BLOCK 836 LOT 26 QUALIFICATION CODE C2636 ADDRESS (SITE) C2630-1 PERMIT NO. 01-0713

CONSTRUCTION PERMIT APPLICATION

RECEIVED MAR 23 2001

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

I. IDENTIFICATION

1. Propsed Work Site at: 1668 HARVARD AVE
2. Name of Owner in Fee: VERLA TERRY Tel. ( )
   Address SAME (street) (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: RAY WALENCIK Tel. (732) 840-2247
   Address 524 LAURA CT BRICK NJ 08724
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. [redacted] FAX: ( )
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person in Charge of Work ____
   Tel. ( ) ____ FAX ( ) ____

Paid w/ Permit

TANK REMOVAL
BEAM REPLACEMENT

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	35	
2. Electrical			
3. Plumbing			
4. Fire Protection		66	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		1	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	66	36

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building TANK	600				3-26-01	FG			
3. ☐ Addition									
4. ☐ Alteration BEAM	800								
5. ☐ Fire Protection					3-26-01	JB			
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10400790

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name RAY WALENCEWICZ

Address 529 LONDON CT
BRICK NJ 08724

Telephone (732) 840-2267

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/27/200
Control #
Permit # 01-0713

$66.00
$66.00
03/27/01 10:05AM 00000042457
#007 SERV.007
#0713 FIRE CHECK

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 836 Lot 26 Qual

Work Site Location 1668 HARVARD AVE
TANK REMOVAL
Owner in Fee VELGA, TERRY
Address SAME
BRICK, NJ 08723-
Telephone ( ) -

Contractor RAY WALTENGEWIC
Address 524 LINDA CT
BRICK, NJ
Telephone (732)840-2247
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
OIL TANK REMOVAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	66
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	66
Check No.	3114
Cash	
Collected By	ERP

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

Estimated Cost of Work $ 600

J. Curvarga/erp
Construction Official

03/27/2001
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

03/27/2001 10:06AM 00000042458
#007 SERV.007
#010713 BUILDING $35.00
DCA $1.00
CHECK $36.00

Update Issued 03/27/200
Control #
Permit # 01-0713+A
Permit Issued 03/27/200

UCC NEW JERSEY PERMIT UPDATE

IDENTIFICATION Block 836 Lot 26 Qual

Work Site Location 1668 HARVARD AVE
TANK REMOVAL
Owner in Fee VELGA, TERRY
Address SAME
BRICK, NJ 08723-
Telephone ( ) -

Contractor RAY WALTENGEWIC
Address 524 LINDA CT
BRICK, NJ
Telephone (732)840-2247
Lic. No. or Bldrs Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BEAM REPLACEMENT

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	3114
Cash	
Collected By	ERP

Estimated Cost of Work $ 800

Construction Official

03/27/2001
Date

U.C.C. P199 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/23/2001
Date Issued 3/27/01
Control # ~~C26-36-1~~
Permit # 01-0713A

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

Block 836 Lot 26 Qual
Work Site Location 1668 HARVARD AVE
BEAM REPLACEMENT
Owner in Fee VELGA, TERRY
Address SAME
BRICK, NJ 08723-
Tele.( ) -
Contractor RAY WALTENGEWIC
Address 524 LINDA CT
BRICK, NJ
Tele.(732)840-2247 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-26-01	[illegible]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 800
3. Total (1+2) $ 800

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

BEAM REPLACEMENT

See Notes on Rehabco work sheet

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	28
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 7
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/23/2001
Date Issued 3/27/01
Control # C26-36
Permit # 01-0713

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

Block 836 Lot 26 Qual

Work Site Location 1668 HARVARD AVE
TANK REMOVAL

Owner in Fee VELGA, TERRY
Address SAME
BRICK, NJ 08723-
Tele. [redacted] Fax ( )
Contractor RAY WALTENGEWIC
Address 524 LINDA CT
BRICK, NJ
Tele.(732)840-2247
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 600

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 3-26-01
Approved By: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

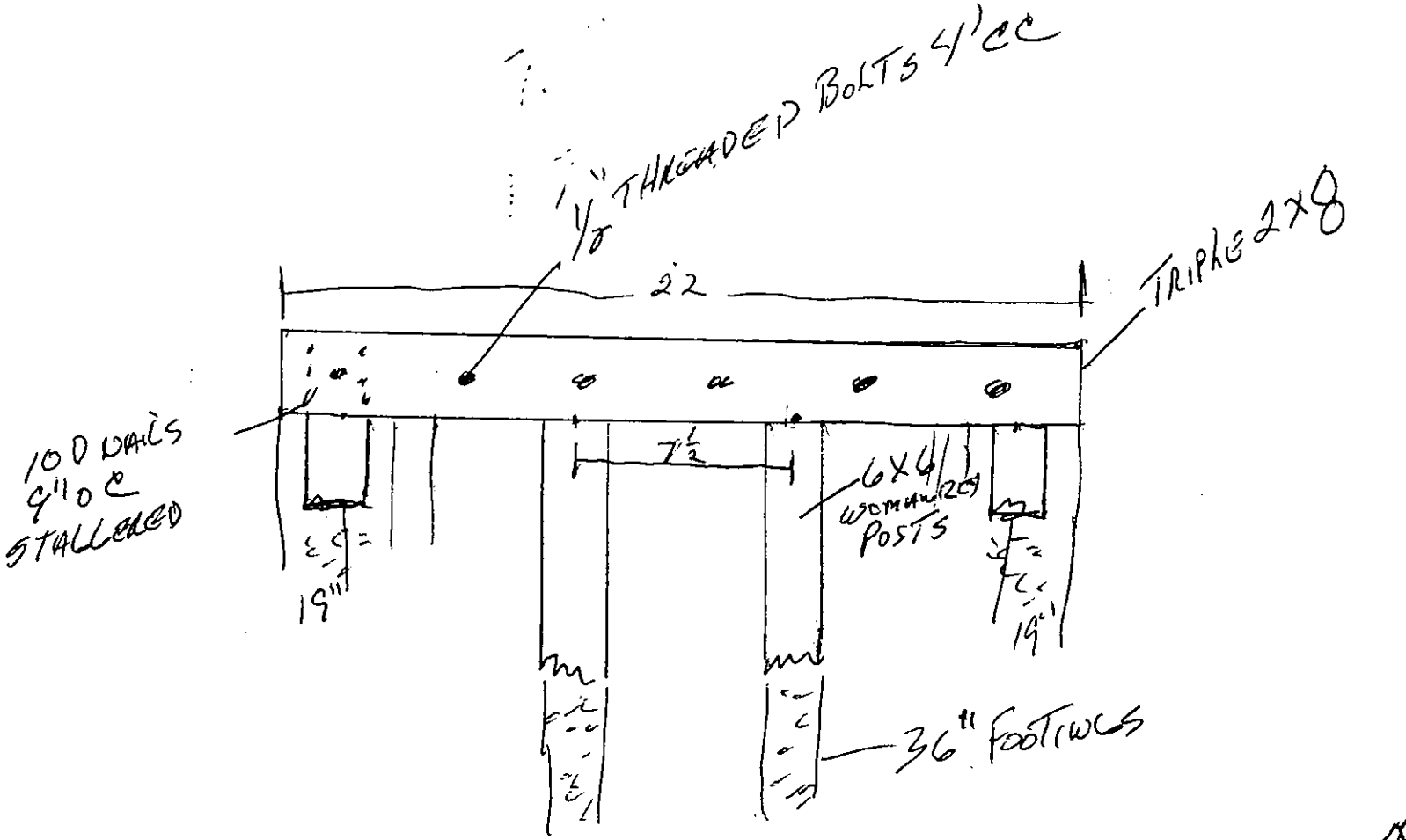
Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LNG Capacity 0 Fuel
Alarm Systems [ ] 110v Interconnected
[ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TANK REMOVAL		66
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 66
	DCA Training Fee	$ 0

1668 HARVARD
BLOCK - 836 - LOT 26
VERONA



OFFICE COPY

Rental Rehab.

WWU #	CM-100 #	DESCRIPTION OF WORK	Item Price
		WALLS/FLOORS/CEILINGS (interior) continued. 1672 Harvard - Upstairs (continued) Deck Renovation as follows: - All pressure treated lumber. All fasteners rust resistant. - Examine all members and replace any member showing deterioration or questionable. - Replace existing door stoop with new having min. two (2) equal steps. - Stoop = 32 X 48, steps = 10 & 1/2" tread (min.). - Guardrails = 36" high, balusters = max. 4" gap at each side of stoop and steps.	$
12	26.A	MISCELLANEOUS 1668 Harvard:	
12.a		Beam Replacement: - Replace existing center beam in basement (Unit #1) as follows: - As per CABO (1995) T-502.3.3a and T-502.33b, remove soil from upper embankments and open floor to pour four (4) concrete footings at the following locations: - Center on existing beam 19" from each end. - Center on existing beam 7'7" from each end. - Footings to be 17" X 17" X 9". Remove forms at floor and close w/concrete. - New beam to be three (3) 2 X 8 - #2 HEM-FIR or better. - Spike with 10d box nails on slant 9" cc staggered. - Bolt with 1/2" threaded stock w/washers 4' cc. - Beam to rest on four (4) 6 X 6 wolmanized posts. - Join posts to beam w/nailing plates. - Join beam to joists w/hurricane strap at every 3rd joist. - Join posts to footings w/appropriate braces. - HAVC beam jacked to correct height before post placements. - Jack beam slowly to not strain structure. - Install temporary support walls max. 2' on either side of beam before beam removal.	$
12.b		Oil Tank Removal: - Properly dispose of abandoned oil tank in basement. NOTE: May be required to show disposal receipt.	$

POOR QUALITY DOCUMENT

BRICK RECYCLING COMPANY, INC.

2480 Old Hooper Ave. Brick, NJ 08723 (732) 477-0880 Fax: (732) 477-7588

Used Auto Parts • New Parts Available also

Name: Tulinosh Contractors

Purchased by: ______ Date: 5/18/10

WEIGHT	CODE	DESCRIPTION	PRICE	AMOUNT
3/6		[illegible] Tank		
		Discard [illegible]		
				N/C

SUB TOTAL

SALES TAX

TOTAL

Warranty is 30 days on all Used Auto Parts
No Labor • No Cash Refunds, Credit Only

TANK ABATEMENT OR
ASBESTOS ABATEMENT NOTIFICATION

Date: _____

Project: VELLA

Street: 1668 HARVARD Ave

Town: BRICK

Contractor: RAY WALEWACZWICZ License No. _____

Address: 524 LAURA CT BRICK

A.S.C.M: _____ License No. _____

Address: _____

OSHA AIR MONITOR: _____

Address: _____

BUILDING OWNER: VELLA TERRY

Street: 1668 HARVARD AVE

Town: BRICK NJ

Phone: 2706245 County: OCEAN Zip _____

Engineer/Architect: _____

Street: _____

Town: _____

Phone: _____ County _____ Zip _____

Waste Hauler: _____ license No. _____

Address: _____

Land Fill: _____

Town: _____

Job Size: (Circle one) (Minor) ✓ Small _____ Large _____

Quantity of Waste Generated: (All applicable)
Cu. Yds _____
Linear Footage: _____
Square Footage: _____

Proposed Start Date: _____ Proposed Finish Date: _____

Cost of work: $ 6000

Construction permit number: ~~80 0668~~ Date issued: _____

OS43A

1-19-89

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: RAY WALEWSKI
Address: 529 LINDA CT
WHITE
Phone #: 732 840 2247
Lis #:_____
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other: TANK Removal

Estimated Cost of Fire Work $600.00

Signature: [signature]

Print Name: Ray Walewski

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1668 HARVARD AVE
Block: 836 Lot: 26
Owner's Name: VELMA TERRY
Owner's Mailing Address: SAME
Phone: [redacted]

BUILDING

Contractor: R WALENGEWICZ
Address: 524 LINDA CT
BRICK NJ 08724
Phone#: 840 2247
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:
TANK REMOVAL

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: 600.00
Cost of New Building:
Total Cost of Building Work: 600.00

Signature:
Please Print Name RAY WALENGEWICZ

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	HP
Garbage Disposal	KW
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	
Motors 1+ HP	KW
Transformer/Generator	AMP
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	KW
Sign/Outline Light	
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:
Please Print Name

CONTRACTOR'S SEAL

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 1668 HARVARD AVE

Block: 836 Lot: 26

Owner's Name: T VELGA

Owner's Mailing Address: SAME

Phone [redacted]

BUILDING

Contractor: RAY WALEWSKI

Address: 524 LINDA CT
BRICK NJ 08724

Phone#: 840 2247

Lis #

Federal Emp # or SSN [redacted]

Tech

Description of Work:

BEAM REPLACEMENT

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____

No of Stories:_____

Height of Structure:_____

Area of the largest floor:_____

Area of New Building:_____

Volume of Structure:_____

Total Land Disturbed:_____

Cost of Alteration:_____

Cost of New Building:_____

Total Cost of Building Work: 860.00

Signature: [signature]

Please Print Name RAY WALEWSKI

ELECTRICAL

Contractor:_____

Address:_____

Phone#:_____

Lis #:_____

Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____