BLOCK 851 LOT 6 C15-61 QUALIFICATION CODE ADDRESS (SITE) 1742 FORGE POND RD PERMIT NO. 00-2786

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1742 Forge Pond
2. Name of Owner in Fee: GREG POMARANSKI [redacted]
   Address 1742 FORGE POND RD (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: CLINT DUCKWORTH Tel. (732) 929-1124
   Address 2849 OCEAN AVE. ISLD HGTS. NJ. 07732
   License No. OR, if ne [redacted] Exp. Date —
   Federal Employee No [redacted] FAX: (____)
5. Architect or Engineer ____ Tel. (____)
   Address ____
6. Responsible Person in Charge of Work ____
   Tel. (____) ____ FAX (____) ____

7/5/00

addition

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 69	35	
2.	Electrical	40	60	
3.	Plumbing	30	35	
4.	Fire Protection	35	46	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	4		
10.	Subtotal			
11.	Cert. of Occupancy	35	30	
12.	Other			
13.	TOTAL	$ 243	159	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure 24 ft.	
3.	Area — Largest Floor 649 sq. ft.	
4.	New Building Area 346 sq. ft.	
5.	Volume of New Structure 2769 cu. ft.	
6.	Construction Classification STICK FRAME	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone X8	
9.	Base Flood Elevation — ft.	
10.	Wetlands yes / (no)	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building		~~6/1~~ FCT	~~5/10/00~~ 5/15/00		7-5-00	FM	12/4/00		OK
3.	☒ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection					6-22-00	DB			
6.	☒ Plumbing	2,500.				6-20-00	MW	5/17/04		OK
7.	☒ Electrical	6,000.				5-24-00	WW			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		NA	5/18/00		5/18/00				
	TOTAL COSTS	28,000.								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

LDS BR 10400805

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date 7/11/00

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

IMPORTANT
A.H.B.T. - EXEMPT

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/11/2000
Control #
Permit # 00-2786

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 851 Lot 6 Qual

Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor CLINT HUCKWORTH
Address 249 OCEAN AVE
ISLAND HEIGHTS, NJ 08732-
Telephone (732)929-1174
Lic. No. or Bldrs. Reg. No.
Federal Emp. [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:
2ND STORY ADDITION - 2 BEDROOMS AND 1 BATH

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

Estimated Cost of Work $ 28,050

Construction Official

07/11/2000
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	69
Electrical	40
Plumbing	30
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	4
Cert. of Occupancy	35
Other 2 PEI	30
Total	243 ~~213~~
Check No.	155
Cash	
Collected By	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/05/2000
Control #
Permit # 00-2786+A
Permit Issued 07/11/2000

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 851 Lot 6 Qual

Work Site Location 1742 FORGE POND RD
ADDING 2ND ZONE HEATING
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor AIR APPARENT
Address 340 COTT PL
MANCHESTER, NJ
Telephone (732)657-4023
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3730224

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:
INSTALL 2ND ZONE HEATING/COOLING
B-VENT FLUE

PAYMENTS (Office Use Only)

Building	35
Electrical	53
Plumbing	25
Fire Protection	46
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	159
Check No.	236
Cash	
Collected By	LRT

Estimated Cost of Work $ 2,200

J. Cusenza/KT
Construction Official

10/05/2000
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 7/11/00
Control # C15-61
Permit # 00-2786

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor CLINT BULKWORTH
Address 249 OCEAN AVE
ISLAND HEIGHTS, NJ 08732-
Tele.(732)929-1174 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. N[redacted]

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

2ND STORY ADDITION - 2 BEDROOMS AND 1 BATH

See Revised Drwgs showing Insul.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-5-00	EW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 346 Sq. Ft.
Volume of New Structure 2,768 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 23,900
2. Alteration $ 0
3. Total (1+2) $ 23,900

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	69
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 69
DCA Training Fee	$ 4

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/21/2000
Date Issued ~~01/01/1954~~
Control # 10-5-00
Permit # 00-2786+A

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDING 2ND ZONE HEATING
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor AIR APPARENT
Address 340 COTT PL
MANCHESTER, NJ
Tele.(732)657-4023 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3730224

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

INSTALL 2ND ZONE HEATING/COOLING
B-VENT FLUE

Check Clearances

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req	9-26-00	KM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 200
2. Alteration $ 0
3. Total (1+2) $ 200

Industrialized Building:
[ ] State Approved
[ ] HUD

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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 35
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 7/11/00
Control # C15-61
Permit # 00-2786

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor CLINT DUCKWORTH
Address 249 OCEAN AVE
ISLAND HEIGHTS, NJ 08732-
Tele.(732)929-1174 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-5-00	KM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 12-4-00
Approved By: KM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	10/11/2000 (orig)			
BarrierFree			8/7/2000	JKO
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12-4-00	KM
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 346 Sq. Ft.
Volume of New Structure 2,768 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 23,900
2. Alteration $ 0
3. Total (1+2)$ 23,900

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

2ND STORY ADDITION - 2 BEDROOMS AND 1 BATH

See Revised Drwgs showing Insul

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	69
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 69
DCA Training Fee	$ 4

Paid [ ] Check # Collected by:

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

10/11/2000 Sister 2x8's?? or just 2x8's?? OK
Chimney + ~~Ducts not connected~~. JKL
JK

10/16/2000 Check for scuttle hole in closet to be closed up; top landing of existing stairs Tripping hazard, need floor in attic to service furnace. JKL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/21/2000
Date Issued ~~01/01/1954~~
Control # 10-5-00
Permit # 00-2786+A

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDING 2ND ZONE HEATING
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor AIR APPARENT
Address 340 COTT PL
MANCHESTER, NJ
Tele.(732)657-4023 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3730224

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

INSTALL 2ND ZONE HEATING/COOLING
B-VENT FLUE

Check Clearances

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req	9-26-00	KM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 200
2. Alteration $ 0
3. Total (1+2)$ 200

Industrialized Building:
[ ] State Approved
[ ] HUD

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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 35
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 7/11/00
Control # C15-61
Permit # 00-2786

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele. [redacted] Fax ( )
Contractor JOHN E CAMBORN & SON
Address PO BOX 1107
ISLAND HEIGHTS, NJ 087 -
Tele.(732)929-1292
Lic. No. or Bldrs. Reg. No. 10767
Federal Emp. No. 22-3154586

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 5-24-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
8		Lighting Fixtures	
11		Receptacles	
8		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
35		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 40
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 5/11/00
Control # C15-61
Permit # 00-2786

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK NJ 08724-
Tele [redacted] Fax ( )
Contractor JOHN K CAMBORN & SON
Address PO BOX 1107
ISLAND HEIGHTS, NJ 087 -
Tele.(732)929-1292
Lic. No. or Bldrs. Reg. No. 10767
Federal Emp. No. 22-3154586

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 5/2/00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
8		Lighting Fixtures	
11		Receptacles	
8		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
35		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 40
DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/21/2000
Date Issued ~~01/01/1954~~
Control # 10-5-00
Permit # 00-2786+A

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDING 2ND ZONE HEATING
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor STAT ELECTRIC
Address 16 WYOMING DR
JACKSON, NJ 08527-
Tele.(732)364-1048
Lic. No. or Bldrs. Reg. No. 11996
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 92700
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	5	KW Central A/C Unit	9
1	6	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 53
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 7/11/00
Control # C15-61
Permit # 00-2786

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor JOHN E CAMBORN & SON
Address PO BOX 1107
ISLAND HEIGHTS, NJ 087 -
Tele.(732)929-1292
Lic. No. or Bldrs. Reg. No. 10767
Federal Emp. No. 22-3154586

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 5 24 00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			10 10 00	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
8		Lighting Fixtures	
11		Receptacles	
8		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
35		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	40
DCA Training Fee	$	0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

BCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/21/2000
Date Issued ~~01/01/1954~~
Control # 10-S-00
Permit # 00-2786+A

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDING 2ND ZONE HEATING
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor SIMI ELECTRIC
Address 16 WYOMING DR
JACKSON, NJ 08527-
Tele.(732)364-1948
Lic. No. or Bldrs. Reg. No. 11996
Federal Emp. No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
X No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 92700
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			10/1000m	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

B. ELECTRICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	5	KW Central A/C Unit	9
1	6	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	3
TOTAL FEE	$	53
DCA Training Fee	$	0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 7/11/00
Control # C15-61
Permit # 00-2786

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele. [redacted] Fax ( )
Contractor JOHN E CAMBORN & SON
Address PO BOX 1107
ISLAND HEIGHTS, NJ 087 -
Tele.(732)929-1292
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3154586

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 50

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-22-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LHG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	8	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

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

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/21/2000
Date Issued ~~01/01/1954~~
Control # 10-5-00
Permit # 00-2786+A

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-2[illegible]000

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDING 2ND ZONE HEATING
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tel [redacted] Fax ( )
Contractor AIR APPARENT
Address 340 COTT PL
MANCHESTER, NJ
Tele.(732)657-4023
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3730224

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: ATTIC
Total Est Cost of Fire Prot Work $ 500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5-25-00
Approved By: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

ATTIC UNIT
Comb Air Clearances

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	0

Paid [ ] Check # Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/21/2000
Date Issued 01/01/1954
Control # 10-5-00
Permit # 00-2786+A

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDING 2ND ZONE HEATING
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor AIR APPARENT
Address 340 COTT PL
MANCHESTER, NJ
Tele.(732)657-4023
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3730224

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: ATTIC
Total Est Cost of Fire Prot Work $ 500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5-25-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

ATTIC UNIT
Comb Air Clearances

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 46
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 7/11/00
Control # C15-61
Permit # 00-0786

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor JOHN E CAMBORN & SON
Address PO BOX 1107
ISLAND HEIGHTS, NJ 087 -
Tele.(732)929-1292
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3154586

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 50

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 6-22-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	8	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

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

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 7/11/100
Control # C15-61
Permit # 00-2786

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK NJ 08724-
Tele [redacted] Fax ( )
Contractor COMMANCA PLUMBING & HEATING
Address 2016 TEAKWOOD RD
TOMS RIVER, NJ
Tele.(732)270-5973
Lic. No. or Bldrs. Reg. No. 5518
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 6-20-00
Approved By: DW

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 3-17-04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			10-10-00	DW
Water				
Sewer			3/16/04	
Pixtures				
Gas Equip.				
Gas Piping			10-10-00	DW
Solar				
TCO			NO ANSWER 3/10/04	

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	30
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

3/4 Service OK

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

OF BRICK
TOWERS BRIDGE RD
40N OF INSPECTIONS
DI

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/21/2000
Date Issued ~~01/01/1954~~
Control # 10-5-00
Permit # 00-2786+A

FICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING ... TECHNICAL SITE DATA (List all fixtures.)
ORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

851 Lot 6 Qual
ite Location 1742 FORGE POND RD
ADDING 2ND ZONE HEATING
er in Fee POMARANSKI, GREG
dress SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor AIR APPARENT
Address 340 COTT PL
MANCHESTER, NJ
Tele.(732)657-4023
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3730224

B. PLUMBING CHARACTERISTICS
Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-28-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 3-7-04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.			3/16/04	
Gas Piping				
Solar				
TCO				

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory 30'	0
0	Shower	0
0	Floor Drain 60,000	0
0	Sink	0
0	Dishwasher 1"	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 25
	DCA Training Fee	$ 0

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

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

U.C.C. P130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/21/2000
Date Issued ~~01/01/1954~~
Control # 10-5-00
Permit # 00-2786+A

236

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

Block 851 Lot 6 Qual

Work Site Location 1742 FORGE POND RD
ADDING 2ND ZONE HEATING

Owner in Fee POMARANSKI, GREG

Address SAME
BRICK, NJ 08724-

Tele. [redacted] Fax ( )

Contractor AIR APPARENT

Address 340 COTT PL
MANCHESTER, NJ

Tele.(732)657-4023

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3730224

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-28-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory 30'	0
0	Shower	0
0	Floor Drain 60,000	0
0	Sink 1"	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 25
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 7/11/00
Control # C15-61
Permit # 00-2786

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee POMARANSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor COMUNICK PLUMBING & HEATING
Address 2016 TEAKWOOD RD
TOMS RIVER, NJ
Tele.(732)270-5973
Lic. No. or Bldrs. Reg. No. 5518
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 6-20-00
Approved By: DW

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 30
	DCA Training Fee	$ 0

3/4 Service O/C

7

7

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 6/11/00
Control # C15-61
Permit # CO-2786

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

Block 851 Lot 6 Qual
Work Site Location 1742 FORGE POND RD
ADDITION
Owner in Fee PONARAHSKI, GREG
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor COWDRICK PLUMBING & HEATING
Address 2016 TEAKWOOD RD
TOMS RIVER, NJ
Tele.(732)270-5973
Lic. No. or Bldrs. Reg. No. 5518
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 6-20-00
Approved By: JAW

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 30
DCA Training Fee $ 0

3/4 service o/c

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: May 15, 2000 **No. 2000**-0799

Block: 851 **Lot**: 6 **Zone**: R-10

Property Address: 1742 Forge Pond Road

Owner: Greg Pomaranski

Applicant: Greg Pomaranski **Phone**: [redacted]

Existing Use: Single-family dwelling

Proposed Use: Single-family dwelling

Proposed Construction: Second-story addition, 24'x27'6", 24' high

Conditions: The addition must be setback at least 6' from the side property lines and at least 20' from the rear property line

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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
MAY 15 2000
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 951 LOT 6

PROPERTY ADDRESS (number and street): 1742 FORGE POND RD

NAME OF PROPERTY OWNER GREG POMARANSKI

PERSONAL NAME OF APPLICANT GREG POMARANSKI

BUSINESS NAME OF APPLICANT

MAILING ADDRESS OF APPLICANT 1742 FORGE POND RD BRK 08724

TELEPHONE NUMBER OF APPLICANT [redacted]

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-family dwelling
- ☐ Commercial (please describe)

PROPOSED CONSTRUCTION (please describe, specifically additions)

2ND STORY ADDITION - 2 bedrooms + 1 bathroom

All dimensions: 24'-0" Width 27'-6" Length 24'-0" Height

All dimensions: _____ Width _____ Length _____ Height

All dimensions: _____ Width _____ Length _____ Height

Deck or Garage: _____ Attached _____ Detached _____ Height

Fence: _____ Style _____ Material _____ Height

CHECKLIST:

- ☑ All information completed above
- ☑ Two (2) copies of the property survey map containing:
- ☑ All existing and proposed structures
- ☑ All dimensions of the lot and structures
- ☑ All setbacks from the structures to the property lines
- ☐ All adjacent streets and waterways
- ☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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 G. Pomaranski Date 5/15/00

Reviewed by Zoning Officer JC Date 5-15-00 (X) Approved ( ) Rejected

ADDITION CHECK LIST

1. Construction Permit Jacket signed & completed. Yes ____ No ✓
2. Zoning Application Completed Yes ✓ No ____
3. Engineering Form Completed Yes ____ No ✓
4. Two true size surveys showing dimensions & setbacks Yes ✓ No ____
5. Bldg, Plmg, Fire, & Electric subcode info completed Yes ✓ No ____
6. Two sets of plans- architecturals signed & sealed- all pages
   homeowner drawings- signed by homeowner- all pages
   showing existing & proposed floor plan Yes ✓ No ____
7. Completed section VI on jacket- building characteristics Yes ✓ No ____
8. Brochures- furnace, boiler, a/c, fireplace (wood or gas) Yes ____ No ✓
9. Gas pipe drawing- if applicable Yes ____ No ✓
10. DWV schematic- if applicable w/ list of existing fixtures Yes ____ No ____
11. Detail of electrical locations Yes ✓ No ____
12. Detail of existing & proposed smoke detectors Yes ✓ No ____
13. Complete debris form Yes ✓ No ____
14. Separate addition & alteration cost Yes ✓ No ____
15. 2nd story additions require engineer certification for foundation if the plans are not done by an architect Yes ✓ No ____

REQUIRED INSPECTIONS FOR NEW CONSTRUCTION

NJAC 5:23-2.18 (C)1: NOTICE SHALL BE GIVEN *24 HOURS* PRIOR TO THE TIME THE INSPECTION IS DESIRED. INSPECTIONS SHALL BE PERFORMED WITHIN *3 BUSINESS DAYS* OF THE TIME FOR WHICH IT WAS REQUESTED.

THE PLUMBER AND ELECTRICIAN ARE THE ONLY PEOPLE TO CALL IN AND SCHEDULE THEIR INSPECTIONS.

ORDER OF INSPECTIONS:

1. **Footing:** The footing inspection will take place once the rods are in place (if they are needed) and the compaction data is supplied (if needed). The hole shall not be filled in with concrete.

2. **Foundation:** If it is a new building, you need to supply an as-built foundation survey first and have it approved. Then we will call you to schedule a date.
   Any other type of foundation (such as additions) can be called in and requested.

3. **Open Deck:** The building department requests that you schedule an open deck inspection if you are building on top of a crawlspace.

4. **Sheathing:** As soon as it is up

5. **Roughs (Plumbing and Electric):** Your Plumbing rough and gas (if there is gas piping in your house) and Electrical rough are done at this point. Both need to pass in order to move on to your next inspection. (An Electrical service inspection can be done at this time)

6. **Framing:** Your framing is scheduled after your rough plumbing and/or electric pass. Your windows, doors, roofing and siding must be in place to receive this inspection.

7. **Insulation:** The insulation needs to be set

8. **Finals:** Finals consist of an inspection by the building, plumbing, electrical, and fire inspectors. The paperwork that you receive when you pay for your permit tells you the inspections needed to final your job.

ALL JOBS MUST PASS THEIR FINALS IN ORDER TO RECEIVE YOUR CERTIFICATE.

IN ORDER TO PICK UP A CERTIFICATE OF OCCUPANCY FOR A NEW HOUSE/BUILDING YOU MUST ALSO SUPPLY US WITH:

A. MUST HAVE RECEIVED FINAL ENGINEERING
B. CERTIFICATE OF COMPLIANCE FROM THE BTMUA
C. REPORT OF SOIL COMPLIANCE (COMMERCIAL, SUBDIVISIONS AND ANY DISTURBANCE OF SOIL OVER 5,000 SQ. FT)
D. HOMEOWNERS WARRANTY
E. TOWNSHIP GARBAGE CAN RECEIPT
F. CO REQUEST FORM

ALL OTHER JOBS WILL RECEIVE A CERTIFICATE OF ACCEPTANCE FOR THE WORK THAT WAS PERFORMED AND PASSED. UPON REQUEST A CERTIFICATE OF ACCEPTANCE CAN BE PICKED UP.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

7

Joseph C. Scarpelli Mayor

Township Council
Frederick J. Underwood, Sr - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

Date: 5/11/10

Block: 857 Lot: 6

Property Address: 1742 FORGE POND RD BRICK

I, GREG POMARANSKI (name) of 1742 FORGE POND RD (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

G. Pomaranski
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: 5/18/10 Signed: [signature]

Rejected on: _____ Signed: _____

Comments:

FLANNERY, WEBB & HANSEN, P.A.

CIVIL ENGINEERS • LAND SURVEYORS • SITE PLANNERS
LANDSCAPE ARCHITECTS • ENVIRONMENTAL CONSULTANTS

1940.001
April 25, 2000

Township of Brick
Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

Attn: Building Subcode Official

Re: Foundation Certification
Block 851 * Lot 6
1742 Forge Pond Road
Brick Township, Ocean County, New Jersey

Dear Sir/Madam:

Flannery, Webb & Hansen, P.A. has inspected the eight (8) inch cinderblock foundation of the above referenced single-family detached dwelling with the intent of determining whether the foundation has the structural integrity to handle the additional loads of the proposed renovation/addition.

The proposed renovation/addition to the cape cod-style dwelling involves the conversion of the upper level to a two (2) bedroom and bathroom level with a dormer and twelve (12) inch rear cantilever addition. Using a 30#/S.F. roof load and 40#/S.F. floor load (first and second floor), the maximum total load on the existing foundation is 1,310 #/L.F., which is below the 2,666 #/L.F. calculated for a standard 8" x 16" footing on minimum 2,000 #/S.F. bearing capacity soil.

Our inspection of this foundation noted only one (1) minor hairline crack below one of the windows, and is otherwise completely sound.

Given the visual soundness of the foundation, with no apparent under-sizing or inadequacies of the footing, Flannery, Webb & Hansen, P.A. certifies this foundation for the aforementioned renovation/addition.

Should you have any questions or require additional information, please do not hesitate to contact this office.

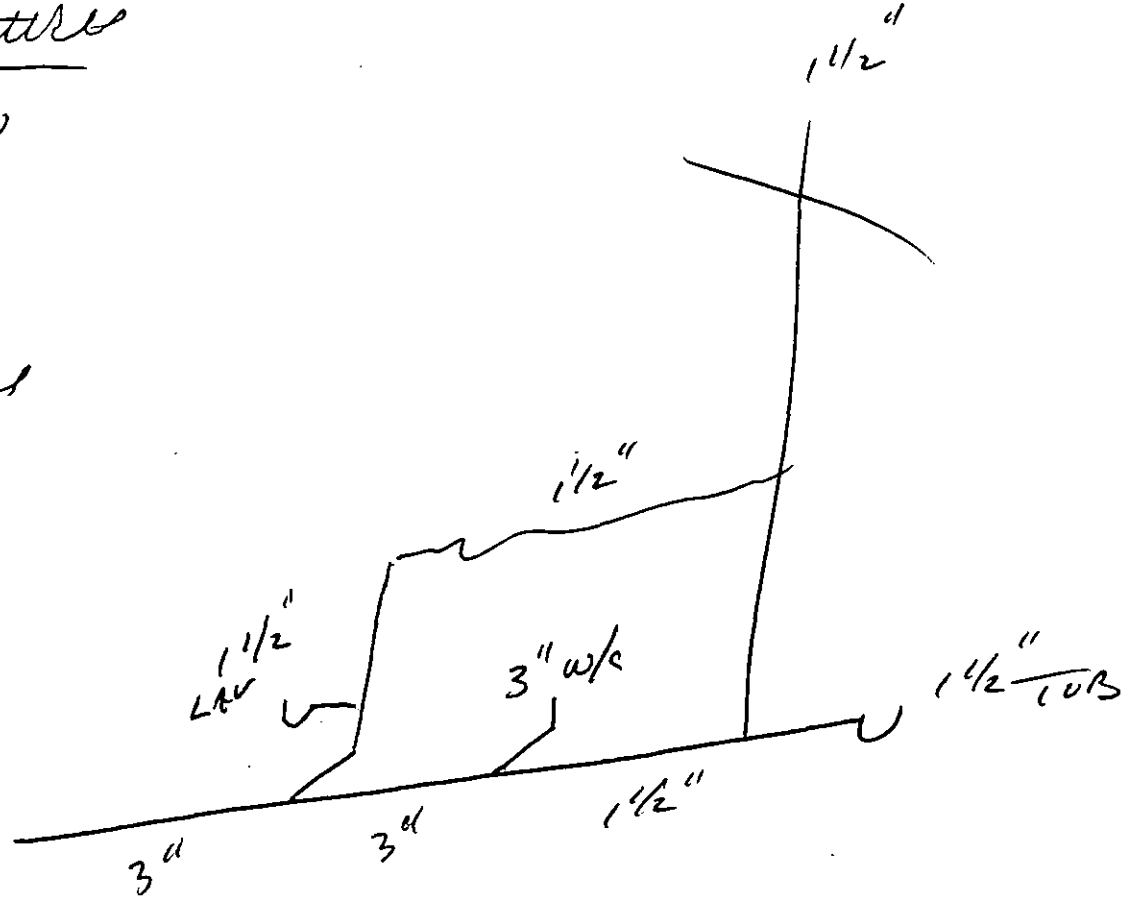
Sincerely,

Brian S. Flannery
New Jersey Professional Engineer
License No. 26283

Doc: 04940BTBD001

List of existing fixtures

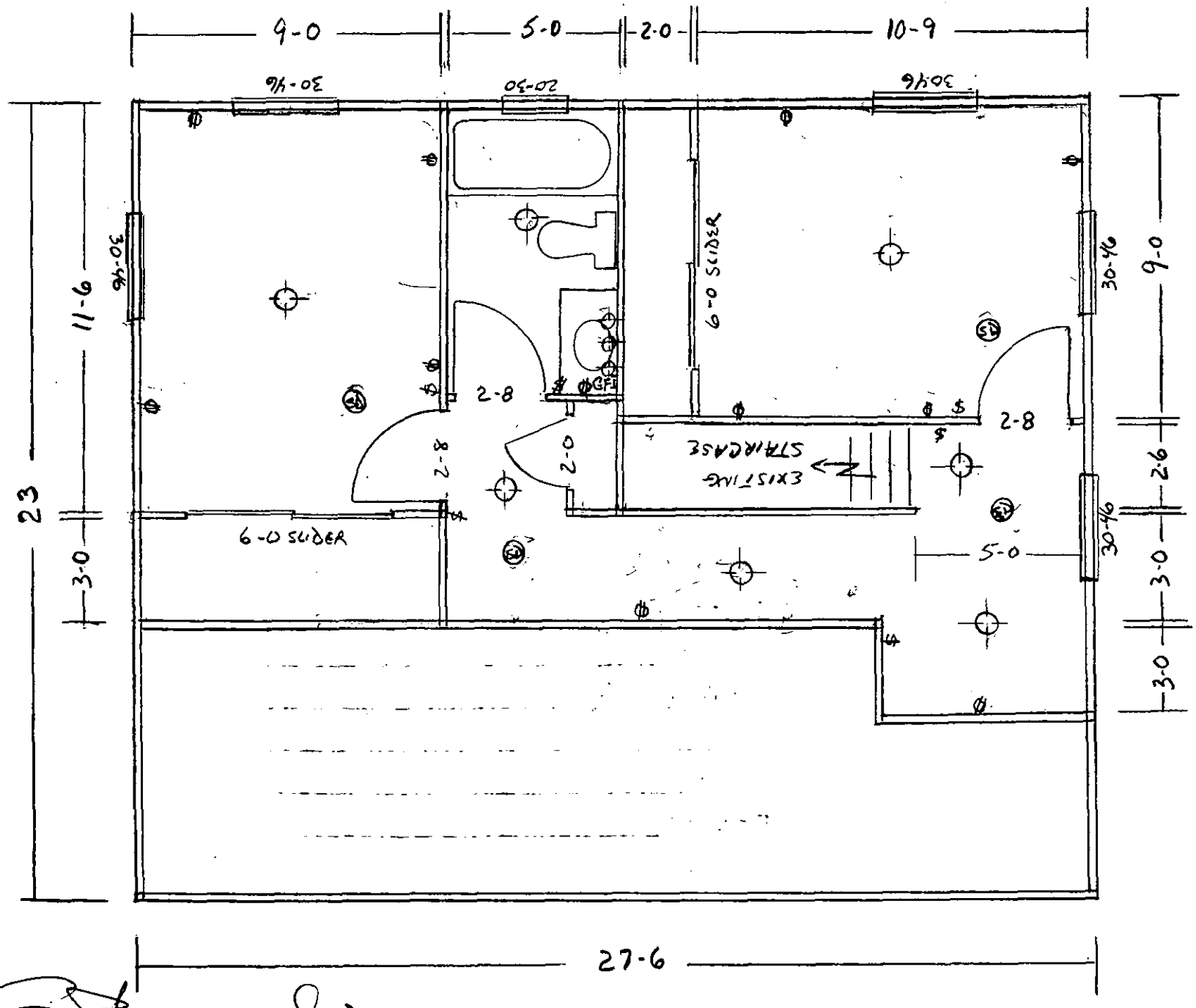
1 tub/shower
2 sinks
1 toilet
1 washmachine



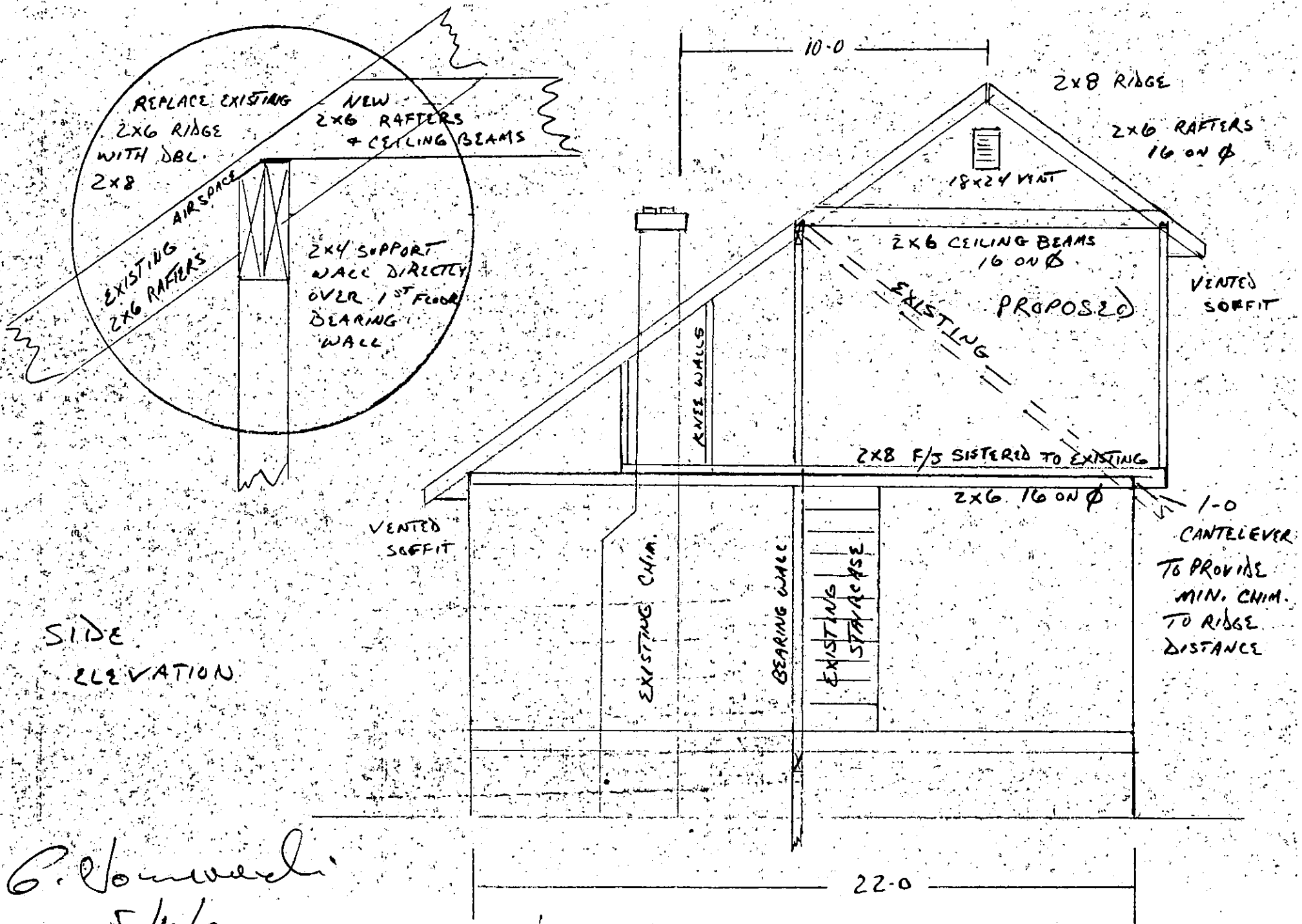
PLUMBING
RISER
DIAGRAM

5/11/00

FLOOR + ELECTRICAL PLAN



C. Tomarelli
5/4/00



SIDE ELEVATION

G. Vonnucci

5/11/00

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 5-19-00

JURISDICTION Erie
(City, County, Township, etc.)

BUILDING LOCATION 1742 Forge Road
(Street address)

BUILDING DESCRIPTION Addition

REVIEWED BY DB

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1)	Need plan showing all S.D.'s. Permit application shows 8 S.D.'s plan only shows 4.	
2)	Note on plan all S.D.'s are to be hardwired both backup interconnected.	
	Building	
	No Tempered Glass in window Near TUB	
	Insulation	
	Interior Finish ? Gyp ?	
	Sheathing	
	Siding	
	Underlayment & Shingles	
	RECEIVED SUBMIT DATE 6/22/00	
	Spoke To Builders wife 10:10 Am	

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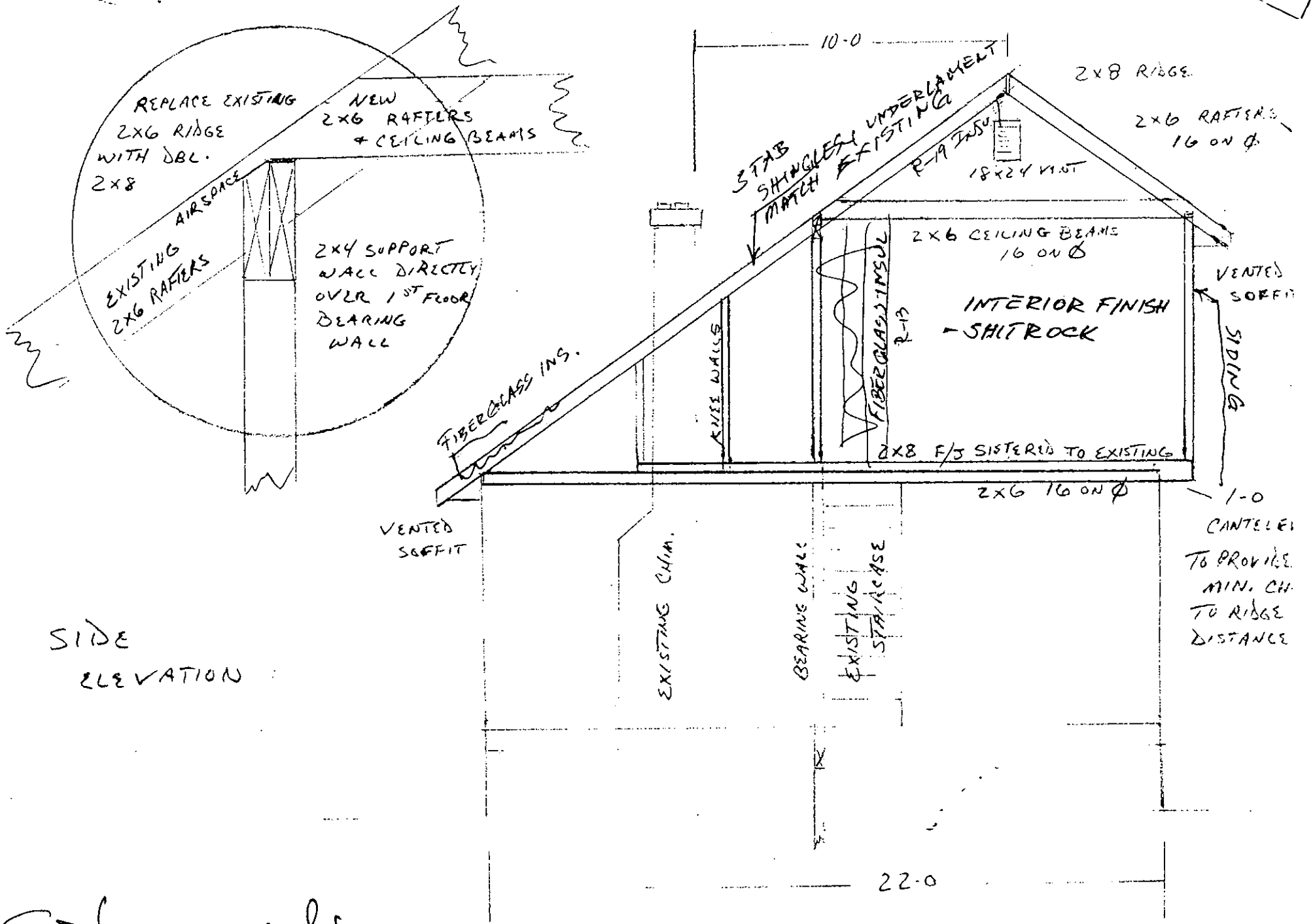
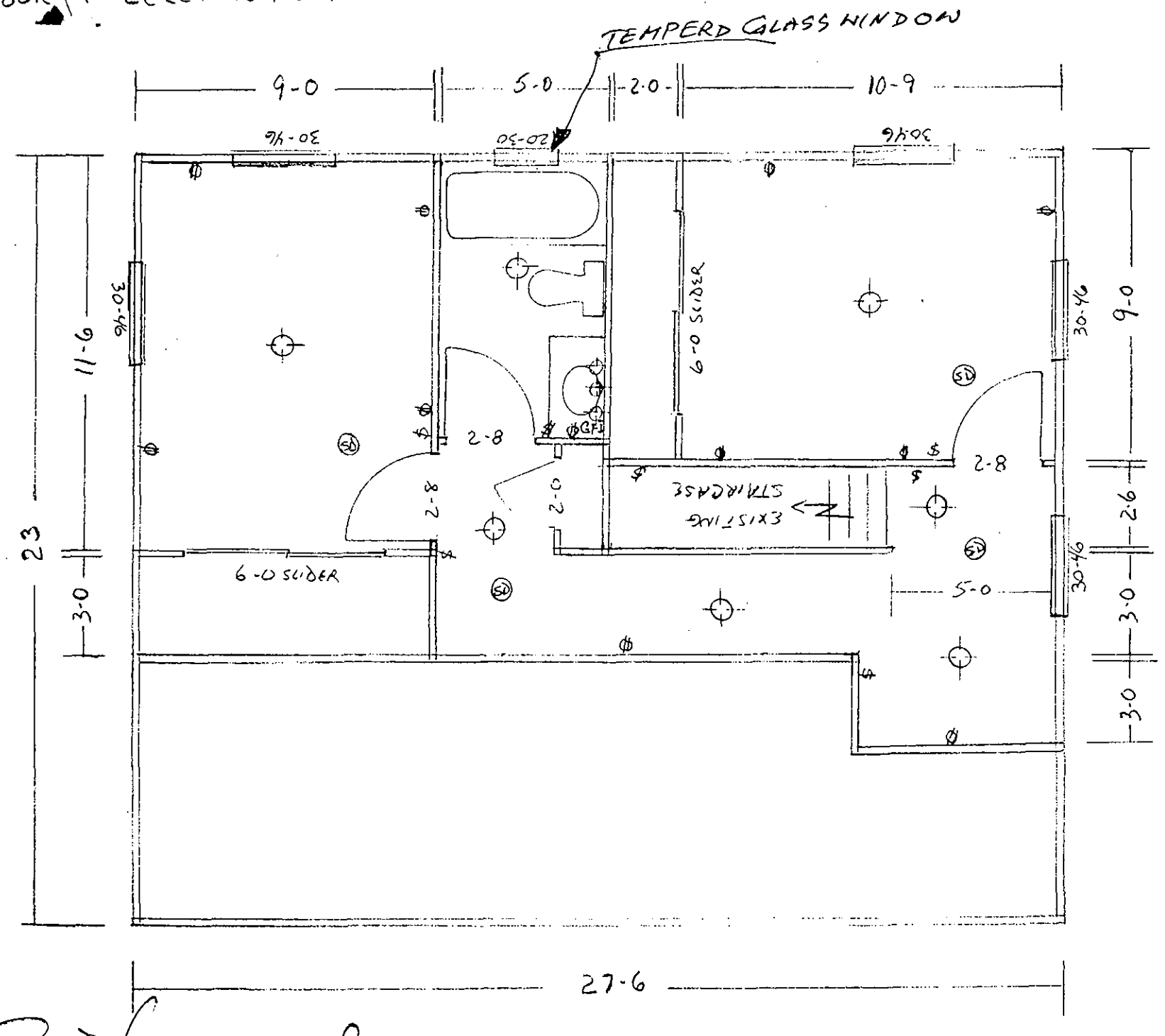
BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60478-5795

06/9



SIDE ELEVATION

FLOOR + ELECTRICAL PLAN



SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Pomarowski DATE 6-20-00

PROPERTY ADDRESS 1742 Forge Pond Rd BLOCK 851 LOT 6

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	
2:KITCHEN GROUP	1	2	
3:WATER CLOSETS			
4:LAVATORY			
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK			
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE	1	4	
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

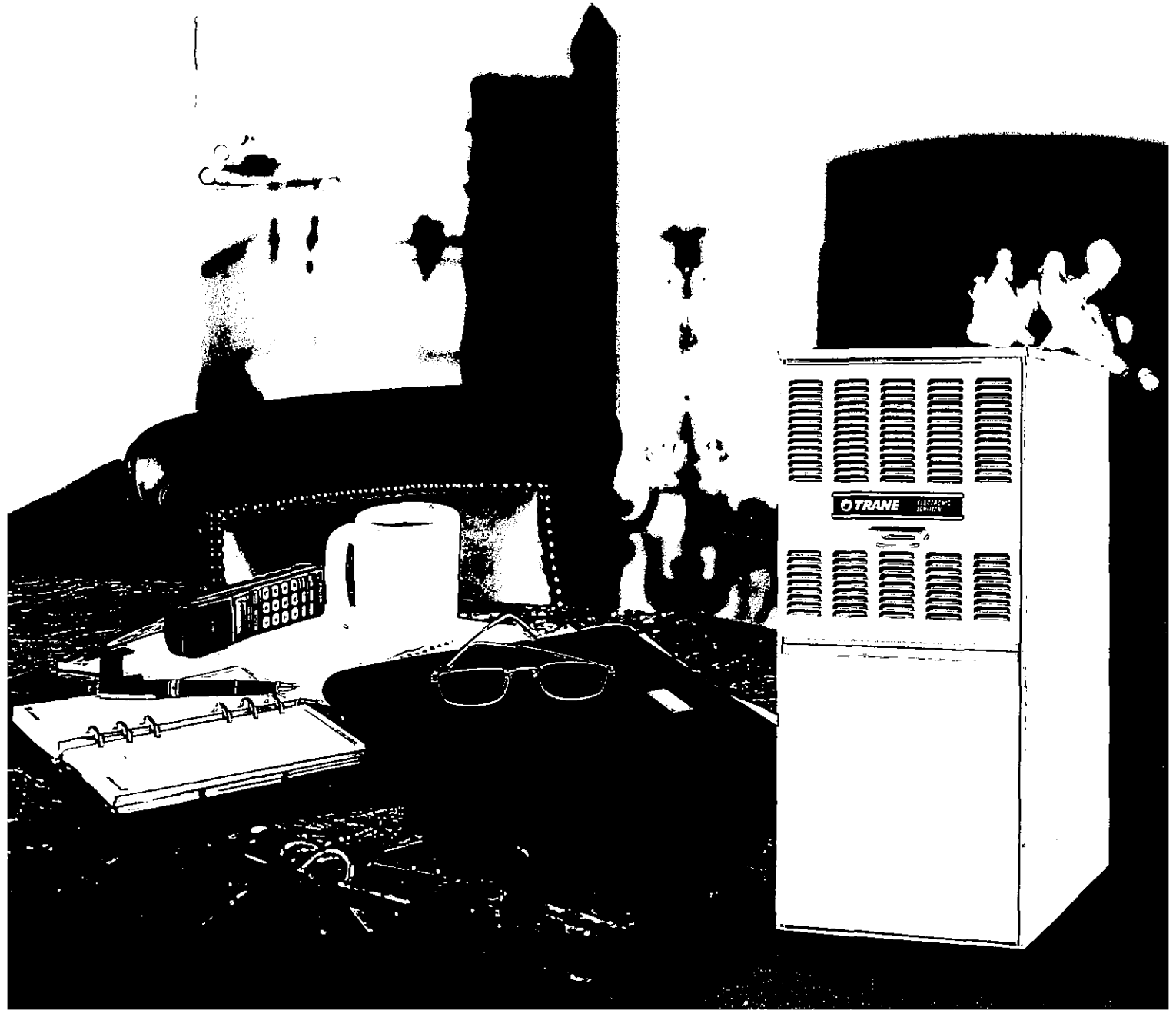
GALLONS PER MINUTE 12

SIZE OF SERVICE 3/4

DATE: 6-20-00 APPROVED: Daniel D

TRANE®

You Can Feel The Difference.



Cozy Comfort That Won't Burn A Hole In Your Wallet.

Comfort and efficiency don't necessarily have to cost you a lot of money. And, that's exactly what we had in mind in the design of our TUE/TDE gas furnace. Now you can enjoy cozy comfort during the coldest winter nights when you need reliable performance.

Now, For More Hot News!

The Trane TUE/TDE gas furnace has energy-efficient features which help you save on utility bills, too. Features like a Multi-Port In-Shot burner that actually shapes a flame, yielding more heat while using less gas.

And, the burner's counterpart, the heat exchanger, designed with a serpentine channel of optimum length to assure maximum heat transfer. As air flows across the exchanger, an induction venting fan quietly pulls air through the serpentine channel, getting the most out of the efficient exchanger design. And the TUE/TDE heat exchanger comes with a 20-year, non-prorated limited warranty.

In addition, the new Trane TUE/TDE gas furnace carries an 80 AFUE (Annual Fuel Utilization Efficiency) rating. Therefore, your system operates more efficiently at a lower operating cost.

You Can Trust Your Trained Trane Dealer.

Trane dealers are trained experts. They know how to properly evaluate and install the right system for your home. And that's important because the wrong system will not only be less efficient, your home will be less comfortable as well.

TRANE

TUE Gas Furnace Upflow/Horizontal

Model	Airflow In Tons	Height (in.)	Width (in.)	Depth (in.)	Capacity (1000) Output-BTUH	ICS* AFUE
TUE040A924K	2	40	14.5	28	31.0	80
TUE060A936K	3	40	14.5	28	47.0	80
TUE080A936K	3	40	17.5	28	63.0	80
TUE080A948K	4	40	17.5	28	64.0	80
TUE100A936K	3	40	17.5	28	79.0	80
TUE100A948K	4	40	21.0	28	79.0	80
TUE100A960K	5	40	21.0	28	80.0	80
TUE120A960K	5	40	24.5	28	95.0	80
TUE140A960K	5	40	24.5	28	111.0	80

1

TUE060

TDE Gas Furnace Downflow/Horizontal

Model	Airflow In Tons	Height (in.)	Width (in.)	Depth (in.)	Capacity (1000) Output-BTUH	ICS* AFUE
TDE060A936K	3	40	14.5	28	48.0	80
TDE080A945K	4	40	17.5	28	64.0	80
TDE100A945K	4	40	17.5	28	80.0	80
TDE100A960K	5	40	21.0	28	80.0	80
TDE120A960K	5	40	24.5	28	96.0	80

* Isolated Combustion System

Gama Efficiency Rating Certified

All model designs are certified by the American Gas Association Laboratories to comply with national standards for safety, performance and durability.

As part of our continuous product improvement, The Trane Company reserves the right to change specifications and design without notice. Read important energy cost and efficiency information available from your dealer.

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The Trane Company
Unitary Products Group
6200 Troup Highway
Tyler, TX 75707

www.trane.com

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Pub. No. 72-1105-06

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12 SEER RANGE

TRANE

You Can Feel The Difference.

XE 1200 High Efficiency Air Conditioner

Why A Matched System Is Important.

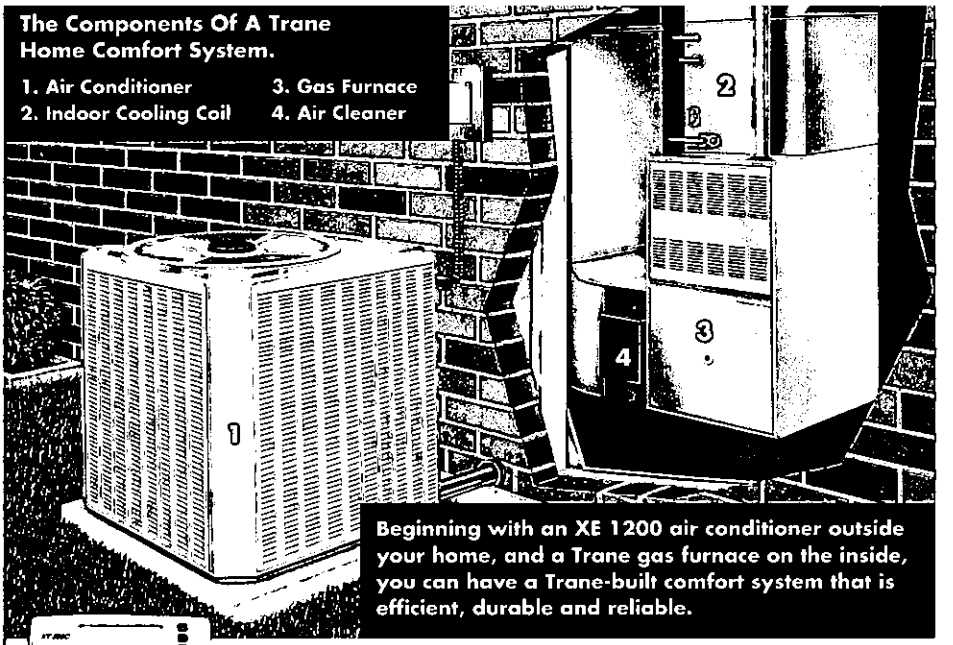
A heating and cooling system is made up of individual parts. And, even though each component is separate, they're all designed and engineered to work together as a system. A perfectly balanced system is the best way to get the highest comfort and efficiency. When you match the XE 1200 air conditioner with a Trane high efficiency gas furnace, you've installed a system that can have an efficiency rating in the 12 SEER range.

The Right Size System For Your Comfort Needs.

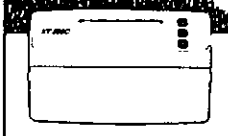
When buying a home comfort system, selecting the right size is crucial. For instance, an air conditioner that is too large will cool your home quickly but you still may not feel comfortable. It will satisfy the thermostat before it can adequately remove sufficient moisture from the air.

As you might expect, a system that is too small just cannot get the job done. Your local Trane dealer can help you determine the right size system for your home comfort needs. Ask him to conduct an energy analysis of your home.

He'll measure the windows, check the insulation, ductwork, and building materials, plus other things that can directly affect system size. He can help you select a system that fits your particular lifestyle and home comfort needs.



Beginning with an XE 1200 air conditioner outside your home, and a Trane gas furnace on the inside, you can have a Trane-built comfort system that is efficient, durable and reliable.



A programmable thermostat with comfort control from Trane is reliable and can be as simple as set it and forget it. (Optional accessory, purchased separately.)

A Tradition Of Innovation.

Innovation and expert engineering have been a hallmark of The Trane Company since 1931 when our founder Reuben Trane patented the company's first air conditioning system. From that time on, Trane has been a leader in the advancement of heating and air conditioning technology.

XE 1200 Air Conditioner

Model	Nominal Tonnage	Height (in.)	Width (in.)	Depth (in.)	Nominal Cooling Capacity (BTUH)
TTP018C	1.5	29	33	29	18,000
TTP024C	2	33	33	29	24,000
TTP030D	2.5	41	33	29	30,000
TTP036D	3	41	33	29	36,000
TTP042C	3.5	37	39	35	42,000
TTP048D	4	37	39	35	48,000
TTP060D	5	37	39	35	60,000

TTP.018

Certified by the Air Conditioning and Refrigeration Institute Standard 210. Rated in accordance with ARI Standard 270.

Listed by Underwriters Laboratory.

As an Energy Star Partner, Trane has determined that some models meet the Energy Star guidelines for energy efficiency.

As part of our continuous product improvement, The Trane Company reserves the right to change specifications and design without notice. Read important energy cost and efficiency information available from your dealer.

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www.trane.com

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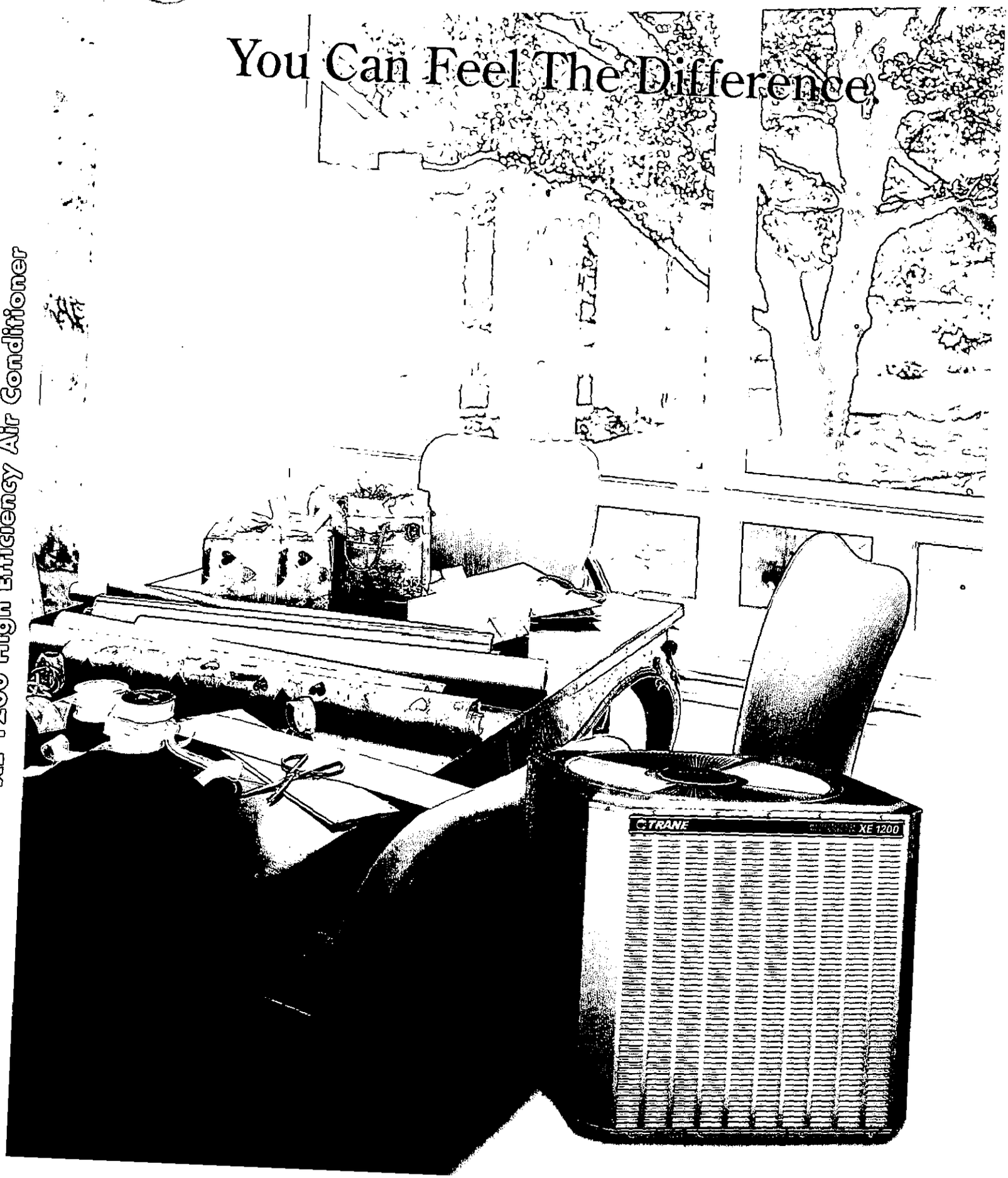
12
SEER
RANGE

TRANE

You Can Feel The Difference.

XE 1200 High Efficiency Air Conditioner



TOTAL COMFORT, ALL SUMMER LONG.

When the summer weather outside is at its most miserable, you can relax and stay cool inside with Trane's XE 1200 air conditioner. That's because an XE 1200 air conditioner will take care of your comfort every day during the long, hot summer – efficiently and dependably, just the way you like it.

MAKE THE RIGHT CHOICE WITH TRANE.

Whether you're building a new home or just replacing your old system, you couldn't have picked a better time to purchase.

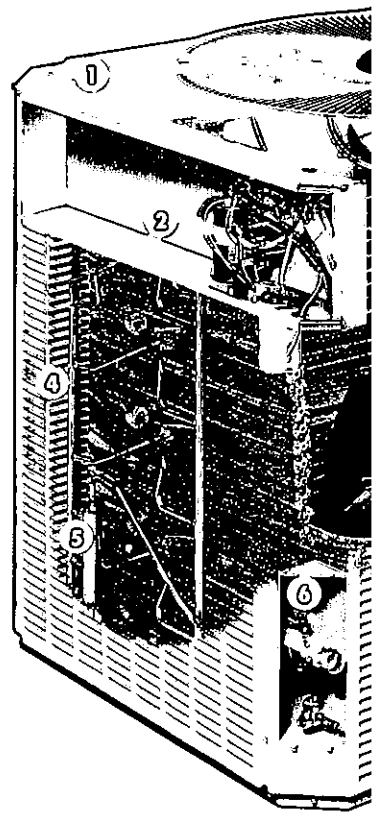
But, first, there are some questions you should ask. Is the manufacturer reputable? How reliable will the new unit be? How much will it cost to operate?

12 SEER+ *

***Ratings are established according to Air Conditioning & Refrigeration Institute procedures and will vary depending on the indoor blower/coil installed as part of your system.**

Always start with a name you can trust – a name synonymous with quality. A name like Trane. Trane has been making quality air conditioning and heating equipment for over six decades, and will be around in the future when you need us.

The next step is to have your local dealer do an energy analysis of your home. He can help recommend a system that meets your particular home comfort needs. Then you are ready to compare unit efficiency. The efficiency of your system will determine how much it will cost to operate. The higher the SEER, the lower your cooling bills.



XE 1200 AIR CONDITIONER FEATURES:

① ATTRACTIVE CABINET
The XE 1200 blends well with any architectural design. Powder paint finish covers surfaces uniformly, increasing protection from rust and corrosion.

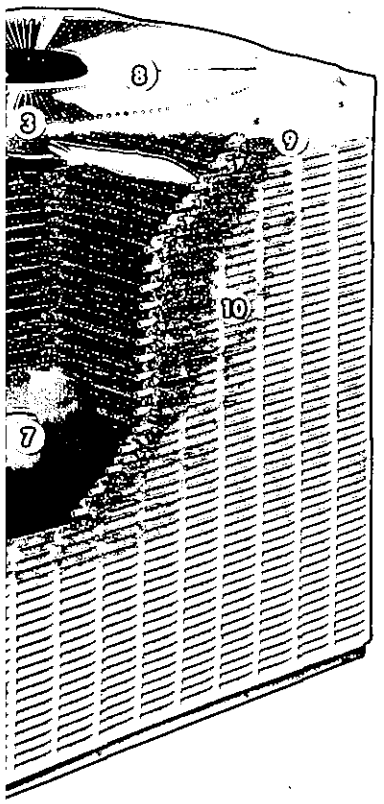
② ELECTRICAL CONTROL BOX
Mounted high in the unit to keep out moisture and for easy service access.

③ ENERGY-SAVER FAN MOTOR
The fan motor and precision balanced fan blade design increase the efficiency of the unit.

④ SINGLE SIDE SERVICE
One side panel can be removed for quick and easy service if required.

⑤ REFRIERANT FILTER-DRIER
Prolongs unit life and reliability by keeping refrigerant clean and dry.

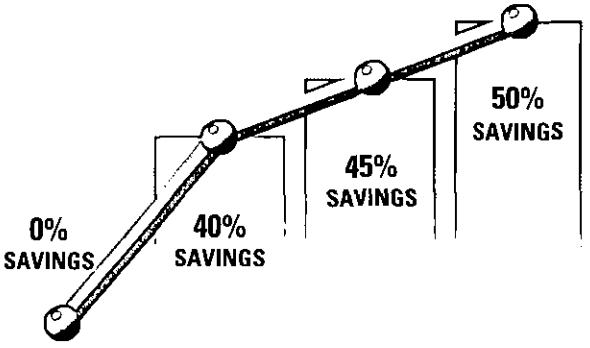
⑥ EXTERNAL BRAZE FITTINGS
Makes installation quick and easy. Each valve has a service port. For ease of checking refrigerant pressures, high and low pressure tap ports are standard.



WHY A HIGHER EFFICIENCY RATING CAN SAVE YOU MONEY.

Estimated
Annual Cooling
Cost Comparisons.

If your current air conditioner is more than 10 years old, it could be as low as a 6.00 SEER. Compare the annual cooling bill of a 6.00 SEER system to that of a new system with a higher SEER, such as Trane's 10.00, 11.00 or 12.00. For instance, if the annual cooling bill of a 6.00 SEER system was $1000, it could cost only $500 for a 12.00 SEER system, or an annual savings of 50%. Now, that makes dollars and sense, doesn't it?



Annual Cooling Bill	6 SEER	10 SEER*	11 SEER	12 SEER
	$600	$360	$330	$300
	$800	$480	$440	$400
	$1,000	$600	$550	$500
	$1,200	$720	$660	$600
	$1,400	$840	$770	$700

*Minimum efficiency established by the Department of Energy.

Potential energy savings may vary depending on your personal lifestyle, system settings, equipment maintenance, local climate, actual construction and installation of equipment and duct system.

⑦ CLIMATUFF® COMPRESSOR
Designed, tested and built for quality and durability. Backed by a 5-year limited warranty.

⑧ LOUVERED STEEL STARBURST TOP
Computer-designed, the top is both attractive and functional. It shields the unit from leaves and debris and directs noise and hot air upward away from your patio and plants.

⑨ WEATHER RESISTANT SCREWS
Resist rust and corrosion, eliminating nasty rust stains. Blend well with the finish.

⑩ ALL ALUMINUM SPINE FIN™ COIL
Efficient design provides low airflow resistance and efficient heat transfer. Also helps prevent refrigerant leaks and increases efficiency. And, it's backed by a 5-year limited warranty.

EXTENDED WARRANTIES.

Trane manufactures some of the finest equipment in the business, but of course we understand that mechanical components are occasionally subject to failure. Our extended warranty program was designed to give you complete peace-of-mind for the length of your agreement. And Trane helps pay the bill for any part replacements.

XE 1200 BENEFITS.

Lower Cooling Bills

- **12.00 SEER Range**

Lasts A Long Time

- **Baked-on Powder Paint**
- **Weather Resistant Screws**
- **Full-side Louvered Panels**
- **Starburst Top**

Runs Time After Time

- **Climatuff® Compressor**
- **Torture Tested**

Backed By Trane

- **5-year Limited Warranty On Compressor And Coil**
- **1-year Limited Warranty On All Other Parts**
- **Optional Extended Warranties Available**

Why A Matched System Is Important.

A heating and cooling system is made up of individual parts. And, even though each component is separate, they're all designed and engineered to work together as a system. A perfectly balanced system is the best way to get the highest comfort and efficiency. When you match the XE 1200 air conditioner with a Trane high efficiency gas furnace, you've installed a system that can have an efficiency rating in the 12 SEER range.

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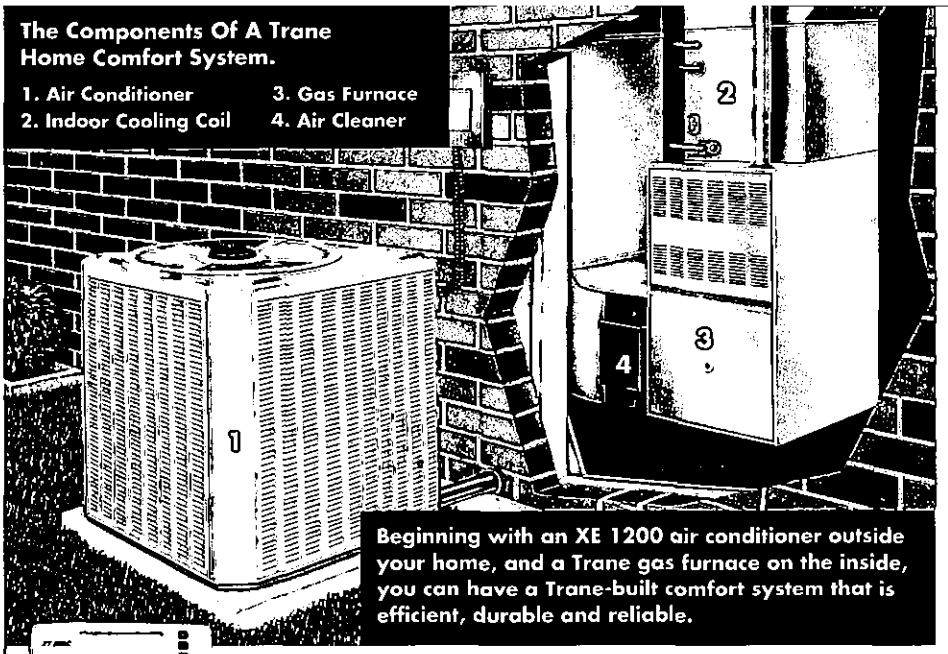

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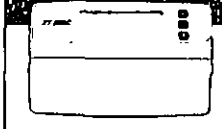

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Pub. No. 72-1095-04

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TracPipe™
Flexible Gas Piping by Omega Flex

The person named below has completed the ***TracPipe*** training program and is hereby awarded the

CERTIFICATE OF TRAINING.

Ken Schoenleber — Installer's Name
A.A. Richards — Company

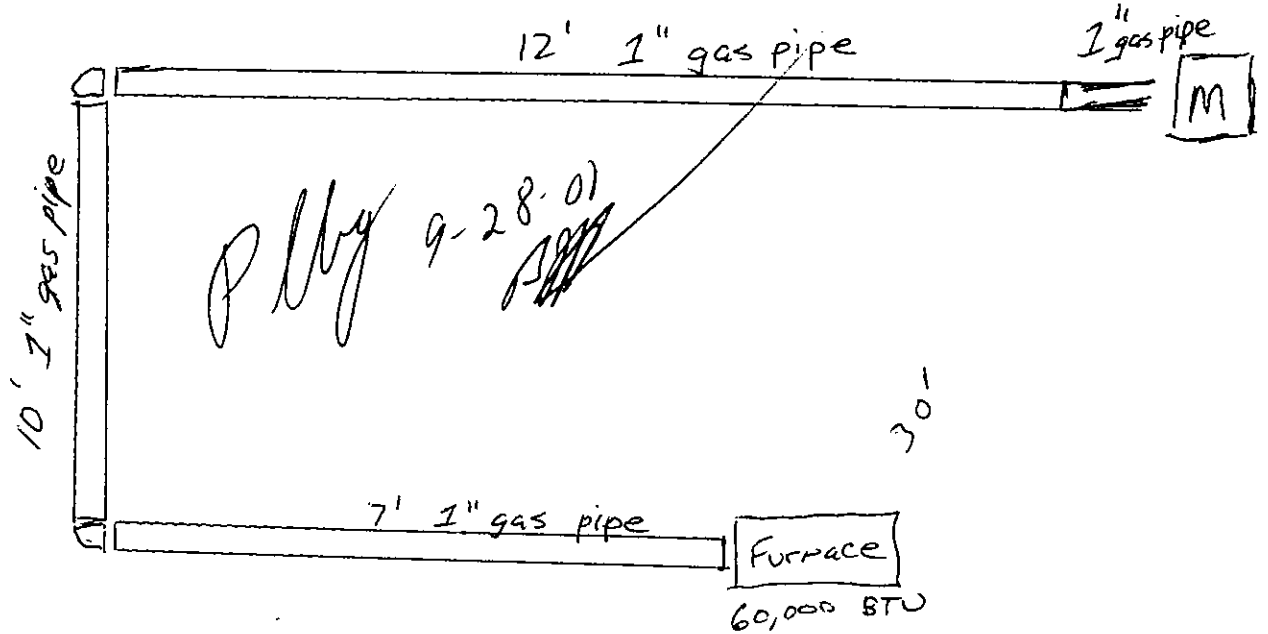
Gary Livingston
Instructor

Certificate No. 9 9 1 2 1 2 L R

Greg Pomaranski
1742 Forge Pond Rd
Bricktown

Gas Pipe Schematic

using Blk. gas pipe + Trac pipe



Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

X

TOWNSHIP OF BRICK

1742 FORGE POND RD | 451 | 6
Work Site Address | Block | Lot

GREG POMARANSKI 1742 FORGE POND RD. BRICK [redacted]
Owner's Name, Address, Phone

CLINT DUCKWORTH 249 OCEAN AVE BSLD MGTS. 9294174
Contractor's Name, Address, Phone

Construction SINGLE FAMILY HOME
Describe type (Single -family home, etc.)

Demolition ASPHALT (ROOF STRUCTURE), ROOF SHINGLES
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material WOOD & SHINGLES APP. 1 TON

Name, address and phone of party responsible for removal of debris:

Size of dumpster: NONE PICKUP TRUCK

Destination of discarded debris: OCEAN CO. LANDFILL

Hauler's DEP Permit No.: NONE

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

CLINT DUCKWORTH [signature] 5/10/00
Printed/Typed Name | Signature | Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISS

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1742 Forge Pond Rd
Block: 851 Lot: 6
Owner's Name: Greg Pomaranski
Owner's Mailing Address: Same
Phon [redacted]

BUILDING

Contractor: Clint Duckworth
Address: 249 Ocean Ave
Bsmt Hgts NJ
Phone#: 929-1179
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

X Addition

1

Type of Work

___ New Building	X Siding
X Addition	___ Fence
___ Alteration	___ Pool
X Roofing	X Demolition
___ Asbestos Abatement	___ Sign _____ sq ft

Building Characteristics

Use Group Present: R3 BOCA Proposed: R3 BOCA
No of Stories: 2
Height of Structure: 24 Feet
Area of the largest floor: 644 SF
Area of New Building: 346 SF
Volume of Structure: 2768 C.F.
Total Land Disturbed: None

Cost of Alteration: 1
Cost of New Building: 28,000
Total Cost of Building Work: $ 28,000

Signature: Clint Duckworth
Please Print Name: Clint Duckworth

ELECTRICAL

John E. Camburn & Son, Inc.
Electrical Contracting
P.O. Box 1107
Island Heights, NJ 08732
732-929-1292
NJ Lic. & Bus. Permit 10767

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN 22315 4586

Technical Data

Item	Quantity
Lighting Fixtures	8
Receptacles	11
Switches	8
Detectors	8
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	27

Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 1,600.00

Signature:
Please Print Name: John E. Camburn

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures — Quantity

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

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: JOHN E. CAMBUREN & SON INC ELECTRICAL CONTRACTING
Address: PO BOX 1107 ISLAND HEIGHTS NJ 08723
_____
Phone #: 732 929-1292
Lis #:_____
Federal Emp # or SSN NJ LIC & BUS PERMIT 10768

Technical Data

Description of Work:

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

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors 8
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

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

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

Estimated Cost of Fire Work X 100.—

Signature: X See signature under electrical

Print Name: X

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: _____
Block: _____ Lot: _____
Owner's Name: _____
Owner's Mailing Address: _____
_____
Phone: (___) _____

BUILDING

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

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration: _____

Cost of New Building: _____

Total Cost of Building Work: _____

Signature: _____

Please Print Name _____

ELECTRICAL

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

Technical Data

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

Estimated Cost of Electrical Work: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Condrick Plumbing & Htg Inc
Address: 2016 Teakwood Rd.
Toms River NJ
Phone #: 270-5973
Lis #: 5518
Federal Emp # or SSN [redacted]

Technical Data

Fixtures	Quantity
Water Closets	1
Urinals/Bidets	
Bath Tub	1
Lavatory	1
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work 2,500.00

Signature: Larry Condrick

Please Print Name: Larry Condrick

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

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

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks ___capacity___fuel
LPG Storage Tanks ___capacity___fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

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

Furnace 0
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work

Signature:

Print Name:

Recd 9/21/00 GH

Township of Brick
Counter Form
(PLEASE PRINT)

Updated +A

Site Location: 1742 Forge Pond Rd. Bricktown
Block: _____ Lot: 6
Owner's Name: Pomaranski
Owner's Mailing Address: 1742 Forge Pond Rd. Brick
Phone: [redacted]

BUILDING

Contractor: Air Apparent
Address: ~~1742 Forge Pond Rd. Brick~~ 340 colt place Manchester
Phone#: 732 - 657 - 4023
Lis #: _____
Federal Emp # or SSN 223730224

Technical Data

Description of Work:

Install new gas Furnace in Attic + run B-vent Flue

adding gas line

Type of Work

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

Building Characteristics

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

Cost of Alteration: 200

Cost of New Building: _____

Total Cost of Building Work: 200

Signature: [signature]
Please Print Name Ken Schoenleber

ELECTRICAL

Contractor: STAT Electric
Address: 16 Wyoming Dr Jackson NJ 08527
Phone#: 364 1048
Lis #: 11996
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	1 furnace
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit - Central Air	1 5 KW
Space Heater/Air Handler	1 6 KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 500

Signature: [signature]
Please Print Name DAVID JARDOT

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Air Apparent
Address: 340 Colt place
Manchester
Phone #: 732-657-4023
Lis #:
Federal Emp # or SSN 223730224

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	1
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work 1000
Signature: [signature]
Please Print Name: Ken Schoenleber

CONTRACTOR'S SEAL

FIRE

Contractor: Air Apparent
Address: 340 colt place
Manchester
Phone #: 732-657-4023
Lis #:
Federal Emp # or SSN 223-730224

Technical Data

Description of Work:

Heating Type: X Gas ___ Oil ___ Electric ___ Solar
Heating System is X New ___ Existing
Location of Furnace/Boiler: In Attic

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

Flammable Storage Tanks ___ capacity ___ fuel
Combustible Storage Tanks ___ capacity ___ fuel
LPG Storage Tanks ___ capacity ___ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances [redacted]

Furnace 1
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work 500
Signature: [signature]
Print Name: Ken Schoenleber