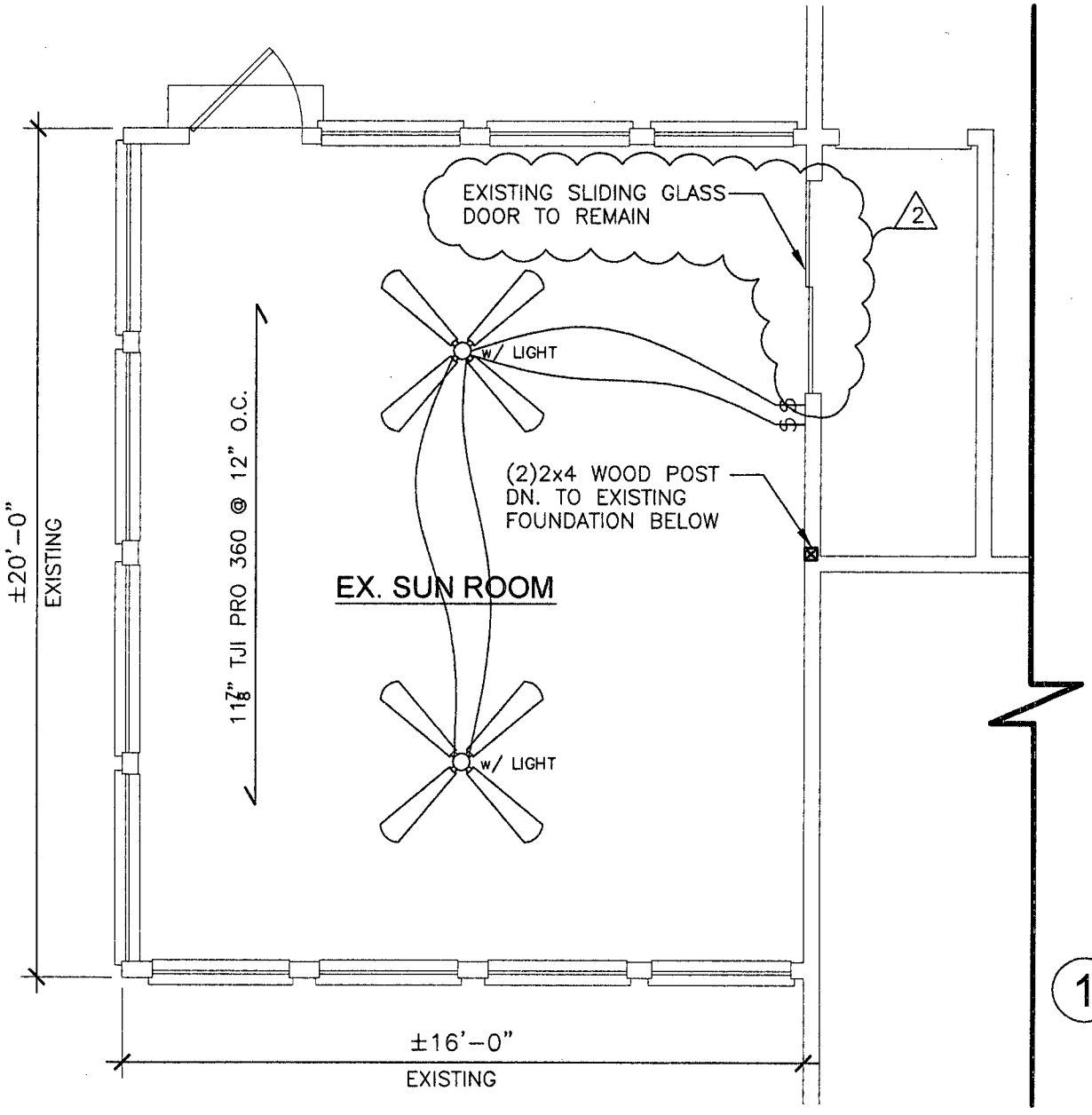
Amanda M. Lanuto, R.A.
NJ Lic. No. 21AI01765

Amanda M. Lanuto, R.A.
149 Station Drive
Forked River, New Jersey 08731
Phone: 609-971-1409
Email: amlanuto@yahoo.com

ADDITION CHECK LIST

1. Construction jacket signed & completed	Yes ____	No ____
2. Zoning application completed	Yes ____	No ____
3. Engineering form completed	Yes ____	No ____
4. Two true size surveys showing dimensions & setbacks of existing and proposed structures	Yes ____	No ____
5. Bldg/Plmg/Fire/Electrical subcode information completed	Yes ____	No ____
6. Completed section VI on jacket –building characteristics	Yes ____	No ____
7. Separate addn/alteration cost	Yes ____	No ____
8. Two sets of plans-architecturals signed and sealed homeowner drawings-all pages signed(existing & proposed floor plan)	Yes ____	No ____
9. Brochures – Furnace, Boiler, A/C, Fireplace (wood/gas)	Yes ____	No ____
10. Gas pipe drawing if applicable	Yes ____	No ____
11. DWV schematic if applicable	Yes ____	No ____
12. List of Existing Plumbing Fixtures	Yes ____	No ____
13. Detail of all electrical locations (receptacles, switches, detectors, etc)	Yes ____	No ____
14. Detail of existing & proposed smoke & carbon monoxide detectors.	Yes ____	No ____
15. If using engineered floor joist(TJI) a joist layout showing blocking where applicable must be submitted with plans (also on jobsite with plans)	Yes ____	No ____
16. Completed debris form	Yes ____	No ____
17. 2nd Story additions require engineer certification for foundation if the plans are not done by an architect	Yes ____	No ____
18. Soil borings showing seasonal high water table required on any new basements	Yes ____	No ____
19. Model Energy Code (www.energycodes.gov)	Yes ____	No ____

Note: We are now using the International Building Code Effective May 6, 2003



1 FIRST FLOOR PLAN

SCALE: $\frac{1}{4}$" = 1'-0"

SK-2

Date: November 15, 2007
Job No.: 07002
Drawn By: AML
Drawing Title: Front Elevation

Date:	Revisions:
11/19/07	1 Building Heights per Code Official
1/16/08	2 Revision to Sunroom

Dwgs. Not For Multiple or Prototype Development

Alterations & Additions for:
Mr. & Mrs. Kowantz
Lots 33 & 34 , Block 831
1621 Edge Road
Brick Township, Ocean County, New Jersey 08724

Amanda M. Lanuto, R.A.
NJ Lic. No. 21AI01

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149 Station Drive
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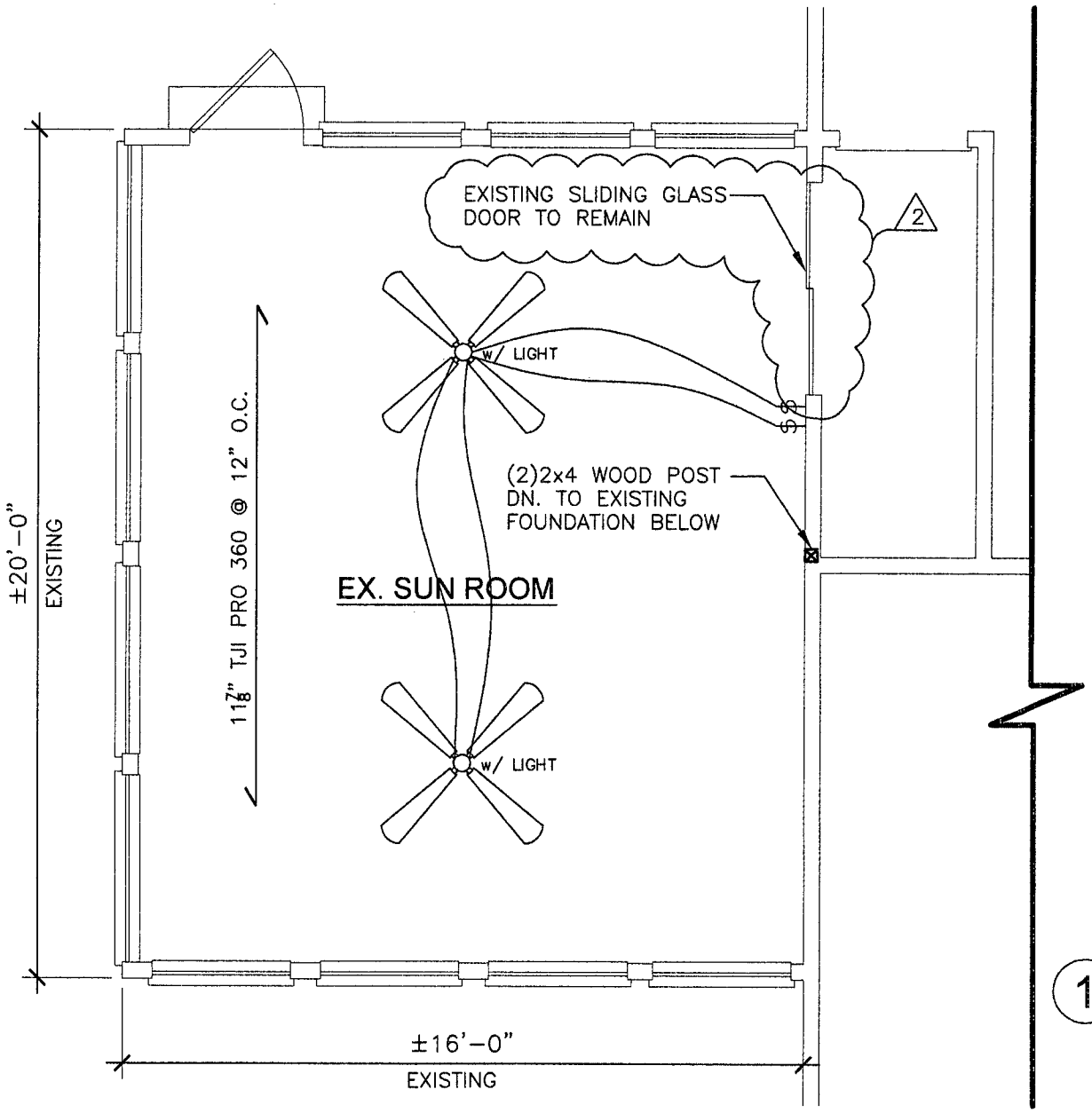

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Amanda M. Lanuto, NJ Lic. No. 21A10738

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Forked River, New Jersey 08731
Phone: 609-971-1409
Email: amlanuto@yahoo.com

CONTROL NUMBER 5759

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1621 Edge St

DATE REVIEWED: 1-9-08

REVIEWED BY: Ken Bizzar

CONTACT CALLED/FAXED: 773-3880 Ken left message on machine

1) need info. on square det for existing residence. Over 25%.

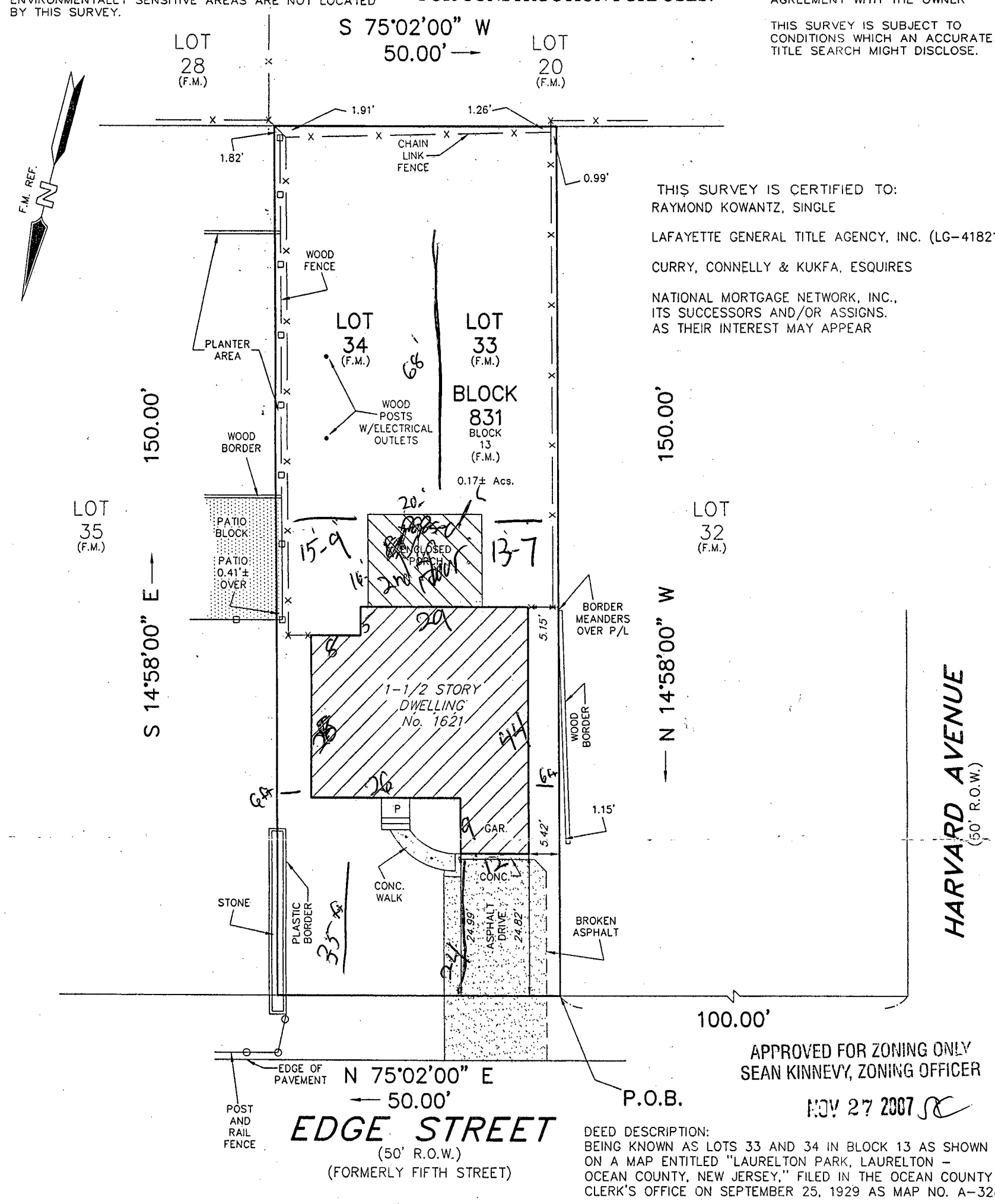
Frank/plan review template

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.

THIS SURVEY IS NOT FOR CONSTRUCTION PURPOSES!

NOTE: PROPERTY CORNERS HAVE NOT BEEN SET AS PER CONTRACTUAL AGREEMENT WITH THE OWNER

THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE.



THIS SURVEY IS CERTIFIED TO:
RAYMOND KOWANTZ, SINGLE

LAFAYETTE GENERAL TITLE AGENCY, INC. (LG-41821)

CURRY, CONNELLY & KUKFA, ESQUIRES

NATIONAL MORTGAGE NETWORK, INC., ITS SUCCESSORS AND/OR ASSIGNS. AS THEIR INTEREST MAY APPEAR

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
NOV 27 2007

DEED DESCRIPTION:
BEING KNOWN AS LOTS 33 AND 34 IN BLOCK 13 AS SHOWN ON A MAP ENTITLED "LAURELTON PARK, LAURELTON - OCEAN COUNTY, NEW JERSEY," FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON SEPTEMBER 25, 1929 AS MAP NO. A-328.

A.K.A. LOTS 33 AND 34 IN BLOCK 831 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY.

DEED REFERENCE:
DB 3136-614

"TO ANY INSURER OF TITLE RELYING HEREON AND ANY PARTIES OF INTEREST HEREIN," 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 INSURER OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON. THIS RESPONSIBILITY AND LIABILITY SHALL BE LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY AND SHALL BE LIMITED TO ONLY THE PARTIES OF INTEREST AS SHOWN ON THE CERTIFICATION HEREIN. IF THIS SURVEY IS USED IN CONJUNCTION WITH A SURVEY AFFIDAVIT FOR THE TRANSFER OF TITLE, ALL LIABILITY SHALL BE WAIVED AND ALL RIGHTS TO ALL PARTIES OF INTEREST SHALL BECOME NULL AND VOID. NO LIABILITY SHALL BE ASSUMED FOR ANY EASEMENTS, DEDICATIONS AND OR INSTRUMENTS NOT SUPPLIED PRIOR TO CLOSING. THE RIGHT SHALL BE RESERVED TO REVIEW ANY SUCH INSTRUMENTS AND TO MAKE SUCH EXCEPTIONS AND OR REVISIONS AS A REVIEW MAY WARRANT.

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 831 LOTS 33 & 34

6/1/05
DATE

11/26/07

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

SENECA SURVEY CO., INC.
SURVEYORS & PLANNERS
1470 ROUTE No. 88 WEST
BRICK, NEW JERSEY, 08724
CERTIFICATE # 24GA27973900
(732)840-8040 FAX (732)840-8044

Survey date:5-26-05	Drawn by: S.L.M.
Scale: 1" = 20'	Proj. No.: 05-36344

Home Improvement Contractors

For additional Information

This data is current as of November 16, 2007.
If your search did not reveal the name you were looking for try again using just the town.

Please be aware that it will take 10 - 15 business days to receive your physical license.
If you need proof of licensure, please dial our License Verification Line at 973-273-8090
to receive a faxed verification of your license status.

If your search did not reveal the name you were looking for try again using just the town.

Your search for **Home Improvement Contractors** with the name **lamore contracting** generated 1 match.

Name:	LaMore Contracting
Address:	Lanoka Harbor, NJ 08734
License Number:	13VH02851600
License Status:	Active
Expiration Date:	31-DEC-07

LaMore Contracting is not the principal contractor, I am only a subcontractor.

1/2/08

Larry LaMore

15 Laurel Blvd Lanoka Harbor 08734.

Contractor will give NOF letter to H/O for payment.

System Selector Let Us Help You

enter zip

Installation Videos DVD

Free* Shipping

How to buy a home heating system

Compare top furnace brands

Alpine View here

ONE OF OUR THOUSANDS OF HAPPY CUSTOMERS

Tom Nold writes:
"I was very pleased with your service - the Web site was easy to follow, and you shipped my order very promptly. I would recommend your company to others."

You are viewing:
Furnaces / Heaters > Standard Forced Air Furnaces > Natural Gas / Propane (LP) Fuel, Furnaces > 95% Efficiency Furnaces > 95% Efficiency Furnaces, Two-Stage Burner, Multi-Speed Blower > Goodman GMH950703BX

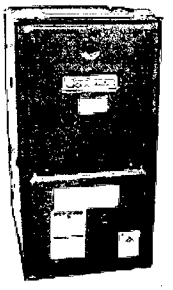
Goodman GMH950703BX

69,000 BTU Furnace, 95% Efficiency, 2-Stage Burner, Multi-Speed Blower, Upflow/Horizontal Flow Application

PRODUCT | ILLUSTRATIONS & BROCHURES | ACCESSORIES | LEARN MORE | SIMILAR ITEMS

ON SALE! $986.99
Compare to: ~~$1,293.99~~
You save: $307.00
Low Price - Guaranteed!

1 Buy Now
You can always remove it later



THIS PRODUCT INCLUDES:

10 YEAR Parts Warranty | Free Shipping | Price Match Guarantee | Contractor Assistance

See additional images

ABOUT THIS PRODUCT

The Goodman® GMH95 95% AFUE Two-Stage (Convertible), Multi-Speed, Multi-Position furnace features a patented aluminized-steel tubular heat exchanger and durable Silicon Nitride Hot Surface Ignition system. This furnace is run-tested for heating or combination heating/cooling applications. The 95% AFUE GMH95 qualifies for the new EPA $150 energy tax credit.

10 YEAR Parts Warranty

Please read this Important Safety Notice

Standard Features

- Patented TuffTube™ dual-diameter tubular heat exchanger with lifetime limited warranty plus 10-year furnace replacement limited warranty*
- Two-stage gas valve with revolutionary new Dual$aver control technology that allows installer to turn on two-stage operation with the flip of a dipswitch
- Silicon Nitride igniter with patented adaptive learning routine for maximum igniter life
- Energy-saving, quiet four-speed direct-drive circulator blower motor
- Integrated electronic furnace control board with self-diagnostics, low-voltage terminal block, and separate terminals for electronic air cleaner and 24-volt humidifiers
- Control board stores the last five diagnostic codes in memory; simple push-button activation outputs the fault history to a flashing red LED
- Low constant fan mode allows the homeowner to activate the lowest available heating speed to circulate air quietly and efficiently throughout the home during the off cycle
- Self-adjusting feature automatically adjusts furnace to high or low stage based on outside temperature without outdoor temperature sensor
- Dual-certified for sealed combustion direct vent (2-pipe) or non-direct vent (1-pipe) applications
- Easy-to-install top venting standard; alternate flue/vent located on the right (GMH95)

- Quiet, single-speed induced-draft blower
- All models comply with California NOx emissions standards

Cabinet Features

- Fully insulated, heavy-gauge steel cabinet with durable baked-enamel finish
- Foil-faced insulation lines the heat exchanger compartment
- Designed for multi-position installation:GMH95: upfl ow, horizontal left or right; GCH9: downflow, horizontal left or right
- Airtight solid bottom for side-return applications and easy-cut tabs for effortless removal in bottom air-inlet applications
- Convenient left or right connection for gas and electric service
- Coil and furnace fit flush for most installations

PRODUCT SPECIFICATIONS

Effective Heating Capacity	66400 BTU (output)
Efficiency	95 %
Blower Cooling Capacity up to	3 ton
Heat Exchanger Warranty	Lifetime - 10 Year Furnace Replacement
All Other Parts Warranty	10 years
Configuration	Up-Flow/Horizontal-Flow
ENERGY STAR Rating	Yes
Maximum Breaker Size	15 amps
Heating Capacity	69000 BTU
Weight	135 lbs
Dimensions (W x D x H)	17.5W x 28D x 40H inches

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 1621 Edge St

Block: 631 Lot: 33.

Contractor: Ray Kowantz.

Contractor's Address: 1621 Edge St.

Type of Construction (minor, new home): addition: 2nd story master bed.

Type of Debris (shingles, siding, wood, etc.): shingles.

Party responsible for removal: ~~Ray Kowantz~~

Dumpster size: 20 yard.

Destination of debris:

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Ray Kowantz
Signature

11-16-07
Date

Ray Kowantz
Print Name

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 11-16-07

Block: 631 Lot: 33.

Property Address: 1621 Edge St.

I, Raymond Kountz (name) of 1621 Edge St (address)

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

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: 1/9/08 Signed:

Rejected on: Signed:

Comments: