BLOCK 851 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 1740 Forge Pond Road, Brick, NJ PERMIT NO. 08-3569

CONSTRUCTION PERMIT APPLICATION 08-004819

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

I. IDENTIFICATION

1. Proposed Work Site at: 1740 Forge Pond Road, Brick, NJ 08724
2. Name of Owner in Fee: Mark Jay & Marjorie D Rappaport
   Tel. ([redacted]) e-mail [redacted]
   Address 1740 Forge Pond Road, Brick, NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   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: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge ... egun Marjorie D. Rappaport
   Tel. [redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 96 ✓		
2. Electrical	60 ✓		
3. Plumbing	90 ✓		
4. Fire Protection	45 ✓	45 ✓	141 ✓
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 15		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZP Reap	30 ✓		
13. TOTAL	$ 336	- 45 -	141

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	1
2. Height of Structure	18 ft.
3. Area — Largest Floor	1,140 sq. ft.
4. New Building Area	75 (12.5x6) sq. ft.
5. Volume of New Structure	576 (12.5x6x8) cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed	Ø sq. ft.
10. Flood Hazard Zone	X = none
11. Base Flood Elevation	ft.
12. Wetlands yes ____ no X	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	$4,000		10/10/08		11-17-08				
☒ Electrical	$1,625				11/20/08		3/4/09		
☒ Plumbing	2,800				11/30/08		3/4/09		
☒ Fire Protection	incl electric				11-30-08		3/4/09		
☐ Elevator		Env	10/31/08		10/31/08				
TOTAL COST									

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
11. ☐ LPGas Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: Primary Residence R-5
2. Use Group, Proposed: Primary Residence R-5
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

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

C. MIXED USE -List secondary use(s):
D. Construct. Classification: Present
Proposed

U.C.C. F100-1 (rev. 12/07)

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

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. (X) 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 Maggie D'Ruffalo Date 10/4/2008

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.

A.H.B.T. - MANDATORY FEE - RESIDENTIAL

Initial Payment

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ **Zoning Application deemed complete** **Initialed:** _____ **Date:** _____

□ **Zoning Application approved** **Initialed:** _____ **Date:** _____

□ **Zoning permit updates:**

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/25/2010
Control Number C-08-004879
Permit Number 08-3569
Permit Issue Date 11/26/2008
Certificate Number 08-3569

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1740 FORGE POND RD Brick Township, NJ Block: 851 Lot: 10 Qual:

Owner in Fee: RAPPAPORT, MARK & MARJORIE

Owner Address: 1740 FORGE POND ROAD BRICK NJ 08724

Telephone: [redacted]

Contractor RAPPAPORT, MARK & MARJORIE

Address 1740 FORGE POND ROAD BRICK NJ 08724

Telephone: [redacted] 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: ALTERATION - -RESIDENTIAL CONSTRUCT NEW UTILITY ROOM IN EXISTING GARAGE; ADD 3/4 BATH IN EXISTING HOUSE; RELOCATE WALL BETWEEN EXISTING LIVING ROOM & KITCHEN & VAULT CEILING; SEE TECH FOR REMAINING INFO.

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: 01/25/2010 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued 11/26/08
Control # C-08-004879+A
Permit # +A
08 - 3569+A

IDENTIFICATION Block: 851 Lot: 10 Qualifier
Work Site Location: 1740 FORGE POND RD Brick Township, NJ
Owner in Fee RAPPAPORT, MARK & MARJORIE
1740 FORGE POND ROAD BRICK NJ 08724
Telephone: [redacted]

Contractor RAPPAPORT, MARK & MARJORIE
Address 1740 FORGE POND ROAD BRICK NJ 08724
Telephone: [redacted]
Lic. No. or Blars. 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:
FIRE ALTERATIONS

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 $1

Construction Official _____ Date _____

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$45
Check No.	
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

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.

11/26/08 4:02PM 0015581 7755
CHK 001
FIRE $45.00
$45.00

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 12/23/2008
Control # C-08-005732
Permit # 08-3569+B

IDENTIFICATION Block: 851 Lot: 10 Qualifier
Work Site Location: 1740 FORGE POND RD Brick Township, NJ
Owner in Fee RAPPAPORT, MARK & MARJORIE
1740 FORGE POND ROAD BRICK NJ 08724
Telephone: [redacted]

Contractor RAPPAPORT, MARK & MARJORIE
Address 1740 FORGE POND ROAD BRICK NJ 08724
Telephone: [redacted]
Lic. No. or Blars. 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:
HVAC CONSTRUCT NEW UTILITY ROOM IN EXISTING GARAGE; ADD 3/4 BATH IN EXISTING HOUSE; RELOCATE WALL BETWEEN EXISTING LIVING ROOM & KITCHEN & VAULT CEILING; SEE TECH FOR REMAINING INFO.

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 $1,100

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$140
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$181
Check No.	320
Cash	$0
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
Control # C-09-000988
Permit # 08-3569+C

IDENTIFICATION Block: 851 Lot: 10 Qualifier
Work Site Location: 1740 FORGE POND RD Brick Township, NJ
Owner in Fee RAPPAPORT, MARK & MARJORIE
1740 FORGE POND ROAD BRICK NJ 08724
Telephone: [redacted]

Contractor RAPPAPORT, MARK & MARJORIE
Address 1740 FORGE POND ROAD BRICK NJ 08724
Telephon[redacted]
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:

FIRE ALTERATIONS 2 GAS FIRED APPLIANCES MOVED STOVE AND CLOTHES DRYER.

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 $50

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$91
Check No.	
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

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 11/26/08
Control # C-08-004879
Permit # 08-3569

IDENTIFICATION Block: 851 Lot: 10 Qualifier
Work Site Location: 1740 FORGE POND RD Brick Township, NJ
Contractor RAPPAPORT, MARK & MARJORIE
Address 1740 FORGE POND ROAD BRICK NJ 08724

Owner in Fee RAPPAPORT, MARK & MARJORIE
1740 FORGE POND ROAD BRICK NJ 08724
Telephone: [redacted]
Lic. No. or Bl[redacted]
Federal Employee. No.

Telephone: [redacted]

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:
ALTERATION - -RESIDENTIAL CONSTRUCT NEW UTILITY ROOM IN EXISTING GARAGE; ADD 3/4 BATH IN EXISTING HOUSE; RELOCATE WALL BETWEEN EXISTING LIVING ROOM & KITCHEN & VAULT CEILING; SEE TECH FOR REMAINING INFO.

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 $11,626

Construction Official Date

PAYMENTS (Office Use Only)

Building	$96
Electrical	$60
Plumbing	$90
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$15
CO Fee	
Other	$30
Total	$336
Check No.	
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

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.

11/26/08 4:00PM 001558775 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 $96.00
ELECTRIC $60.00
PLUMBING $90.00
FIRE $45.00
DCA $15.00
ZPA $30.00

- [ ] 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:

- [ ] 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: *851.00* LOT: *10*
SITE ADDRESS: *1740 Forge Pond Rd.*
CONTROL #: *08-004879* WORK TYPE: *Garage conv[redacted]*
APPLICANT: *Mark Jay & Marjorie Pappapor* PHONE # [redacted]
APPLICANT ADDRESS: *1740 Forge Pond Rd.* CITY/STATE/ZIP: *Brick, NJ 08724*

MANDATORY DEVELOPER FEES
_X__ Residential is 1% Business Name:
___ Commercial is 2.5%
___ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value: Residential $ *3,600.00*
Commercial

10/21/2008
Date

The final equalized assessed value at the above referenced site is: Residential *$9,000.00*
Commercial

06/18/2009
Date

Prel. Fee (Res)	*$18.00*	Final Fee (Res)	*$72.00*
Prel. Fee (Comm)	*$0.00*	Final Fee (Comm)	$ -
Waiver Fee(Res. Only)			
Check #	*276*	Check #	*430*
Date Paid	*10/28/2008*	Date Paid	*08/10/2009*
Paid by	*H/O*	Paid by	*H/O*

Total Fee Paid (Res) $ *90.00*
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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-3569

Date Issued / Permit # 11/26/08

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

Block 851 Lot 10 Qualification Code

Work Site Location 1740 Forge Pond Road, Brick, NJ 08724

Owner in Fee Mark J + Marjorie D. Rappaport

Tel. [redacted] e-mail [redacted]

Address 1740 Forge Pond Road (street) Brick (municipality) 08724 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Residential R-5 Proposed R-5

[X] Pole/Pad #BT-66758K [ ] Temporary [ ] Other

Building Occupied as SF home Primary residence Utility Co. JCPL

Est. Cost of Elec. Work $ 3,000.00 w/labor $1625 Materials

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: 12408 Approved by: MM

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 3-4-9

Approved by: X-9

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initials
Rough			12208	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final 123008 MM			3-4-9	DD
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. Marjorie D Rappaport

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Use existing 150 AGE min service; Remove old post lamp
Install and/or relocate switches, receptacles and lighting fixtures including Hi Hats, 2 exhaust fan/light combo;
• 5 115V interconnected smoke detectors + 1 smoke/co combo
• 1-30A/220V air conditioner compressor;
• 1 each - 1-20A microwave, laundry, garbage disposal circuit

QTY	SIZE	ITEMS	FEE (Office Use Only)
18		Lighting Fixtures	
17		Receptacles	
12		Switches	
5		Detectors	
0		Light Poles	
0		Motors—Fract. HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		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	
1		KW Dishwasher Existing	
1	3/4	HP Garbage Disposal	
		KW Central A/C Unit	
1		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	

UW access 123008 MM

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-3569+B

Date Issued / Permit # 12/23/08

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

Block 851 Lot 10 Qualification Code _____

Work Site Location 1740 Forge Pond Rd Brick NJ 08724

Owner in Fee: Mark F + Marjorie D Rappaport

Tel. [redacted] e-mail [redacted]

Address 1740 Forge Pond Rd (street) Brick (municipality) NJ 08724 (zip code)

Contractor: Marjorie D Rappaport Tel. ( ) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-23-08

Approved by: MR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 3-4-09

Approved by: A.S

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			1-6-9	DD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-4-09	DD
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.

Marjorie D Rappaport

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	
1	3	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 $ _____

Change of Contractor

UPDATE

08-3569+B

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #.

Date Issued
Permit #

12/23/08

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

Block 851 Lot 10 Qualification Code

Work Site Location 1740 Forge Pond Rd
Brick, NJ 08724

Owner in Fee: Mark J + Marjorie D [redacted]

Tel. ([redacted] e-mail [redacted]

Address 1740 Forge Pond Rd. (street) Brick (municipality) 08724 (zip code)

Contractor: Independence Plumbing + Heating, LLC Tel. (732) 749 3615

Address 1000 Second Ave Wall NJ e-mail gmiles@iphnj.com

Contractor License No. 12404 Exp. Date 6-30-09

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

Federal Emp. ID No. 26-0272286 FAX: (732) 749 3615

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4 Public Sewer Private Septic

Water Service Size 3/4 Public Water Private Well

Est. Cost of Plumbing Work $ $6000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 12/23/08 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: 6-4-09
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			12/23/08	[signature]
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			12/23/08	[signature]
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	03/4/09		060309 PP	

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
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) $
2	Water Closet	
	Urinal/Bidet	
2	Bath Tub	
2	Lavatory	
1	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
1	Water Heater	
X	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 A/C	
	Other	

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

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

03.04.09PM

(1) ANTI-TIP ON STOW OK → 06.03.09AM

(2) W.H. 100 PSI RELIEF OK

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-3569

Date Issued
Permit # 11/26/08

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

Block 851 Lot 10 Qualification Code

Work Site Location 1740 Forge Pond Road, Brick, NJ 08724

Owner in Fee: Mark J. & Marjorie D. Rappaport

Tel. [redacted] e-mail [redacted]

Address 1740 Forge Pond Road (street) Brick (municipality) 08724 (zip code)

Contractor: Homeowner Tel. ( )

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 Residential SF Home R5 Proposed Residential SF Home R-5

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ ~~6,000. Labor $2,000 materials~~ $6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 11/26/08 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	12/22/08			
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	12/22/08			
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.

Maryjane D Rappaport
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

① DESCRIPTION OF WORK
Move existing washer, dryer, hot water heater to new utility room new water + gas piping, flue - hot water heater; new DW + water supply washer; new gas pipe + vent to outside - gas dryer
② Move furnace gas pipe to attic
③ New 3/4 bath - toilet, shower, sink ⑤ Relocate kitchen gasline; dishwasher water line
④ Renovate full bath - relocate tub, sink, toilet ⑥ Hosebibb ⑦ Int. main water shut-off

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
~~2~~ 1	Water Closet 1 new 1 move	
	Urinal/Bidet	
1	Bath Tub new	
~~2~~	~~Lavatory 1 new 1 move error~~	
1	Shower new	
	Floor Drain	
~~3~~ 1	Sink ~~2 new~~ 2 existing	
+	Dishwasher existing - move	
	Drinking Fountain	
+	Washing Machine existing - move	
1	Hose Bibb backyard new	
+	Water Heater existing move	
	Fuel Oil Piping	
x4	Gas Piping 50'	
	LPGas Tank 1 1/4 - 240,000	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

3/4"

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

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

12/22/08

(1) - 1/0 - ROOF + GAS ?

(2) - UPDATE FOR (1) W/C - (2) - MWS (1) - W/MH - (1) - H.W.H.

(3) - NEW GAS RISE DRAWING - 1/4 ON TREE, 1" INSTALLED

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 68-3569
11/26/08

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

Block 851 Lot 10 Qualification Code

Work Site Location 1740 Forge Pond Road
Brick, NJ 08724

Owner in Fee: Mark J. & Marjorie D. Rupaport

Tel. [redacted] e-mail [redacted]

Address 1740 Forge Pond Road (street) Brick (municipality) 08724 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 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.

Signature Mark J. Rupaport

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Construct new utility room in existing garage
Add 3/4 bath in existing house; Add door from LR to new utility room
Renovate/relocate fixtures in existing full bath
Relocate wall between existing utility room and full bath
Remove wall between existing Living Room + Kitchen
Vault ceiling in existing Living Room + Kitchen
Remove existing kitchen cabinets/sink + install new + island
Close in exterior door in kitchen, relocate to new utility room
Add door (interior) from new utility room to existing garage
Enlarge Master Bedroom closet

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11-17-08	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 1/22/10
Approved by: KA

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			12/23/08	
Truss Sys./Bracing				
Barrier-Free				
Insulation			1/7/09	G.P.
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	*3-4-09		1/21/10	
Barrier-Free				

Dates (Month/Day)

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 ~~Residential~~ R-5 Proposed Residential R-5 **Constr. Class** Present Proposed

No. of Stories 1
Height of Structure 18 ft.
Area — Largest Floor 1,140 sq. ft.
New Bldg. Area/All Floors 75 sq. ft.
Volume of New Structure 576 cu. ft.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 8,400 w/labor $4,000 Materials
3. Total (1+ 2) $ ~~8,400 w/labor~~ $4,000 Materials

$ 12,400

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 08-3569+C
Date Issued / Permit # 4/20/09 C09-100988

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

Block 851 Lot 10 Qualification Code

Work Site Location 1740 Forge Pond Rd Brick, NJ 08724

Owner in Fee: Mark J + Mallorie D. Rappaport

Tel. [redacted] e-mail [redacted]

Address 1740 Forge Pond Road (street) Brick, NJ (municipality) 08724 (zip code)

Contractor: Tel. ( )

Address e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

Called 4/14/09

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 50-

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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. Mallorie D Rappaport
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Fire Update 2-gas fired appliances moved stove + clothes dryer

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)		
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		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	2	90-
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
[ ] Partial -Underslab Utilities Approved
Date: 4-20-09 Approved by: [illegible]
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4/30/09
Approved by: KCB

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			4/30/09	KCB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/3/09	KCB
Other				

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 08 – 3569 11/26/08

Date Issued Permit # COF-004879

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

Block 851 Lot 10 Qualification Code

Work Site Location 1740 Forge Pond Road

Owner in Fee Mark J and Marjorie D. Rappaport

Address 1740 Forge Pond Road
Brick NJ 08724

Tel [redacted]

Contractor Homeowner

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 R-5 Proposed R-5

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Existing [ ] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location: Attic

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ ~~See Electric Fire Protection Application~~ 1

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

SEE ADDITIONAL U.C.C. FIRE PROTECTION

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. Mark Rappaport
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New furnace installed in attic – emergency shut-off
Install 110v interconnected fire alarms x5 alarms and 1 combo Smoke/CO detector
1 Exhaust Fan 1 Gas B.P.

Water Supply Source Brick MUA

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[6] 110v Interconnected		
[1] CO Detectors/110v combo smoke		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	
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		
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

[X] Fire Plans Approved

Date: 11/30/08

Approved by: Ken

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 12/4/08

Approved by: Ken

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System			3/4/09	RJD
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	3/4/09		03/05	RJD
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	3/4/09		03/05	RJD
Other				

See Bulb

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 08-3569-HA
11/26/08
COA 004879

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

Block 851 Lot 10 Qualification Code

Work Site Location 1740 Forge Pond Road

Owner in Fee Mark J & Marjorie D Rappaport

Address 1740 Forge Pond Road
[redacted]

Tel ([redacted]

Contractor Hartville Heating & Cooling

Address 294 18th Ave
Bch NJ. 08724

Tel (732) 785-1300 FAX (732) 455-5420

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 R5 Proposed R5

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Existing [X] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location: ATTIC

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ See Electric SubCode #2 Cost

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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 [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HVAC System in ATTIC FU will SAME AS existing System—

Water Supply Source PROVIDE ATTIC ACCESS

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)		
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	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: 11 30 08

Approved by: KW

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 6/4/09

Approved by: KW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	3/4/09		6/3/09	8/20/09
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	8/4/09			
Final			6/3/09	NEW
Other				

See Board

3/4/09

1) Need permit update for kitchen stove + dryer (2)

2) kitchen stove Anti-tilt

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 08-35694 C

Date Issued 4/20/09
Permit # C09-000188

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

Block 851 Lot 10 Qualification Code _____

Work Site Location 1740 Forge Pond Rd Brick, NJ 08724

Owner in Fee: Mark J + Mallorie D. Rappaport

Tel [redacted] e-mail [redacted]

Address 1740 Forge Pond Road (street) Brick, NJ (municipality) 08724 (zip code)

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

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

Called 4/14/09

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other _____

Location: _____

Total Cost of Fire Protection Work $ _____

Fuel Storage Tank:

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

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

50-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] 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
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. Margaret D Rappaport

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Fire Update 2-gas fired appliances moved stove + clothes dryer

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)		
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		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	2	90
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

Change of Contractor

Update

08-3569+B

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/03/08
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: ______

Tel. ( ) ______ e-mail ______

Address ______

Contractor: Independence Plumbing & Heating LLC Tel. (732) 749 3615

Address 1000 Sewall Ave Wall NJ e-mail gmiles@iphnj.com

Contractor License No. 2404 Exp. Date 6-30-09

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

Federal Emp. ID No. 26-0272386 FAX: (732) 749 3615

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______

Building Sewer Size 4 Public Sewer ______ Private Septic ______

Water Service Size 3/4 Public Water ______ Private Well ______

Est. Cost of Plumbing Work $ 1800

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

Dates (Month/Day)

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

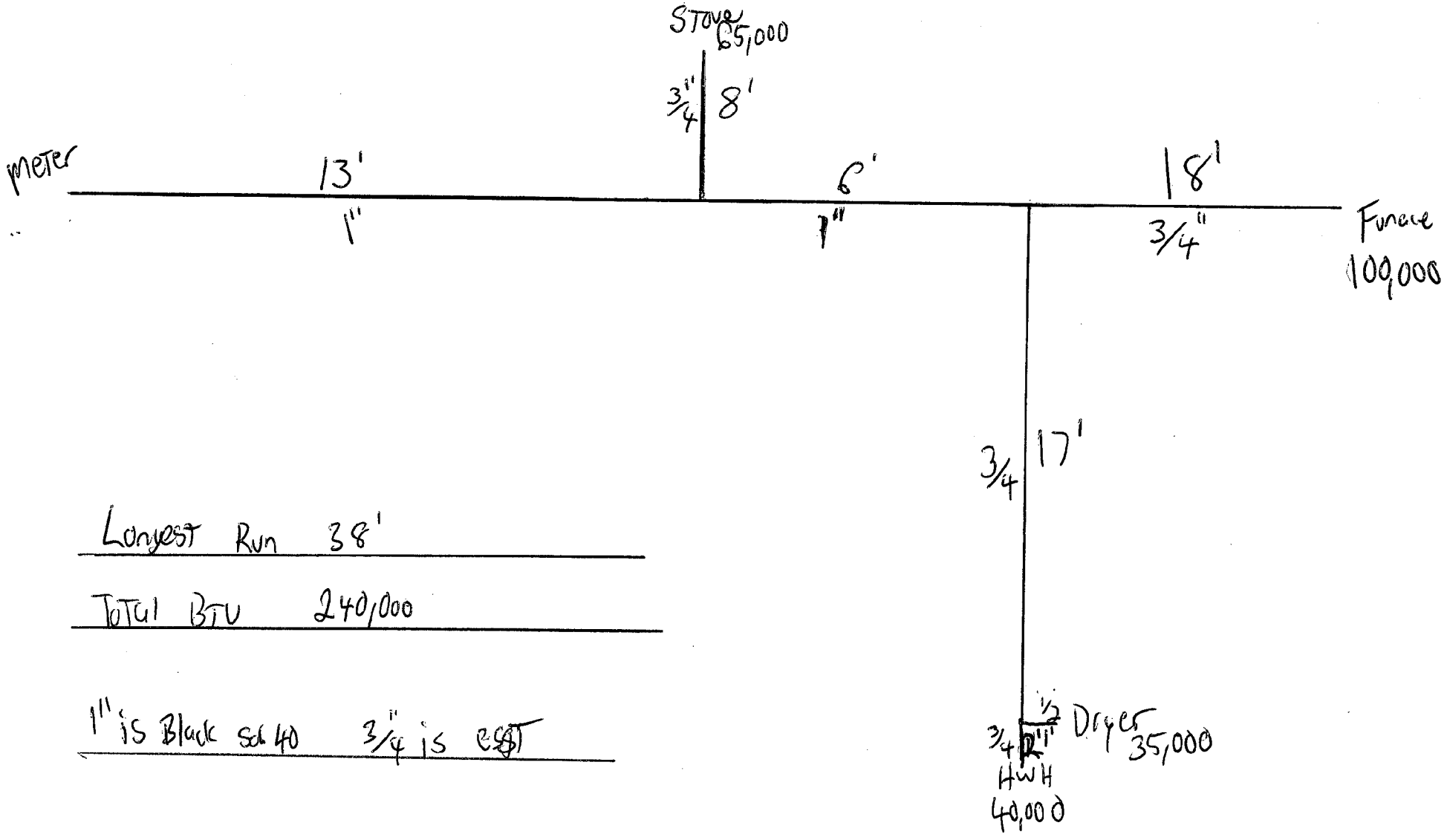
[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

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


STOVE 65,000
3/4"
8'
meter
13'
1"
6'
1"
18'
3/4"
Furnace
100,000
3/4
17'
Longest Run 38'
TOTAL BTU 240,000
1" is Black Sch 40 3/4" is CSST
3/4"
1/2"
Dryer
35,000
HWH
40,000

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-3569+B

Date Issued / Permit # 12/23/08

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

Block 851 Lot 10 Qualification Code _____

Work Site Location 1740 Forge Pond Rd Brick NJ 08724

Owner [redacted] Marjorie Rappaport

Tel [redacted] e-mail [redacted]

Address 1740 Forge Pond Rd (street) Brick (municipality) NJ (zip code) 08724

Contractor: Marjorie Rappaport Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12/23/08

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Dates (Month/Day)

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. Marjorie Rappaport

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	
1	3	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 $ _____

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

08-3569HH
11/26/08
UPC 004/870 HH

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

Block 851 Lot 10 Qualification Code

Work Site Location 1740 Forge Pond Road

Owner in Fee Mark J & Marjorie D Rappaport

Address 1740 Forge Pond Road
Brick, NJ 08724 [redacted]

Tel [redacted]

Contractor Premier Heating & Cooling

Address 294 18th Ave
Brick, NJ. 08724

Tel (732) 785-1300 FAX (732) 458-5420

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 R5 Proposed R5

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Existing [X] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location: ATTIC

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ See Electric Subcode #2 Cost

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

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 [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HVAC System in ATTIC FLU will SAME AS existing System—

Water Supply Source 200 SF ATTIC

Method of Alarm/Suppression System Supervision ACESS

	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)		
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	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: 11 30 08

Approved by: KLR

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				

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-3564

Date Issued / Permit # 11/20/08

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

Block 851 Lot 10 Qualification Code

Work Site Location 1740 Forge Rd 1 Rear Brick, NJ 08724

Owner in Fee William J + Marjorie D Ruppert

[redacted] e-mail [redacted]

Address 1740 Forge Rd (street) Brick (municipality) 08724 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Res. Int. R-5 Proposed R-5

[X] Pole/Pad #6T-6667SK [ ] Temporary [ ] Other

Building Occupied as SFD Utility Co. JCP&L

Est. Cost of Elec. Work $ 3,000.00 Labor $1625 Materials

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: 12/1/08 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Dates (Month/Day)

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. William J Ruppert

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Use existing 150A service, Rear yard: Install and/or relocate switches, receptacles and lighting fixtures, including 4 H.H.'s, 2 exhaust fans, 1 light, 1 bell; 5 smoke detectors, 1 co detector, 1 smoke/co combo; 1-30A/220V circuit for A/C compressor; 1 each - 1-20A circuit for dishwasher, garbage disposal

QTY	SIZE	ITEMS	FEE (Office Use Only)
18		Lighting Fixtures	
17		Receptacles	
12		Switches	
5		Detectors	
X		Light Poles	
X		Motors—Fract. HP	
X		Emergency & Exit Lights	
1		Communications Points	
X		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	
1		KW Dishwasher & disp	
1	3/4	HP Garbage Disposal	
		KW Central A/C Unit	
1		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 $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-3069

Date Issued
Permit # 11/26/08

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

Block 851 Lot 10 Qualification Code

Work Site Location 1740 Forge Pond Road, Brick, NJ 08724

Owner in Fee: Mark J. & Marjorie D. Rappaport

[redacted] e-ma [redacted]

Address 1740 Forge Pond Road (street) Brick (municipality) 08724 (zip code)

Contractor: Homeowner Tel. ( )

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 Residential SF Home R-5 Proposed Residential SF Home R-5

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ ~~6,000.00 Labor 2,000 materials~~ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 11/26/08 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. Marjorie D Rappaport

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Move existing washer, dryer, hot water heater to new utility room
new water & gas piping, flue - hot water heater; new DWV & water supply washer; new gas pipe & vent to outside - gas dryer
2) Move furnace gas pipe to attic (5) Relocate kitchen gas line, dishwasher water line
3) new 3/4 bath - toilet, shower, sink
4) Renovate full bath - relocate tub, sink, toilet & reseed to 1st floor
Water Shut-off

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
~~0~~ 1	Water Closet 1 new 1 move	$
	Urinal/Bidet	
1	Bath Tub new	
~~2~~	Lavatory ~~1 new 1 move~~ error	
1	Shower new	
	Floor Drain	
~~3~~ 1	Sink ~~1 new~~ 2 existing	
+	Dishwasher existing - move	
	Drinking Fountain	
+	Washing Machine existing - move	
1	Hose Bibb back yard new	
+	Water Heater existing move	
	Fuel Oil Piping	
x4	Gas Piping 50'	
	LPGas Tank 1 1/4" - 210,000	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

3/4"

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

FIRE PROTECTION 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 (_____) _____

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: _____

Fuel Storage Tank:

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

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

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	Dates (Month/Day)			
Type:	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. _____

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)		
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		
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 _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

_____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

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
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. $_____
2. Rehabilitation $_____
3. Total (1+ 2) $_____

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

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

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 $ _____

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

PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 851 Lot 10
Work Site Location 1740 Forge Pond Rd

Owner in Fee Mark J + Marjorie D Rappaport
Address 1740 Forge Pond Road Brick, NJ 08724
Tel. [redacted]

Contractor Hamer Heating & Cooling
Address 294 10th Ave Brick NJ. 08724
Tel. (732) 785-1300
Lic. No. or Bldrs. Reg. No. 13VH00783800
Fed. Emp. 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 HVAC

DESCRIPTION OF WORK:

Estimated Cost of Work $ ~~4000.00~~ More Error & 2850.00 Materials

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 851 Lot 10

Work Site Location 1740 Forge Pond Rd

Owner in Fee [illegible]

Address 1740 Forge Pond Road

Tel. [redacted]

Contractor [illegible] HEATING & Cooling

Address [illegible] AVE

[illegible] NJ 08724

Tel. (732) 785-1300

Lic. No. or Bldrs. Reg. No. 13VH00785800

Fed. Emp. 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 HVAC

DESCRIPTION OF WORK:

Estimated Cost of Work $ [illegible] 2850.00 Materials

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 851 Lot 10

Work Site Location 1740 Forge Pond Rd

Owner in Fee Mark J + Mucheria D Rappaport

Address 1740 Forge Pond Road
Brick, N.J 08724

Tel. [redacted]

Contractor HAMER HEATING & Cooling

Address 294 18th AVE
Belmar NJ. 07719

Tel. (732) 785-1300

Lic. No. or Bldrs. Reg. No. 13VH00783800

Fed. Emp. 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 HVAC

DESCRIPTION OF WORK:

Estimated Cost of Work $ ~~4000.00~~ Materials & Labor 2850.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 851 Lot 10

Work Site Location 1240 Forge Pond Rd

Owner in Fee Matt J + Maureen D Rappaport

Address 1240 Forge Pond Road
Brick NJ 08724

Tel. [redacted]

Contractor Turner Heating & Cooling

Address 294 Iowa Ave
Beach NJ. 08774

Tel. (732) 785-1300

Lic. No. or Bldrs. Reg. No. 13VH00785800

Fed. Emp. 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 HVAC

DESCRIPTION OF WORK:

Estimated Cost of Work $ ~~4000.00~~ 2500.00 Materials

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

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

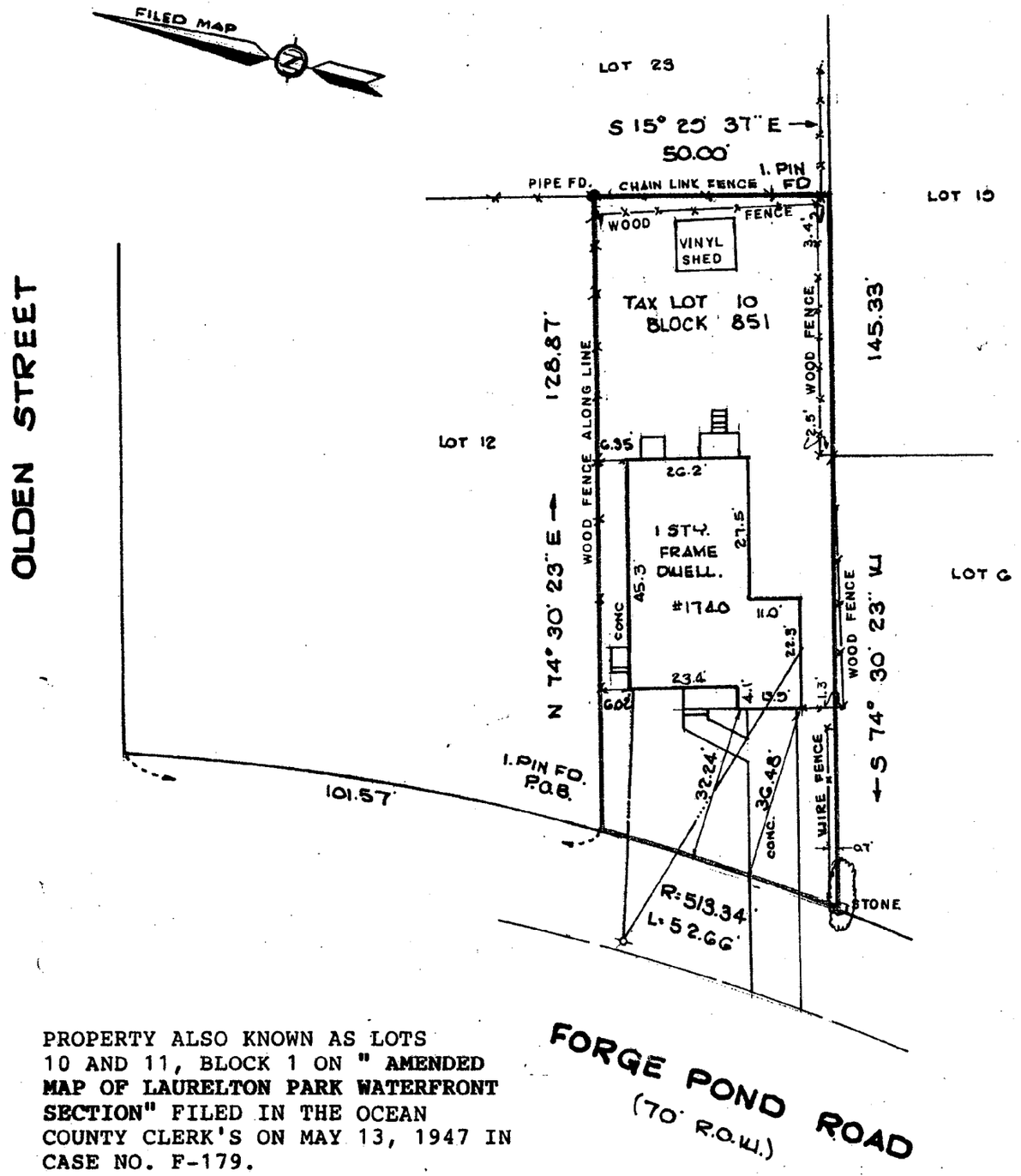
1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

Brick Township NJ - Block 851 Lot 10

Owners: Mark J. & Marjorie D. Rappaport
Telephone: 908-910-9765 (Marjorie)
Street Address: 1740 Forge Pond Road, Brick, NJ 08724

Addition/Alteration Cost Not Including Labor

Building Construction	$4,000
HVAC	2,825
Plumbing – including fixtures	2,800
Electric - including Fire Protection	1,625
Debris Removal	850
	$12,550



PROPERTY ALSO KNOWN AS LOTS 10 AND 11, BLOCK 1 ON " **AMENDED MAP OF LAURELTON PARK WATERFRONT SECTION**" FILED IN THE OCEAN COUNTY CLERK'S ON MAY 13, 1947 IN CASE NO. F-179.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
OCT 14 2008

SURVEY OF PROPERTY FOR MARK & MARJORIE RAPPAPORT

SITUATED IN TOWNSHIP OF BRICK OCEAN COUNTY NEW JERSEY

UPDATED 08-26-04

FILE NO. 2253 **SCALE** 1"=30' **DATE** 8-11-93

CERTIFIED TO:

Mark Rappaport & Marjorie Rappaport, h/w;
Countrywide Home Loans, Inc.,its successors and/or assigns as their interest may appear;
Old Republic National Title Insurance Company;
Clark & DiStefano, P.C.

Thomas H. Stuart Jr.
THOMAS H. STUART JR
PROFESSIONAL LAND SURVEYOR LIC NO. 18593
1223 NARRUMSON ROAD MANASQUAN, N.J.
201-528-6625

130222

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 10/4/2008

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 851 Lot: 10

Property Address: 1740 Forge Pond Road, Brick, NJ 08724

I, Margorie D. Rappaport (name) of 1740 Forge Pond Road, Brick, NJ 08724 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Margorie D Rappaport
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: October 31, 2008 Signed: Edward C Commins

Rejected on: _____ Signed: _____

Comments:

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Bamboo DATE 11/21/08

PROPERTY ADDRESS 1740 Forge Pond RD. BLOCK 851 LOT 10

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

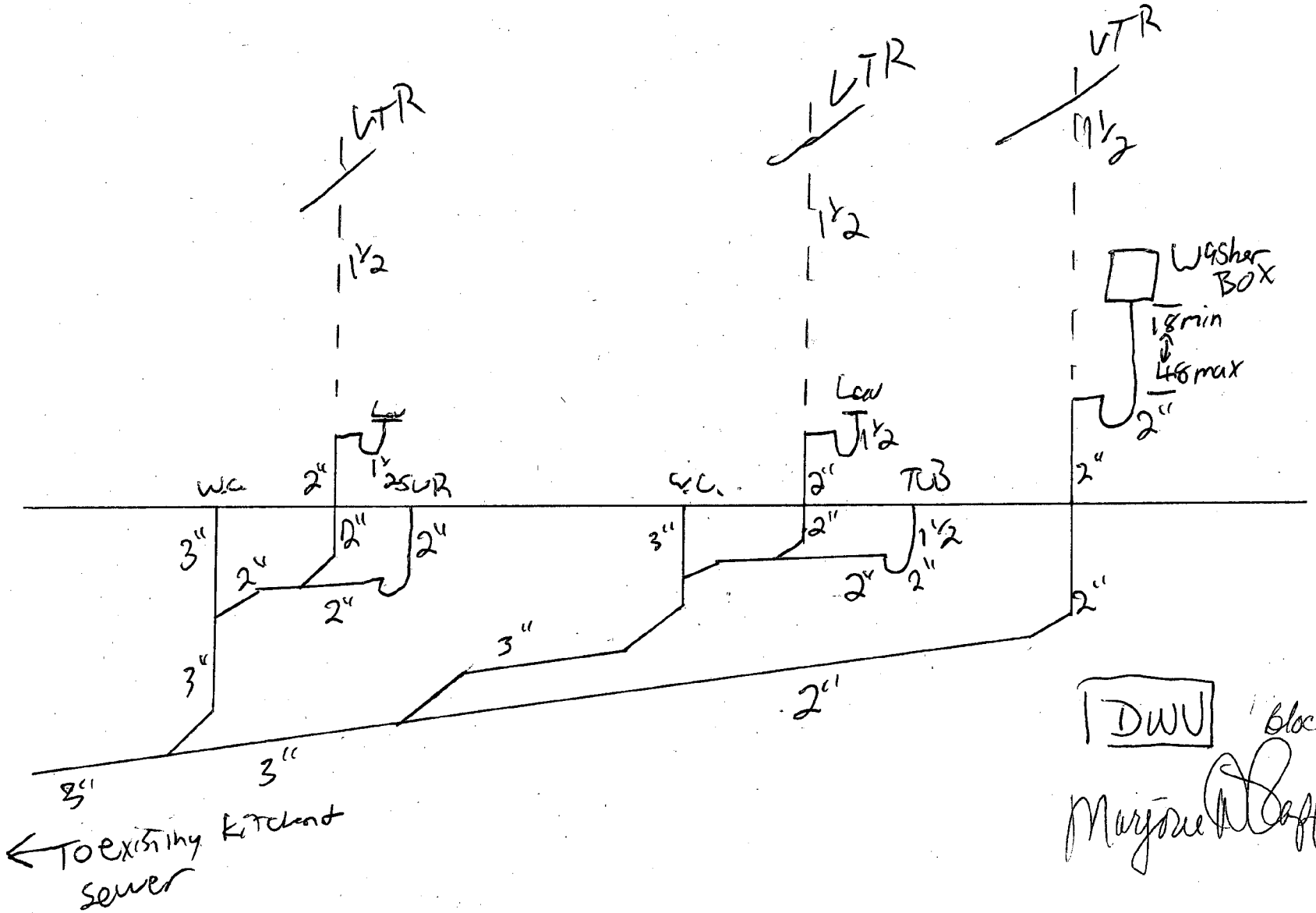
WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS		(dfu) DRAINAGE
1:BATHROOM GROUP	2	( ) 7.0	( )	
2:KITCHEN GROUP	1	( ) 2.0	( )	
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	( ) 4.0	( )	
12:URINAL		( )	( )	
13:FLOOR DRAIN		( )	( )	
14:DRINK FOUNTAIN		( )	( )	
15:AIR COND WATER COOLED		( )	( )	
16:DENTAL UNIT		( )	( )	
17:LAWN SPRINKLE		( )	( )	
18:FIRE SPRINKLE		( )	( )	
19:HOSE BIBS	2	( ) 3.5	( )	
TOTAL		16.5		

GALLONS PER MINUTE _____

SIZE OF SERVICE 3/4"

DATE: _____ APPROVED: _____



11/21/08

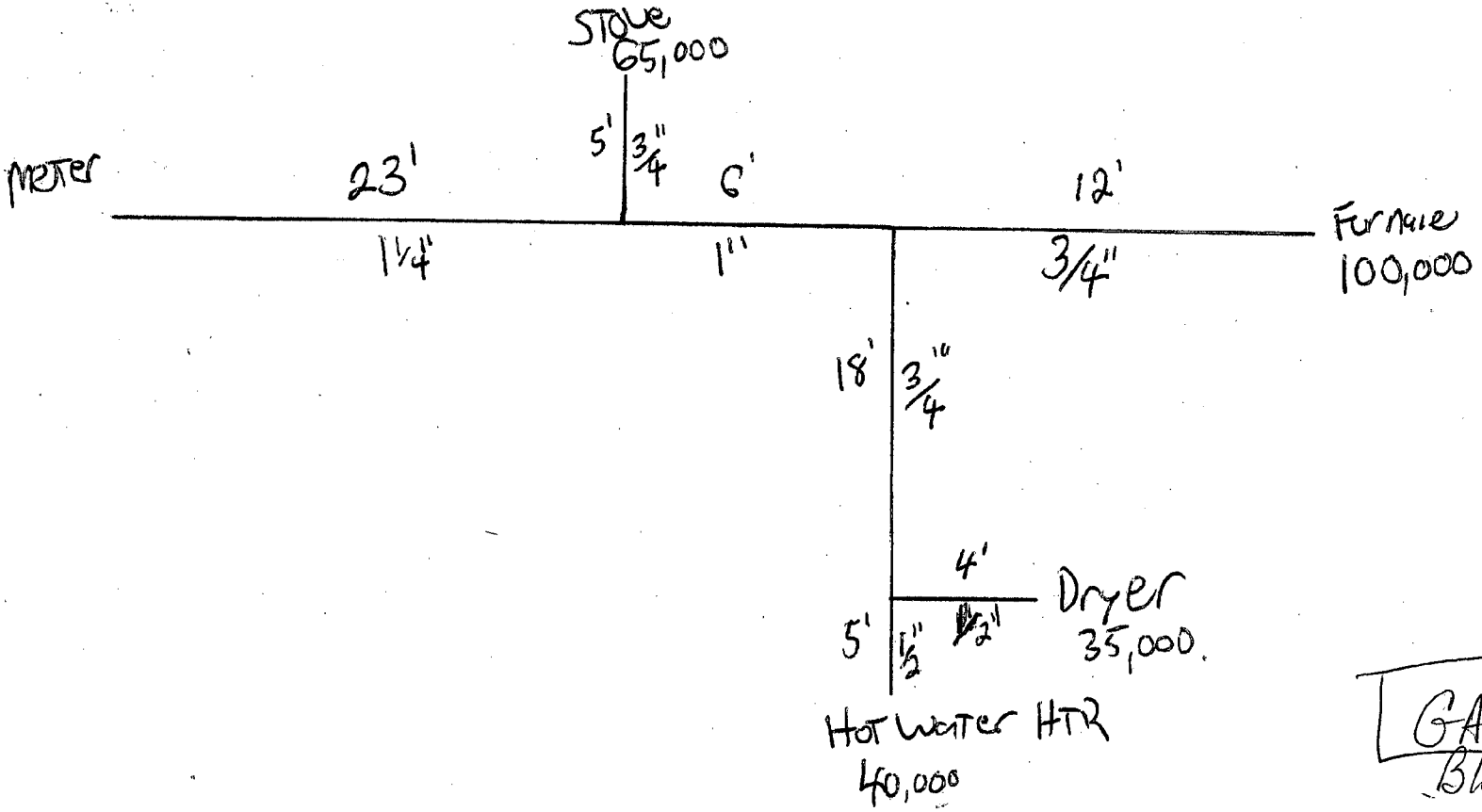
DWU

Block 851 Lot 10

Margaret Laffaf

Total BTU 240,000

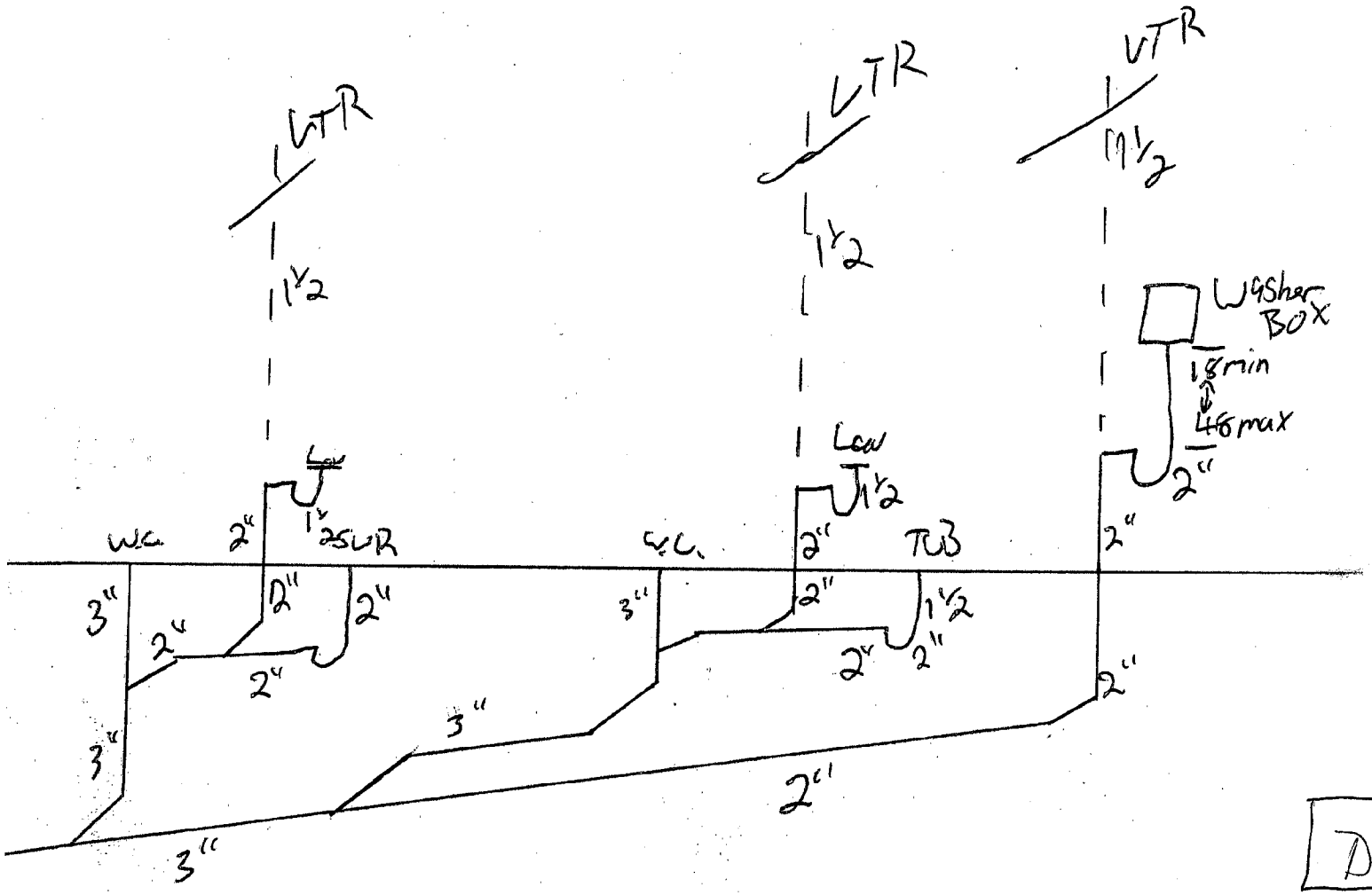
Longest Run 52'



11/21/08

GAS Lines
Block 851 Lot 10

Marjorie Coffgost

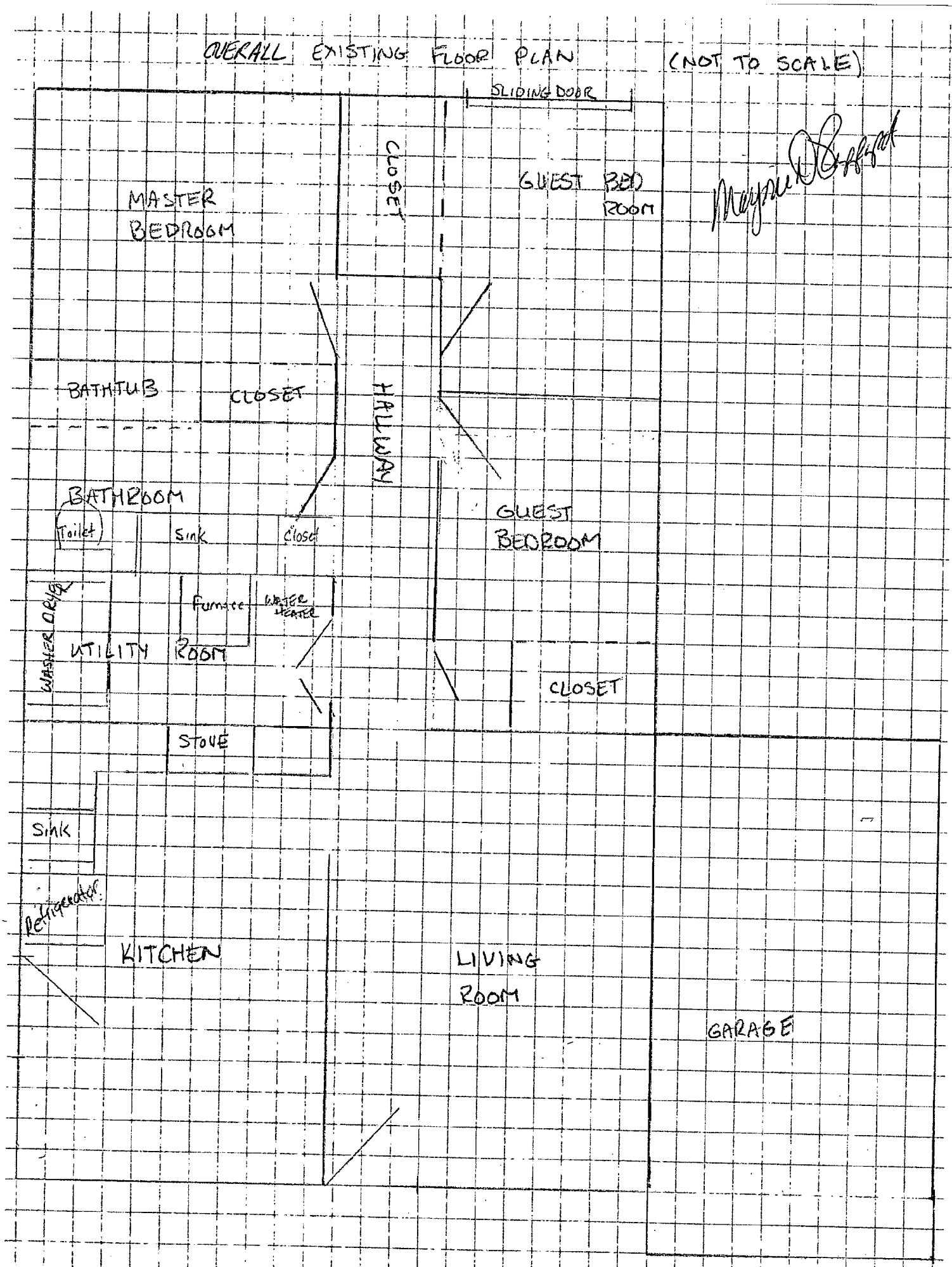


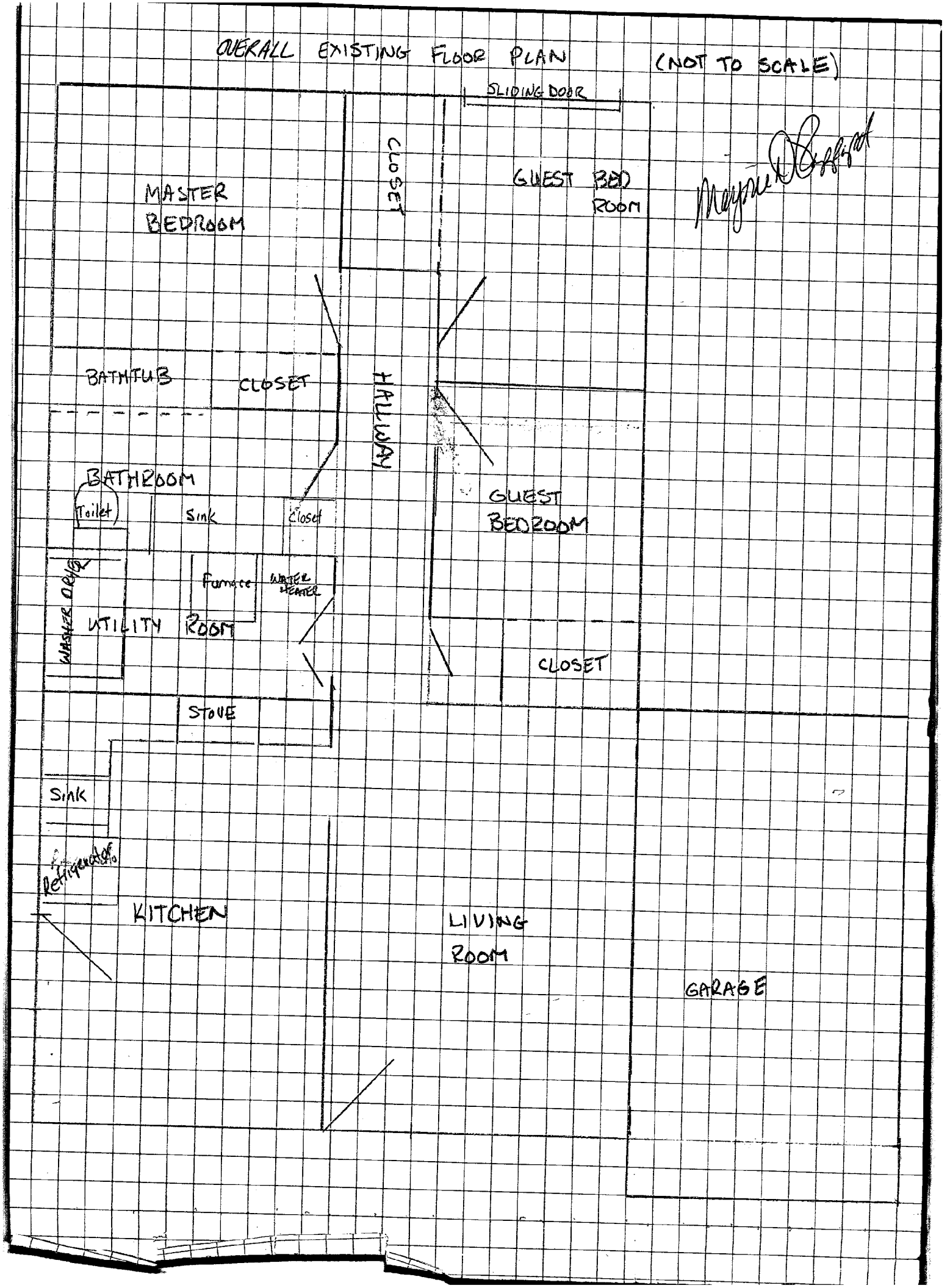
11/21/08

existing kitchen
sewer

DWH Block 851 Lot 10

Marjorie D. Zappasodi


OVERALL EXISTING FLOOR PLAN (NOT TO SCALE)
SLIDING DOOR
CLOSET
GUEST BED ROOM
MASTER BEDROOM
BATHTUB
CLOSET
HALLWAY
BATHROOM
Toilet
Sink
Closet
GUEST BEDROOM
WASHER DRYER
Furnace
WATER HEATER
UTILITY ROOM
CLOSET
STOVE
Sink
Refrigerator
KITCHEN
LIVING ROOM
GARAGE


OVERALL EXISTING FLOOR PLAN
(NOT TO SCALE)
SLIDING DOOR
CLOSET
GUEST BED ROOM
MASTER BEDROOM
BATHTUB
CLOSET
HALLWAY
BATHROOM
Toilet
Sink
Closet
GUEST BEDROOM
WASHER & DRYER
Furnace
WATER HEATER
UTILITY ROOM
CLOSET
STOVE
Sink
Refrigerator
KITCHEN
LIVING ROOM
GARAGE

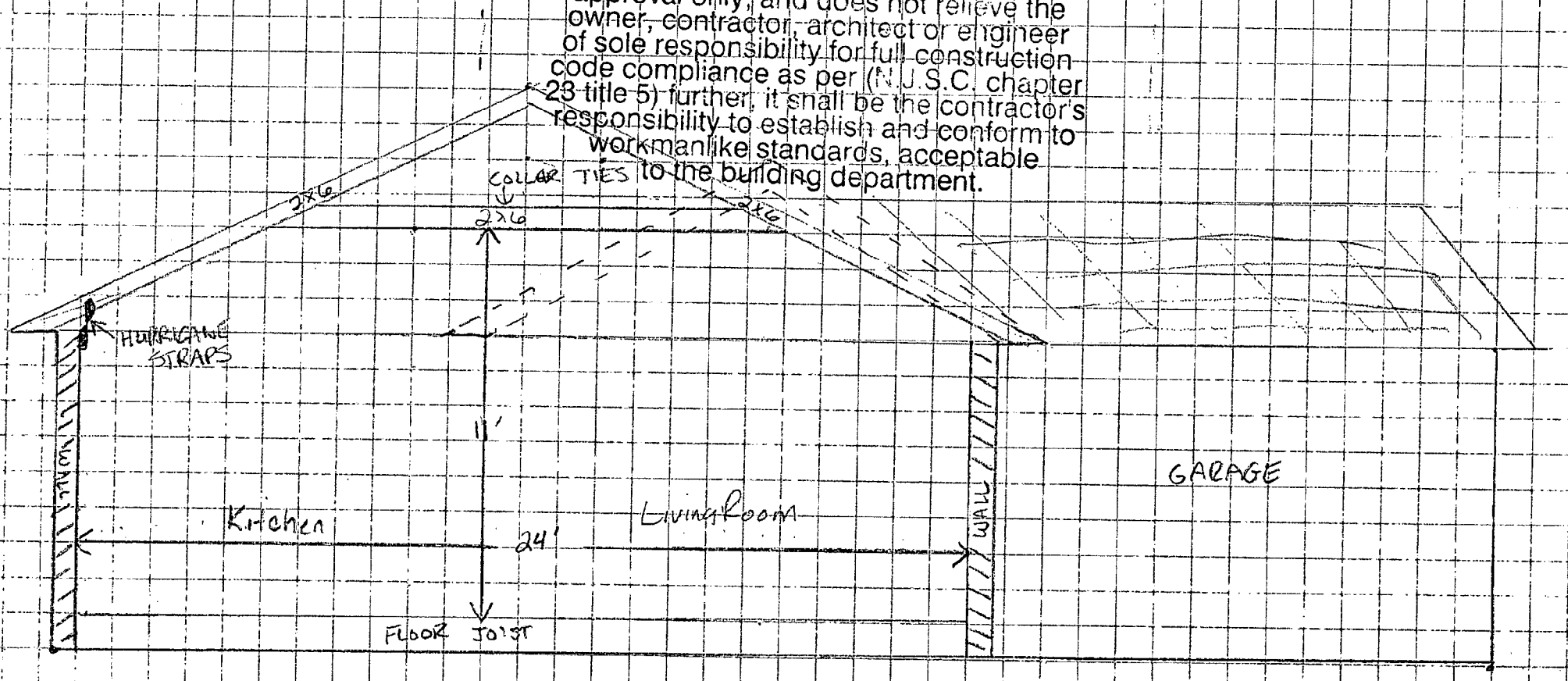
PROPOSED WORK
FRONT OPEN VIEW

Scale 1/4" = 1'

LIVING ROOM / KITCHEN WALL REMOVAL
CONSTRUCTION OF VAULTED CEILING

Release of these prints by the building department constitutes general approval only, and does not relieve the owner, contractor, architect or engineer of sole responsibility for full construction code compliance as per (N.J.S.C. chapter 23 title 5) further, it shall be the contractor's responsibility to establish and conform to workmanlike standards, acceptable to the building department.

Mayor [illegible]

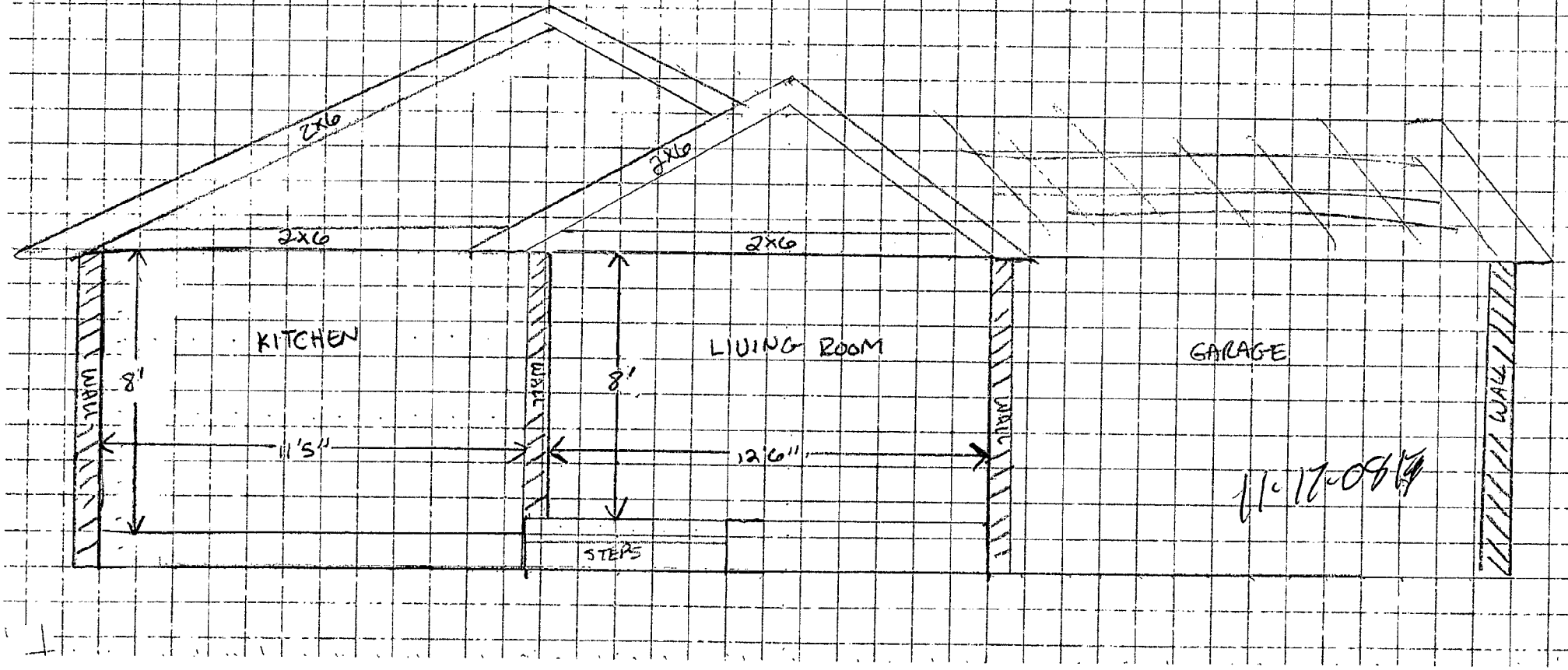


11-17-05

LIVING ROOM/KITCHEN WALL REMOVAL
CONSTRUCTION OF VAULTED CEILING

SCALE 1/4" = 1'

EXISTING LAYOUT
FRONT OPEN VIEW



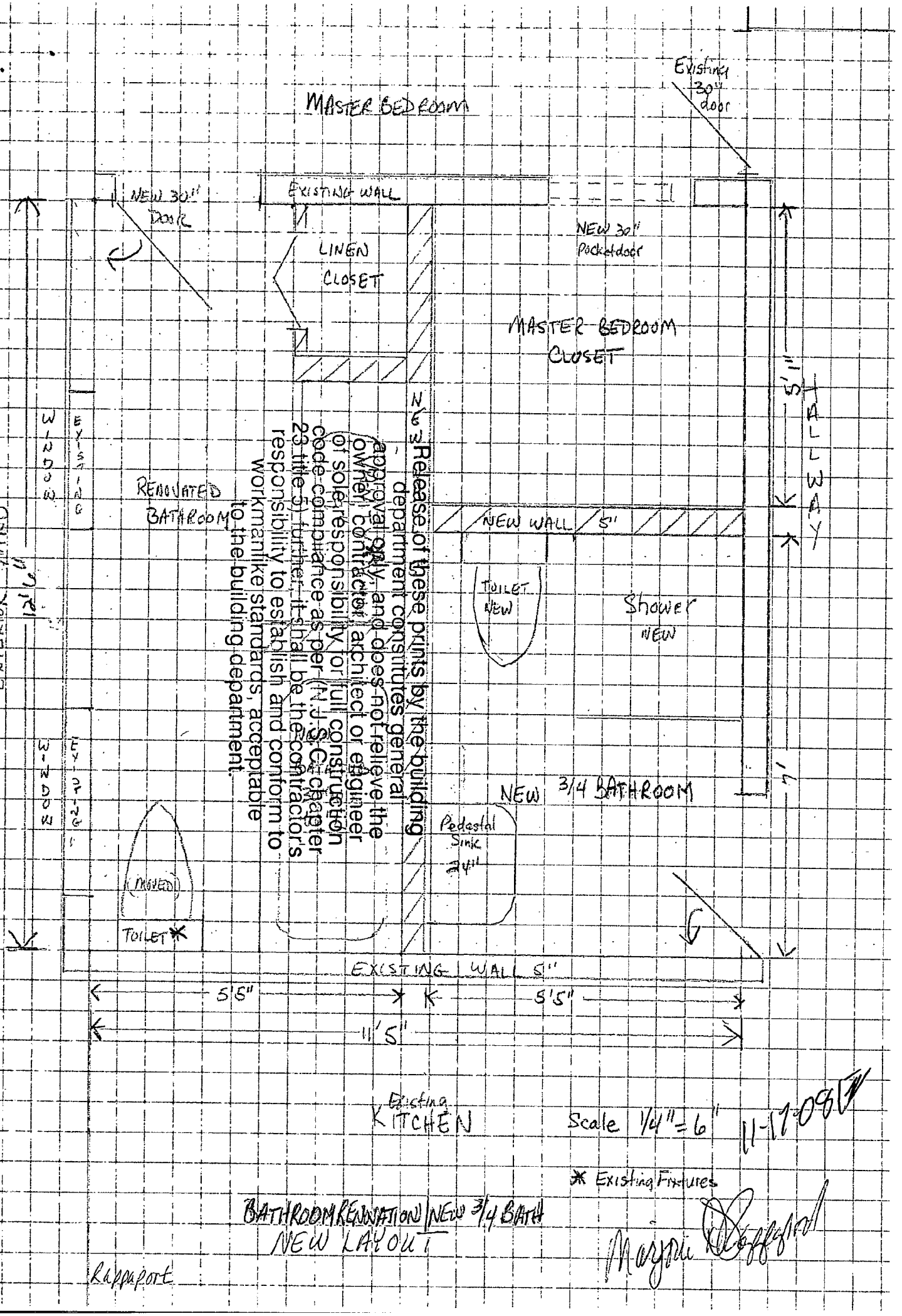
11-17-04

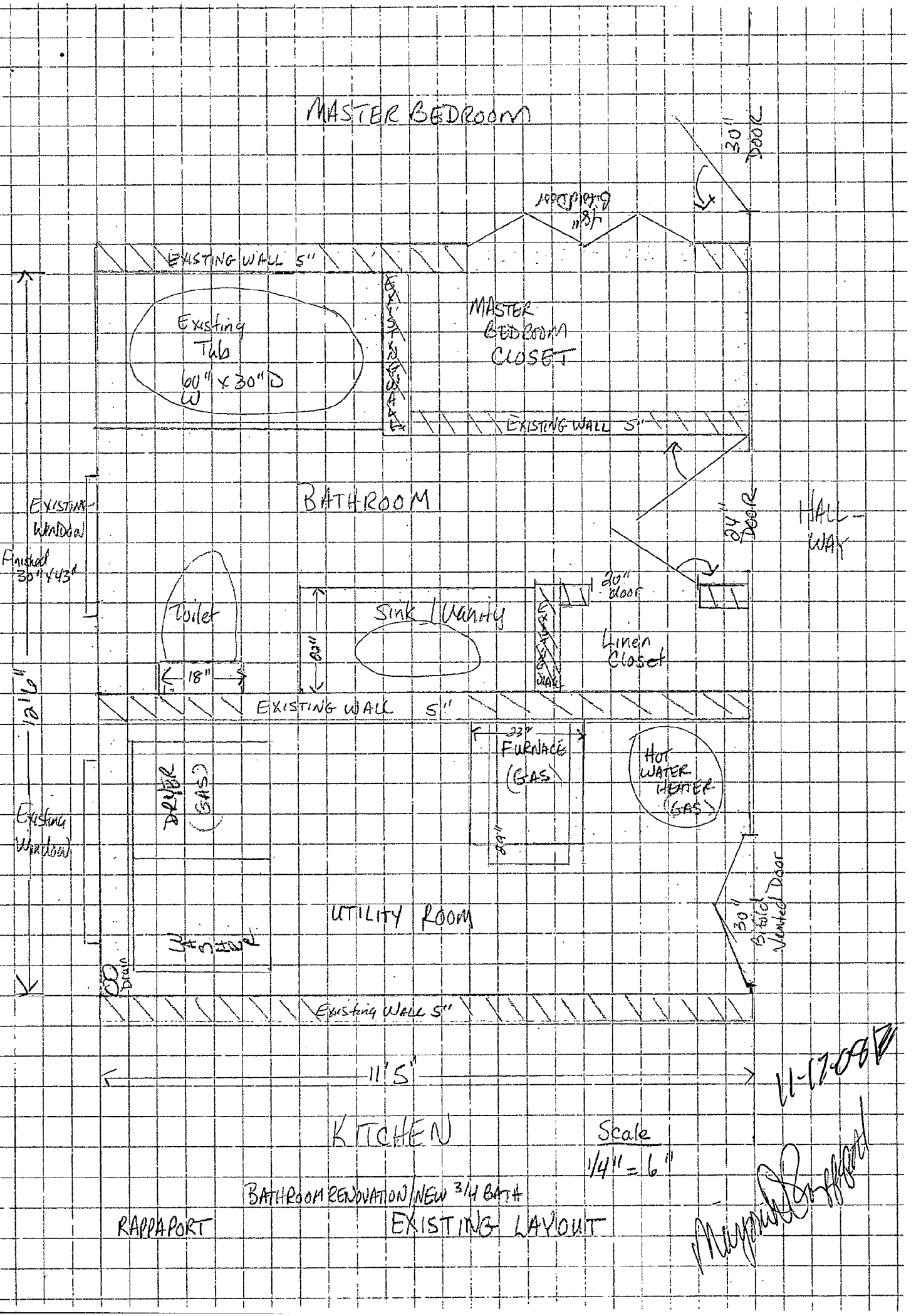
Brick Township NJ - Block 851 Lot 10

Owners: Mark J. & Marjorie D. Rappaport
Telephone: 908-910-9765 (Marjorie)
Street Address: 1740 Forge Pond Road, Brick, NJ 08724

WORK DETAIL FOR LIVING ROOM / KITCHEN WALL REMOVAL AND CONSTRUCTION OF VAULTED CEILING FOR LIVING ROOM /KITCHEN AREA

- Construction of temporary support walls in kitchen and living room
- 8' ceiling rafters to be removed
- Vault living room & kitchen ceiling to a height of 11' using 2'x6' collar ties on all existing rafters 16" on center (o/c)
- Hurricane clips or straps to be installed on all points of rafters and top plate connections
- All fasteners to be 8 and 10 penny common nails


MASTER BEDROOM
Existing 30" door
NEW 30" DOOR
EXISTING WALL
LINEN CLOSET
NEW 30" Pocketdoor
MASTER BEDROOM CLOSET
5'11"
HALLWAY
NEW WALL 5'
RENOVATED BATHROOM
WINDOW
EXISTING
EXTERIOR WALL
12'2"
TOILET NEW
Shower NEW
NEW 3/4 BATHROOM
Pedestal Sink 24"
WINDOW
EXISTING
REMOVED
TOILET *
EXISTING WALL 5"
5'5"
5'5"
11'5"
Existing KITCHEN
Scale 1/4" = 6"
11-17-08
* Existing Fixtures
BATHROOM RENNATION NEW 3/4 BATH
NEW LAYOUT
Rappaport
Release of these prints by the building department constitutes general approval only, and does not relieve the owner, contractor, architect or engineer of sole responsibility for full construction code compliance as per (N.J.S.C. chapter 23 title 5) further, it shall be the contractor's responsibility to establish and conform to workmanlike standards, acceptable to the building department.


MASTER BEDROOM
30" Door
EXISTING WALL 5"
Existing Tub 60" W x 30" D
MASTER BEDROOM CLOSET
EXISTING WALL 5"
BATHROOM
EXISTING Window
Finished 35" x 43"
24" Door
HALL-WAY
20" door
Toilet
18"
Sink / Vanity
Linen Closet
EXISTING WALL 5"
12' 1/2"
Existing Window
Dryer (GAS)
FURNACE (GAS)
HOT WATER HEATER (GAS)
UTILITY ROOM
30" Drain
Up Stairwell
30" Static Vented Door
Existing Wall 5"
11' 5"
KITCHEN
Scale 1/4" = 1'
11-17-08
BATHROOM RENOVATION/NEW 3/4 BATH
RAPPAPORT
EXISTING LAYOUT

Brick Township NJ - Block 851 Lot 10

Owners: Mark J. & Marjorie D. Rappaport
Telephone: 908-910-9765 (Marjorie)
Street Address: 1740 Forge Pond Road, Brick, NJ 08724

WORK DETAIL FOR RENOVATED, RELOCATED BATH, NEW ¾ BATHROOM, MASTER BEDROOM CLOSET EXPANSION

- Walls framed with 16" on center with doug fir
- Top and bottom plate doug Fir
- All fasteners will be 8 and 10 penny common nails

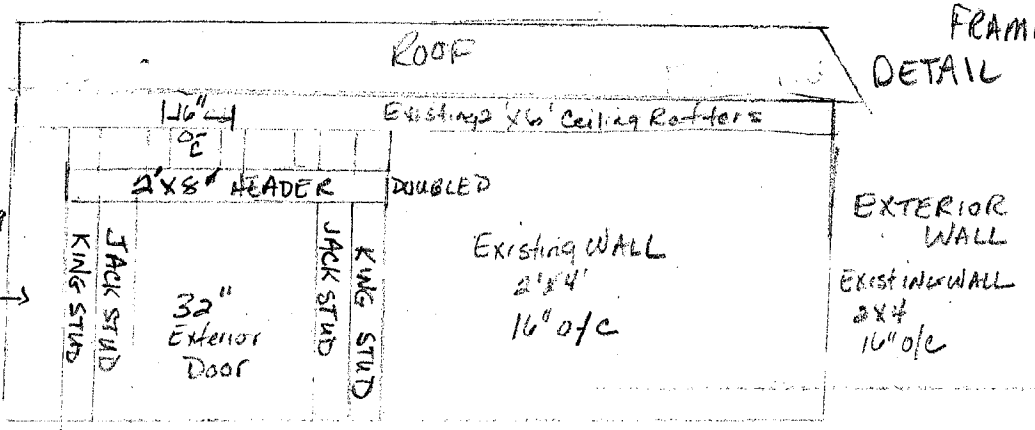
FRAMING

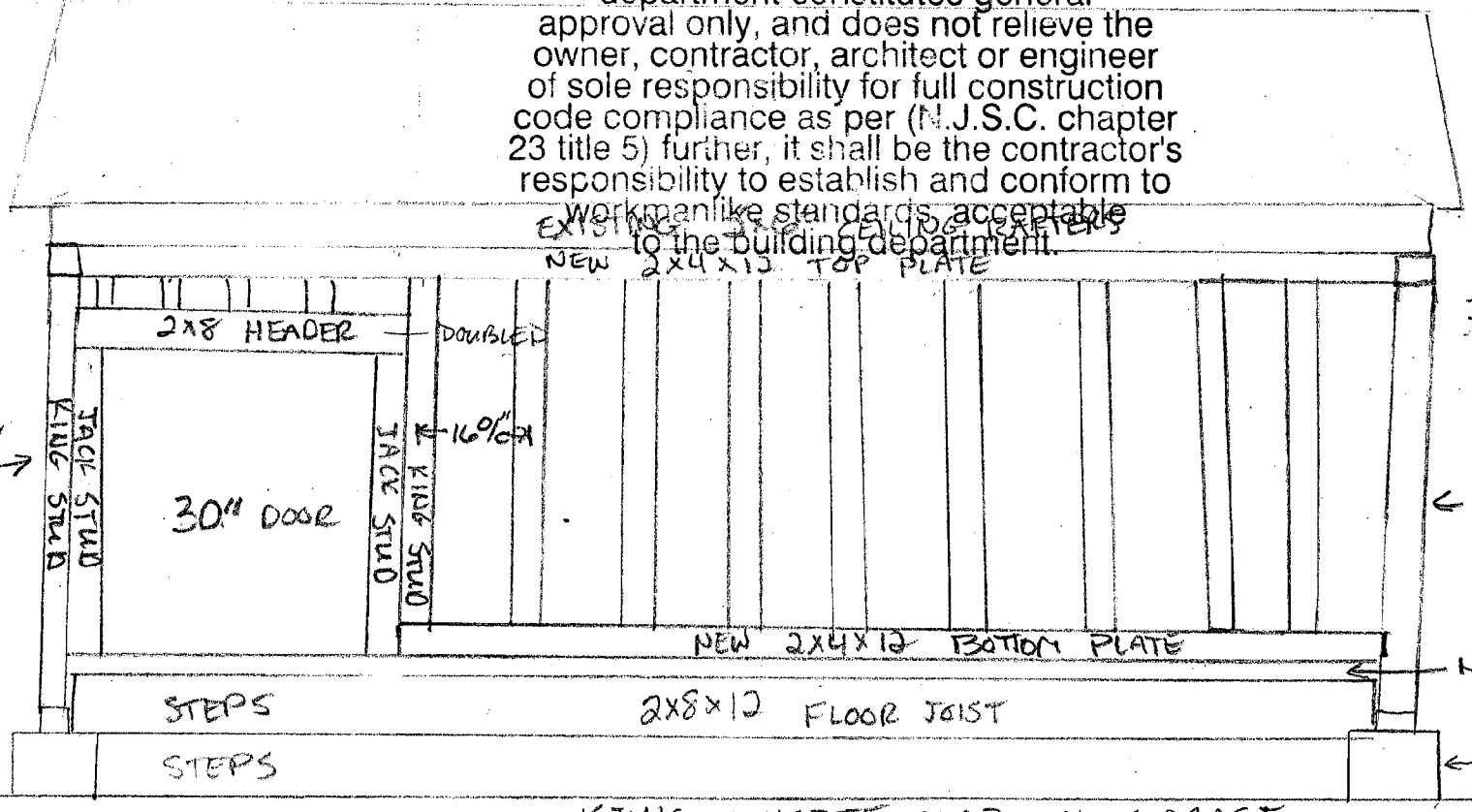
DETAIL FOR UTILITY ROOM (NEW) BLOCK 861 LOT 10

NOT TO SCALE

- 2x8 FLOOR JOISTS 16 o/c
- 2x8 HEADER DOUBLED
- 2x4 DOUG FIR 16 o/c "
- 2x4 TOP & BOTTOM PLATE
- ALL FASTNERS ARE 8D AND 10 D COMMON NAILS + DECK SCREWS

Maryon Coffgrove



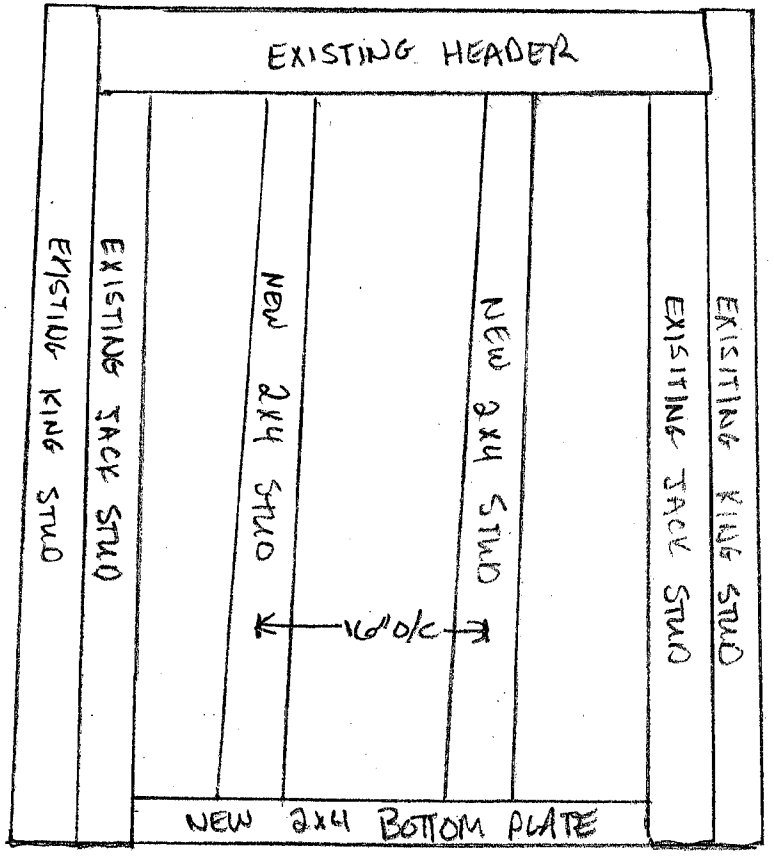


11-17-08

BLOCK 851 LOT 10

DETAIL FOR FRAMING IN EXISTING DOOR IN KITCHEN

NOT TO SCALE



- DOOR TO BE FRAMED IN USING 2x4 DOUG FIR 16" O/C
- NAILS ARE 8D & 10D COMMON NAILS
- ½" SHEATHING TO BE USED ON OUTSIDE.
- NEW SHEATHING COVERED WITH TYVECK HOUSE WRAP OR OTHER COMPARAB MATERIAL
- WALL INSULATED WITH PROPER R VALUE INSULATION

11-17-08

BLOCK 851 LOT 10

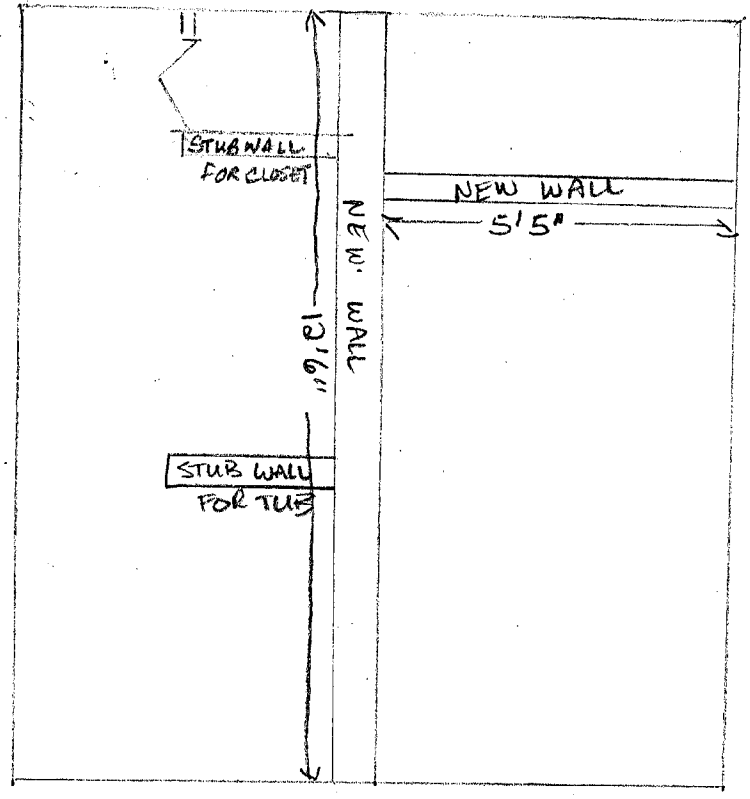
FRAMING DETAIL FOR NEW 3/4 BATHROOMS

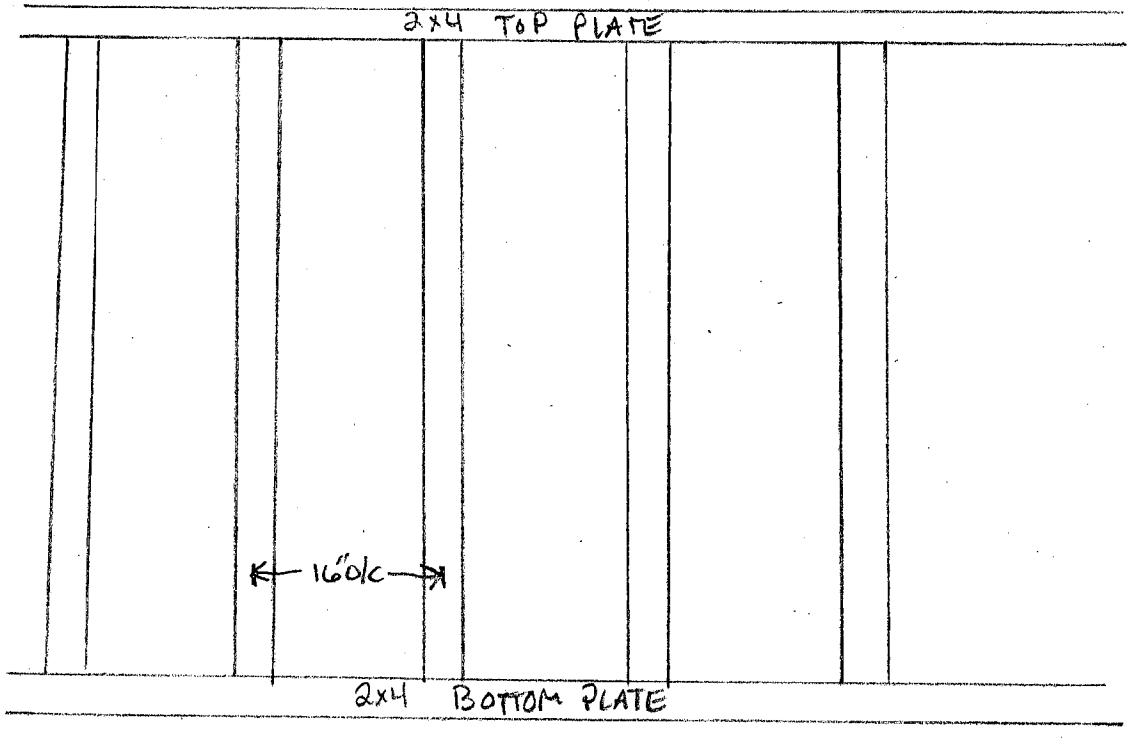
RENOVATED/RELOCATED BATH

Maryon O Rappaport

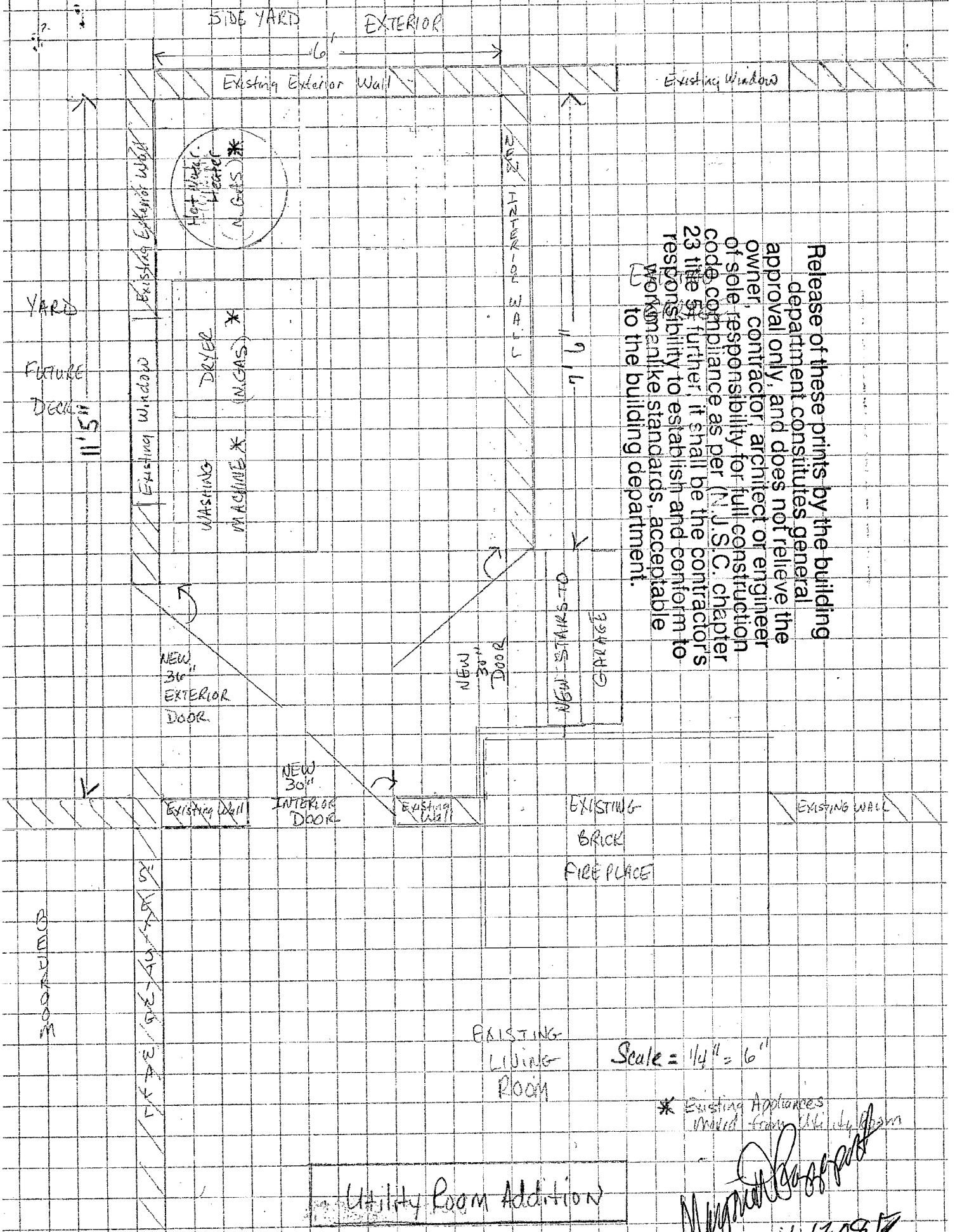
NOT TO SCALE

- WALL TO BE FRAMED 16" O/C 2x4 DOUG FIR
- ALL FASTNERS ARE 8D + 10D COMMON NAILS AND DECK SCREWS





11-17-09



Release of these prints by the building department constitutes general approval only, and does not relieve the owner, contractor, architect or engineer of sole responsibility for full construction code compliance as per (N.J.S.C. chapter 23 title 5) further, it shall be the contractor's responsibility to establish and conform to workmanlike standards, acceptable to the building department.

Scale = 1/4" = 6"

* Existing Appliances moved from Utility Room

Margaret Rossiter

11-12-08

- Brick Township NJ - Block 851 Lot 10

Owners: Mark J. & Marjorie D. Rappaport
Telephone: 908-910-9765 (Marjorie)
Street Address: 1740 Forge Pond Road, Brick, NJ 08724

WORK DETAIL FOR NEW UTILITY ROOM

- Framing room with 2" x 4" Doug Fir
- 16" o/c top and bottom plate Doug Fir
- Floor will be 2" X 8" joist with galvanized hangers (TICO'S) 16" on center
- ¾" flooring over joist
- All fasteners will be 8 and 10 penny common nails

11/06/2008

To: Sean Kinnevy

From: Frank Mizer

Subject: 1740 forge pond

Zoning permit is for interior renovations in garage, but work in question also notes new configuration of ceiling as well.

OK SK 11/14/8

Township of Brick
Zoning Permit

Approved: Tuesday, October 14, 2008 **Number:** 2008-1082

Block 851 **Lot** 10 **Zone:** R-10

Property Address: 1740 Forge Pond Road

Applicant: Marjorie D. Rappaport

Property Owner: Mark & Marjorie Rappaport

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Interior alterations including creating a utility room in part of the garage area.

Conditions: A minimum of two (2) off-street parking spaces must be maintained.
An additional zoning permit is required for any additional work.

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
Administrative Officer

Sean Kinnevy
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

RECEIVED
OCT 14 2008
ZONING

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

BLOCK 851 LOT 10 QUALIFIER

PROPERTY ADDRESS 1740 Forge Pond Road, Brick, NJ 08724

PERSONAL NAME OF APPLICANT Marjorie D. Rappaport

BUSINESS NAME OF APPLICANT N/A

MAILING ADDRESS OF APPLICANT 1740 Forge Pond Road, Brick, NJ 08724

PROPERTY OWNER'S FULL NAME Mark Jay and Marjorie Dellett Rappaport

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
☒ Alteration
☐ Porch or deck - Height
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) New utility room constructed within walls of existing garage with newdoor to back yard; Relocation of existing bathroom (tub) within All interior work existing home; New 3/4 bath within walls of existing home; Kitchen renovation within walls of existing home

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

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

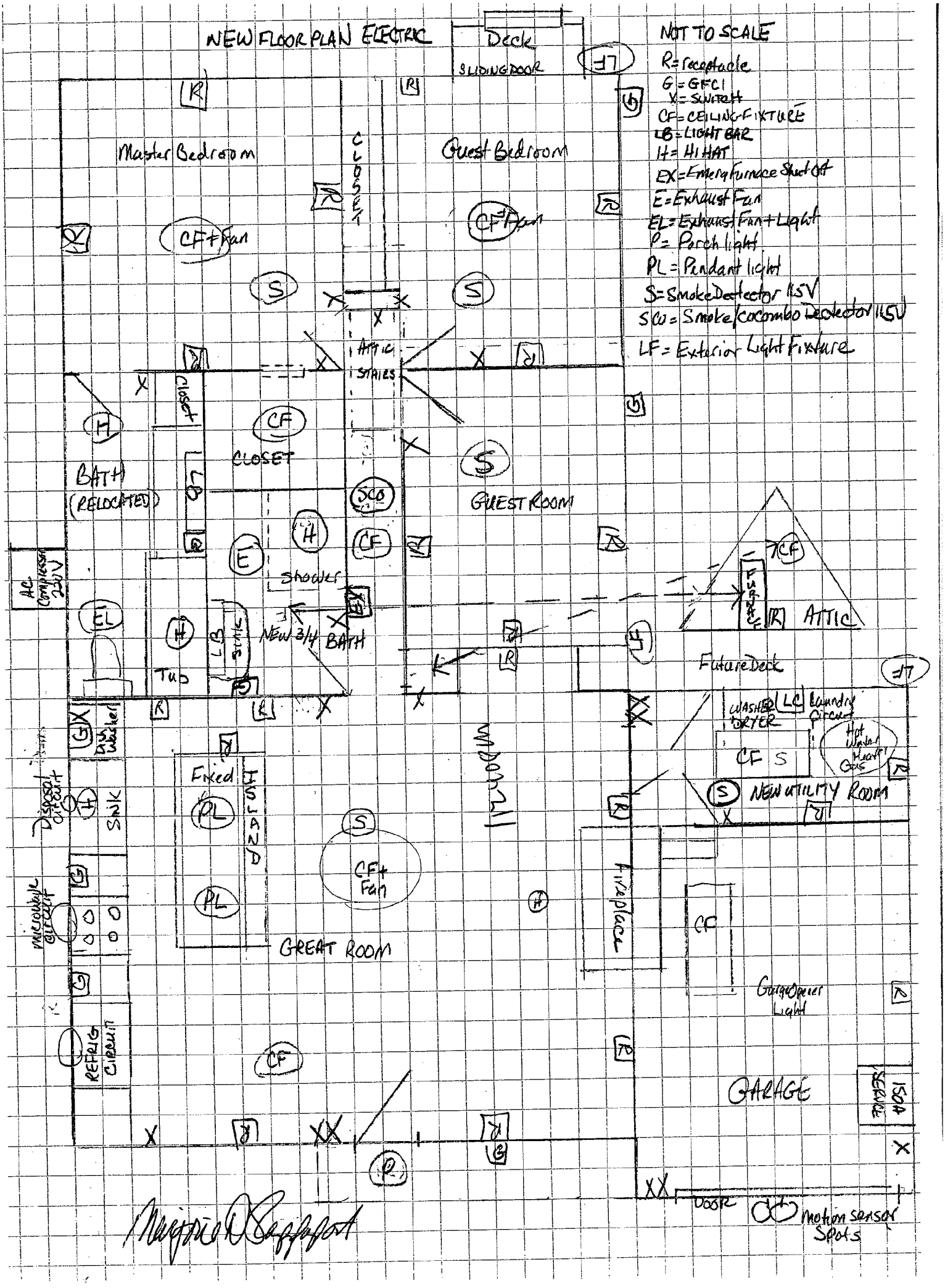
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

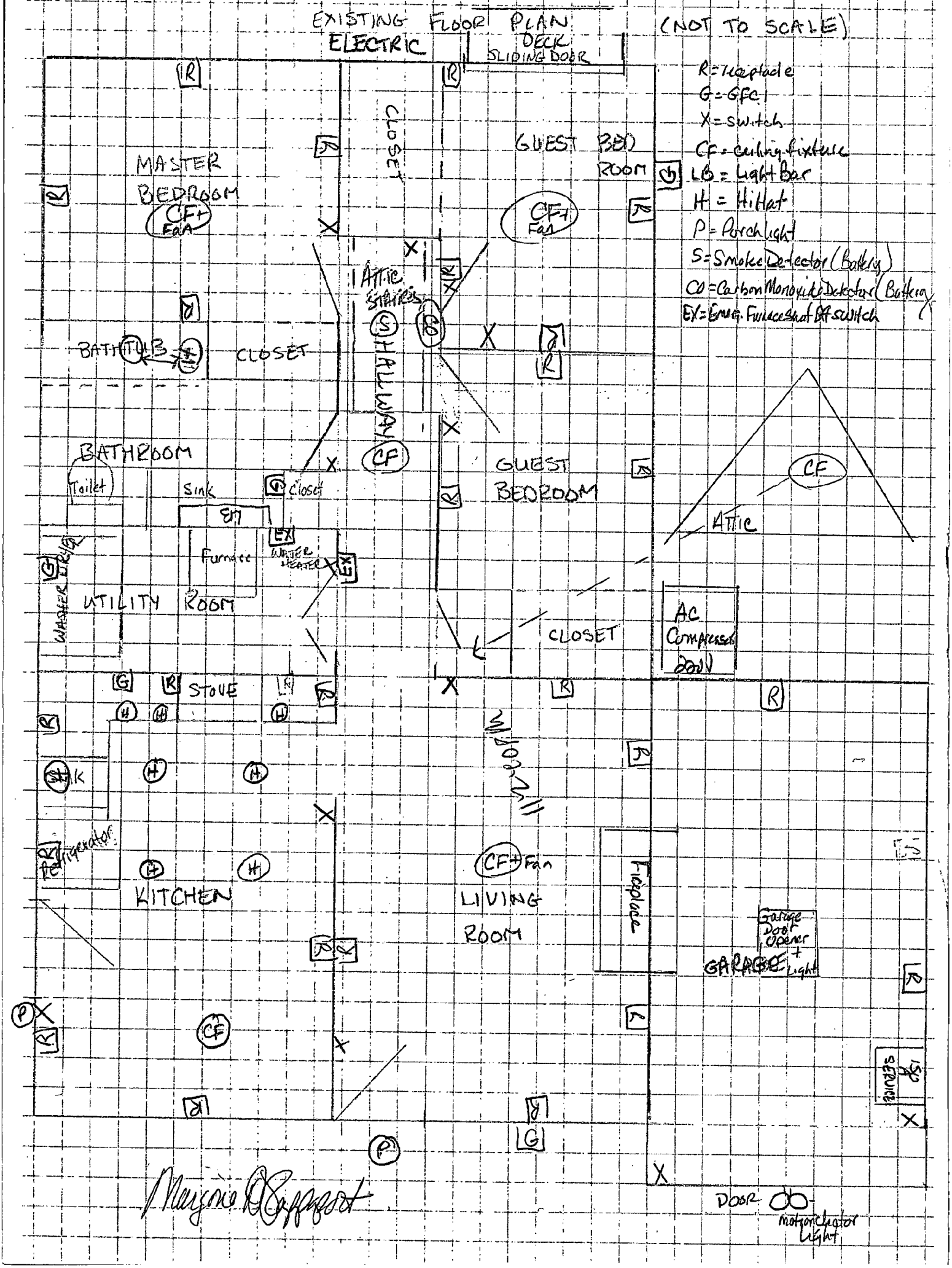
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County,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

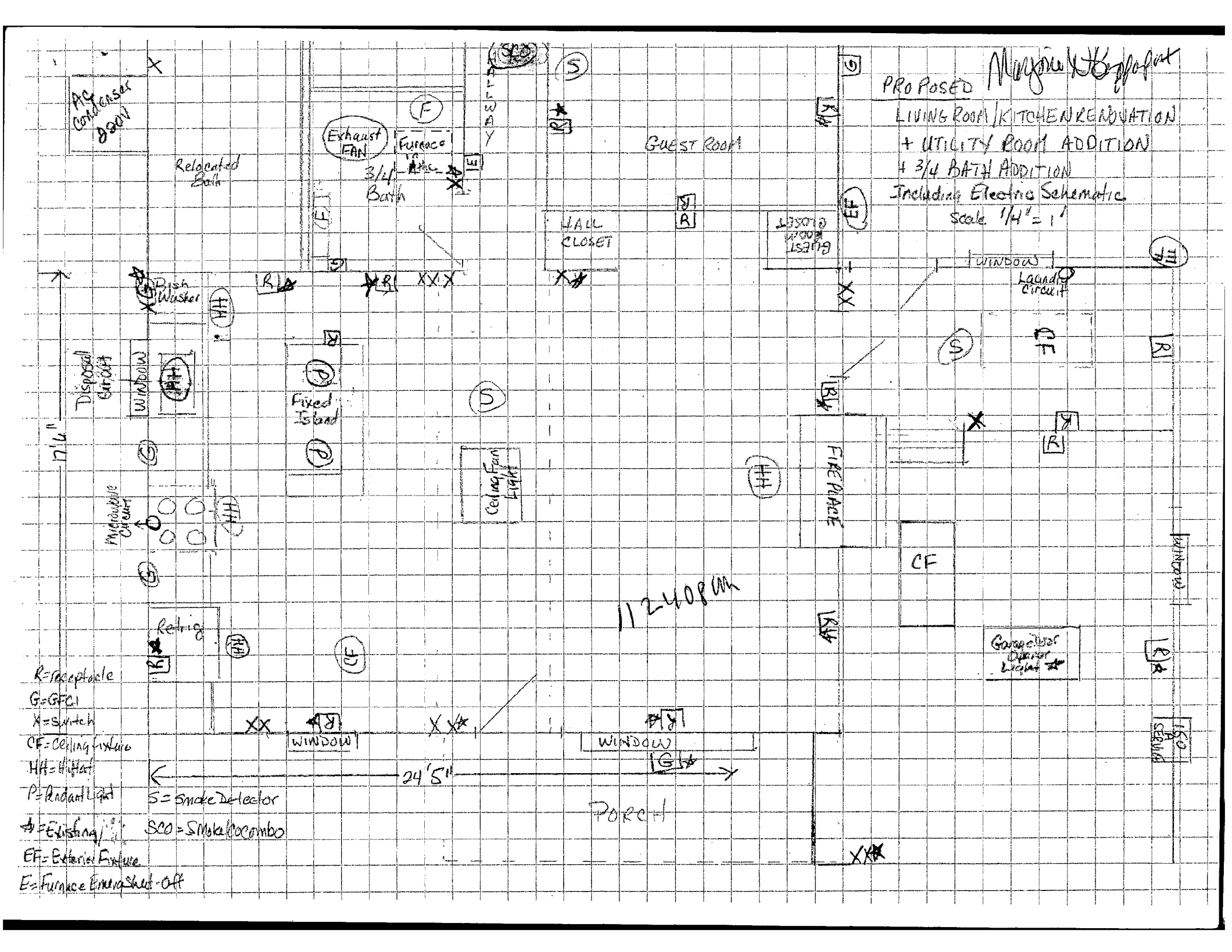
SIGNATURE OF APPLICANT Marjorie D Rappaport Date 10/4/2008

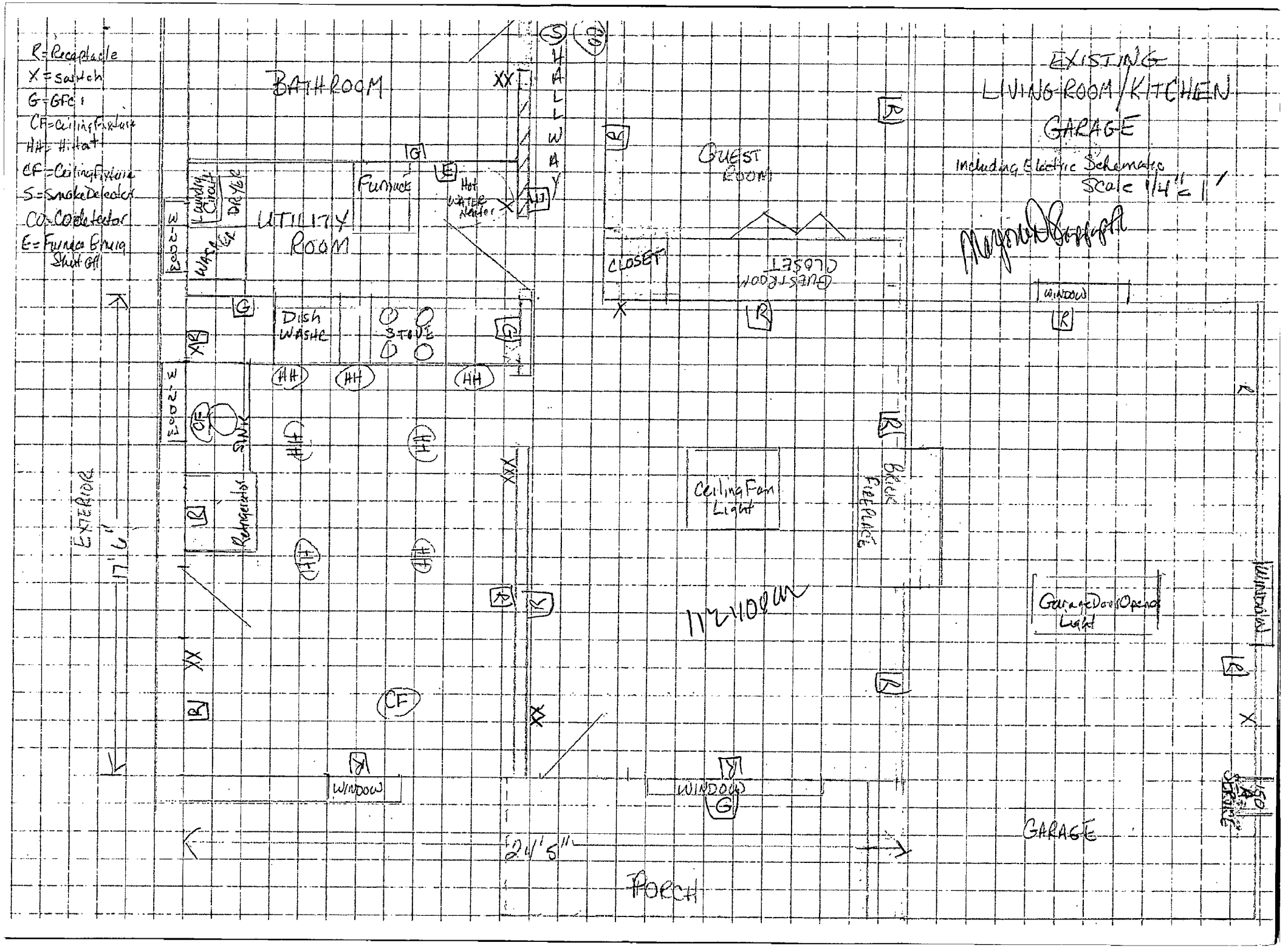
Reviewed by Zoning Office JK Date 10/14/8 (X) Approved ( ) Denied

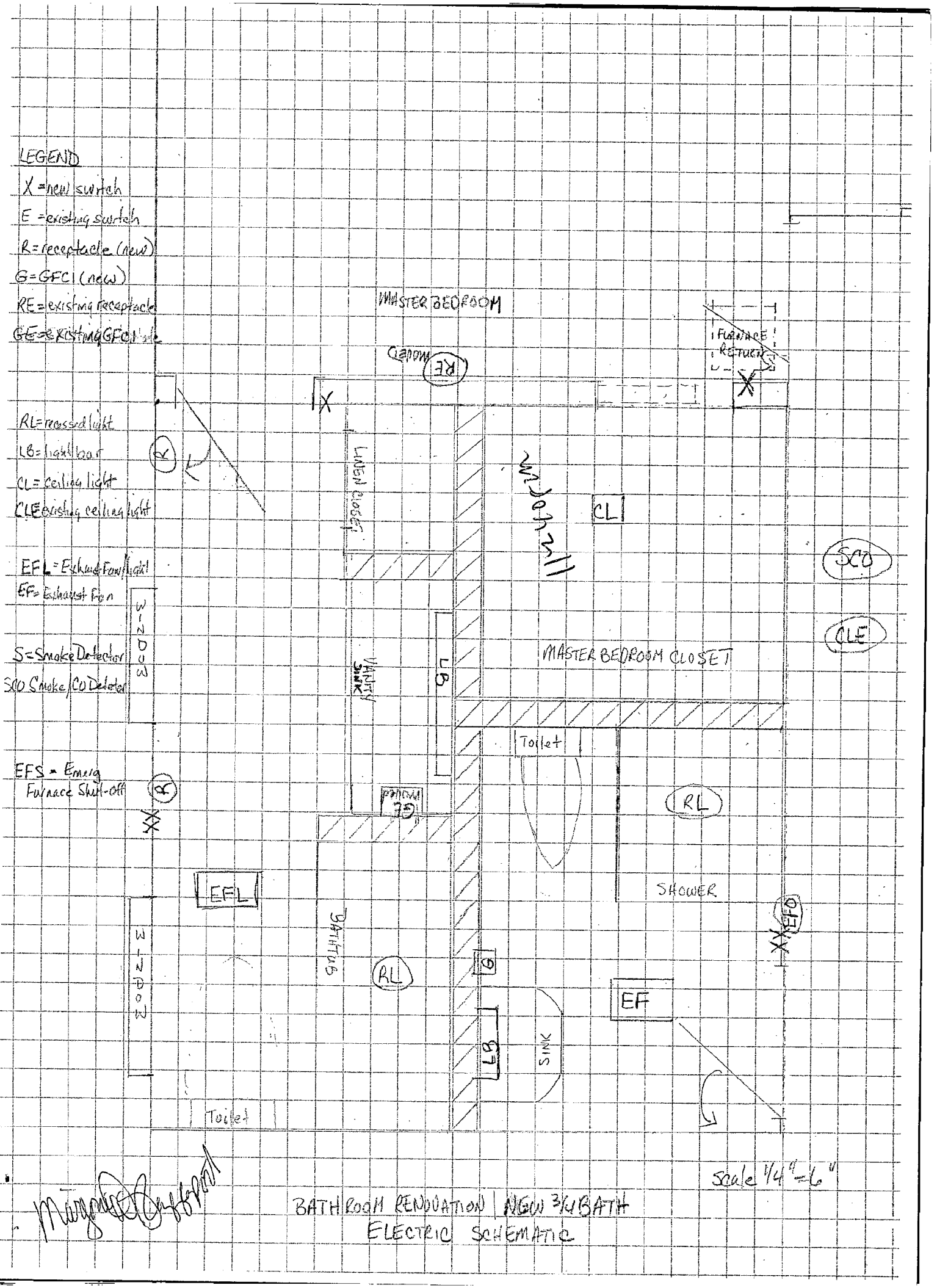
10/10/08

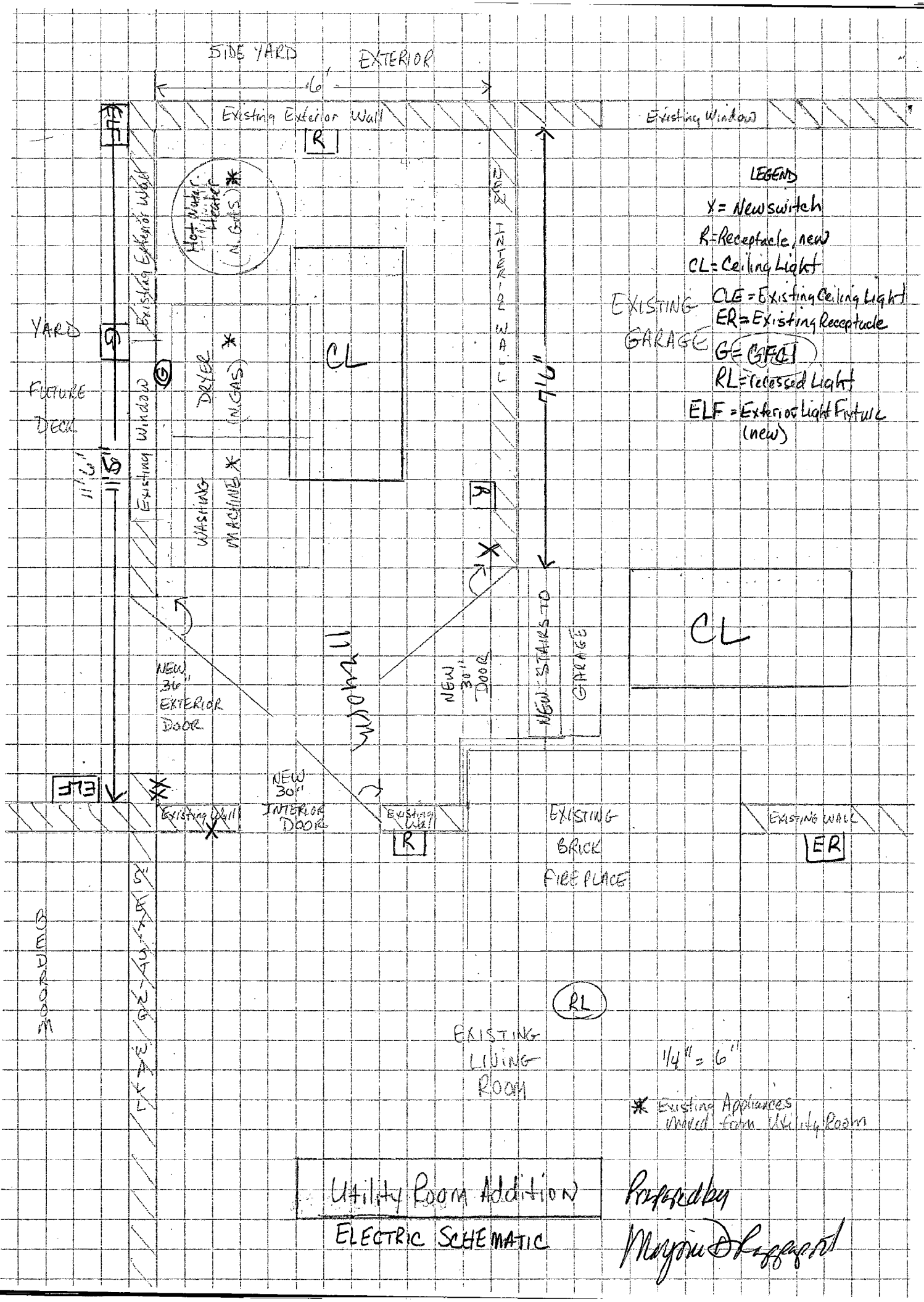

NEW FLOOR PLAN ELECTRIC
Deck
SLIDING DOOR
LF
NOT TO SCALE
R = receptacle
G = GFCI
X = SWITCH
CF = CEILING FIXTURE
LB = LIGHT BAR
H = HI HAT
EX = Emerg Furnace Shut Off
E = Exhaust Fan
EL = Exhaust Fan + Light
P = Porch light
PL = Pendant light
S = Smoke Detector 115V
SCO = Smoke/carcombo Detector 115V
LF = Exterior Light Fixture
Master Bedroom
CLOSET
Guest Bedroom
CF+Fan
CF+Fan
ATTIC STAIRS
Closet
CF
CLOSET
BATH (RELOCATED)
LB
SCO
GUEST ROOM
H
E
CF
SHOWER
AC Compressor 230V
EL
H
Tub
LB
NEW 3/4 BATH
CF
FURNACE
ATTIC
Future Deck
LF
WASHER DRYER
LC Laundry Circuit
Hot Water Heater Gas
CF S
NEW UTILITY ROOM
Dishwasher
Disposal Circuit
H
SINK
Fixed ISLAND
PL
PL
S
CF+Fan
GREAT ROOM
Microwave Circuit
Fireplace
CF
Garage Opener Light
REFRIG CIRCUIT
CF
GARAGE
150A SERVICE
DOOR
motion sensor Spots

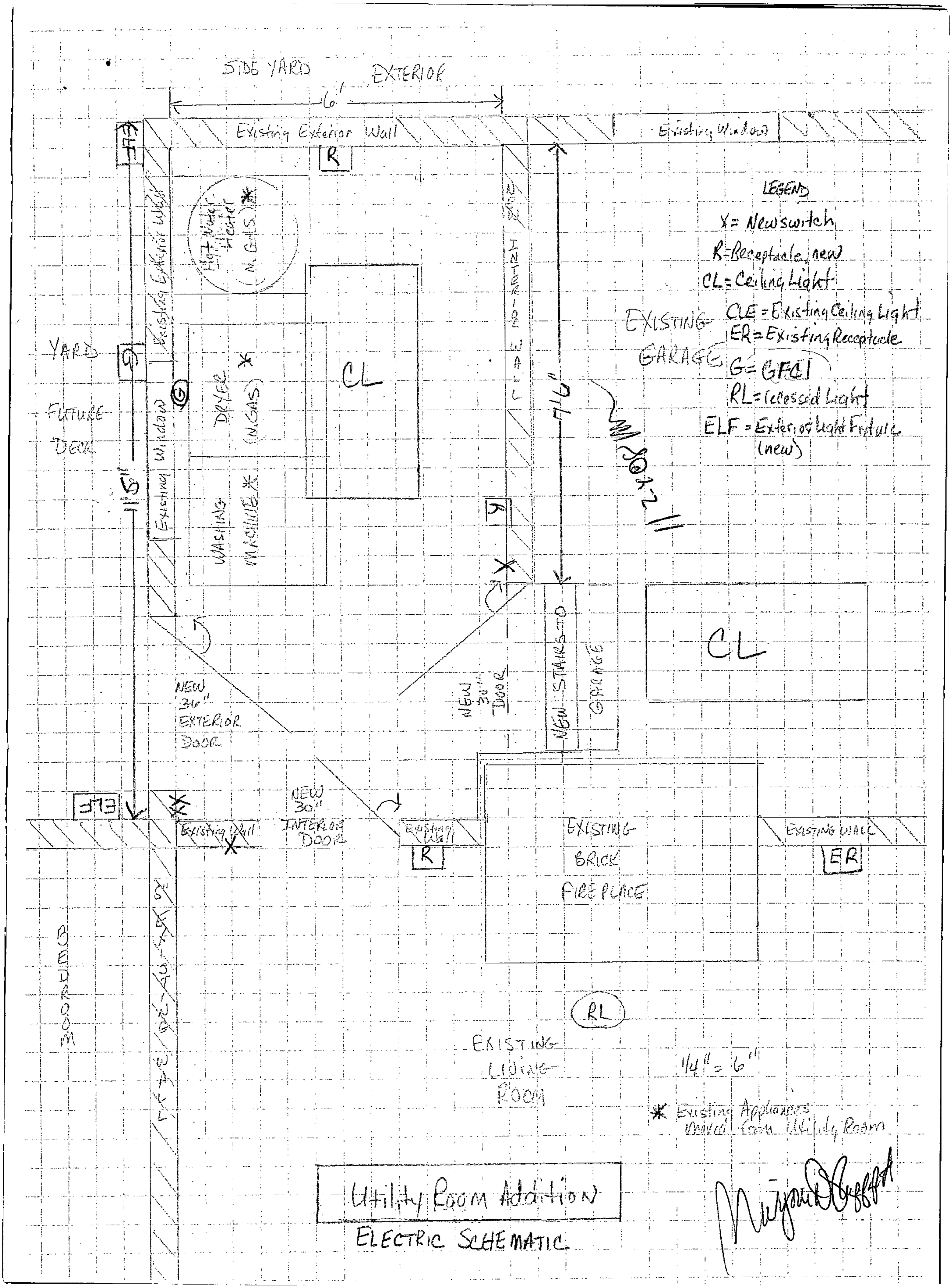

EXISTING FLOOR PLAN
ELECTRIC
(NOT TO SCALE)
DECK
SLIDING DOOR
R=Receptacle
G=GFCI
X=Switch
CF=Ceiling fixture
LB=Light Bar
H=HiHat
P=Porch light
S=Smoke Detector (Battery)
CO=Carbon Monoxide Detector (Battery)
EX=Energ. Furnace Shut Off Switch
MASTER BEDROOM
CF+ Fan
CLOSET
GUEST BEDROOM
CF+ Fan
ATTIC STAIRS
HALLWAY
CF
BATHTUB
CLOSET
BATHROOM
Toilet
Sink
Closet
Furnace
Water Heater
UTILITY ROOM
WASHER DRYER
GUEST BEDROOM
CF
ATTIC
AC Compressed Down
CLOSET
STOVE
SINK
REFRIGERATOR
KITCHEN
CF+ Fan
LIVING ROOM
Fireplace
Garage Door Opener + Light
GARAGE
ISP SERVICE
DOOR
Motion Activated Light

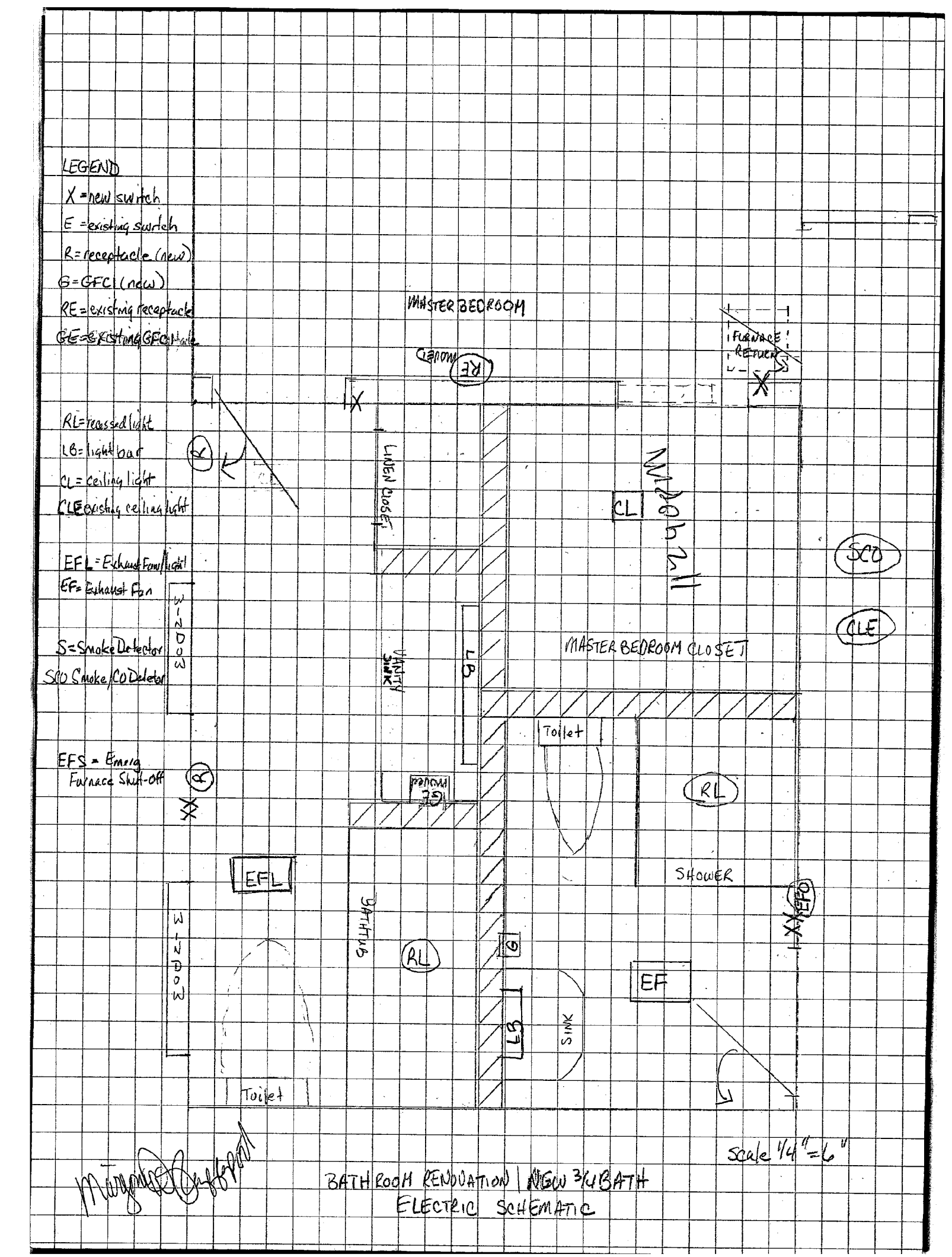

PROPOSED
LIVING ROOM/KITCHEN RENOVATION
+ UTILITY ROOM ADDITION
+ 3/4 BATH ADDITION
Including Electric Schematic
Scale 1/4" = 1'
AC Condenser 220V
Relocated Bath
Exhaust FAN
Furnace
3/4 Bath
HALL CLOSET
GUEST ROOM
GUEST ROOM CLOSET
WINDOW
Laundry Circuit
Dish Washer
Disposal Circuit
Fixed Island
Ceiling Fan Light
Microwave Circuit
FIREPLACE
CF
Refrig
Garage/Door Exterior Light
112408 MM
24'5"
Porch
R=receptacle
G=GFCI
X=Switch
CF=Ceiling Fixture
HH=Hi Hat
P=Radiant Light
F=Existing
EF=Exterior Fixture
E=Furnace Emergency Shut-Off
S=Smoke Detector
SCO=Smoke/Co combo

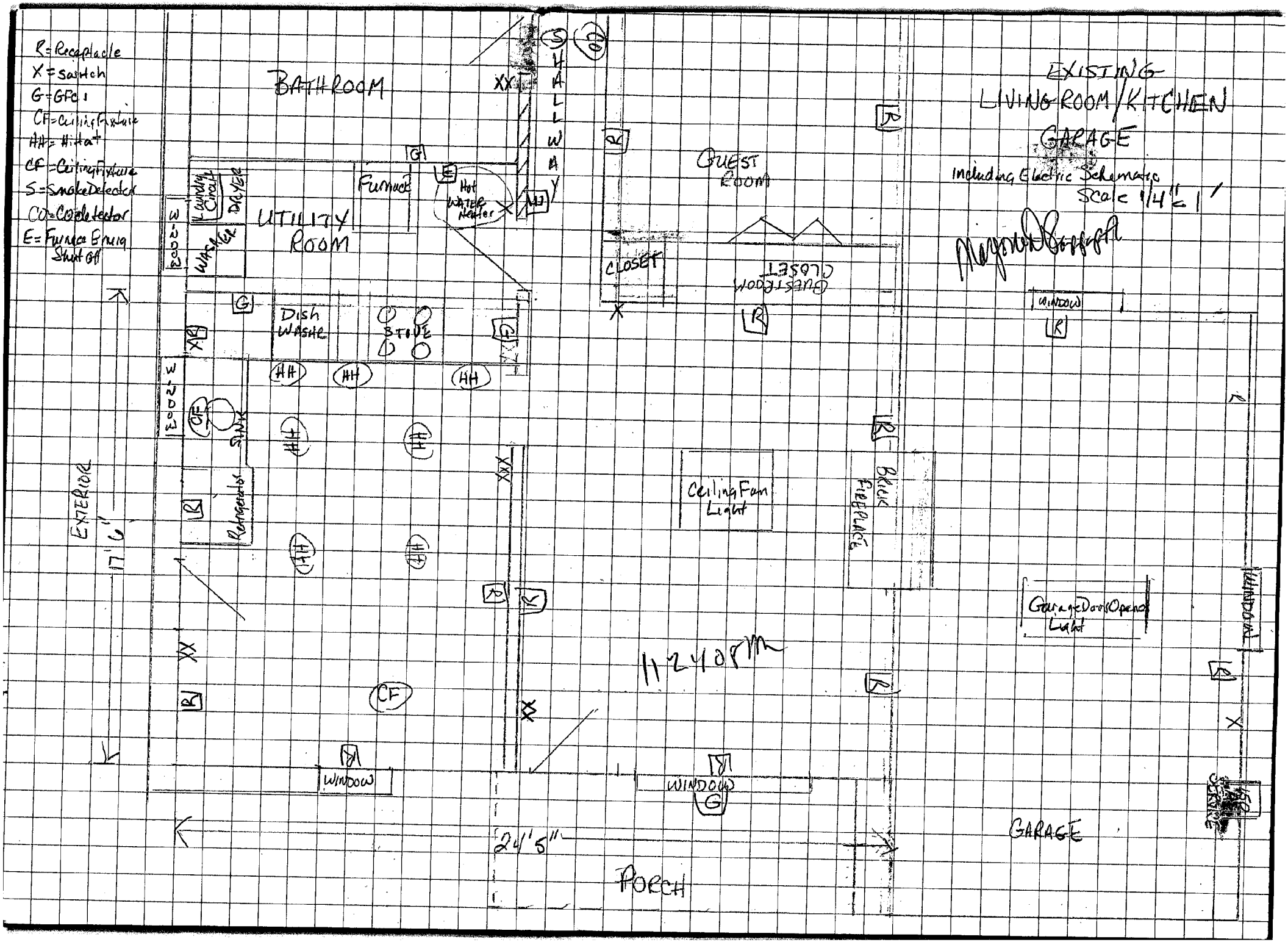

R=Receptacle
X=Switch
G=GFCI
CF=Ceiling Fixture
HH=Hi-Hat
CF=Ceiling Fixture
S=Smoke Detector
CO=Co detector
E=Furnace Emerg Shut Off
BATHROOM
HALLWAY
XX
Furnace
Hot Water Heater
Laundry Circuit
Dryer
UTILITY ROOM
W-2003
WASHER
Dish Washe
STOVE
HH
SINK
Refrigerator
CF
Window
EXTERIOR
17'6"
24'5"
PORCH
GUEST ROOM
CLOSET
Guestroom Closet
Ceiling Fan Light
BRICK FIREPLACE
11'2 1/2"
EXISTING
LIVING ROOM/KITCHEN
GARAGE
Including Electric Schematics
Scale 1/4" = 1'
Window
Garage Door Opener Light
GARAGE

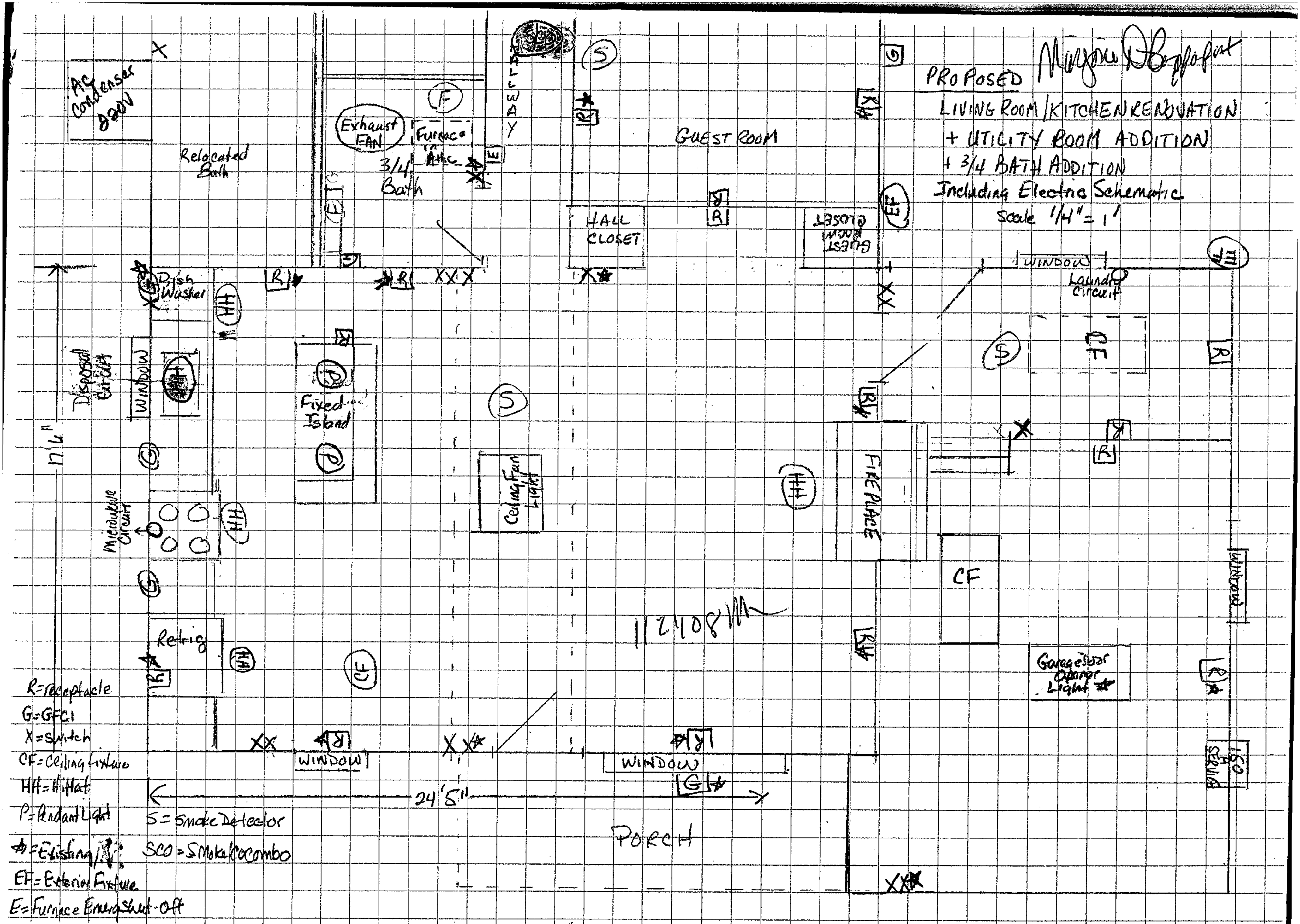

LEGEND
X = new switch
E = existing switch
R = receptacle (new)
G = GFCI (new)
RE = existing receptacle
GE = existing GFCI
RL = recessed light
LB = light bar
CL = ceiling light
CLE = existing ceiling light
EFL = Exhaust Fan/light
EF = Exhaust Fan
S = Smoke Detector
SCO Smoke/CO Detector
EFS = Emerg Furnace Shut-off
MASTER BEDROOM
WINDOW
LINEN CLOSET
WALK IN
CL
SCO
CLE
MASTER BEDROOM CLOSET
VANITY
SINK
LB
Toilet
RL
SHOWER
EFL
EF
BATHTUB
SINK
Toilet
Scale 1/4" = 1'
BATHROOM RENOVATION | NEW 3/4 BATH
ELECTRIC SCHEMATIC


SIDE YARD
EXTERIOR
6'
Existing Exterior Wall
Existing Window
R
Hot Water Heater (N. GAS)
NEW INTERIOR WALL
LEGEND
X = New switch
R = Receptacle, new
CL = Ceiling Light
CLE = Existing Ceiling Light
ER = Existing Receptacle
G = GFCI
RL = Recessed Light
ELF = Exterior Light Fixture (new)
EXISTING GARAGE
YARD
Existing Exterior of Wall
FUTURE DECK
Existing Window
DRYER (N.GAS)
WASHING MACHINE
CL
11'6"
11'6"
7'6"
NEW 36" EXTERIOR DOOR
NEW 30" DOOR
NEW STAIRS TO GARAGE
CL
ELF
Existing Wall
NEW 30" INTERIOR DOOR
Existing Wall
R
EXISTING BRICK FIRE PLACE
Existing Wall
ER
BEDROOM
12'-4" x 9'-4"
RL
EXISTING LIVING ROOM
1/4" = 6"
* Existing Appliances moved from Utility Room
Utility Room Addition
ELECTRIC SCHEMATIC
Prepared by
Marvin D. Leggard


SIDE YARD
EXTERIOR
6'
Existing Exterior Wall
Existing Window
R
LEGEND
X = New switch
R = Receptacle, new
CL = Ceiling Light
CLE = Existing Ceiling Light
ER = Existing Receptacle
G = GFCI
RL = recessed Light
ELF = Exterior Light Fixture (new)
ELF
Existing Exterior Wall
Hot Water Heater (N. GAS) *
NEW INTERIOR WALL
EXISTING GARAGE
7'6"
YARD
G
CL
DRYER (N. GAS) *
FUTURE DECK
Existing Window
WASHING MACHINE *
R
X
15'
CL
NEW 36" EXTERIOR DOOR
NEW 30" DOOR
NEW STAIRS TO GARAGE
ELF
X
NEW 30" INTERIOR DOOR
Existing Wall
X
Existing Wall
R
EXISTING BRICK FIRE PLACE
EXISTING WALL
ER
BEDROOM
EXISTING WALL
RL
EXISTING LIVING ROOM
1/4" = 6"
* Existing Appliances moved from Utility Room
Utility Room Addition
ELECTRIC SCHEMATIC


LEGEND
X = new switch
E = existing switch
R = receptacle (new)
G = GFCI (new)
RE = existing receptacle
GE = existing GFCI outlet
RL = recessed light
LB = light bar
CL = ceiling light
CLE existing ceiling light
EFL = Exhaust Fan/Light
EF = Exhaust Fan
S = Smoke Detector
SCO Smoke/CO Detector
EFS = Emerg Furnace Shut-off
MASTER BEDROOM
MASTER BEDROOM CLOSET
LINEN CLOSET
WINDOW
VANITY SINK
Toilet
SHOWER
BATHTUB
SINK
FURNACE RETURN
Scale 1/4" = 6"
BATHROOM RENOVATION | NEW 3/4 BATH
ELECTRIC SCHEMATIC


R=Receptacle
X=switch
G=GFCI
CF=Ceiling Fixture
HH=Heat
CF=Ceiling Fixture
S=Smoke Detector
CO=Co detector
E=Furnace Emrg Shut Off
BATHROOM
HALLWAY
Furnace
Hot Water Heater
UTILITY ROOM
Washing Circuit
DRYER
WASHER
W 220
Dish Washer
STOVE
W 220
SINK
Refrigerator
GUEST ROOM
CLOSET
GUEST ROOM CLOSET
EXISTING
LIVING ROOM/KITCHEN
GARAGE
Including Electric Schematic
Scale 1/4" = 1'
WINDOW
Ceiling Fan Light
BRICK FIREPLACE
Garage Door Opener Light
WINDOW
WINDOW
WINDOW
11'4"
24'5"
ENTERIOR
17'6"
PORCH
GARAGE


PROPOSED
LIVING ROOM/KITCHEN RENOVATION
+ UTILITY ROOM ADDITION
+ 3/4 BATH ADDITION
Including Electric Schematic
Scale 1/4" = 1'
AC Condenser 220V
Relocated Bath
Exhaust FAN
Furnace in Attic
3/4 Bath
HALLWAY
GUEST ROOM
HALL CLOSET
GUEST ROOM CLOSET
Dish Washer
Disposal Circuit
WINDOW
Fixed Island
Ceiling Fan Light
Microwave Circuit
Refrig
FIRE PLACE
CF
Laundry Circuit
Garage Door Opener Light
150 SERVICE
PORCH
17' 4"
24' 5"
R=Receptacle
G=GFCI
X=Switch
CF=Ceiling Fixture
HH=HiHat
P=Pendant Light
S=Smoke Detector
SCO=Smoke/COcombo
EF=Exterior Fixture
E=Furnace Emerg Shut-Off

OVERVIEW OF RENOVATION/CONSTRUCTION PROJECT

Brick Township NJ - Block 851 Lot 10

Use Group – R5 residential single story, single family home

Owners: Mark J. & Marjorie D. Rappaport
Telephone: 908-910-9765 (Marjorie)
Street Address: 1740 Forge Pond Road, Brick, NJ 08724

PROJECT OVERVIEW: 3 phase renovation/construction project with no change to exterior footprint of existing home including:

1. Construction of new 6' W x 11' 5" D X 8' H utility room within the walls of existing garage. Room to be constructed on existing concrete slab and will be on grade with existing home floor joists; Entry to room is via new interior door in living room. Room includes -new exterior door and steps to backyard and new interior door and steps to existing garage

2. Renovation of 12'6" x 11' 5" interior space containing existing bathroom, utility room, and master bedroom closet. Includes addition of new 7' X 5.5' ¾ bath with new fixtures and flooring, 12' 6" x 5' 5" master bath including new entry door from master bed room, bath tub fixture, and flooring, and enlarged master bedroom closet with new pocket door

3. Removal of wall between existing living room and kitchen and construction of vaulted ceiling to height of 11' from floor joists using collar ties and hurricane straps

4. HVAC -Installation of new 100,000 BTU gas-fired, horizontal flow furnace in existing attic with new duct work throughout the house, new AC coil, and installation of new 3 ton AC condenser

5. Renovation of existing kitchen including removal of exterior door to side of house, installation of new cabinets, countertop, fixed island, and flooring; Existing appliances to be relocated

6. Construction of 50"w X 2' alcove in existing living room wall and construction of fixed wall in adjacent bedroom

7. Addition/ relocation of electric switches, receptacles, GFCI receptacles, and lighting fixtures throughout the interior of the house and addition of exterior 2 GFCI receptacles and exterior lighting

8. Addition of 110v smoke detectors in 3 bedrooms, living room/kitchen great room, new utility room, and 1 combination smoke/carbon monoxide detector in hallway

9. Replacement of existing drywall in all areas

10. Addition of interior main water shut-off valve in kitchen and exterior frost-free hose bibb in backyard

PHASE I

- Construction of new 6' x 11.5" utility room in existing garage including plumbing, electric, and finish work
- Relocation of existing gas-fired hot water heater and existing clothes washer and natural-gas fired dryer to new utility room
- HVAC Installation - new furnace, AC coil, horizontal duct work in attic; New AC condenser to be installed in the Spring of 2009
- Kitchen wall, ceiling and cabinetry demolition with exception of sink base and enclosure of existing exterior door
- Living room wall and ceiling drywall demolition

PHASE II

- Construction of Living room /kitchen ceiling vault and removal of existing wall between same
- Renovation and construction of the existing bathroom, utility room, and master bedroom closet area including plumbing and electric
- Addition of fire smoke/carbon monoxide protection detectors
- Renovation of kitchen electric and plumbing
- Construction of living room alcove
- Addition of exterior electric receptacles and fixtures
- Addition of exterior frost-free hose bibb

PHASE III

- Drywall installation in living room, kitchen, master bath, ¾ bath, master bedroom closet
- Flooring installation kitchen and bathrooms
- New kitchen cabinet and countertop installation

Comfortmaker® Air Conditioning & Heating

C8MPN

100,000 BTU
C8MPN100F20A

Deluxe 80 Single Stage

Flexibility

- 40" high for more noise reduction and ease of installation.
- Factory shipped for natural gas, with LP Gas conversion kits available.
- Four position - upflow/downflow/ horizontal installation.
- Category I venting.
- Three position inducer capability.
- Common venting with water heater.

Service

- Self diagnostics.
- Entire blower assembly mounted on rails.

Quality

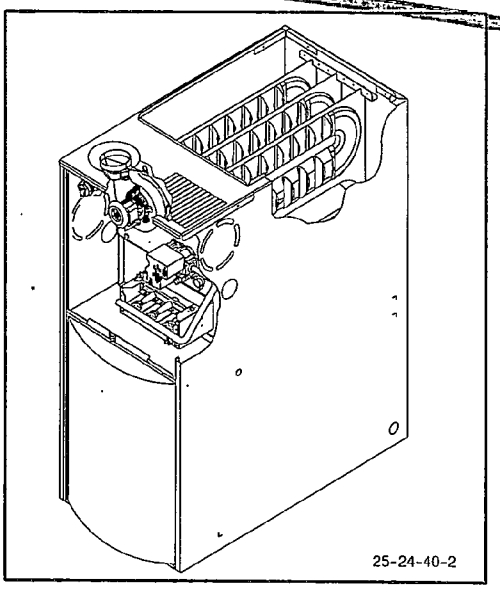
- RPJ III Aluminized steel heat exchanger.
- 20 year limited warranty on heat exchangers and 5 years on parts.
- High temperature limit control prevents overheating.
- Hot surface pilot ignition device.
- Flame roll-out sensors standard.
- Louvered doors.
- One piece prepainted steel cabinet.
- Masonry chimney adapter available.

Comfort

- Adjustable timed blower Off delay.
- Humidifier terminal
- Electronic air cleaner terminal.

Efficiency

- 80% AFUE efficiency range. +
- Single stage gas valve operation.
- Single stage fan timer.
- Multispeed, prelubricated PSC motors.
- Induced draft blower.
- In-shot burners.



Representative drawing only, some models may vary in appearance.

WARNING

This furnace is not designed for use inside mobile homes, trailers, or recreational vehicles. Such use could result in property damage, bodily injury, and/or death.

UPFLOW/DOWNFLOW/HORIZONTAL (NATURAL GAS)

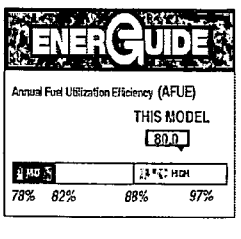
Model Number	Heat Exchangers #	Dimensions H x W x D (In.)	Price
C8MPN050B12A	20 year	40 x 15 1/2 x 29	
C8MPN075B12A	20 year	40 x 15 1/2 x 29	
C8MPN075F16A	20 year	40 x 19 1/8 x 29	
C8MPN100F14A	20 year	40 x 19 1/8 x 29	
C8MPN100F20A	20 year	40 x 19 1/8 x 29	
C8MPN100J20A	20 year	40 x 22 3/4 x 29	
C8MPN125J20A	20 year	40 x 22 3/4 x 29	
C8MPN150J20A	20 year	40 x 22 3/4 x 29	

20 YEAR LIFETIME WARRANTY

PERFORMANCE DATA HEATING

Model Number	Input (MBTUH)	Efficiency AFUE +	Cooling Cap. @ .5" W.C.
*8MPN050B12A	50,000	80%	1.5 - 3.0 TON
*8MPN075B12A	75,000	80%	1.5 - 3.0 TON
*8MPN075F16A	75,000	80%	2.5 - 4.0 TON
*8MPN100F14A	100,000	80%	2.0 - 3.5 TON
*8MPN100F20A	100,000	80%	3.5 - 5.0 TON
*8MPN100J20A	100,000	80%	3.5 - 5.0 TON
*8MPN125J20A	125,000	80%	3.5 - 5.0 TON
*8MPN150J20A	150,000	80%	3.5 - 5.0 TON

* Denotes Brand



FURNACE SPECIFICATIONS MULTI-POSITION

Model Number NATURAL GAS	*8MPN							
	050B12	075B12	075F16	100F14	100F20	100J20	125J20	150J20
INPUT (btuh)	50,000	75,000	75,000	100,000	100,000	100,000	125,000	150,000
HTG. CAP. (btuh)	40,000	60,000	60,000	81,000	81,000	81,000	101,000	121,000
AFUE % (ICS)	80%	80%	80%	80%	80%	80%	80%	80%
TEMP. RISE (deg. F)	35-65	30-60	30-60	35-65	35-65	35-65	35-65	35-65
VOLTS/PH/HZ	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60	115/1/60
F.L.A.	9.8	8.9	10.0	9.0	12.0	12.0	12.0	12.0
TRANSFORMER (V.A.)	40	40	40	40	40	40	40	40
GAS PIPE SIZE (IN.)	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
VENT COLLAR SIZE	4"	4"	4"	4"	4"	4"	4"	4"
COOLING CAP.	3.0	3.0	4.0	3.5	5.0	5.0	5.0	5.0
SHIPPING WEIGHT (LBS.)	128	134	140		156	166	172	188
DIMENSIONS (in.) HEIGHT	40	40	40	40	40	40	40	40
WIDTH X DEPTH	15 1/2 x 29	15 1/2 x 29	19 1/8 x 29	19 1/8 x 29	19 1/8 x 29	22 3/4 x 29	22 3/4 x 29	22 3/4 x 29

(ICS) = Isolated Combustion System

BLOWER PERFORMANCE MULTI-POSITION

Model Number	*8MPN							
	050B12	075B12	075F16	100F14	100F20	100J20	125J20	150J20
BLOWER TYPE AND SIZE	11x8	11x8	11 x 10	11 x 10	11 x 10	11 x 10	11x10	11x10
MOTOR H.P. (TYPE)	1/2/PSC	1/2/PSC	1/2/PSC	1/2/PSC	1/2/PSC	3/4/PSC	1/2/PSC	3/4/PSC
MOTOR SPEEDS	4	4	4	4	4	4	4	4

AIRFLOW DATA

.10 ESP IN. W.C.	LOW	454	665	803	742	1845	1845	839	1590
	MEDIUM LOW	672	925	1091	916	2058	2058	1211	1827
	MEDIUM HIGH	1116	1171	1548	1287	2285	2285	1584	2073
	HIGH	1335	1501	2194	1723	2508	2508	2267	2283
.30 ESP IN. W.C.	LOW	351	616	760	625	1790	1790	829	1519
	MEDIUM LOW	609	893	1082	845	1992	1992	1188	1708
	MEDIUM HIGH	1055	1136	1557	1195	2189	2189	1559	1993
	HIGH	1237	1407	2070	1638	2379	2379	2151	2262
.50 ESP IN. W.C.	LOW	278	563	699	525	1714	1714	798	1440
	MEDIUM LOW	550	840	1028	747	1903	1903	1111	1623
	MEDIUM HIGH	991	1074	1500	1079	2066	2066	1553	1904
	HIGH	1160	1307	1913	1515	2232	2232	2049	2150
.70 ESP IN. W.C.	LOW	201	517	618	440	1592	1592	734	1331
	MEDIUM LOW	498	741	934	662	1769	1769	1079	1525
	MEDIUM HIGH	897	977	1369	1006	1914	1914	1505	1774
	HIGH	1029	1200	1708	1371	2049	2049	1912	1991
.90 ESP IN. W.C.	LOW	---	442	502	348	1404	1404	651	1163
	MEDIUM LOW	422	650	772	553	1571	1571	1015	1381
	MEDIUM HIGH	783	866	1138	868	1711	1711	1400	1579
	HIGH	903	1050	1447	1185	1839	1839	1704	1813
1.00 ESP IN. W.C.	LOW	---	394	423	297	1291	1291	595	1079
	MEDIUM LOW	353	593	661	490	1444	1444	897	1277
	MEDIUM HIGH	718	804	984	787	1541	1541	1308	1494
	HIGH	822	963	1254	1066	1694	1694	1585	1694

NOTE: Applications of *8MPN125 above 1650 CFM requires two side returns or use accessory stand-off filter kit for single return. To achieve 2000 CFM with the stand-off filter kit you will still need a bottom return or 2 side filters.

* Denotes Brand

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

MODEL NUMBER IDENTIFICATION GUIDE

*	8	MP	N	075	B	12	A	#

Brand

Brand Efficiency
8 = Non-Condensing, 80+% Gas Furnace
9 = Condensing, 90+% Gas Furnace

Installation Configuration
UP = Upflow DN = Downflow
UH = Upflow/Horizontal HZ = Horizontal
DH = Downflow/Horizontal
MP = Multiposition, Upflow/Downflow/Horizontal

Major Design Feature
1 = One (Single) Pipe N = Single Stage
2 = Two Pipe P = PVC Vent
D = 1 or 2 Pipe T = Two Stage
L = Low NOx V = Variable Speed

Input (Nominal MBTUH)

Cabinet Width
B = 15.5" Wide J = 22.8" Wide
F = 19.1" Wide L = 24.5" Wide

Cooling Airflow
08 = 800 CFM 16 = 1600 CFM
12 = 1200 CFM 20 = 2000 CFM
14 = 1400 CFM

Marketing Digit
Denotes minor change

Engineering Rev.
Denotes minor changes

* Denotes Brand

ACCESSORIES

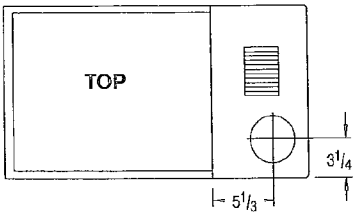
Model Number	Description	Used With Models
TWINNING KIT		
NAHA003WK	Twinning kit. Allows operation of two identical-size model furnaces.	ALL *8MPN FURNACES
GAS CONVERSION KITS		
NAHL002LP 1160991 *	Natural gas to LP (propane) conversion Kit. Allows field conversion to LP (propane) gas.	ALL *8MPN FURNACES
NAHF002NG 1009510 *	LP (Propane) to natural gas conversion kit. Allows field conversion to natural gas. (Single Stage)	ALL *8MPN FURNACES
FILTER KITS		
NAHA001FF	External filter frame. 16" x 25"	Side Return (All Furnaces) Bottom Return (All "F" $19^1/_8$" Furnaces under 1650 CFM)
NAHA002FF	Bottom return filter frame kit 20" x 25".	(All "J" $22^3/_4$" Furnaces)
NAHA003FF	Bottom or side return filter frame kit 14" x 25".	(All "B" $15^1/_2$" Furnaces)
NAHA001TK	Duct Standoff Filter Kit. To adapt 20" x 25" filter for single side return.	Side Return (All single return applications with 1650 CFM or greater) Bottom Return (All "F" $19^1/_8$" Furnaces under 1650 CFM)
COMBUSTIBLE FLOOR SUBBASES		
NAHH001SB	Subbase Furnace ONLY: All $15^1/_2$" wide furnace models	
NAHH002SB	Subbase Furnace ONLY: All $19^1/_4$" wide furnace models	*8MPN075-100F
NAHH003SB	Subbase Furnace ONLY: All $22^3/_4$" wide furnace models	*8MPN100-125J
NAHH004SB	Subbase Furnace w/$15^1/_2$" cased coil	Counterflow furnace *8MPN050-075B
NAHH005SB	Subbase Furnace w/$19^1/_4$" cased coil	Counterflow furnace *8MPN075-100F
NAHH006SB	Subbase Furnace w/$22^3/_4$" cased coil	Counterflow furnace *8MPN100-125J
MASONRY CHIMNEY ADAPTER		
NAHA001DH	Chimney adapter (6")	*8MPN050, 075, 100
NAHA002DH	Chimney adapter (7")	*8MPN125 & 150
VENT GUARD		
NAHA002VC	Downflow vent guard	All downflow applications
COIL ADAPTER		
NAHA001CA	Coil Adapter for Downflow Furnaces	All Multi- Position Furnaces in the Downflow Application

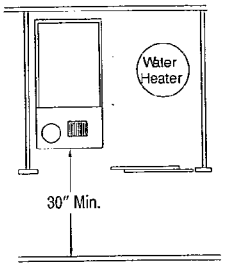
* Fast part number

** Applications of *8MPN125 above 1650 CFM requires two side returns or NAHA001TK 20 x 25 duct stand-off filter kit or bottom return applications with the *8MPN125 & 150 use the 20 x 25 bottom return filter kit, NAHA002FF.

To achieve 2000 CFM with the stand-off filter kit you will still need a bottom return or 2 side filters.

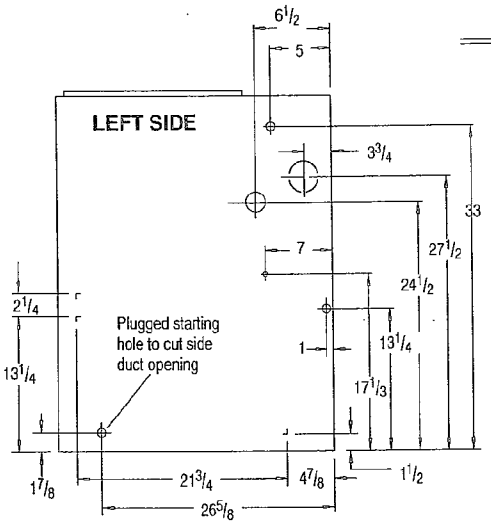
UNIT DIMENSIONS

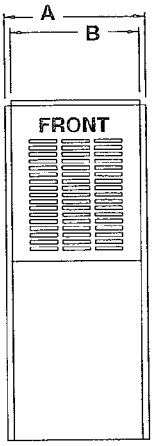


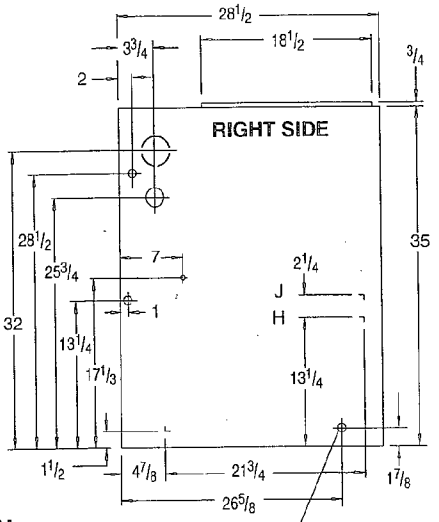


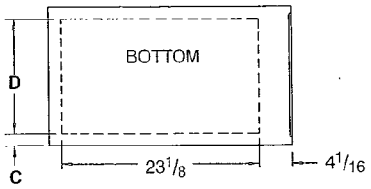
MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS FOR ALL UNITS	
REAR	0
FRONT	3"
Recommended For Service	30"
ALL SIDES Of SUPPLY PLENUM	1"
SIDES	0
VENT	
Single Wall Vent	6"
Type B-1 Double Wall Vent	1"
TOP OF FURNACE	1"

Horizontal position: Line contact is permissible only between lines formed by intersections of top and two sides of furnace jacket, and building joists, studs or framing.









Drawing is representative some models may vary

NOTE: Evaporator "A" coil drain pan dimensions may vary from furnace duct opening size. Always consult evaporator specifications for duct size requirements.

Unit is designed for bottom return or side return.

Return air through back of unit is NOT allowed.

DIMENSIONAL INFORMATION

Unit Capacity	Cabinet		Top	Bottom		Duct Size
	A	B	F	C	D	
*8MPN050B12 *8MPN075B12	15 1/2	14	6	1 3/8	12 5/8	H
*8MPN075F16 *8MPN100F14 *8MPN100F20	19 1/8	17 5/8	7 3/4	2 1/8	14 3/4	J
*8MPN100J20 *8MPN125J20 *8MPN150J20	22 3/4	21 1/4	9 1/2	1 15/16	18 3/4	J

ALL DIMENSIONS IN INCHES (millimeters)

USE - N2A336AKA

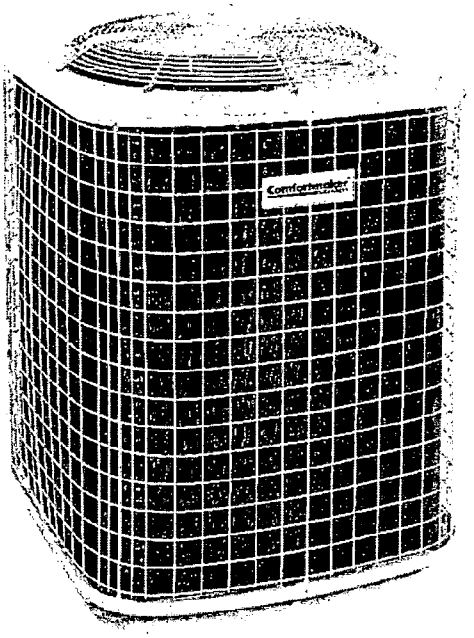
Comfortmaker®
Air Conditioning & Heating

N2A3

Performance Series
Product Specifications

EFFICIENT 13 SEER AIR CONDITIONER

1½ THRU 5 TONS SPLIT SYSTEM
208 / 230 Volt, 1-phase, 60 Hz



REFRIGERATION CIRCUIT
- Copeland compressors on all models
- Filter-Drier supplied with every unit for field installation
- Copper tube / aluminum fin coil

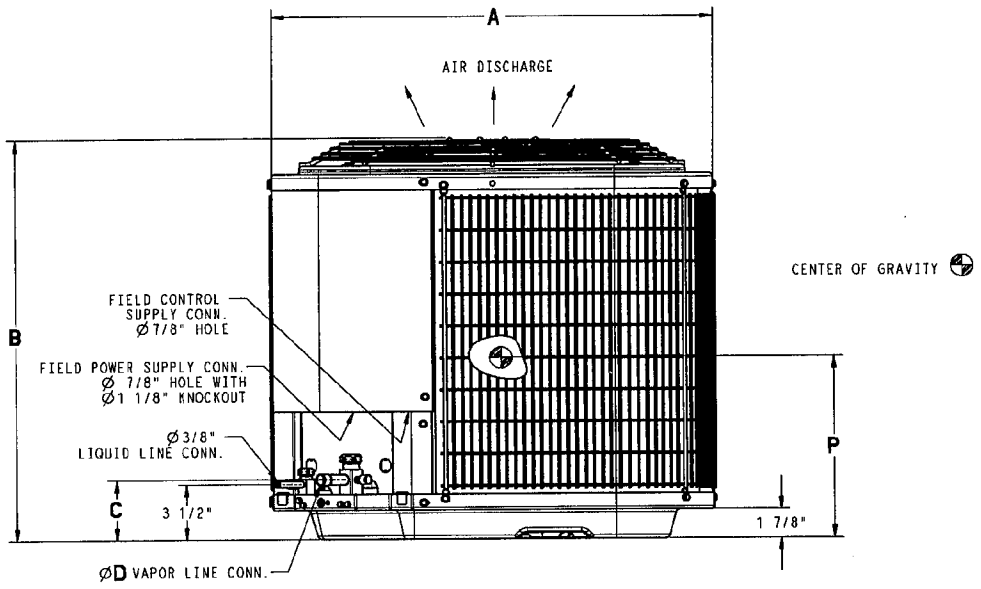
EASY TO INSTALL AND SERVICE
- Easy Access service valves on all models
- External high and low refrigerant service ports
- Fan motor in-line disconnect plug
- Only two screws to access control panel
- Factory charged with R-22 refrigerant

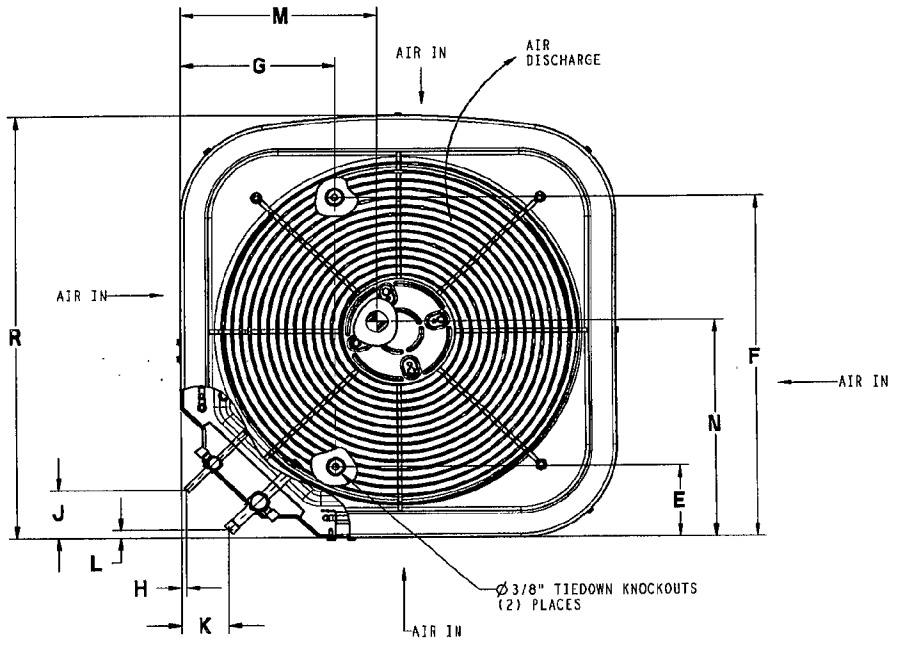
BUILT TO LAST
- Baked-on powder coat finish over galvanized steel
- Post-painted (black) coil fins
- SermaGard® coated cabinet screws
- Coated inlet grille with 2" spacing standard, alternate models available with ⅜" grille spacing for extra protection
- 5 year limited compressor, coil, and parts warranties

Rated in accordance with ARI Standard 210. Certification applies only when used with proper components as listed with ARI.

c UL us LISTED

Model Number	Size (tons)	Nominal BTU/hr	Min. Circuit Ampacity	Max. Fuse or Breaker	Dimensions height x width x depth (in)	Ship Weight (lbs)
N2A318AKA	1½	18,000	10.1	15	28 7/16 x 25 3/4 x 26 5/16	145
18GKA	same model with 3/8" spacing inlet grille					
N2A324AKA	2	24,000	13.8	20	28 7/16 x 25 3/4 x 26 5/16	145
24GKA	same model with 3/8" spacing inlet grille					
N2A330AKA	2½	30,000	18.7	30	31 13/16 x 25 3/4 x 26 5/16	154
30GKA	same model with 3/8" spacing inlet grille					
N2A336AKA	3	36,000	19.4	30	28 15/16 x 31 3/16 x 32 5/16	175
36GKA	same model with 3/8" spacing inlet grille					
N2A342AKA	3½	42,000	25.4	40	39 1/8 x 31 3/16 x 32 5/16	217
42GKA	same model with 3/8" spacing inlet grille					
N2A348AKA	4	48,000	26.4	40	35 3/4 x 35 x 36 9/16	246
48GKA	same model with 3/8" spacing inlet grille					
N2A360AKA	5	60,000	32.9	50	45 15/16 x 35 x 36 9/16	268
60GKA	same model with 3/8" spacing inlet grille					





Model (* = A or G)	All Dimensions Inches																
	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	Minimum Mounting Pad Size	Crated Dimensions B(h) x A(w) x R(d)
N2A318*KA	25¾	28 7/16	3¾	5/8	4 7/16	21¼	9⅛	5/16	3	2 13/16	½	12⅞	11⅜	14⅛	26 5/16	26 x 26½	32⅝ x 26⅞ x 27½
N2A324*KA	25¾	28 7/16	3¾	5/8	4 7/16	21¼	9⅛	5/16	3	2 13/16	½	12⅞	11⅜	14⅛	26 5/16	26 x 26½	32⅝ x 26⅞ x 27½
N2A330*KA	25¾	31 13/16	3¾	¾	4 7/16	21¼	9⅛	5/16	3	2 13/16	½	12⅞	11⅜	13¾	26 5/16	26 x 26½	36 1/16 x 26⅞ x 27½
N2A336*KA	31 3/16	28 15/16	3¾	¾	6 9/16	24 11/16	9⅛	5/16	3	2 13/16	½	17⅜	15⅞	14⅛	32 5/16	31½ x 32½	32⅝ x 32⅜ x 33 7/16
N2A342*KA	31 3/16	39⅛	3⅞	⅞	6 9/16	24 11/16	9⅛	5/16	3	2 15/16	⅝	16⅞	16	18¾	32 5/16	31½ x 32½	42⅞ x 32⅜ x 33 7/16
N2A348*KA	35	35¾	3⅞	⅞	6 9/16	28 7/16	9⅛	5/16	3	2 15/16	⅝	18¼	18½	17½	36 9/16	35 x 36½	39 7/16 x 36⅛ x 37¾
N2A360*KA	35	45 15/16	3⅞	⅞	6 9/16	28 7/16	9⅛	5/16	3	2 15/16	⅝	18¾	17	20⅛	36 9/16	35 x 36½	49⅝ x 36⅛ x 37¾

PHYSICAL DATA							
Model Size	**18**	**24**	**30**	**36**	**42**	**48**	**60**
Nominal Cooling Capacity (BTU/hr)	18,000	24,000	30,000	36,000	42,000	48,000	60,000
Nominal SEER	13.0	13.0	13.0	13.0	13.0	13.0	13.0
Sound Rating (dBA)	76	76	76	76	79	80	80
PSC Fan Motor HP	1/12	1/10	1/5	1/5	1/4	1/4	1/4
Fan RPM (single speed)	1100	1100	1100	1100	1100	800	800
Fan CFM	1881	2200	2725	3170	3365	4050	4050
Coil Face Area (ft^2)	11.49	11.49	13.13	15.09	21.56	22.63	30.18
Coil Rows - fins per inch	1 /-25	1 - 25	1 - 25	1 - 25	1 - 25	1 - 25	1 - 25
Liquid Line Connection Size (in.)	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Vapor Line Connection Size (in.)	5/8	5/8	3/4	3/4	7/8	7/8	7/8
Recommended Line Set Liquid Tube Diameter (in.)	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Recommended Line Set Vapor Tube Diameter (in.)	5/8	5/8	3/4	3/4	7/8	7/8	1⅛
Factory Charge R-22 (bs.)	4.90	4.88	5.25	5.80	7.15	7.73	9.25
Required Subcooling (°F)	14.4	13.4	10.7	8.9	11.4	9.7	9.3
Weight, shipping (lbs.)	145	145	154	175	217	246	268
Weight, operating (lbs.)	123	123	132	148	189	212	233

ELECTRICAL DATA (208/230-1-60, voltage range 197V - 253V)							
Model Size	**18**	**24**	**30**	**36**	**42**	**48**	**60**
Minimum Circuit Ampacity - **MCA** (amps)	10.1	13.8	18.7	19.4	25.4	26.4	32.9
Maximum OverCurrent Protective device - **MOCP** (amps)	15	20	30	30	40	40	50
Compressor **RLA** (Rated Load Amps) **LRA** (Locked Rotor Amps)	7.7 40.3	10.4 54.0	14.1 68.0	14.4 77.0	19.2 104.0	20.2 137.0	25.3 141.0
Fan Motor **FLA** (Full Load Amps)	.5	.75	1.1	1.1	1.4	1.2	1.2

R-22 COOLING CAPACITY LOSS FOR VARIOUS LINE LENGTHS & TUBE DIAMETERS

Model Size	Liquid Line (in.)	Acceptable Vapor Line Sizes (in.)	Cooling Capacity Loss (%) at Total Equivalent Line Length (ft.) Refer to Long Line Application Guideline to calculate equivalent length										
			Standard Application			Long Line Application (Requires Accessories)							
			25'	50'	80'	81'	100'	125'	150'	175'	200'	225'	250'
18	3/8	5/8	1	1	2	2	3	3	4	5	5	6	7
		3/4	0	1	1	1	1	1	2	2	2	2	3
24		5/8	1	2	3	3	5	6	7	8	9	10	12
		3/4	0	1	1	1	2	2	3	3	3	4	4
		7/8	0	0	1	1	1	1	1	2	2	2	2
30		5/8	2	3	5	5	7	9	10	12	14	16	17
		3/4	1	1	2	2	3	3	4	5	5	6	7
		7/8	0	1	1	1	1	2	2	2	3	3	3
36		3/4	1	2	3	3	4	5	5	6	7	8	9
		7/8	1	1	1	1	2	2	3	3	4	4	5
42		3/4	1	2	4	4	5	6	7	8	10	11	12
		7/8	1	1	2	2	2	3	4	4	5	5	6
		1 1/8	0	0	1	1	1	1	1	1	1	2	2
48		3/4	2	3	5	5	6	8	9	11	12	14	15
		7/8	1	2	2	2	3	4	5	5	6	7	8
		1 1/8	0	0	1	1	1	1	1	2	2	2	2
60		7/8	1	2	3	3	5	6	7	8	9	10	11
		1 1/8	0	1	1	1	1	2	2	2	3	3	3

Applications in this shaded area are considered "Long Line" (total equivalent tubing length exceeds 80 feet or there is more than 20 foot vertical separation between indoor and outdoor units). These applications require additional accessories and system modifications for reliable system operation. Refer to the Long Line Application Guideline document for required piping and system modifications. Refer to Accessory Usage Guidelines below for required accessories.

Applications in this shaded area may have height restrictions that limit allowable total equivalent length when outdoor unit is below indoor unit. Refer to the Long Line Application Guideline document for instructions.

The maximum allowable total equivalent length is 250 feet.

ACCESSORY USAGE GUIDELINES

Accessory	REQUIRED FOR LOW-AMBIENT APPLICATIONS (Below 55° F)	REQUIRED FOR LONG LINE APPLICATIONS* (Over 80 Ft.)
Crankcase Heater	Yes	Yes
Evaporator Freeze Thermostat	Yes**	No
Winter Start Control	Yes	No
Hard Start Kit	Yes	Yes
Low Ambient Pressure Switch	Yes	No
Support Feet, 4" tall	Recommended	No
Liquid Line Solenoid Valve	No	See Long Line Application Guideline

* For Line Set lengths between 80 and 200 ft horizontal, or more than 20 ft indoor-outdoor vertical separation, refer to the Long Line Application Guideline document.

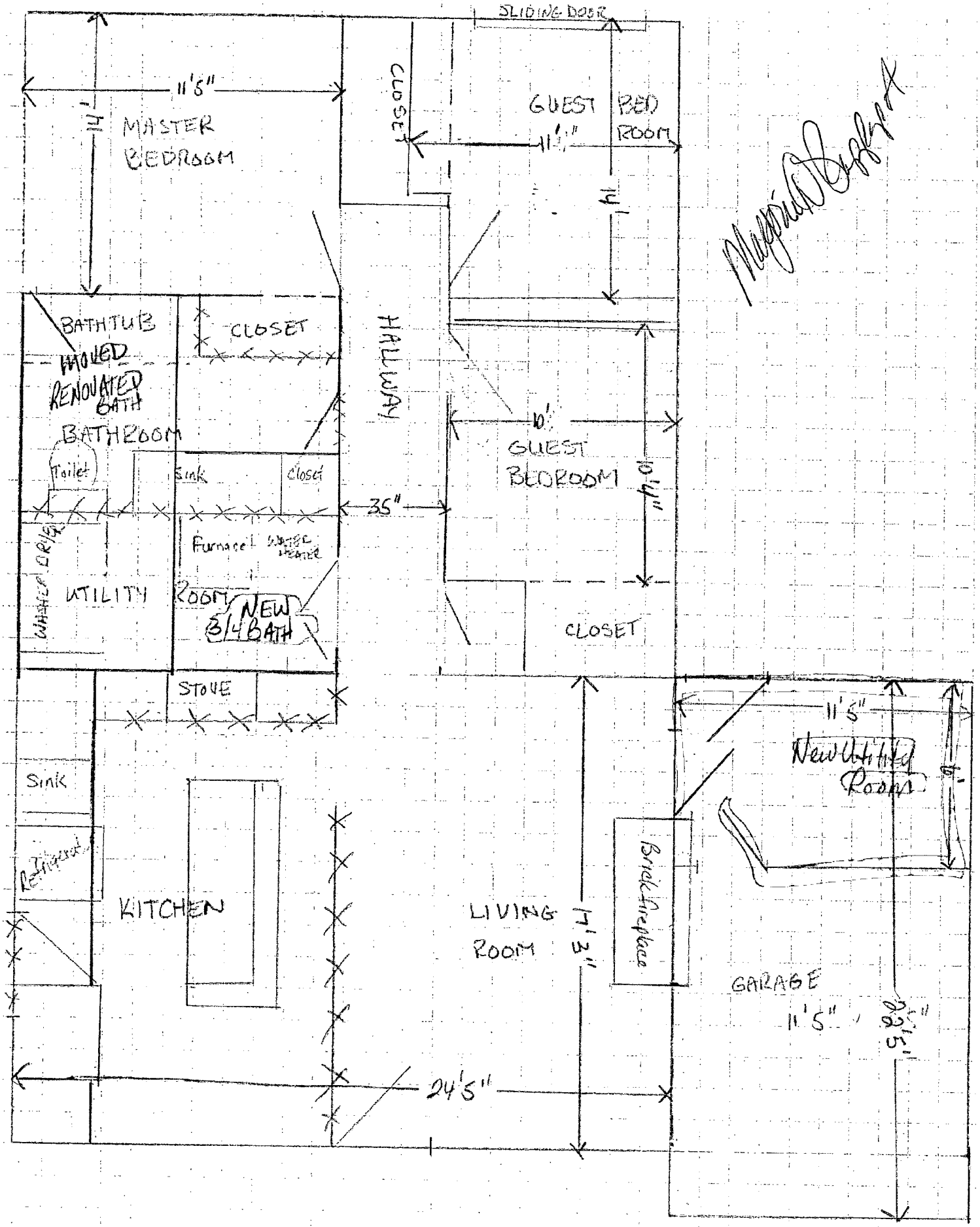
** Only when low pressure switch is used.

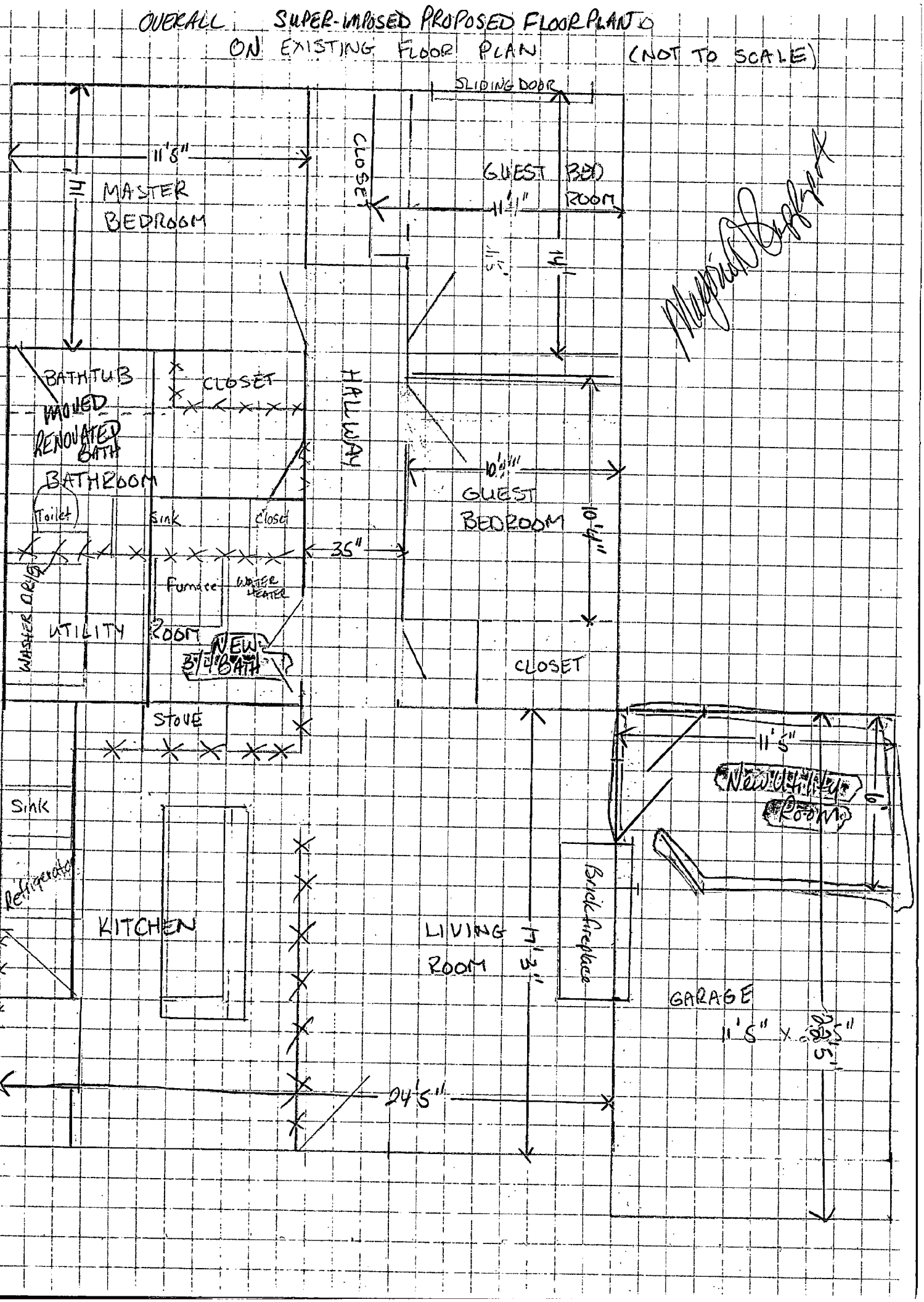
COOLING PERFORMANCE FOR COMBINATION RATINGS (continued)

Outdoor Model	Indoor Model	Furnace Model	Factory Installed	Cooling BTU/hr	SEER				EER (A)
					factory	w/ field TDR	w/ field R-22 TXV	w/ field R-22 TXV + TDR	
N2A336AKA N2A336GKA	EB*2X36B**		TXV	33,600		13.00			11.00
	EB*2X36B**	MV08B15****	TDR & TXV	34,200	13.50				11.20
	EB*2X36F**		TXV	33,800		13.00			11.00
	EB*2X36F**	*8MPV075	TDR & TXV	34,200	13.50				11.20
	EB*2X36F**	MV12F19****	TDR & TXV	34,400	13.50				11.20
	EB*2X36J**		TXV	33,800		13.00			11.00
	EB*2X36J**	*8MPV100	TDR & TXV	34,200	13.50				11.20
	EB*2X36J**	*8MPV125	TDR & TXV	34,400	14.00				11.50
	EB*2X36J**	*9MPV100	TDR & TXV	34,200	13.50				11.20
	EB*2X36J**	MV16J22****	TDR & TXV	34,200	14.00				11.50
	EB*2X42J**		TXV	34,200		13.00			11.00
	EB*2X42J**	*8MPV100	TDR & TXV	34,600	14.00				11.50
	EB*2X42J**	*8MPV125	TDR & TXV	34,600	14.00				11.50
	EB*2X42J**	*9MPV100	TDR & TXV	34,400	13.50				11.20
	EB*2X42J**	MV16J22****	TDR & TXV	34,400	14.00				11.70
	EB*2X42L**		TXV	34,200		13.00			11.00
	EB*2X42L**	*9MPV125	TDR & TXV	34,800	13.50				11.20
	ED*2X36B**		TXV	33,800		13.00			11.00
	ED*2X36B**	MV08B15****	TDR & TXV	34,400	13.50				11.20
	ED*2X36F**		TXV	34,000		13.00			11.00
	ED*2X36F**	*8MPV075	TDR & TXV	34,400	13.50				11.20
	ED*2X36F**	MV12F19****	TDR & TXV	34,600	14.00				11.50
	ED*2X36J**		TXV	34,000		13.00			11.00
	ED*2X36J**	*8MPV100	TDR & TXV	34,400	14.00				11.50
	ED*2X36J**	*8MPV125	TDR & TXV	34,600	14.00				11.50
	ED*2X36J**	*9MPV100	TDR & TXV	34,400	13.50				11.20
	ED*2X36J**	MV16J22****	TDR & TXV	34,400	14.00				11.50
	ED*2X42J**		TXV	34,400		13.00			11.00
	ED*2X42J**	*8MPV100	TDR & TXV	34,800	14.00				11.50
	ED*2X42J**	*8MPV125	TDR & TXV	34,800	14.00				11.50
	ED*2X42J**	*9MPV100	TDR & TXV	34,600	13.50				11.20
	ED*2X42J**	MV16J22****	TDR & TXV	34,600	14.00				11.70
	ED*2X42L**		TXV	34,400		13.00			11.00
	ED*2X42L**	*9MPV125	TDR & TXV	35,000	14.00				11.50
	EHD2X36A**		TXV	34,600		13.00			11.00
	EHD2X36A**	*8MPV075	TDR & TXV	34,800	13.50				11.20
	EHD2X36A**	*8MPV100	TDR & TXV	34,800	14.00				11.50
	EHD2X36A**	*8MPV125	TDR & TXV	34,800	14.00				11.50
	EHD2X36A**	*9MPV075	TDR & TXV	34,600	13.20				11.00
	EHD2X36A**	*9MPV100	TDR & TXV	34,800	13.50				11.20
	EHD2X36A**	*9MPV125	TDR & TXV	35,000	14.00				11.50
	EHD2X36A**	MV08B15****	TDR & TXV	34,800	14.00				11.50
	EHD2X36A**	MV12F19****	TDR & TXV	35,000	14.00				11.50
	EHD2X36A**	MV16J22****	TDR & TXV	35,400	14.00				11.70
	EHD2X36A**	MV20N26****	TDR & TXV	35,400	14.00				11.70
	EHD2X42A**		TXV	34,800		13.00			11.00
	EHD2X42A**	*8MPV075	TDR & TXV	35,200	13.50				11.20
	EHD2X42A**	*8MPV100	TDR & TXV	35,000	14.00				11.50
	EHD2X42A**	*8MPV125	TDR & TXV	35,000	14.00				11.70
	EHD2X42A**	*9MPV075	TDR & TXV	34,800	13.50				11.20
	EHD2X42A**	*9MPV100	TDR & TXV	35,000	14.00				11.50
	EHD2X42A**	*9MPV125	TDR & TXV	35,200	14.00				11.50
	EHD2X42A**	MV08B15****	TDR & TXV	35,000	14.00				11.50
	EHD2X42A**	MV12F19****	TDR & TXV	35,000	14.00				11.70
	EHD2X42A**	MV16J22****	TDR & TXV	34,800	14.00				11.70
	EHD2X42A**	MV20N26****	TDR & TXV	35,000	14.00				11.70
	EMA2X36D**		TXV	34,000		13.00			11.00
	FEM2X35****		TDR & TXV	34,600	13.50				11.20
	FEM2X36****		TDR & TXV	35,600	14.00				11.70
	FEM2X42****		TDR & TXV	35,400	14.00				11.50
	FS(M,U)2X42****		TDR & TXV	34,600	13.00				11.00
	FSA2X36****		TDR & TXV	34,400	13.00				11.00
	FSM2X36****		TDR & TXV	35,000	13.00				11.00
	FSU2X36****		TDR & TXV	33,600	13.00				11.00
	EBP36****		TDR	33,600			12.40		10.70
	EBP42****		TDR	34,200			12.65		10.70

- continued on next page -

OVERALL SUPER-IMPOSED PROPOSED FLOOR PLAN
ON EXISTING FLOOR PLAN (NOT TO SCALE)




OVERALL SUPER-IMPOSED PROPOSED FLOOR PLAN TO
ON EXISTING FLOOR PLAN (NOT TO SCALE)
SLIDING DOOR
11'5"
MASTER BEDROOM
CLOSET
GUEST BED ROOM
11'1"
14'
BATHTUB
CLOSET
INSULED RENOVATED BATH
BATHROOM
HALLWAY
10'9"
GUEST BEDROOM
10'-4"
Toilet
Sink
Closet
35"
Furnace
WATER HEATER
WASHER DRYER
UTILITY ROOM
NEW 3/4 BATH
CLOSET
STOVE
11'5"
NEW UTILITY ROOM
6'
Sink
Refrigerator
KITCHEN
LIVING ROOM
17'3"
Brick Fireplace
GARAGE
11'5" X 22'5"
24'5"

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: 1740 Forge Pond Road, Brick, NJ 08724

Block: 851 Lot: 10

Contractor: Ocean Carting

Contractor's Address: 2291 Massachusetts Ave, Toms River, NJ

Type of Construction (minor, new home): ~~Addition~~ Add 3/4 bath, relocate existing bath, remove wall, vault ceiling, Add ~~addition~~ over utility room in existing garage, kitchen renovation,

Type of Debris (shingles, siding, wood, etc.): Drywall, wood, kitchen cabinets, vinyl flooring, tile flooring

Party responsible for removal: Contractor

Dumpster size: 30 cu yards

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.

Marjorie D Rappaport
Signature

10/4/2008
Date

Marjorie D. Rappaport
Print Name

Brick Township NJ - Block 851 Lot 10

Owners: Mark J. & Marjorie D. Rappaport
Telephone: 908-910-9765 (Marjorie)
Street Address: 1740 Forge Pond Road, Brick, NJ 08724

Existing Plumbing Features

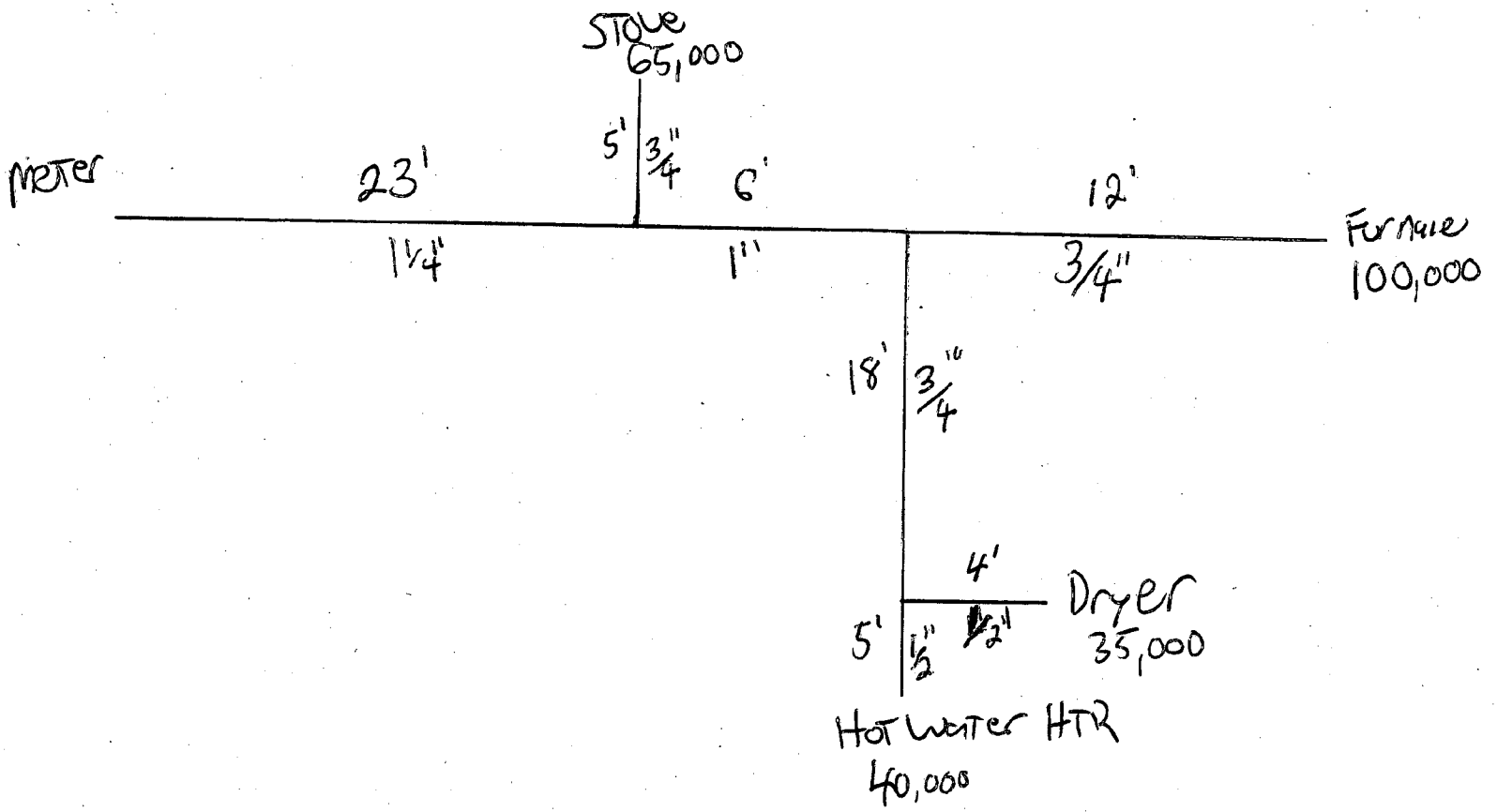
1 Bathtub
1 Toilet
2 Sinks (1 kitchen, 1 bath)
1 Dishwasher
1 Hot Water Heater 38 gallon

Additional New Plumbing Fixtures

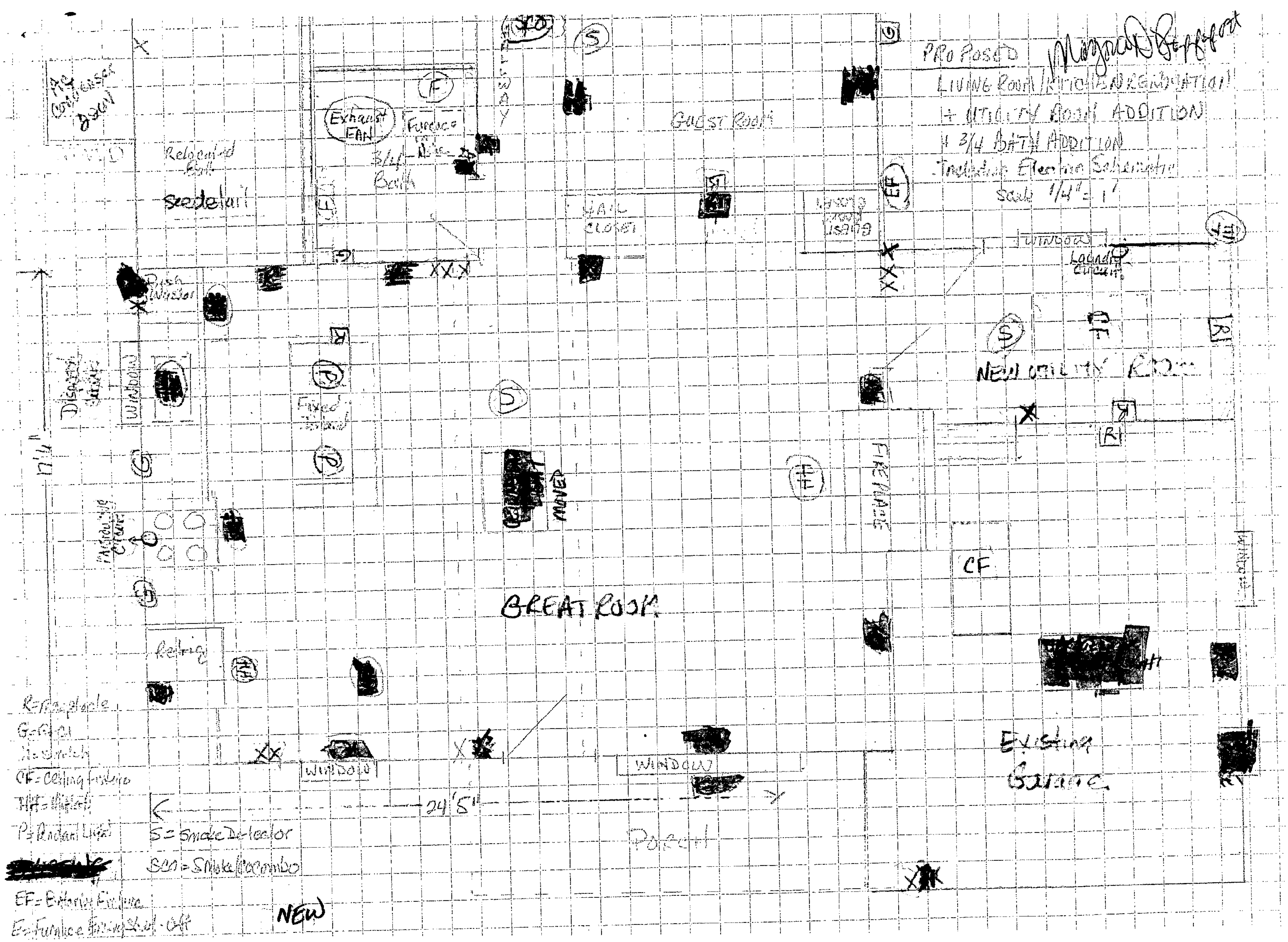
1 Shower – ¾ bath
1 Toilet – ¾ bath
1 Sink - ¾ bath
1 Garbage disposal - kitchen
1 new Bathtub - replacement

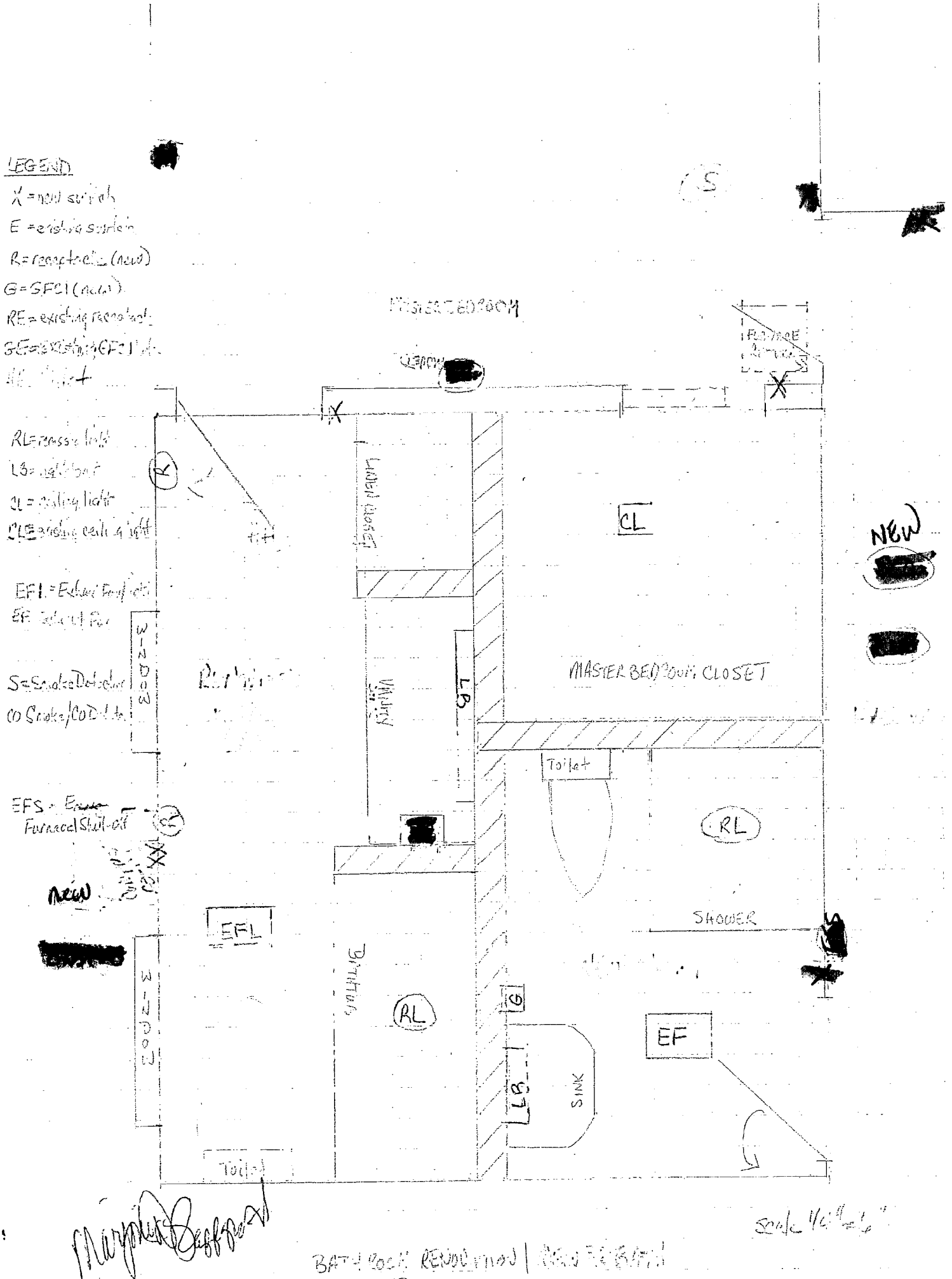
Total BTU 240,000

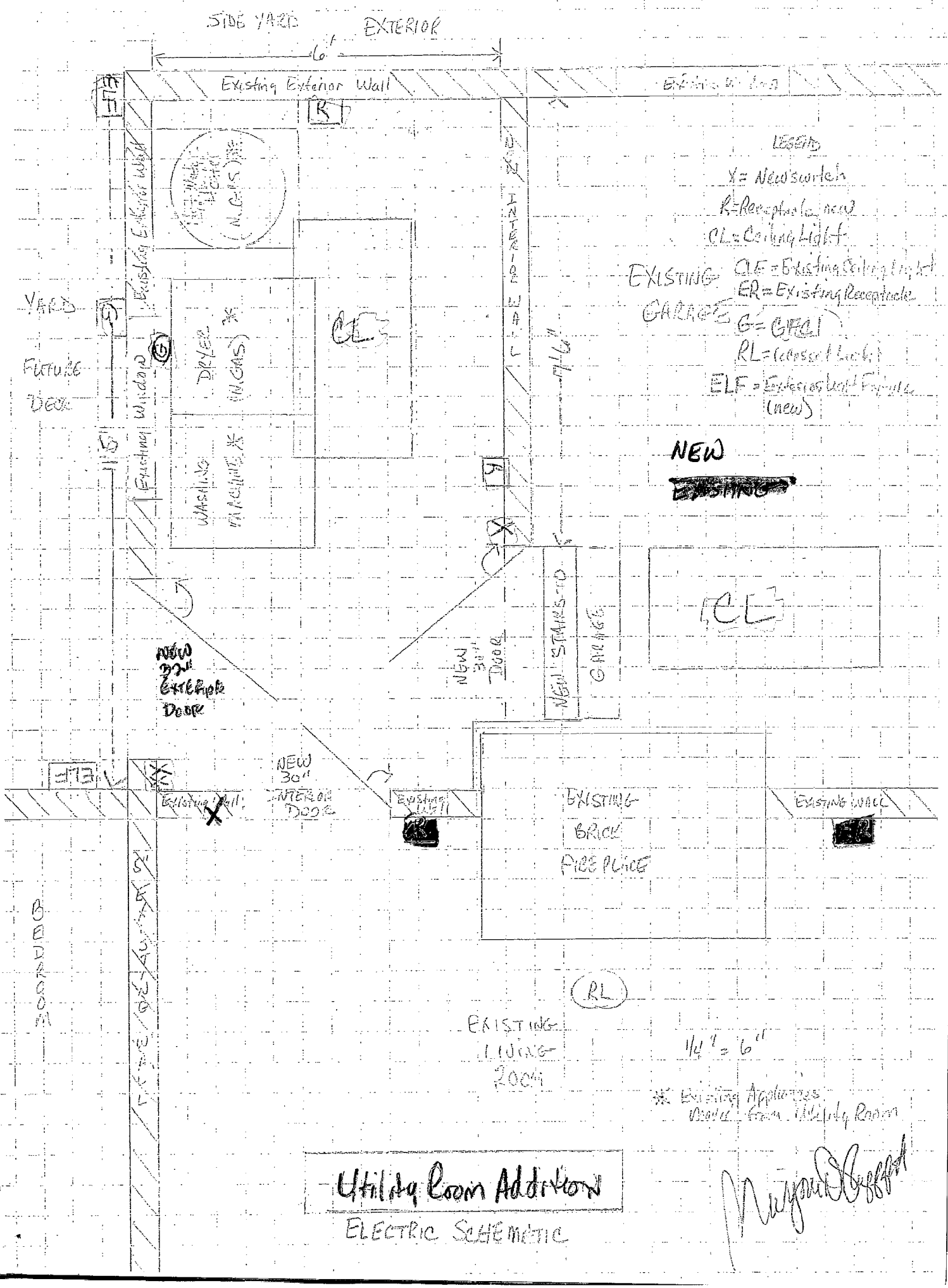
Longest Run 52'



GAS LINES
Block 851 Lot 20
Marjorie Baffaretti

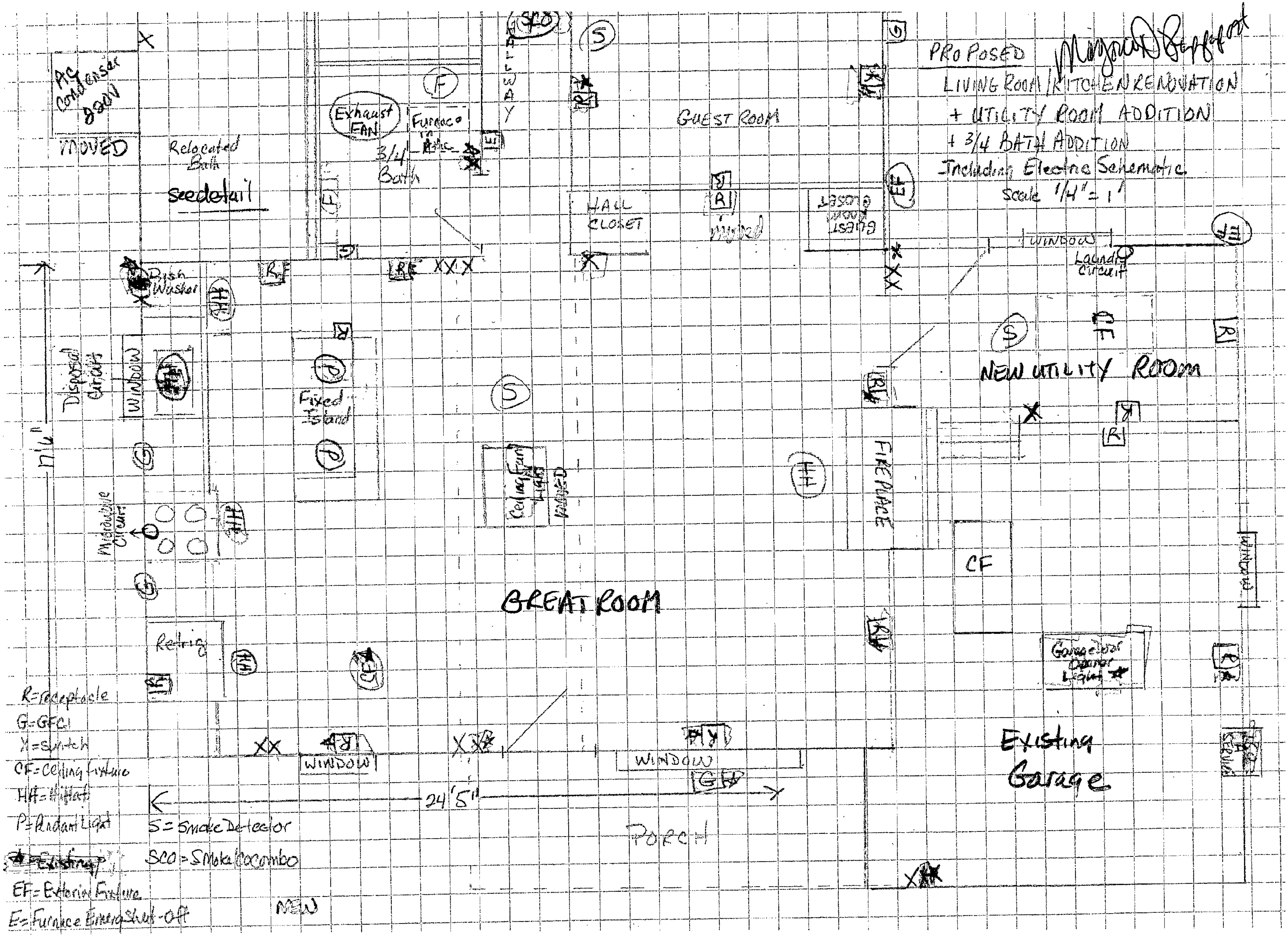

PRO POSED
LIVING ROOM/KITCHEN RENOVATION
+ UTILITY ROOM ADDITION
+ 3/4 BATH ADDITION
Including Electrical Schematic
Scale 1/4" = 1'
GUEST ROOM
HALL CLOSET
GUEST ROOM CLOSET
Exhaust FAN
Furnace
Bath
WINDOW
Fixed Island
GREAT ROOM
MOVED
FIREPLACE
NEW UTILITY ROOM
Laundry Circuit
CF
Existing Garage
Porch
24'5"
17'4"
Refrig
Dishwasher
R=Receptacle
CF=Ceiling Fixture
P=Pendant Light
S=Smoke Detector
EF=Exterior Fixture
NEW

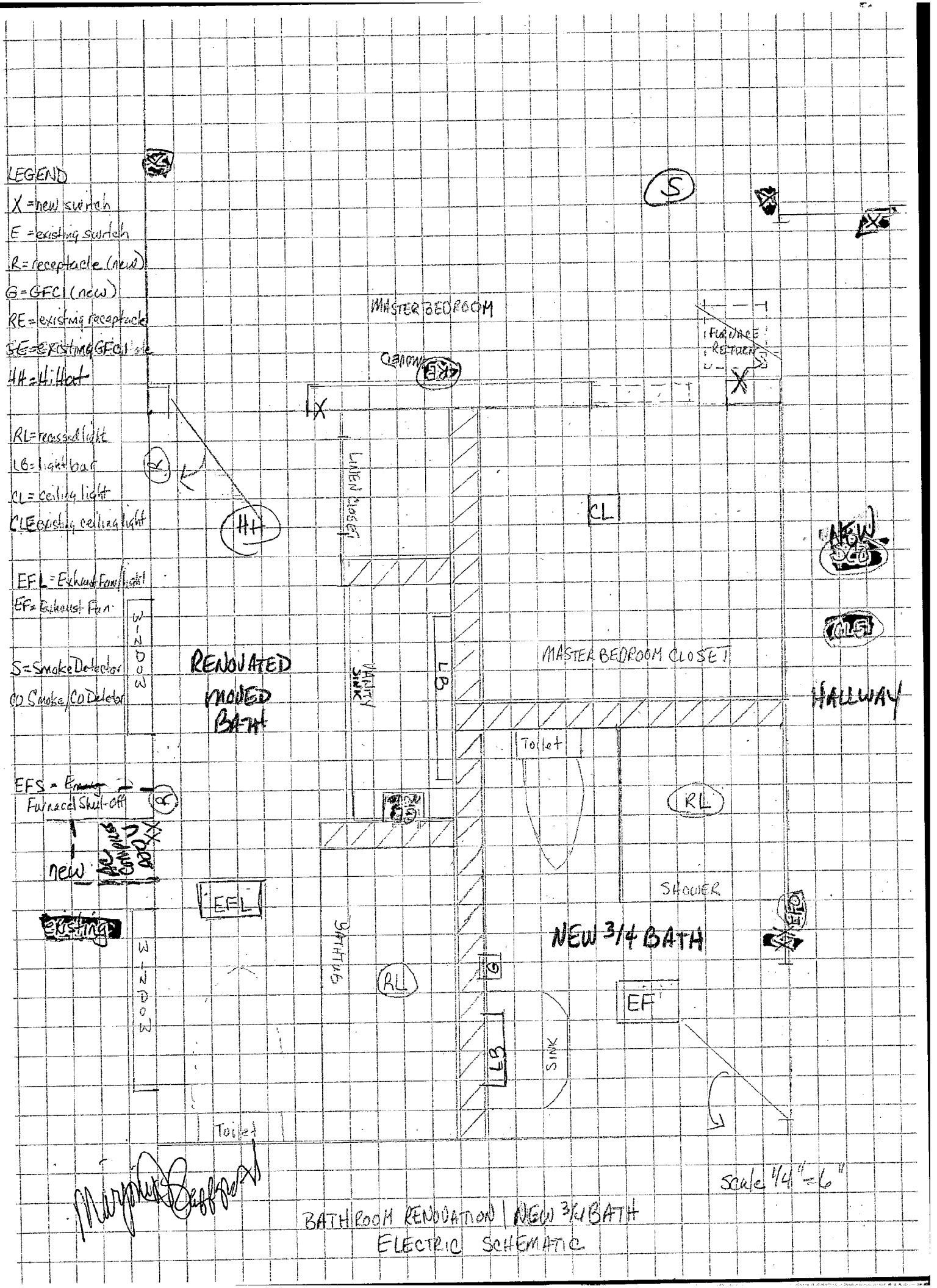

LEGEND
X = new surface
E = existing surface
R = receptacle (new)
G = GFCI (new)
RE = existing receptacle
GE = existing GFCI
RL = recessed light
LB = light bar
CL = ceiling light
CLE = existing ceiling light
EF1 = Exhaust Fan
EF = Exhaust Fan
S = Smoke Detector
CO = Smoke/CO Detector
EFS = Exhaust Fan Furnace Shut-off
MASTER BEDROOM
MASTER BEDROOM CLOSET
WINDOW
LB
CL
NEW
Toilet
RL
SHOWER
EFL
Bathtub
G
EF
SINK
Toilet
Scale 1/4" = 1'
BATHROOM REMODEL
ELECTRICAL

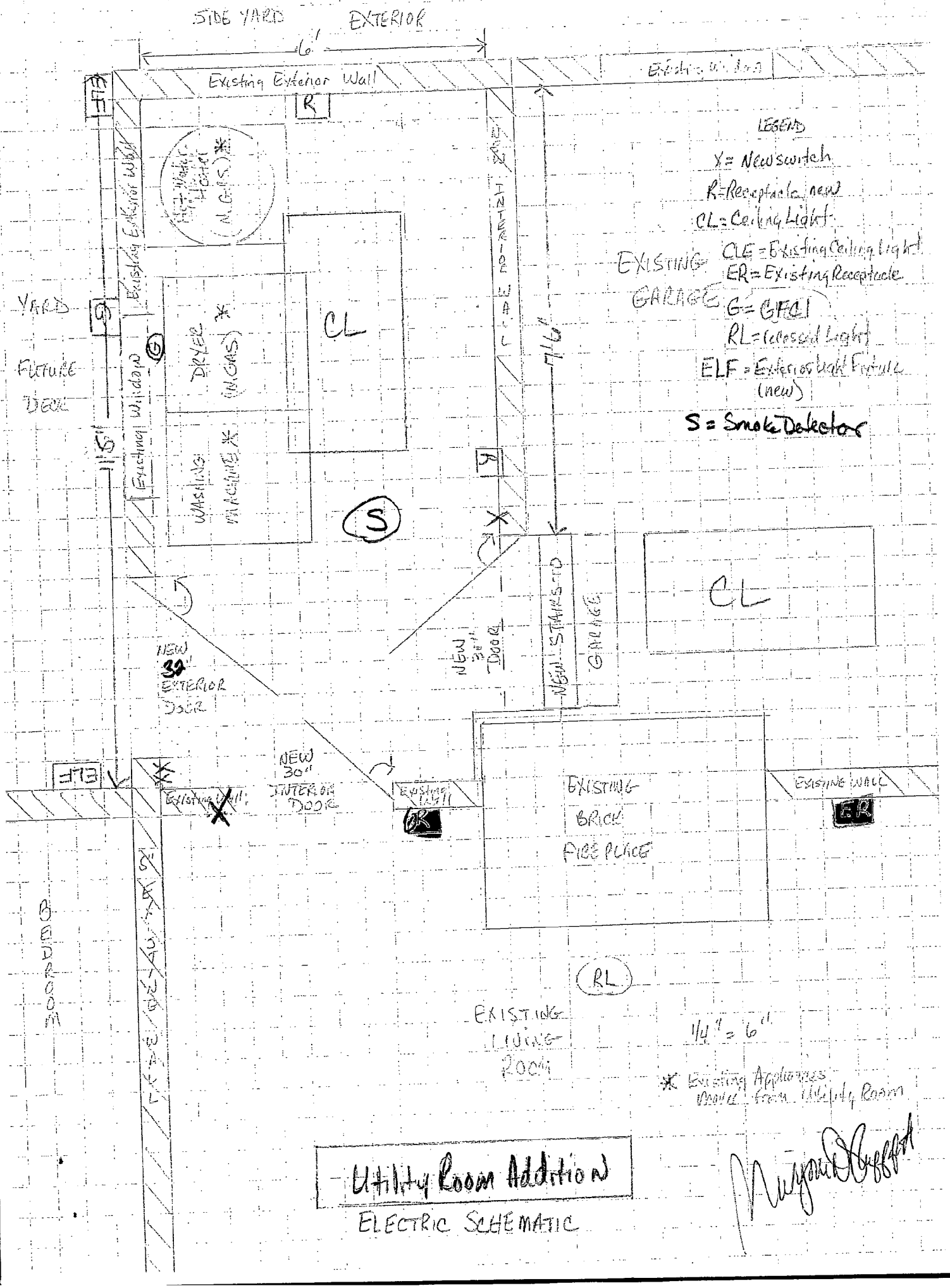


Utility Room Addition

ELECTRIC SCHEMETIC

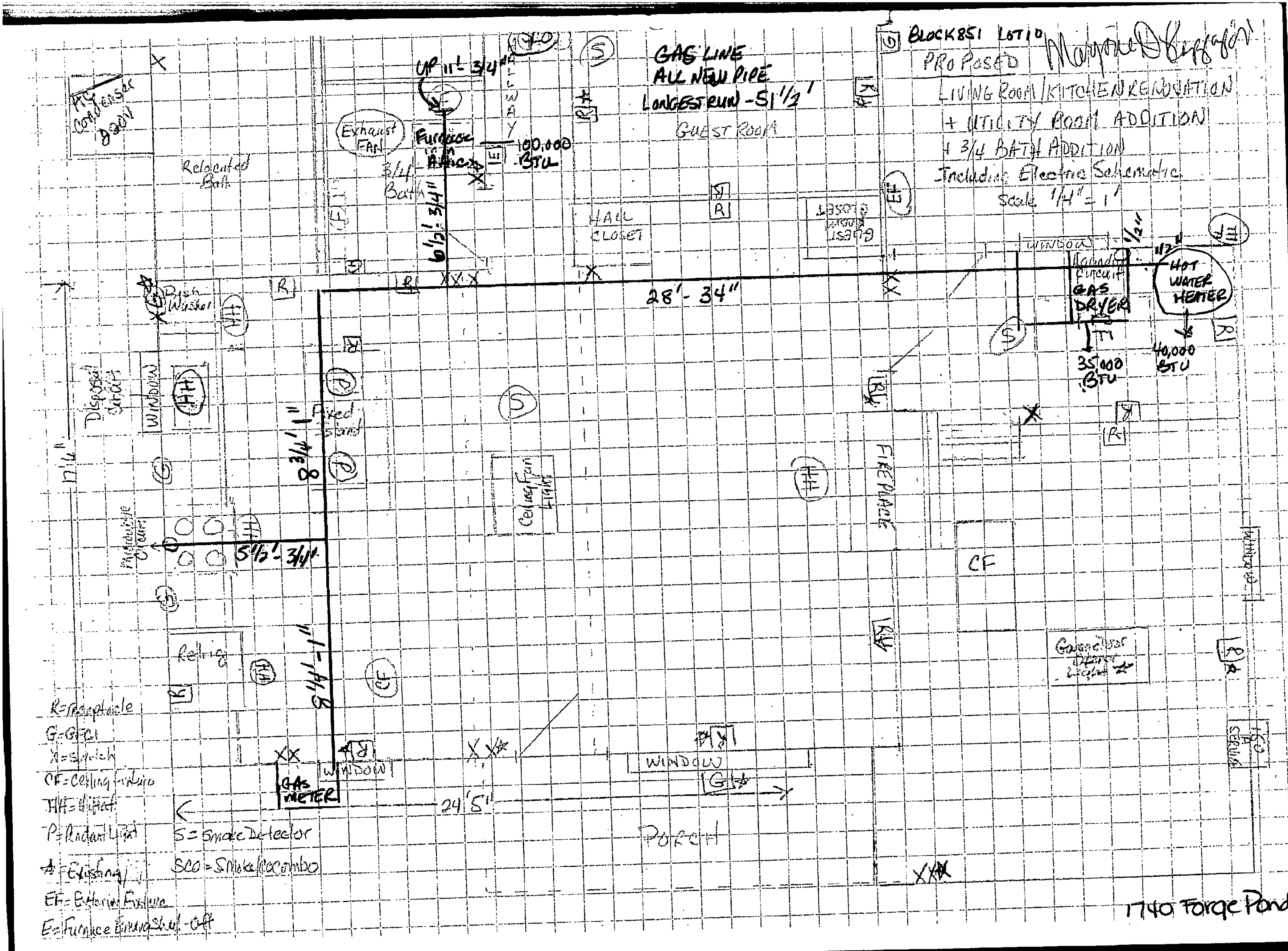

PROPOSED
LIVING ROOM/KITCHEN RENOVATION
+ UTILITY ROOM ADDITION
+ 3/4 BATH ADDITION
Including Electric Schematic
Scale 1/4" = 1'
GUEST ROOM
HALL CLOSET
GUEST ROOM CLOSET
WINDOW
Laundry Circuit
NEW UTILITY ROOM
FIREPLACE
CF
GREAT ROOM
Ceiling Fan Light
MOVED
Exhaust FAN
Furnace in Attic
3/4 Bath
Relocated Bath
see detail
AC Condenser
MOVED
Dish Washer
Disposal Circuit
WINDOW
Fixed Island
Microwave Circuit
Refrig
WINDOW
24'5"
17'6"
PORCH
Existing Garage
Garage Door Opener Light
SERVICE
R=receptacle
G=GFCI
X=Switch
CF=Ceiling Fixture
HH=Hi Hat
P=Pendant Light
S=Smoke Detector
SCO=Smoke/Co combo
Existing
EF=Exterior Fixture
E=Furnace Emerg Shut-off
NEW


LEGEND
X = new switch
E = existing switch
R = receptacle (new)
G = GFCI (new)
RE = existing receptacle
EG = existing GFCI
HH = Hi Heat
RL = recessed light
LB = light bar
CL = ceiling light
CLE = existing ceiling light
EFL = Exhaust Fan Light
EF = Exhaust Fan
S = Smoke Detector
CO Smoke/CO Detector
EFS = Furnace Shut-off
MASTER BEDROOM
LINEN CLOSET
RENOVATED MOVED BATH
VANITY SINK
LB
MASTER BEDROOM CLOSET
HALLWAY
Toilet
RL
SHOWER
NEW 3/4 BATH
BATHTUB
SINK
EF
EFL
WINDOW
Scale 1/4" = 6"
BATHROOM RENOVATION | NEW 3/4 BATH
ELECTRIC SCHEMATIC

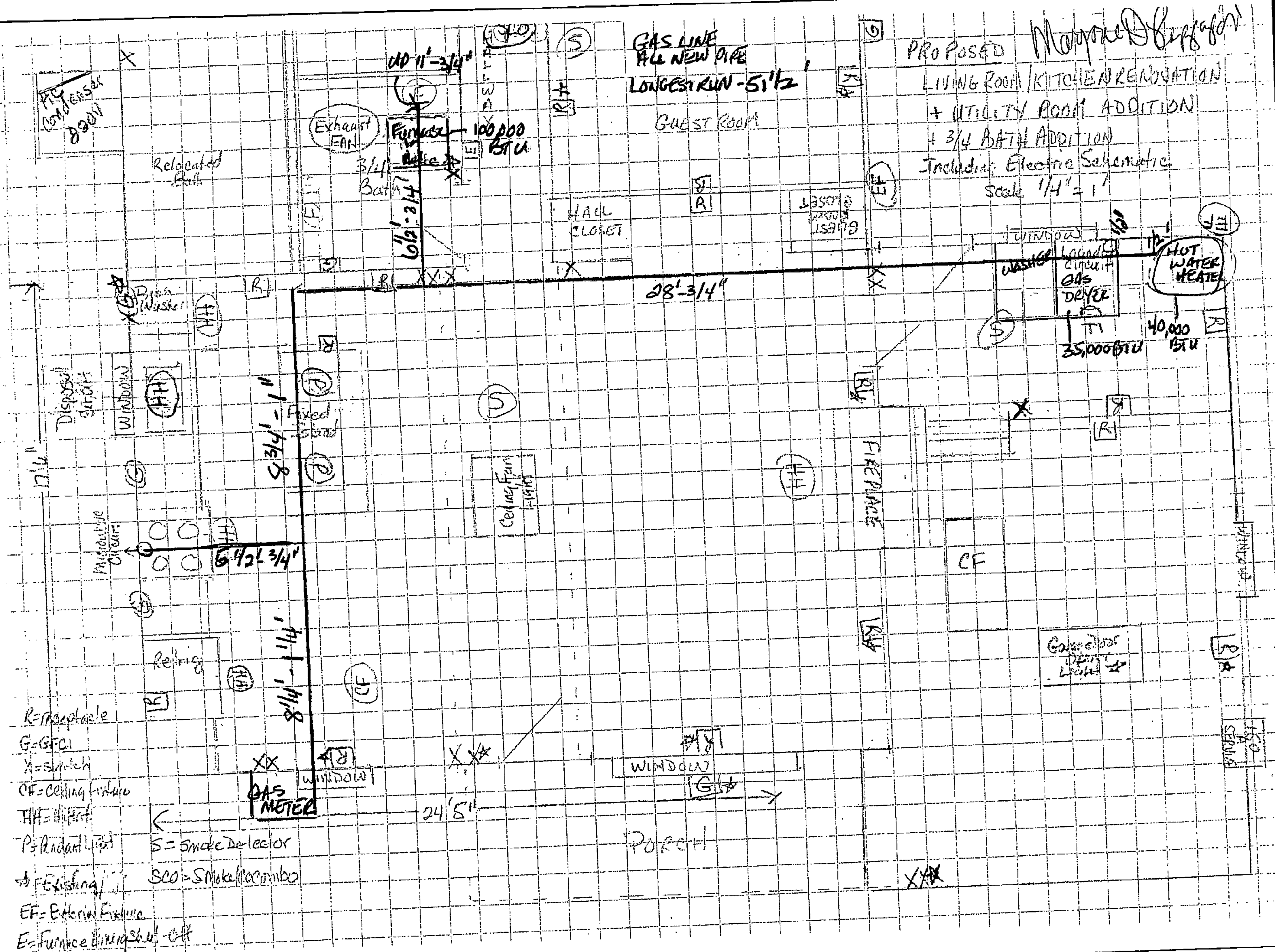


Utility Room Addition

ELECTRIC SCHEMATIC



BLOCK 851 LOT 10
PROPOSED
LIVING ROOM/KITCHEN RENOVATION
+ UTILITY ROOM ADDITION
+ 3/4 BATH ADDITION
Including Electric Schematic
Scale 1/4" = 1'
GAS LINE
ALL NEW PIPE
LONGEST RUN - 51 1/2'
Guest Room
UP 11' - 3/4"
Exhaust Fan
Furnace
100,000 BTU
3/4 Bath
Relocated Bath
Dish Washer
Disposal Circuit
WINDOW
HALL CLOSET
GUEST CLOSET
28' - 34"
6 1/2' - 3/4"
8 3/4' - 1"
5 1/2' - 3/4"
8 1/4' - 1"
Fixed Island
Ceiling Fan Light
Microwave Circuit
Refrig
GAS METER
24' 5"
17' 4"
PORCH
FIRE PLACE
CF
Dedicated Circuit
GAS DRYER
35,000 BTU
HOT WATER HEATER
40,000 BTU
1/2"
R = Receptacle
G = GFCI
X = Switch
CF = Ceiling Fixture
HH = High Hat
P = Pendant Light
☆ = Existing
EF = Exterior Fixture
E = Furnace Emergency Shut-Off
S = Smoke Detector
SCO = Smoke/Co combo
1740 Forge Pond


PROPOSED
LIVING ROOM / KITCHEN RENOVATION
+ UTILITY ROOM ADDITION
+ 3/4 BATH ADDITION
Including Electric Schematic
Scale 1/4" = 1'
GAS LINE
ALL NEW PIPE
LONGEST RUN - 51'1/2
GUEST ROOM
HALL CLOSET
GUEST CLOSET
HOT WATER HEATER
40,000 BTU
GAS DRYER
35,000 BTU
WASHER
WINDOW
Furnace
100,000 BTU
UP 11' - 3/4"
Exhaust FAN
3/4 Bath
Relocated Bath
Disposal
Dish Washer
Fixed Island
Ceiling Fan Light
FIRE PLACE
28' - 3/4"
6'1/2' - 3/4"
8'3/4' - 1"
8'1/4' - 1'1/4'
GAS METER
24'5"
17'4"
PORCH
Refrig
R = Receptacle
G = GFCI
X = Switch
CF = Ceiling Fixture
HH = High Hat
P = Pendant Light
S = Smoke Detector
SCO = Smoke/CO combo
EF = Exterior Fixture
E = Furnace Emerg Shut-Off