Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

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Public Release of this File is prohibited except for Official Government Business and/or pursuant to Court Order.

This File is Exempt from release under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) as set forth in Executive Order Number 26 issued by Governor James E. McGreevey, August 13, 2002 which exempts the following types of information from release under the OPRA Law:

- Information in a personal income or other tax return
- Information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed.

Bryan J. Dickerson, CA, CMR
Township Archivist

BLOCK 832 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 17-0657

CONSTRUCTION PERMIT APPLICATION C-17-000321

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

I. IDENTIFICATION

1. Proposed Work Site at: 1611 Edge Street
2. Name of Owner in Fee: Giovanni & Elizabeth Mistretta
   Tel. ([redacted] e-mail
   Address 1611 Edge Street (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SAW contracting Services Tel. 732) 966-4411
   Address 2611 Inverness Dr. e-mail Scott@sawemail.com
   Toms River NJ 08753
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date 03/17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01142400
   Federal Emp. ID No. 84-[illegible]822 FAX: (732) 444-5999
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Scott Weiss
   Tel. (732) 966-4411 FAX: (732) 444-5999

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 900 ✓		
2. Electrical	215 ✓		
3. Plumbing	150 ✓		
4. Fire Protection	75 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	$ 54		
10. Subtotal	75		
11. Cert. of Occupancy	125		
12. Other			
13. TOTAL	$ 1594		

AH

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

Upgrade Permit Current Construction Standards

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	22,000	Ext	1/24/17		2-27-17	JG			
☑ Electrical	5,000				2/8/17	RJC			
☑ Plumbing	4,000				2-9-17				
☑ Fire Protection	4,000				2/15/17				
☐ Elevator		EJ	2/4/17		2/4/17	N/A			
TOTAL COST	32,000								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present
   Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

BLOCK 832 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1611 Edge Street
2. Name of Owner in Fee: Elizabeth Mistretta
   Tel. [redacted] e-mail _____
   Address 1611 Edge Street (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SAW Contracting Services Tel. (732) 966-4411
   Address 2611 Inverness Dr. e-mail scott@sawemail.com
   Toms River NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 03/17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH09142400
   Federal Emp. ID No. 81-[illegible]822 FAX: (732) 444-5999
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Scott Weiss
   Tel. (732) 966-4411 FAX: (732) 444-5999

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	22,000								
☑ Electrical	5,000								
☑ Plumbing	4,000								
☑ Fire Protection	1,000								
☐ Elevator									
TOTAL COST	32,000								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

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.

For basement

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

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

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

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

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

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

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

Signature _____ Date 1/19/17

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

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

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

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

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

(✓) Check if contractor.

Agent Name AW Contracting Services, LLC.

Address 2611 Fourneis Dr.
Toms River, NJ 08753

Telephone (732) 966-4411

Signature _____

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

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/3/17
Control #
Date Issued
Permit # 17-0657

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

Block 832 Lot 14 Qualification Code

Work Site Location 1611 Edge St.
Brick NJ 08724

Owner in Fee: Giovanni + Elizabeth Mistretta

Tel. [redacted] e-mail

Address 1611 Edge Street (street) Brick (municipality) NJ 08724 (zip code)

Contractor: STW Contracting Services LLC Tel. 732 966-4411

Address 2611 Inverness Dr. e-mail Scott@Sawemail.com
Toms River NJ 08753

Contractor License No. or Builder Registration No. Exp. Date 03/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH09447400

Federal Emp. ID No. 81-2812822 FAX: 732)444-5999

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.

Sign here:

Print name here: Scott Weiss

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

To finish Basement + Garage + Install Handicapped Ramp
- Basement to have 16" OC. Wood framing PT Bottom Plate
- Vapor Barrier (Plastic Sheeting (mil)
- R-13 Batt Insulation Perimeter
- ½" Sheetrock walls, ceiling, under stairs
- 6-Panel Doors, Base molding + Door Trim
- 2 Combustion grills for Ut Furnace Room
- See plans for Garage + Ramp

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	2-24-17	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 03/21/17
Approved by: KCH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 07/14/17
Approved by: KCH

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing 3-Pcs			3/23/17	PM
Footing Ramp	Footing		6/14/17	PM
Foundation				
Slab				
Frame			4/28/17	PM
Sheathing - Garage	Sheathing			
Insulation Garage / Basement			5/16/17	PM
Garage - Sheathing			6/14/17	PM
Basement			6/14/17	PM
Energy				
Final			7/11/17	PM

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

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

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

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 22,000
2. Rehabilitation $ 22,000
3. Total (1+ 2) $ 22,000

$18,000. Conversion + Ramp - $4000. waived

U.C.C. F110 (rev. 11/09)

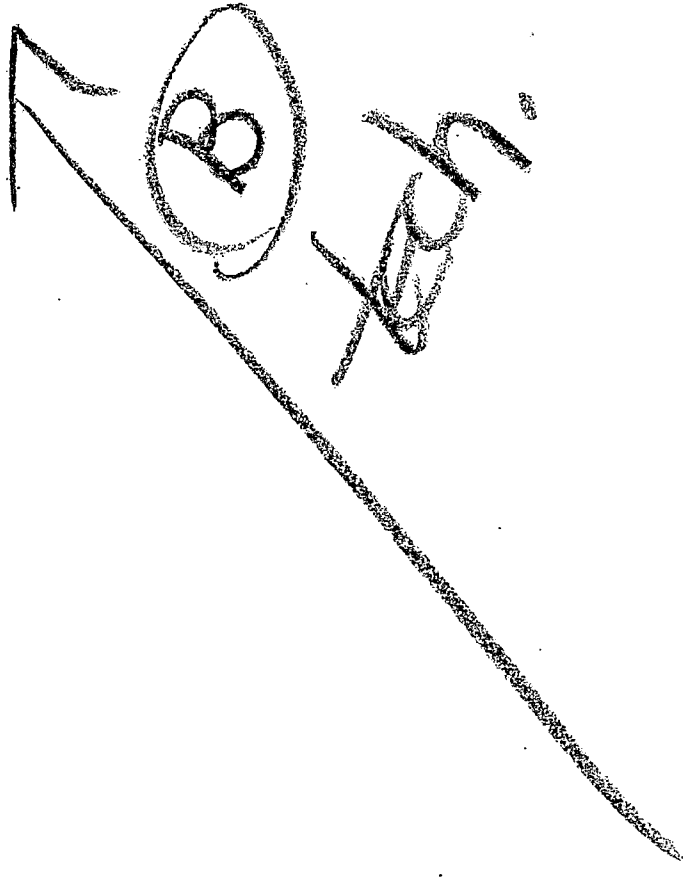
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

* 4/6/17 Jm open deck Garage - Remove Debris from under floor joists
Dirt and Debris. ok to insulate check at insulation insp.

x 5/8/17 Jm sheathing - re nail sheathing missing all over.

x 6/22/17 Jm Ramp open deck - need JOB site plan, also 6x6" post not full
Bearing on footing hanging off

* 7/7/17 Jm - ① Ramp railing continue to bottom Ramp. (continuous)
② Grab bar in bath not tight need to block
③ Plane slider exit transition perfect in addition
④ Basement all good



ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/3/17
Control # 17-0657

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

Block 82 Lot 14 Qualification Code

Work Site Location 16 Hall Edge St Brick NJ 08724

Owner in Fee Giovanni & Elizabeth Miskella

Te [redacted] e-mail

Address 16 Hall Edge St (street) Brick (municipality) NJ 08724 (zip code)

Contractor: ALL SYSTEMS ELECTRIC Tel. (732) 446-6005

Address 333 IRON ORE ROAD e-mail

MANALAPAN N.J. 07726

Contractor License No. 7611 Exp. Date 3/31/17

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

Federal Emp. ID No. 26-0374599 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as DWELLING Utility Co.

Est. Cost of Elec. Work $ 5000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the [illegible] owner of record and I am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Howard Richman

Print name here: Howard RICHMAN

[X] Licensed Elec. Contractor [ ] Certificate of Competency [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: BASEMENT + GARAGE WIRING

QTY.	SIZE	ITEMS	FEE (Office Use Only)
17		Lighting Fixtures	
20		Receptacles	
8		Switches	
2	c/o/smoke combo	Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	90	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	
		Bathroom fan/light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: 2/8/17 Approved by: ATC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 2/8/17

Approved by: PE

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 6/14/17

Approved by: DK

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	4-25-17	VM	4-26-17	VM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-14-17	MR
Barrier-Free				

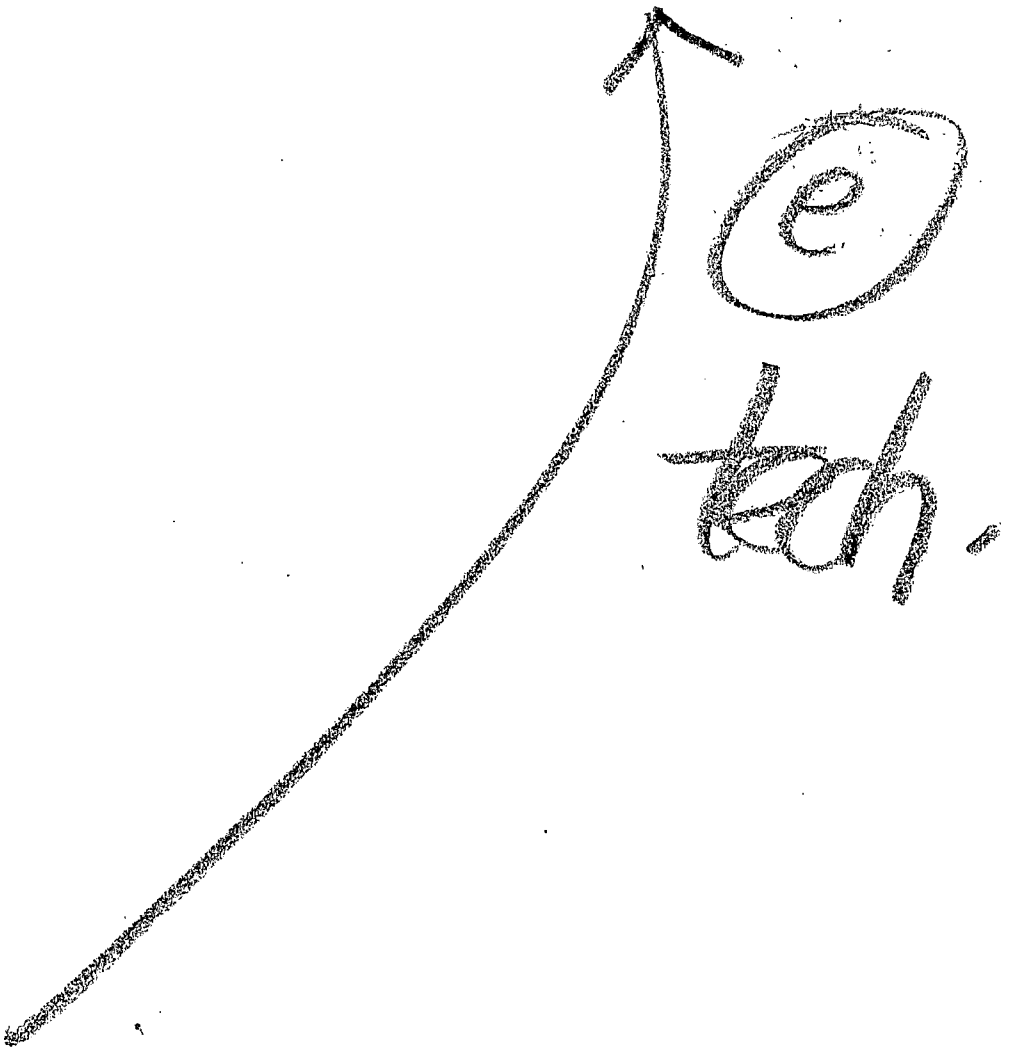
Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

2 outlets needed across from sl. dr on small walls
MR



PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/8/17
Control # 17-0657
Date Issued
Permit #

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

Block 332 Lot 14 Qualification Code

Work Site Location 1116 Edge St Brick, NJ

Owner in Fee: Giovanni & Elizabeth Mistretta

Tel. [redacted] e-mail

Address 116 Edge St Brick, NJ

Contractor: American Plumber LLC (street / municipality) Tel. (732) 744-6812 (zip code)

Address 379 Route 79 e-mail

Morganville, NJ 07751

Contractor License No. 12664 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 2-9-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-28-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			4-3-17	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	6-14-17		6-28-17	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the [redacted] of record or agent authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Ernest Serghis

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
install all new plumbing for full bathroom, kitchen sink and washer.....

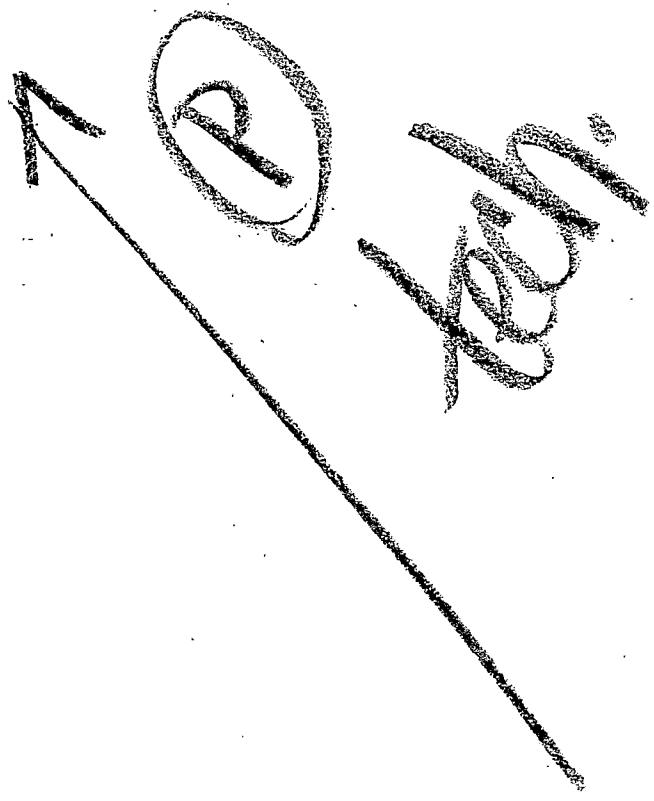
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump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

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

U.C.C. F130 (rev. 11/09)
Internet version

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

6-14-17 WM
POP UP NOT CONNECTED
SET WATER TEMP SHOWER
CAULK FIXTURES



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/3/17
Control #
Date Issued
Permit # 17-0657

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

Block 832 Lot 12 Qualification Code
Work Site Location 1611 Edge Street Brick NJ 08724
Owner in Fee Christopher + Elizabeth Mishelle
Te [redacted] e-mail
Address 1611 Edge Street Brick NJ 08724
street municipality zip code
Contractor: S+W Contracting Services Tel. 732-966-4411
Address 2611 Inverness Dr. e-mail Scott@Savonwire.com
Toms River, NJ 08753
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date 03/17
Home Improvement Contractor Registration No. or Exemption Reason 13VH09142400
Federal Emp. ID No. 81-2812822 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1000.00

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:
Print name here: Scott Weiss

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Existing Smoke/CO to Remain in Basement, Install new hardwired in garage
Water Supply Source
Method of Alarm/Suppression System Supervision

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 3/15/17 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/17/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/27/17
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/27/17	
Other			6/27/17	

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 1611 Edge St

PERMIT NUMBER 17-0657 BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric X Fire Code were in evidence and the following orders are hereby issued for their correction:

Plan Required:

(1) Electric interconnected smoke alarm in living space

(2) CO/SD combo outside in den within 10ft to door

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 6/22/17 INSPECTOR _____

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 3/3/17
Application Number: ZA-17-00110
Application Date: 01/30/2017
Project Number:
Permit Number: ZP-17-00287
Fee: $75.00

Zoning Permit

Worksite Location: **1611 EDGE ST.**
Brick Township, NJ 08724

Block: **832**
Lot: **14**
Qualifier:
Zone: **R-7.5**

Owner: **MISTRETTA, GIOVANNI & ELIZABETH**
Address: **1611 EDGE ST**
BRICK, NJ 08724

Applicant: **SAW CONTRACTING SERVICES LLC**
Address: **2611 Inverness Dr.**
TOMS RIVER, NJ 08753

Application Approved Date: 02/01/2017

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential (Mother/Daughter Design)
Nonconforming Use is:

Work Description:
Rehabilitation, Finish Basement, Garage Conversion, Handicap Ramp - Interior alterations converting 300 sq. ft. garage and a 600 sq. ft. basement to living space. (Total new living space 900 sq. ft.)

Construct a 210 sq. ft. handicap ramp and platforms for access to the converted garage.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J, Romano, Assistant Zoning Officer — 02/01/2017 Date

Sean Kinnevy, Zoning Officer — 2/1/17 **Date**

1/30/17
To: Brick Zoning Board
From: Giovanni & Elizabeth Mistretta
Re: 1611 Edge Street Construction

To Whom It May Concern,

I, Giovanni Mistretta, residing at 1611 Edge Street Brick, NJ 08724, notify the township of Brick that the reconstruction of my garage area will be utilized by my mother-in-law, Kathleen Reardon as a living space. Ms. Reardon has multiple sclerosis and is no longer able to live independently.

We have absolutely no intention of renting this space out to a third party! The sole intention of the reconstruction is to make space available for our mother so that we may care for her in our home.

Respectfully,

Giovanni Mistretta
Owner - 1611 Edge Street, Brick, NJ 08724

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1336

Receipt

Payment Date 03/03/2017

Transaction # PMT-17-66006

Receipt #

Issued To KATHLEEN REARDON

Description
PRELIMINARY AFFORDABLE HOUSING
BLOCK 832 LOT 14
1611 EDGE STREET

Date Printed 03/03/2017

Check Number 2536

Cash	$0.00
Check	$90.00
Charge	$0.00
Total Paid	$90.00

2/23/17
Called
Con

TOWNSHIP OF BRICK

ADDRESS: 1611. Edge St.

CONSTRUCTION PERMIT FEES:

BUILDING $_____

ELECTRIC $_____

PLUMBING $_____

FIRE $_____

STATE PERMIT FEE $_____

CERTIFICATE OF OCCUPANCY $_____

PROTOTYPE PROCESSING (LESS 25%) $_____

STATE PLAN REVIEW (LESS 25%) $_____

SUBTOTAL $_____

PRIOR APPROVAL FEES:

ZONING $_____

ENGINEERING $_____

SUBTOTAL $_____

TOTAL PERMIT FEE: $ 1594

PLEASE NOT PAYMENT FOR PERMITS AND AFFORDABLE HOUSING ARE SEPARATE.

AFFORDABLE HOUSING FEES:

PRELIMINARY $ 90.00

CALLER'S NAME _____ **DATE**_____

SPOKE TO _____ **(HOMEOWNER/CONTRACTOR)**

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS ~~CH~~
PERMIT #: ~~2017-00035~~

BLOCK: 832 LOT: 14 ADDRESS: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 1611 Edge Street
2. NAME OF OWNER IN FEE: Giovanni & Elizabeth Mistretta
   ADDRESS: 1611 Edge Street PHONE #: [redacted]
   Brick, NJ 08724 FAX #: ( )
3. PRINCIPAL CONTRACTOR: SAW Contracting Services, LLC
   ADDRESS: 2611 Inverness Dr. PHONE #: 732 966-4411
   Toms River, NJ 08753 FAX #: 732 444-5999
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # ( )
5. RESPONSIBLE PERSON FOR WORK: Scott Webb
   ADDRESS: Same
   PHONE #: 732 966-4411 FAX #: 732 444-5999 E-MAIL: Scott@sawemail.com

FEE SUMMARY:

APPLICATION FEE: $ _____
REVIEW FEE: $ N/A
INSPECTION FEE: $ _____
OTHER _____: $ _____
BOND(S): $ _____
TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☒ OTHER Finish Basement + Garage
LENGTH: 20'x30' WIDTH: 15'x20' HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 2/4/17 DATE REJECTED: _____ DATE APPROVED: 2/4/17 INITIALS: KSS

NEW JERSEY
MOTOR VEHICLE COMMISSION

CAUTION:
REMOVE BEFORE DRIVING. IT'S THE LAW!

P E R M A N E N T

PERSON WITH DISABILITY PARKING PERMIT

GOOD THROUGH*

JAN	FEB	MAR	APR	MAY	JUN
JUL	AUG	SEP	OCT	NOV	DEC
2013	2014	2015	2016	2017	2018

The Persons With a Disability Identification Card must be in the possession of the person to whom it was issued when using this placard.

*This placard shall expire on the last day of the month punched out above. Punching more than one month and/or year invalidates this placard.

P 1321118

SP-70(R10/13)

~~[redacted]~~ Edge St.
1611

TOWNSHIP OF BRICK

LIST OF EXISTING PLUMBING FIXTURES

BLOCK: 832 **LOT:** 14

ADDRESS: 1611 Edge Street

OWNER: Giovanni & Elizabeth Mistretta

3	WATER CLOSET (TOILET)
	URINAL/BIDET
2	BATH TUB
3	LAVATORY (BATHROOM SINKS)
1	SHOWER
1	SINK (KITCHEN)
1	DISHWASHER
1	WASHING MACHINE
	HOSE BIBS (TOWNSHIP WATER ONLY)
	MOP SINK

ONLY FILLOUT ABOVE IF YOU ARE ADDING PLUMBING TO YOUR ADDITION

Township of Brick

GARAGE/BASEMENT CONVERSION CHECKLIST

REVISED 06/02/15

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Use section VI to indicate total square feet of converted living space.	Yes ✓	No ___
2. Zoning Application completely filled out (All Sections)	Yes ✓	No ___
3. Engineering Form completely filled out (All Sections)	Yes ✓	No ___
4. Four true size surveys to scale showing all dimensions & setback of existing and proposed structures and indicate area of proposed work.	Yes ✓	No ___
5. Bldg/Plmg/Electrical/ Fire Subcode Techs completed. (Plumbing & Electric must be sealed if using a contractor)	Yes ✓	No ___
6. Two sets of plans – Architecturals signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath.	Yes ✓	No ___
7. Completed Debris Form	Yes ✓	No ___
8. Manufacturer brochures indicating specs and installation requirements (Furnace, Boiler, A/C, Fireplace)	Yes ___	No ___
9. Heat Loss/Gain if using existing HVAC	Yes ✓	No ___
10. Two gas pipe drawings if applicable – BTU's – Length and size of pipe	Yes ✓	No ___
11. Drain Waste Vent schematic if adding or changing plumbing	Yes ✓	No ___
12. List of Existing Plumbing Fixtures – (if adding new fixtures)	Yes ✓	No ___
13. Detail of all Electrical Locations (receptacles, switches, detectors, etc.)	Yes ✓	No ___
14. Detail of existing & proposed smoke & carbon monoxide detectors	Yes ✓	No ___
15. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes ✓	No ___

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

SAW CONTRACTING SERVICES LLC
Scott Weiss
2611 Inverness Dr
Toms River NJ 08753

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

09/07/2016 TO 03/31/2017
VALID

13VH09142400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
SAW CONTRACTING SERVICES LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

09/07/2016 TO 03/31/2017
VALID

SIGNATURE

DIRECTOR

13VH09142400
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

SAW CONTRACTING SERVICES LLC EXPIRATION DATE **2017**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 09142400** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1611 Edge Street

BLOCK: 832 **LOT:** 14

CONTRACTOR: JAW Contracting Services, LLC

CONTRACTOR'S ADDRESS: 2611 Inverness Dr., Toms River, NJ 08753

Type of Construction(minor, new home): Finish Basement + Garage

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

Party responsible for removal: Scott Weiss

Dumpster Size: 30yd.

Destination of Debris: Ocean County Recycling Center Toms River

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

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

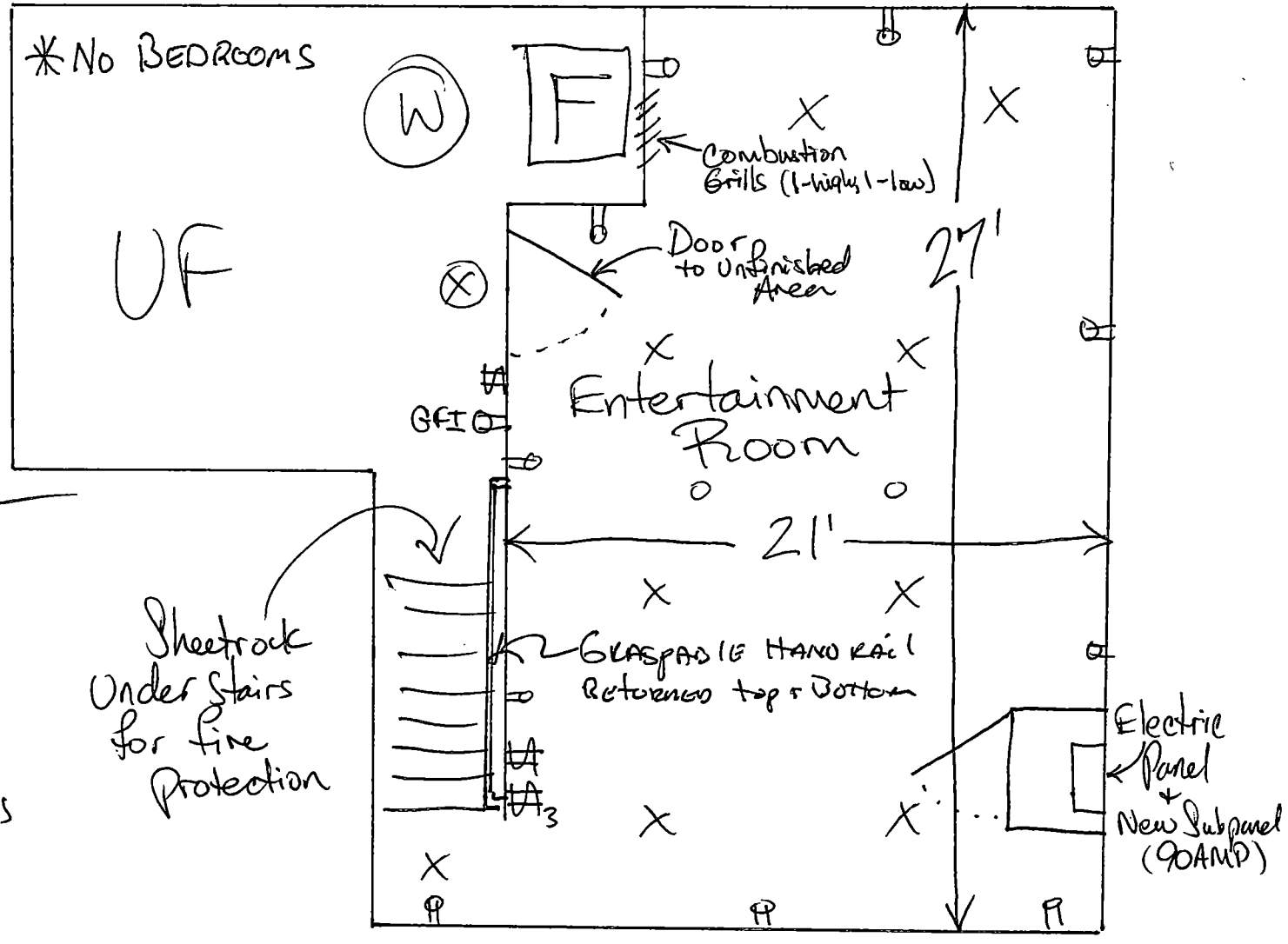
Signature

1/18/17
Date

Scott Weiss
Print Name

FILE COPY

Giovanni+Elizabeth
Mistretta
1611 Edge St.
Brick, NJ 08724
BLK: 832 Lot: 14



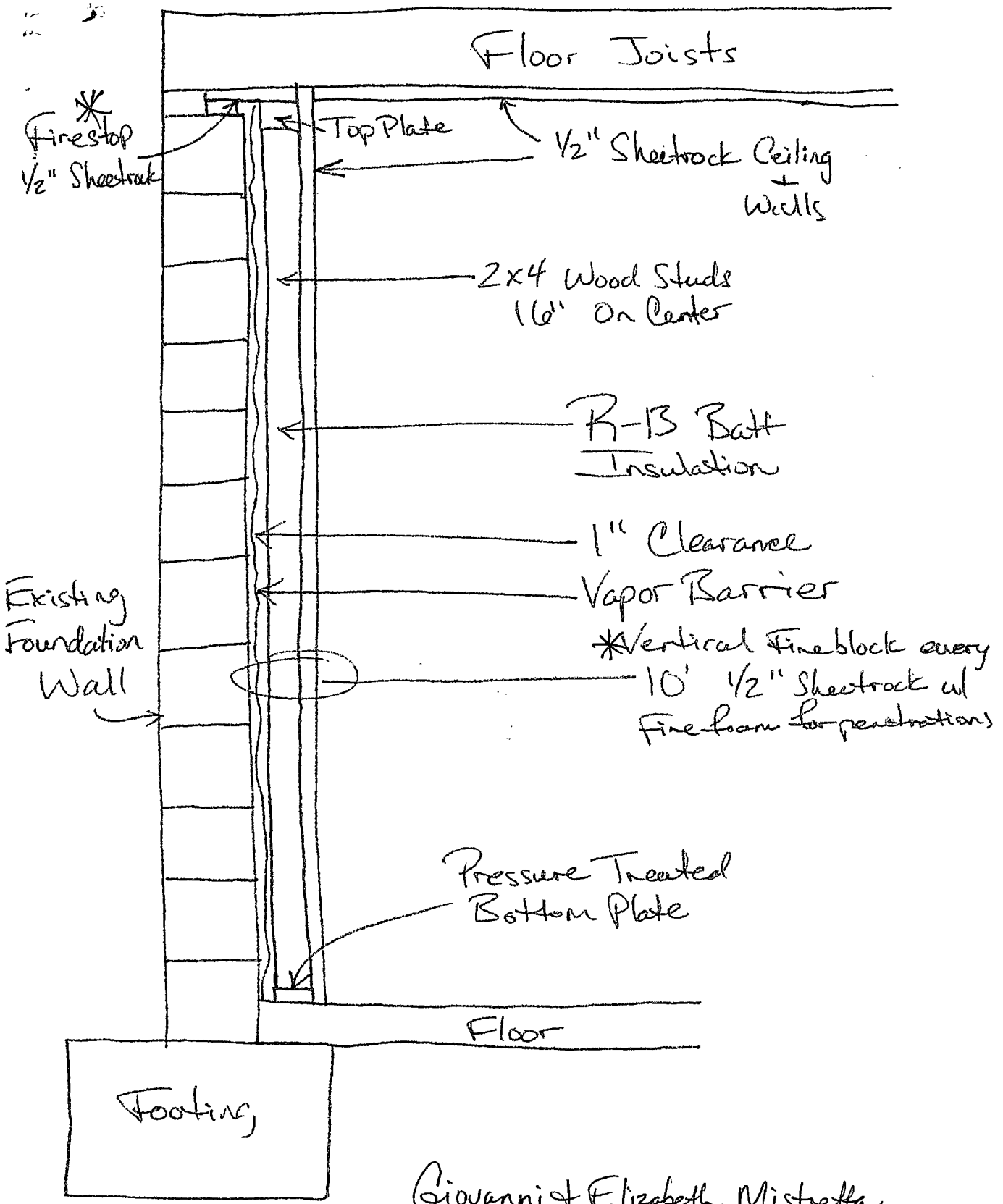
9- Hi Hat Lights
2- Keyless Lights
11- Outlets
1- GFI
2- Dimmers
1- Switch
1- 90Amp SubPanel

Basement

*- AFCI PROTECTION REQUIRED.

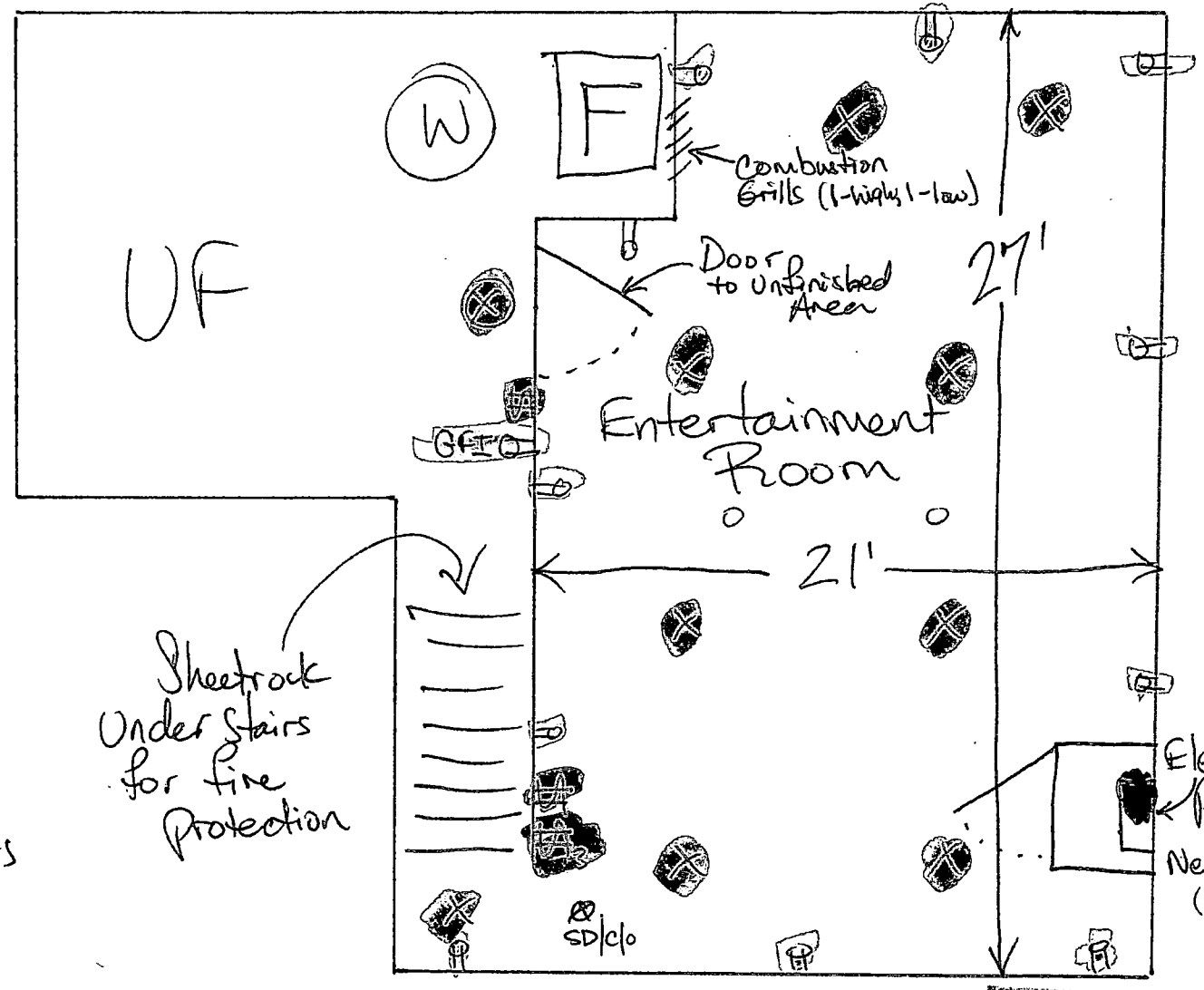
TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
* Electrical Subcode		2/8/17 RF
Plan Reviewer		3/21/17
Plans Released		
Construction Official		



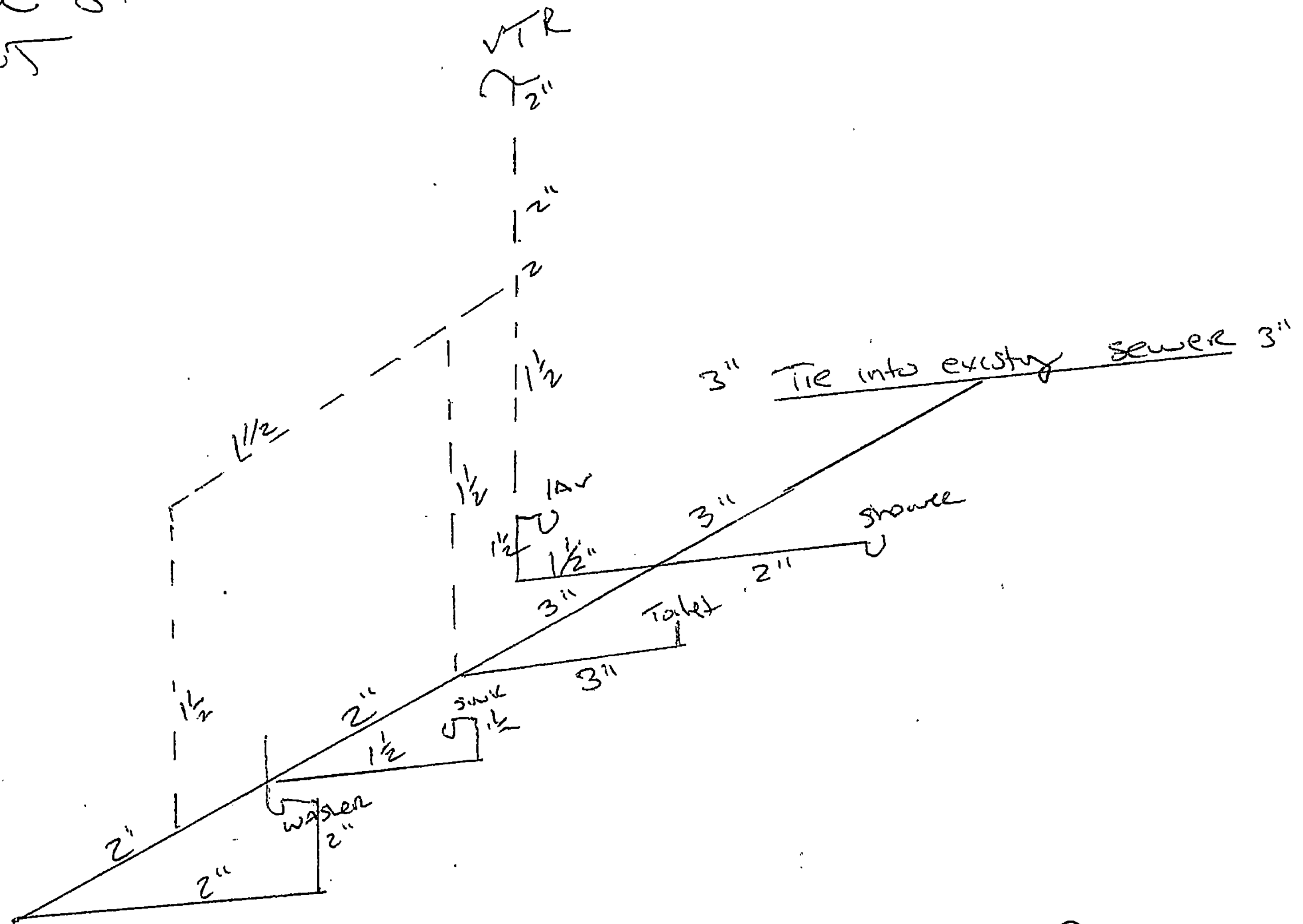
Giovanni & Elizabeth Mistretta
1611 Edge Street
Brick, NJ 08724
Block: 832 Lot: 14

Giovanni + Elizabeth
Mistretta
1611 Edge St.
Brick, NJ 08724
Blk: 832 Lot: 14



- Hi Hat Lights
- Keyless Lights
- Outlets
- GFI
- Dimmers
- Switch
- 90Amp Subpanel

116 Edge St
Brick NJ



Amer[redacted] LLC
379 [redacted]
Morg[redacted] 07751
LLC [redacted]

Load Short Form
Entire House
SAW CONTRACTING

Job: FIRST FLOOR
Date: Jan 23, 2017
By: PJN

Project Information

For: 1611 EDGE STREET, SAW CONTRACTING
1611 EDGE STREET

Design Information

	Htg	Clg
Outside db (°F)	***5***	91
Inside db (°F)	70	75
Design TD (°F)	65	16
Daily range	-	M
Inside humidity (%)	30	50
Moisture difference (gr/lb)	27	33

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

HEATING EQUIPMENT

Make	
Trade	
Model	
AHRI ref	
Efficiency	80 AFUE
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	387 cfm
Air flow factor	0.031 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

COOLING EQUIPMENT

Make	
Trade	
Cond	
Coil	
AHRI ref	
Efficiency	0 SEER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	387 cfm
Air flow factor	0.042 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.91

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
LIVING ROOM	300	9933	7872	310	329
BATH 1	80	1600	498	50	21
W/D	16	874	887	27	37
Entire House	396	12407	9256	387	387
Other equip loads		0	0		
Equip. @ 0.96 RSM			8858		
Latent cooling			913		
TOTALS	396	12407	9771	387	387

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Project Summary
Entire House
SAW CONTRACTING

Job: FIRST FLOOR
Date: Jan 23, 2017
By: PJN

Project Information

For: 1611 EDGE STREET, SAW CONTRACTING
1611 EDGE STREET

Notes:

Design Information

Weather: Belmar-Farmingdale, NJ, US

Winter Design Conditions

Outside db	***5*** °F
Inside db	70 °F
Design TD	65 °F

Summer Design Conditions

Outside db	91 °F
Inside db	75 °F
Design TD	16 °F
Daily range	M
Relative humidity	50 %
Moisture difference	33 gr/lb

Heating Summary

Structure	9811 Btuh
Ducts	2596 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	12407 Btuh

Sensible Cooling Equipment Load Sizing

Structure	7100 Btuh
Ducts	2156 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.96
Equipment sensible load	8858 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	396	396
Volume (ft³)	3168	3168
Air changes/hour	0.61	0.32
Equiv. AVF (cfm)	32	17

Latent Cooling Equipment Load Sizing

Structure	577 Btuh
Ducts	335 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	913 Btuh
Equipment total load	9771 Btuh
Req. total capacity at 0.70 SHR	1.1 ton

Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref	
Efficiency	80 AFUE
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	387 cfm
Air flow factor	0.031 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

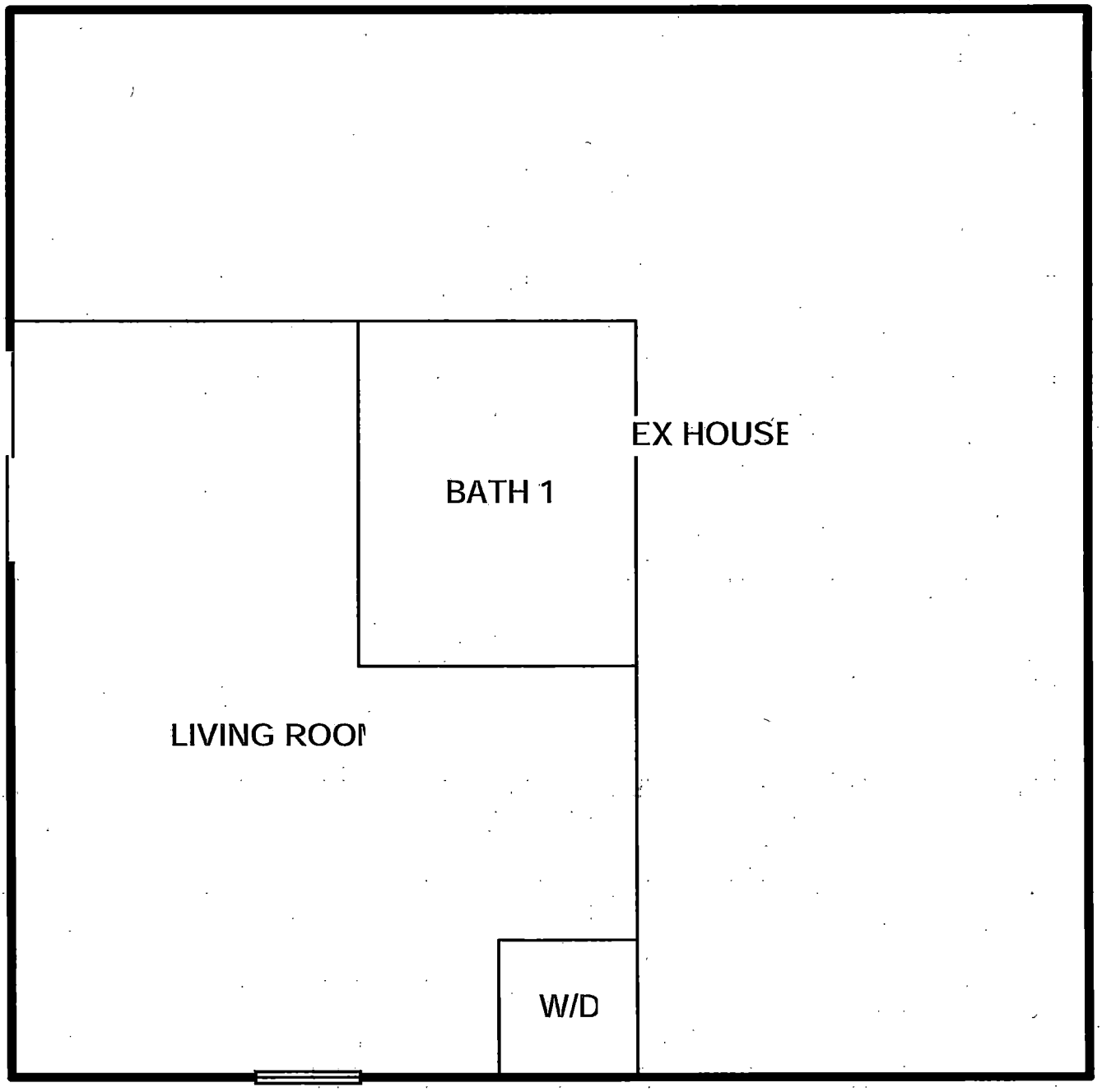
Cooling Equipment Summary

Make	
Trade	
Cond	
Coil	
AHRI ref	
Efficiency	0 SEER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	387 cfm
Air flow factor	0.042 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.91

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

First Floor



Job #: FIRST FLOOR **Performed by PJN for:** 1611 EDGE STREET 1611 EDGE STREET	**SAW CONTRACTING**	Scale: 1 : 52 Page 1 Right-Suite® Universal 2017 17.0.04 RSU23673 2017-Jan-23 09:10:22 .. STREET_FIRST FLOOR_01.23.17....

OFFICE USE ONLY

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

DATE:	COMMENTS:	INITIALS:
2/1/17	SENT TO CMM	SE 2F
2/23/17	Called Con RFP	RW

APPLICATION FOR CERTIFICATE

Date Received 01/24/2017
Date Permit Issued 03/03/2017
Control # C-17-000321
Permit # 17-0657
Date Issued

IDENTIFICATION

Block 832 Lot 14 Qualifier

Work Site Location 1611 EDGE ST. Brick Township, NJ

Owner in Fee MISTRETTA, GIOVANNI & ELIZABETH
1611 EDGE ST BRICK NJ 08724

Telephone [redacted]

Contractor SAW CONTRACTING SERVICES LLC
Address 2611 INVERNESS DR TOMS RIVER NJ 08753

Telephone (732) 966-4411
Lic. No. or Bldrs. Reg. No. 13VH09142400
Federal Employee. No. 81-0812822

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous R-5 Current

FINAL COST OF CONSTRUCTION: $ 28000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

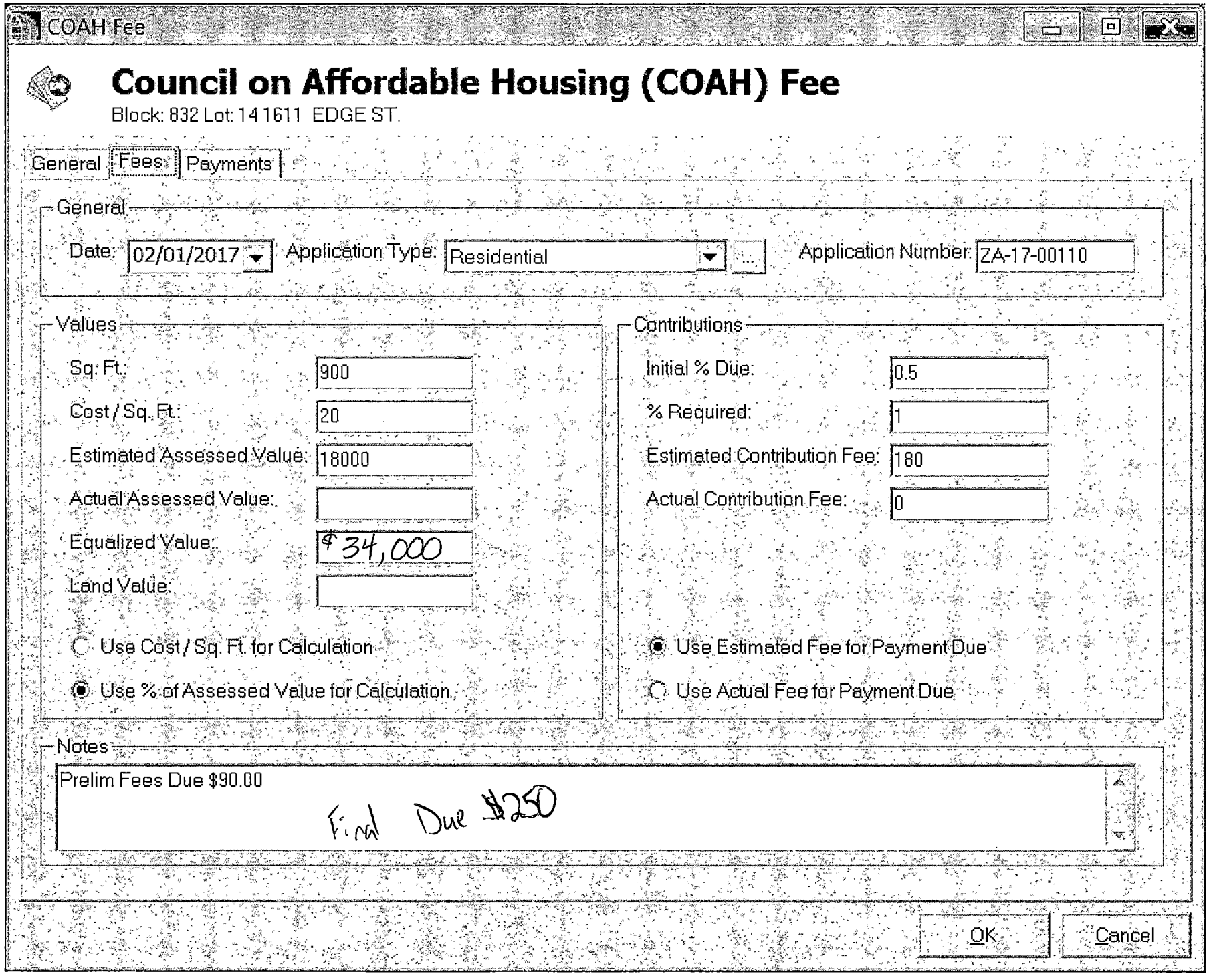
If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration ALTERATION - RESIDENTIAL ...GARAGE & BASEMENT CONVERSIONS, HANDICAP RAMP

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [ ] AGENT


COAH Fee
Council on Affordable Housing (COAH) Fee
Block: 832 Lot: 14 1611 EDGE ST.
General
Fees
Payments
General
Date: 02/01/2017
Application Type: Residential
Application Number: ZA-17-00110
Values
Sq. Ft.: 900
Cost / Sq. Ft.: 20
Estimated Assessed Value: 18000
Actual Assessed Value:
Equalized Value: $34,000
Land Value:
Use Cost / Sq. Ft. for Calculation
Use % of Assessed Value for Calculation
Contributions
Initial % Due: 0.5
% Required: 1
Estimated Contribution Fee: 180
Actual Contribution Fee: 0
Use Estimated Fee for Payment Due
Use Actual Fee for Payment Due
Notes
Prelim Fees Due $90.00
Final Due $250
OK
Cancel

CONSTRUCTION PERMIT

Date Issued
Control # C-17-000321
Permit #

IDENTIFICATION Block: 832 Lot: 14 Qualifier
Work Site Location: 1611 EDGE ST. Brick Township, NJ
Owner in Fee MISTRETTA, GIOVANNI & ELIZABETH
1611 EDGE ST BRICK NJ 08724
Telephone: [redacted]

Contractor SAW CONTRACTING SERVICES LLC
Address 2611 INVERNESS DR TOMS RIVER NJ 08753
Telephone: (732) 966-4411
Lic. No. or Bldrs. Reg. No. 13VH09142400 13VH09142400
Federal Employee. No. 81-0812822

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL ...GARAGE AND BASEMENT CONVERSION, HANDICAP RAMP

PAYMENTS (Office Use Only)

Building	$900
Electrical	$215
Plumbing	$150
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$54
CO Fee	$125.00
Other	$0
Total	$1,519
Check No.	2535
Cash	$0
Credit	$0
Collected By	

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 $28,000

Construction Official
Date 2/22/17

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

RECEIVING CLERK CW
DATE REC'D 1/24/17

ZONING PERMIT APPLICATION

PERMIT # ZP-17-00287
DATE ISSUED 3/3/17

BLOCK: 32 LOT: 14 QUALIFIER: — SITE ADDRESS: 1611 Edge Street

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Giovanni & Elizabeth Mistretta
COMPLETE ADDRESS: 1611 Edge Street
Brick NJ 08724
PHONE # [redacted] MAIL:

2. NAME OF APPLICANT: HW Contracting Services, LLC.
APPLICANT ADDRESS: 2611 Inverness Drive
Toms River NJ 08753
PHONE # 732-966-4411 EMAIL: Scott@sawemail.c

3. RESPONSIBLE PERSON FOR WORK: Scott Weiss
PHONE# 732-966-4411 FAX# 732-414-5999

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: X
COMMERCIAL:
EXISTING USE: SFD
PROPOSED USE: SFD

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: ___ *ADDITION ___ *ALTERATION ✓ *PORCH ___ *DECK ___

POOL: ABOVE GROUND ___ IN GROUND ___ FENCE: HEIGHT ___ TYPE ___ MATERIAL ___

HEIGHT: ___ (*IF APPLICABLE)

OTHER Finish Basement + Finish Garage + Install Handicap Ramp
20'X30' 15'X20' 10'X21'

DESCRIPTION:

ZONING REVIEW:
DATE REVIEWED: 2-1-17 DATE DENIED: ___ DATE APPROVED: 2-1-17 INTLS: AC

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
FEB 0 1 2017
ZONING

ZONING REVIEW:

DATE REVIEWED: 2/1/17 DATE DENIED: — DATE APPROVED: 2/1/17 INTLS:

DATE:	COMMENTS:	INITIALS:
2/1/17	SENT TO Comm	

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

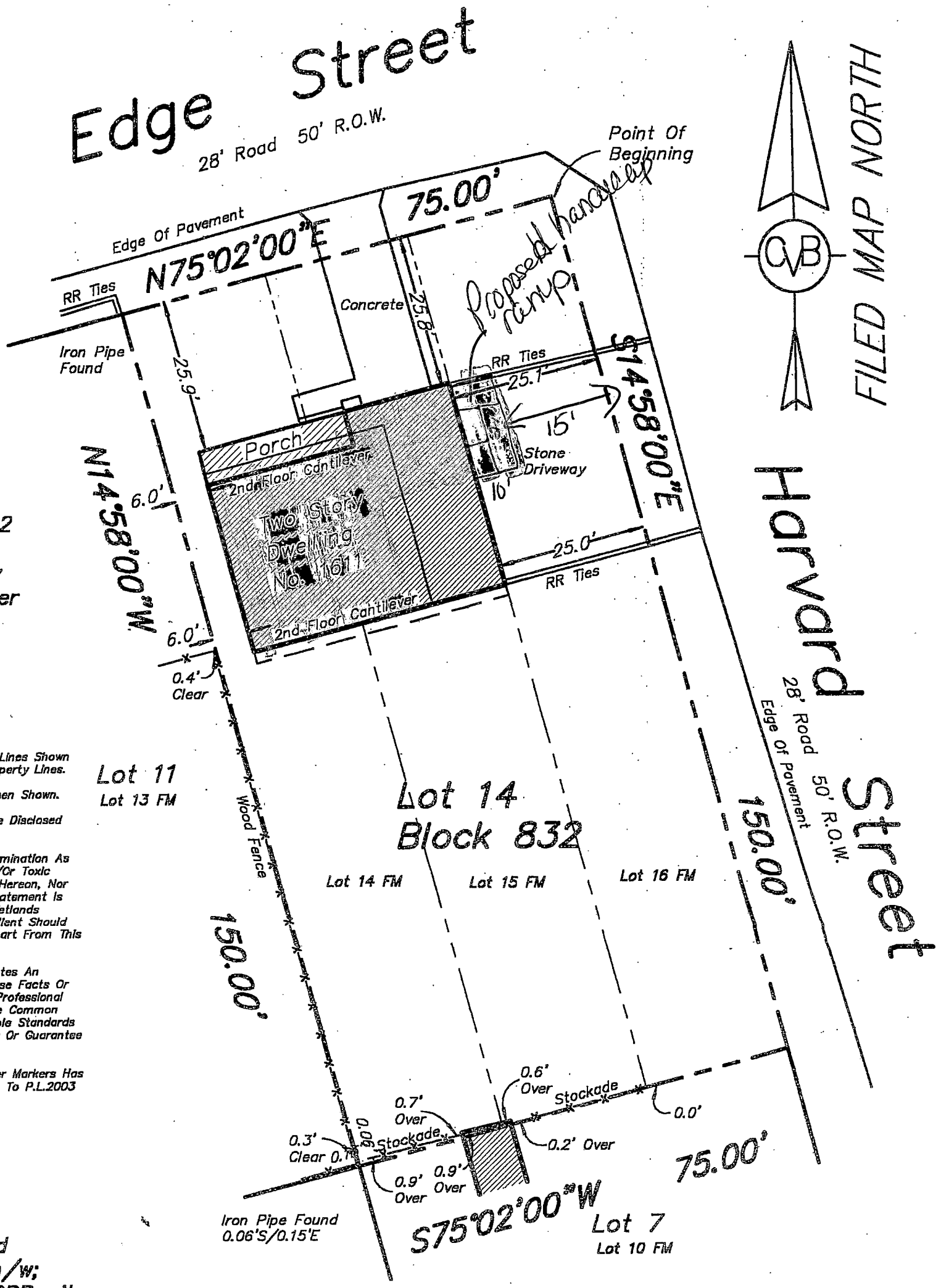
Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1 If adjacent to residential zone or use.

2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.

3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.



Tax Map Reference

Lot 14 Block 832
Township Of Brick
Tax Map Sheet No. 45.02

Filed Map Reference

Lots 14, 15 & 16, Block 12
"Laurelton Park"
Filed In The Ocean County Clerk's Office On September 25, 1929 As Map A–328

Lot Area: 11,250.0 S.F.

NOTES:

Offsets Dimensions From Structures To Property Lines Shown Hereon Are Not To Be Used To Re–Establish Property Lines.

Underground Encroachments, If Any, Have Not Been Shown.

This Survey Is Subject To Any Facts That May Be Disclosed By A Full And Accurate Title Search.

This Surveyor Is Not Qualified To Make Any Determination As To Existence Or Non–Existence Of Wetlands And/Or Toxic Wastes. No Statement Is Being Made Or Implied Hereon, Nor Should It Be Assumed Or Construed That Any Statement Is Being Made By The Fact That No Evidence Of Wetlands And/Or Toxic Wastes Is Portrayed Hereon. The Client Should Pursue These Matters As Items Separate And Apart From This Survey.

The Use Of Word Certify Or Certification Constitutes An Expression Of Professional Opinion Regarding Those Facts Or Findings Which Are Subject Of The Undersigned Professional Knowledge And Belief And In Accodance With The Common Accepted Procedure Consistent With The Applicable Standards Of Practice And Does Not Constitute A Warranty Or Guarantee Either Expressed Or Implied.

A Written Waiver And Direction Not To Set Corner Markers Has Been Obtained From The Ultimate User Pursuant To P.L.2003 c.14 (C45:8–36.3) And N.J.A.C. 13:40–5.1(d).

CERTIFIED TO:

GIOVANNI MISTRETTA and
ELIZABETH MISTRETTA, h/w;
SUPERIOR MORTGAGE CORP., its successors and/or assigns as their interest may appear;
FIRST AMERICAN TITLE INSURANCE COMPANY;
TWO RIVERS TITLE COMPANY, LLC; and
ANSELL, ZARO, GRIMM and AARON, ESQ.

This Survey Is Certified Only To The Aboved Named Parties For Purchase And/Or Mortgage Of Herein Delineated Property By Above Named Purchaser. No. Responsibility Or Liability Is Assumed By The Surveyor For Any Other Use Of Survey Including, But Not Limited To, Use Of Survey For Survey Affidavit, Re–Sale Of Property, Or To Any Other Person Not Listed In The Certification.

Zoning Review
Approval
By: cw Basement & Garage
Date: 2-1-12 Cov: Ramp

SURVEY OF PROPERTY
LOT 14 BLOCK 832
TOWNSHIP OF BRICK
OCEAN COUNTY NEW JERSEY

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF, THAT THIS SURVEY HAS BEEN PERFORMED IN ACCORDANCE THE ACCEPTED STANDARDS OF THE PROFESSION AS PRACTICED IN THE STATE OF NEW JERSEY

Date	Description

CVB *CHARLES V. BELL ASSOCIATES INC.*

PROFESSIONAL LAND SURVEYORS AND PLANNERS
40 MEREDITH DRIVE
732 542-1616
TINTON FALLS, NEW JERSEY 07724
732 542-2999 FAX

CHARLES V. BELL JR.
N.J. PROFESSIONAL LAND SURVEYOR LICENSE NO. 17501
N.J. PROFESSIONAL PLANNER LICENSE NO. 2408

Scale	Date	Drawn	Checked	File No.	Field B
1"=20'	Sept. 10, 2009	CVB	CVB	12319	372