BLOCK 848 LOT 6.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1726 Forge Pond Rd PERMIT NO. 10-2450

RECD AUG 13 2010

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-10-002916

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

I. IDENTIFICATION

1. Propsed Work Site at: 1726 Forge Pond Road
2. Name of Owner in Fee: Christine TANKE Te [redacted]
   Address Same
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: POINT BAY FUEL Tel. (732) 349-5059
   Address 71 IRONS ST. 13VH01149900
   TOMS RIVER NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 2/31/10
   Federal Employee No. 22-1817388 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Bob Dalenta
   Tel. (732) 349-5059 FAX: (732) 349-1788

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	40 ✓	45 ✓
2.	Electrical		50 ✓	
3.	Plumbing		45 ✓	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy		5	1
12.	Other			76
13.	TOTAL	$	140	

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work					9/24/10	HV			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection	350 ✓								
6. ☒ Plumbing ☐ Mechanical	2000 ✓			08/9/10	9/30/10	PM			
7. ☒ Electrical	350 ✓				9/24/10				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2700								

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1) IBC 2000 NJ
2. ☐ Multi-Family (R-2) IBC 2000 NJ
3. ☐ Two-Family (R-3) IBC 2000 NJ
4. ☐ Two-Family (R-5) IRC 2000 NJ
5. ☐ One-Family (R-3) IBC 2000 NJ
6. ☐ One-Family (R-5) IRC 2000 NJ

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:

U.C.C. F100-1 (rev. 12/03)

Bruchtown

9/7/10 spoke John - contractor 3:45pm

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. 5:23-2.15(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.

(X) Check if contractor.

Agent Name POINT BAY FUEL

Address 71 IRONS ST TOMS RIVER NJ 08753

POINT BAY FUEL
71 IRONS ST.
TOMS RIVER NJ 08753

Telephone (732) 349 3059

Signature BOB Valentine

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

9/29/10 Called Ct to P/C

9/29/10 Called Ct to P/C

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/08/2011
Control Number C-10-002916
Permit Number 10-2450
Permit Issue Date 09/09/2010
Certificate Number 10-2450

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1726 FORGE POND RD. Brick Township, NJ Block: 848 Lot: 6.01 Qual:

Owner in Fee: TAMKE, CHRISTINE

Owner Address: 1726 FORGE POND RD BRICK NJ 08724

Telephone:

Contractor POINT BAY FUEL INC

Address 71 IRONS ST TOMS RIVER NJ 08753-

Telephone: (732) 349-5059 Fax:

License Number or Builders Registration Number: 13VH01149900 Federal Emp. Number: 22-1817388

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: FURNACE replacement

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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 02/08/2011 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued 10/8/10
Control # C-10-003431
Permit # 10-2450+A

IDENTIFICATION Block: 848 Lot: 6.01 Qualifier
Work Site Location: 1726 FORGE POND RD. Brick Township, NJ
Owner in Fee TAMKE, CHRISTINE
1726 FORGE POND RD BRICK NJ 08724
Telephone:

Contractor POINT BAY FUEL INC
Address 71 IRONS ST TOMS RIVER NJ 08753-
Telephone: (732) 349-5059
Lic. No. or Bldrs. Reg. No. 13VH01149900
Federal Employee. No. 22-1817388

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CHIMNEY LINER

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 $500

Construction Official

Date 9-29-10

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$76
Check No.	$40 - Cash $36
Cash	3600 $0
Credit	$0
Collected By	

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.

10/08/10 12:50PM 001558#1370
.001

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.

BUILDING $75.00
DCA $1.00
$76.00
CHECK $40.00
CASH $36.00
$0.00

- [ ] 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:

- [x] 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 9-9-10
Control # C-10-002916
Permit # 10-5450

IDENTIFICATION Block: 848 Lot: 6.01 Qualifier
Work Site Location: 1726 FORGE POND RD. Brick Township, NJ
Contractor POINT BAY FUEL INC
Address 71 IRONS ST TOMS RIVER NJ 08753-
Owner in Fee TAMKE, CHRISTINE
1726 FORGE POND RD BRICK NJ 08724
Telephone: (732) 349-5059
Lic. No. or Bldrs. Reg. No. 13VH01149900
Telephone:
Federal Employee. No. 22-1817388

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:
FURNACE replacement

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 $2,700

Construction Official 9-1-10 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$140
Check No.	1999
Cash	$0
Credit	$0
Collected By	

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

REQUIRED INSPECTIONS

09/09/10 10:46AM 0015588H0721
XX02 SERV.002
ELECTRIC $40.00
PLUMBING $50.00
FIRE $45.00
TAX $5.00
CHECK $140.00

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.

1726 Forge Pond Rd

10/8/10

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9-9-10
Permit # 10-2450+A update

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

Block 848 Lot 6.01 Qualification Code _____

Work Site Location 1726 Forge Pond

Owner in Fee: Christine TANKE

Tel. [redacted] e-mail _____

Address None
street municipality zip code

Contractor: POINT BAY FUEL Tel. ( ) _____

Address 71 IRONS ST. e-mail _____
TOMS RIVER NJ 08753

Contractor License No. or Builder Registration No. 13VH01149900 Exp. Date 12/31/10

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

Federal Emp. ID No. 22-1817388 FAX: ( ) _____

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.

Bob Valentine
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Chimney Liner

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/24/10	MW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9/24/10
Approved by: [redacted]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2/8/11
Approved by: [redacted]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2/4/11	MW
Barrier-Free				

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

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 500 —
2. Rehabilitation $ _____
3. Total (1+ 2) $ 500 —

U.C.C. F110
(rev. 12/07)

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

update - Bradtown

10-2450

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # Co-002916

Date Issued 9-9-10
Permit #

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

Block 848 Lot 6.01 Qualification Code
Work Site Location 1726 Forge Pond Rd Brick
Buiding Owner Christine TAMKE
Address SAME
Tel [redacted]
Contractor Kount Dry (Fuel
Address 71 Jans St. Jons River NJ 08753
Tel (732) 349 5054 FAX (732) 349 1788
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. 22-1817388 / 13VH 0114990

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [X] 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: _____

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

Total Cost of Fire Protection Work $ 350 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8-25-10
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-4-11
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			2-4-11	[signature]
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2/11	[signature]
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]
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Replace Gas Furnace
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)	1 co	
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 [X] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		45
Other Gas Furnace 1		

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

Brick

U.C.C. F140 (rev. 1/04)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-2450
Date Issued / Permit # 9-9-10

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

Block 848 Lot 6.01 Qualification Code _____
Work Site Location 1726 Forge Pond Rd Brick
Owner in Fee TAMIKE
Address SAME
Tel [redacted]
Contractor FORT Plumbing
Address 71 Sims Dr Sims River NJ 08753
Tel (732) 349 5059 FAX (732) 349 1788
Contractor License No. 13VH01149900
Federal Emp. No. 22-1817388

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 $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-30-10
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2-8-11
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			8/4/11	

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.

BOB Valentine
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	
1	Other Gas Furnace Replace	
	Other	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-2450

Date Issued / Permit # 9-9-10

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

Block 848 Lot 6.01 Qualification Code

Work Site Location 1726 Forge Pond Rd Brick

Owner in Fee Christine TAMKE

Address SAME

Tel ([redacted]

Contractor POINT BAY FUEL, INC.

Address 71 IRONS STREET
TOMS RIVER, NJ 08753

Tel (732) 349-5059 FAX (732) 349-1788

Contractor License No. 13VH01149900

Federal Emp. No. 22-1817388

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	9/24/10	JJ

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 2-8-11

Approved by: JS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/4/11	CB
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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.

Bob Valentine

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

1726 Forge Rd Ln

10/8/10

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9-9-10
Permit # 10-2450+A
update

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

Block 848 Lot 6.01 Qualification Code _____

Work Site Location 1726 Forge Pond

Owner in Fee: Christine TANKE

Tel. [redacted] e-mail _____

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

Contractor: ~~POINT BAY FUEL~~ ~~71 IRONS ST.~~ Tel. ( ) _____

Address ~~TOMS RIVER NJ 08753~~ e-mail _____

Contractor License No. or Builder Registration No. 13VH01149900 Exp. Date 12/31/10

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

Federal Emp. ID No. 22-1817388 FAX: ( ) _____

update

Builder 357

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/24/10	LV
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9/24/10
Approved by: LV

SUBCODE APPROVAL for CERTIFICATE
[ ] 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 _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 500 —
2. Rehabilitation $ _____
3. Total (1+ 2) $ 500 —

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.

Bob Valentine
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Chimney Liner

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

FEE (Office Use Only)
$ _____

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

U.C.C. F110
(rev. 12/07)

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

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NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs

HAS REGISTERED

Point Bay Fuel Company
Jack Chadwick
71 Irons Street
Toms River NJ 08753

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/23/2009 TO 12/31/2010
VALID

13VH01149900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Point Bay Fuel Company
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
10/23/2009 TO 12/31/2010
VALID
SIGNATURE OF LICENSEE/REGISTRANT/CERTIFICATE HOLDER
13VH01149900
DIRECTOR
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P O Box 46016
Newark NJ 07101

PLEASE DETACH HERE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-6450

Date Issued / Permit # 9-9-10

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

Block 848 Lot 6.01 Qualification Code

Work Site Location 1726 Forge Pond Rd Brick

Owner in Fee Christine TAMKE

Address SAME

T [redacted]

Contractor POINT BAY FUEL, INC.

Address 71 IRONS STREET
TOMS RIVER, NJ 08753

Tel (732) 349-5059 FAX (732) 349-1788

Contractor License No. 13VH01149900

Federal Emp. No. 22-1817388

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 350

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.

Bob Valentine

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required — Date: 9/14/10 Initial: SJ

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

POINT BAY FUEL, INC.

HEATING AND COOLING

71 Irons Street, Toms River, N.J. 08753
www.pointbayfuel.com email: info@pointbayfuel.com

Toms River (732) 349-5059
Lakewood (732) 367-2400
Pt. Pleasant (732) 892-0034
Barnegat Area (609) 693-6461

FAX TRANSMITTAL
FAX # (732) 349-1788

DATE: 8/27/10

TO: Paul Auth - Plumbing Subcode

COMPANY: Brick Town Bldg Dept.

FAX #: 732 262-8954 FAX

FROM: Bob Valentine

PAGE: 1 OF 3

As per your request ☐

Call upon receipt ☐

For your information ☒

For your Approval ☒

COMMENTS: BLK 848 / LOT 6.01
1726 FORGE POND RD
TAMKE
GAS PIPE LAYOUT

15G
Rev 05/03

POINT BAY FUEL, INC.

HEATING AND COOLING

71 IRONS STREET, TOMS RIVER, NJ 08753

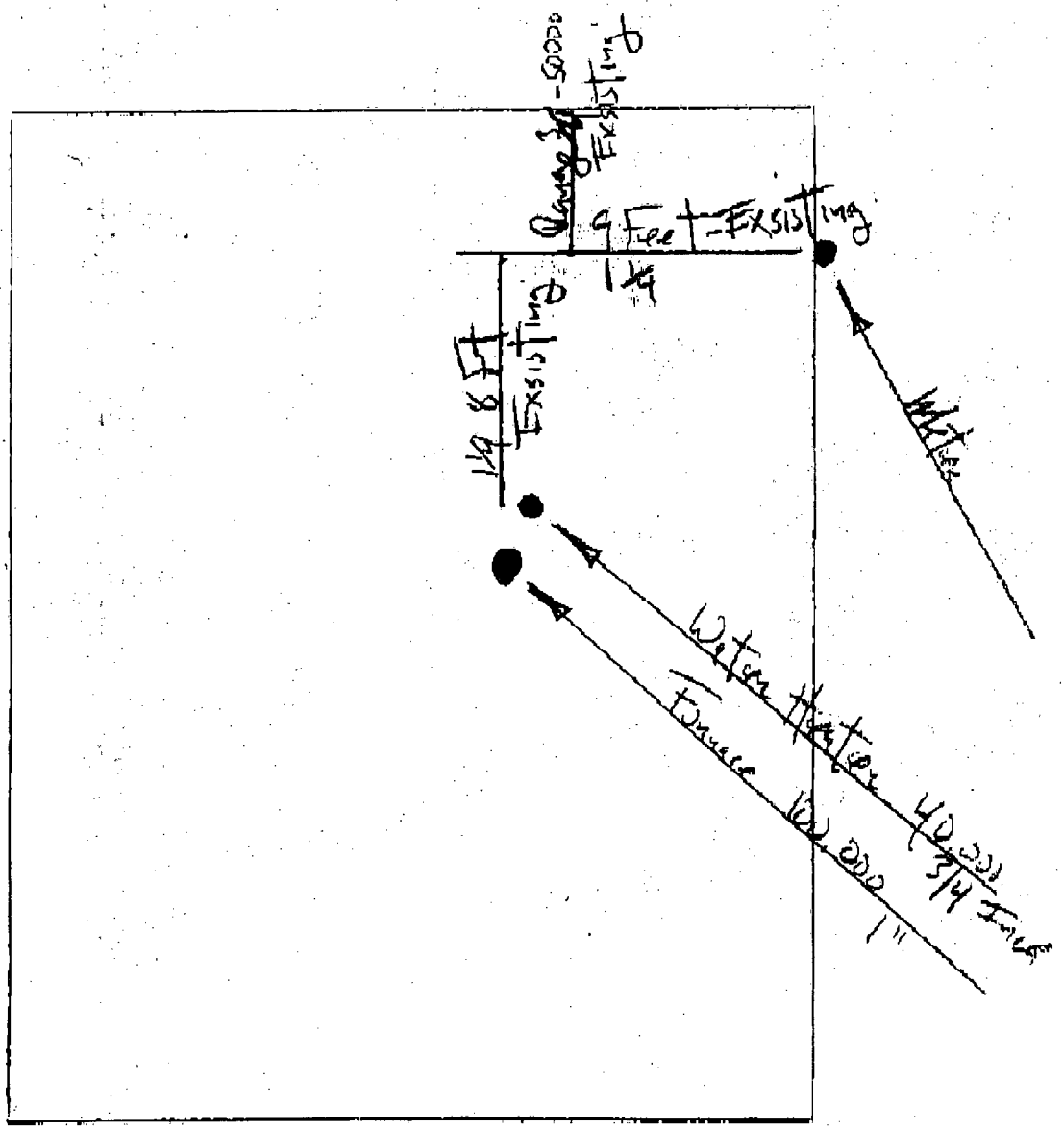
TOMS RIVER 349-5059 • FAX: 349-1788

LAKEWOOD 367-2400 • PT. PLEASANT 892-0034

www.pointbayfuel.com • email: info@pointbayfuel.com

Tom Ke
1726 Forge Pond Rd.
Brick

All Gas Piping Existing



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1726 FORGE POND RD BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 848 Lot: 6.01 Qual:
1726 FORGE POND RD.
Permit Number: Control Number: C-10-002916
Last Submit Date: Sunday, August 15, 2010

Date: Thursday, August 19, 2010

Dear TAMKE, CHRISTINE,
Your request is hereby denied based upon the following infractions.
Chimney certification indicates an oil to gas conversion. Submit gas drawing

Sincerely,

Paul Auth

Paul Auth , Subcode Official

Bob Spoke to Bernadette
8/26/10

FAX'D 732-349-1788
8/20/10 8:40am

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1726 FORGE POND RD BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 848 Lot: 6.01 Qual:
1726 FORGE POND RD
Permit Number: Control Number: C-10-002916
Last Submit Date: Sunday, August 15, 2010

Date: Thursday, August 19, 2010

ok Assessor

Dear TAMKE, CHRISTINE,
Your request is hereby denied based upon the following infractions.
Chimney certification indicates an oil to gas conversion. Sulbmit gas drawing

per Bob Valentine
no gas piping to be done - currently existing gas HWH next to furnace existing T for gas line within 3ft. only using flex line.
732-684-4614

Sincerely,

Paul Auth

Paul Auth , Subcode Official

listed
oil

Util
oil, gas, elect.

8/24/10 - Ft Bay to provide gas sketch w/sizing - OK per Bob W. Dan to sign off for Bob.
B

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	2884
DESTINATION ADDRESS	97323491788
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	08/25 07:35
USAGE T	00'17
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1726 FORGE POND RD BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 848 Lot: 6.01 Qual:
1726 FORGE POND RD.
Permit Number. Control Number: C-10-002916
Last Submit Date: Sunday, August 15, 2010

Date: Thursday, August 19, 2010

Dear TAMKE, CHRISTINE,
Your request is hereby denied based upon the following infractions.
Chimney certification indicates an oil to gas conversion. Submit gas drawing

Sincerely,

Paul Auth

Paul Auth , Subcode Official

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10-2450

Date Issued 9-9-10
Permit #

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

Block 848 Lot 601 Qualification Code
Work Site Location 1726 Forge Pond Rd Brick
Owner in Fee TAMIKE
Address SAME
Tel [redacted]
Contractor [illegible]
Address [illegible]
Tel (732) 349 5059 FAX (732) 349 1788
Contractor License No. 13VH01149900
Federal Emp. No. 22-1817388

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 $ 2000

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.

BOB Valentine
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	
1	Other Gas Furnace	
	Other Replace	

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

U.C.C. F130 (rev. 1/04)

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

Date Received 10-2450
Control #

Date Issued 9-9-10
Permit #

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 848 Lot 6.01 Qualification Code ______
Work Site Location 1726 Forge Pond Rd
Brick

Owner in Fee TAMIKE
Address SAME
[redacted]
Tel
Contractor [illegible]
Address [illegible]
[illegible]
Tel (732) 209 5059 FAX (732) 349 1788
Contractor License No. 13VH01149900
Federal Emp. No. 22-1817388

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 $ 2000

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:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

(Dates (Month/Day) apply to Failure, Failure, Approval, Initial columns)

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.

Bob Valentine
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	
1	Other Gas Furnace	
	Other Replace	

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

U.C.C. F130 (rev. 1/04)

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

10-2450

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # CN-003916

Date Issued 9-9-10
Permit #

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

Block 548 Lot 6.01 Qualification Code
Work Site Location 1726 Forge Pond Rd Brick
Buiding Owner Christine TAMKE
Address SAME
Tel [redacted]
Contractor Point Fire
Address 11 Mars St Jons Lwer NJ 08753
Tel (732) 349 5059 FAX (732) 349 1788
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. 22-1812388 / 13VH 0114990

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [X] 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: ____

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

Total Cost of Fire Protection Work $ 350 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 9/9/10
Approved by: DB

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

INSPECTIONS Type:	Dates (Month/Day) Failure	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. DBO Plumbing
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Replace Gas Furnace
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)	1 co	
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 [X] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Gas Furnace 1		77

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

POINT BAY FUEL, INC.

HEATING AND COOLING
71 IRONS STREET, TOMS RIVER, NJ 08753
1-800-349-3835
TOMS RIVER (732) 349-5059 _ FAX (732) 349-1788
PT. PLEASANT (732) 892-0034 _ LAKEWOOD (732) 367-2400
SOUTHERN OCEAN COUNTY (609) 693-6461
www.pointbayfuel.com email: info@pointbayfuel.com

CUSTOMER NAME: TAMKE

CUSTOMER ADDRESS: 1726 Forge Pond Rd

BLOCK: 848

LOT: 6.01

QUAL:

OLD FURNACE:

INPUT: 85,000

OUTPUT: 62,000

NEW FURNACE:

INPUT: 100,000

OUTPUT: 83,000

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 849 LOT 6.01 PERMIT # _____

WORK SITE ADDRESS 1726 Forge Pond Rd

Applicant Christine Tamke

Certifying Individual Bob Valentine Company POINT BAY FUEL 71 IRONS ST. TOMS RIVER NJ 08753

Address _____ (Street) (City) (State) (Zip Code)

Tel. (732) 349-5059

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [X] Other Liner

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS:

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

R Valentine 8/10/10
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:

No certification required:

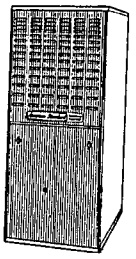
_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 1/96)

American Standard
HEATING & AIR CONDITIONING

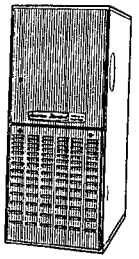
Freedom 80 – Single Stage wi High Efficiency Motor



Freedom 80

Table FUR-14-A — Upflow Horizontal, Left or Right Induced Draft Gas Furnace (115/1/60)

Unit Model No.	Airflow In Tons	Nominal Output (Btuh)	AFUE	Flue Size (in.)	Ignition Device	Uncrated Dimensions (in.) H x W x D	Shipping Weight (lbs.)	Max Fuse*	Filter Sizes
AUD1A040A9H21B	2	32,000	80.0	4	Silicon Nitride	40 x 14½ x 28	119	15	17 x 25 x
AUD1B060A9H31B	3	47,000	80.0	4	Silicon Nitride	40 x 17½ x 28	127	15	17 x 25 x
AUD1B080A9H31B	3	63,000	80.0	4	Silicon Nitride	40 x 17½ x 28	142	15	17 x 25 x
AUD1C080A9H41B	4	64,000	80.0	4	Silicon Nitride	40 x 21 x 28	142	20	20 x 25 x
AUD1B100A9H31B	3	79,000	80.0	4	Silicon Nitride	40 x 17½ x 28	151	20	17 x 25 x
AUD1C100A9H51B	5	79,000	80.0	4	Silicon Nitride	40 x 21 x 28	162	20	20 x 25 x
AUD1D120A9H51B	5	96,000	80.0	4	Silicon Nitride	40 x 24½ x 28	186	20	24 x 25 x
AUD1D140A9H51B	5	111,000	80.0	4	Silicon Nitride	40 x 24½ x 28	193	20	24 x 25 x

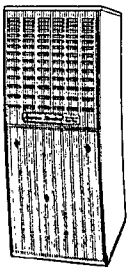


Freedom 80

Table FUR-14-B — Downflow Horizontal, Left or Right Induced Draft Gas Furnace (115/1/60)

Unit Model No.	Airflow In Tons	Nominal Output (Btuh)	AFUE	Flue Size (in.)	Ignition Device	Uncrated Dimensions (in.) H x W x D	Shipping Weight (lbs.)	Max Fuse*	Filter Sizes
ADD1B060A9H31B	3	48,000	80.0	4	Silicon Nitride	40 x 17½ x 28	129	15	(2) 14 x 20
ADD1B080A9H31B	3	64,000	80.0	4	Silicon Nitride	40 x 17½ x 28	146	15	(2) 14 x 20
ADD1C100A9H51B	5	81,000	80.0	4	Silicon Nitride	40 x 21 x 28	167	20	(2) 16 x 20
ADD1D120A9H51B	5	96,000	80.0	4	Silicon Nitride	40 x 24½ x 28	189	20	(2) 16 x 20

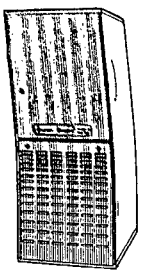
Freedom 80 – Single Stage



Freedom 80

Table FUR-14-C — Upflow/Horizontal Left or Right Induced Draft Gas Furnace (115/1/60)

Unit Model No.	Airflow In Tons	Nominal Output (Btuh)	AFUE	Flue Size (in.)	Ignition Device	Uncrated Dimensions (in.) H x W x D	Shipping Weight (lbs.)	Max Fuse*	Filter** Sizes
AUD1A040A9241A	2	32,000	80.0	4	Silicon Nitride	40 x 14½ x 28	119	15	17 x 25 x 1
AUD1A040A9301A	2½	32,000	80.0	4	Silicon Nitride	40 x 14½ x 28	122	15	17 x 25 x 1
AUD1A060A9241A	2	47,000	80.0	4	Silicon Nitride	40 x 14½ x 28	124	15	17 x 25 x 1
AUD1A060A9361A	3	47,000	80.0	4	Silicon Nitride	40 x 14½ x 28	127	15	17 x 25 x 1
AUD1B060A9361A	3	47,000	80.0	4	Silicon Nitride	40 x 17½ x 28	132	15	17 x 25 x 1
AUD1B080A9241A	2	64,000	80.0	4	Silicon Nitride	40 x 17½ x 28	139	15	17 x 25 x 1
AUD1B080A9361A	3	63,000	80.0	4	Silicon Nitride	40 x 17½ x 28	142	15	17 x 25 x 1
AUD1B080A9481A	4	64,000	80.0	4	Silicon Nitride	40 x 17½ x 28	142	15	17 x 25 x 1
AUD1C080A9601A	5	64,000	80.0	4	Silicon Nitride	40 x 21 x 28	154	20	20 x 25 x 1
AUD1B100A9361A	3	79,000	80.0	4	Silicon Nitride	40 x 17½ x 28	151	15	17 x 25 x 1
AUD1B100A9451A	4	80,000	80.0	4	Silicon Nitride	40 x 17½ x 28	153	15	17 x 25 x 1
AUD1C100A9481A	4	79,000	80.0	4	Silicon Nitride	40 x 21 x 28	162	15	20 x 25 x 1
AUD1C100A9601A	5	79,000	80.0	4	Silicon Nitride	40 x 21 x 28	162	20	20 x 25 x 1
AUD1D100A9721A	6	80,000	80.0	4	Silicon Nitride	40 x 24½ x 28	175	20	24 x 25 x
AUD1C120A9541A	5	96,000	80.0	4	Silicon Nitride	40 x 21 x 28	176	20	20 x 25 x
AUD1D120A9601A	5	96,000	80.0	4	Silicon Nitride	40 x 24½ x 28	186	20	24 x 25 x
AUD1D140A9601A	5	111,000	80.0	4	Silicon Nitride	40 x 24½ x 28	193	20	24 x 25 x



Freedom 80

Table FUR-14-D — Downflow/Horizontal Left or Right Induced Draft Gas Furnace (115/1/60)

Unit Model No.	Airflow In Tons	Nominal Output (Btuh)	AFUE	Flue Size (in.)	Ignition Device	Uncrated Dimensions (in.) H x W x D	Shipping Weight (lbs.)	Max Fuse*	Filter** Sizes
ADD1A040A9241A	2	31,000	78.0	4	Silicon Nitride	40 x 14½ x 28	119	15	(2) 14 x 20
ADD1A060A9241A	2	48,000	80.0	4	Silicon Nitride	40 x 14½ x 28	129	15	(2) 14 x 20
ADD1A060A9361A	3	48,000	80.0	4	Silicon Nitride	40 x 14½ x 28	129	15	(2) 14 x 20
ADD1B060A9361A	3	48,000	80.0	4	Silicon Nitride	40 x 17½ x 28	134	15	(2) 14 x 20
ADD1B080A9361A	3	64,000	80.0	4	Silicon Nitride	40 x 17½ x 28	146	15	(2) 14 x 20
ADD1B080A9451A	4	64,000	80.0	4	Silicon Nitride	40 x 17½ x 28	146	15	(2) 14 x 20
ADD1B100A9451A	4	80,000	80.0	4	Silicon Nitride	40 x 17½ x 28	156	15	(2) 14 x 20
ADD1C100A9481A	4	80,000	80.0	4	Silicon Nitride	40 x 21 x 28	166	15	(2) 16 x 20
ADD1C100A9541A	5	81,000	80.0	4	Silicon Nitride	40 x 21 x 28	167	20	(2) 16 x 20
ADD1C120A9541A	5	96,000	80.0	4	Silicon Nitride	40 x 21 x 28	177	20	(2) 16 x 20
ADD1D120A9601A	5	96,000	80.0	4	Silicon Nitride	40 x 24½ x 28	189	20	(2) 16 x 20
ADD1D140A9601A	5	113,000	80.0	4	Silicon Nitride	40 x 24½ x 28	196	20	(2) 16 x 20

* Information subject to change. Please confirm with current Product Data/Service Facts for current factory production.
** Filters are not shipped with furnace.

For complete equipment / combination selections, installation instructions and warranty information, please refer to Product Data/Ratings and/or Installers

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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Point Bay Fuel Company
Jack Chadwick
71st Irons Street
Toms River NJ 08753

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/23/2009 TO 12/31/2010
VALID

13VH01149900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 45016
Newark NJ 07101

PLEASE DETACH HERE

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
THIS IS TO CERTIFY THAT THE Division of Consumer Affairs HAS REGISTERED Point Bay Fuel Company FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor
10/23/2009 TO 12/31/2010 VALID
13VH01149900
SIGNATURE
DIRECTOR