BLOCK 832 LOT 7 QUALIFICATION CODE 4 ADDRESS (SITE) 1646 Tilford Blvd PERMIT NO. 04-2505

CONSTRUCTION PERMIT APPLICATION

C25.47

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

I. IDENTIFICATION

1. Propsed Work Site at: 1646 Tilford Blvd
2. Name of Owner in Fee: Dawn Shuler Tel [redacted]
   Address 14 Lee Dr Pennsville NJ 08070
   street municipality zip code
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Dawn Shuler Tel. ( ) Same as Above
   Address ____
   License No. OR, if new home, Builder Reg. No. NA Exp. Date ____
   Federal Employee No. ____ FAX: ( ) ____
5. Architect or Engineer NA Tel. ( ) ____
   Address ____ Contact ____
6. Responsible Person in Charge once Work has Begun SAA
   Tel. [redacted]

Addition

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	68	4
2.	Electrical		58	
3.	Plumbing		95	50
4.	Fire Protection		35	90
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			9
8.	Subtotal	$		
9.	State Permit Fee Surcharge		7	
10.	Subtotal	$	1	
11.	Cert. of Occupancy		30	
12.	Other			
13.	TOTAL	$	295	50

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1	
2.	Height of Structure	20'	ft.
3.	Area — Largest Floor		sq. ft.
4.	New Building Area	3305 sq ft	sq. ft.
5.	Volume of New Structure	2780	cu. ft.
6.	Construction Classification		
7.	Total Land Area Disturbed	330 sq ft	sq. ft.
8.	Flood Hazard Zone	C	
9.	Base Flood Elevation	0.0 C	ft.
10.	Wetlands yes		
	no		
11.	Max. Live Load		
12.	Max. Occupancy Load		

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building		ENG	3/25/04		6/15/04	KM	4/12/04		
3.	☑ Addition	18,500								
4.	☐ a. Repair									
	☐ b. Alteration									
	☑ c. Renovation									
	☐ d. Reconstruction									
5.	☑ Fire Protection	400				5/10/04	C	4/12/04		
6.	☑ Plumbing	2700				5/27/04	C	5/13/04		
7.	☑ Electrical	3400			5-5-04	6/7/04	C	7/30/04		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		ENG	5/3/04		5/3/04				
	TOTAL COSTS	25,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10427645

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 Karen E Snyder Date 3-15-04

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.

<u>**Constituent Contact Report**</u>

Date	Comments	Initials

IMPORTANT
A.H.B.T. - EXEMPT

262-1024

Building

8:30 - 4:30

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/16/2006
Tracking Number
Permit Number 04-2505
Permit Issue Date 06/18/2004

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1646 TILFORD BLVD , NJ Block: 832 Lot: 7 Qual:

Owner in Fee: SHUDER, DAWN

Owner Address: 14 LEE DR BRICK NJ 08724-

Telephone: [redacted]

Contractor

Address

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

ADDITION

Certificate Comments:

☑ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ ***Certificate of Clearance* - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

a c o.

Construction Official

Fee: $35.00
Check Number: 0
Collected By:

Date Printed: 05/16/2006

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/14/2006
Tracking Number
Permit Number 04-2505
Permit Issue Date 06/18/2004

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 1646 TILFORD BLVD , NJ Block: 832 Lot: 7 Qual:

Owner in Fee: SHUDER, DAWN

Owner Address: 14 LEE DR BRICK NJ 08724-

Telephone: [redacted]

Contractor SHUDER, DAWN

Address 14 LEE DR BRICK NJ 08724-

Telephone: [redacted] Fax:

License Number or Builder's Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
ADDITION

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 05/14/2006
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 05/14/2006
Conditions to be met:
PENDING FINAL ELECTRIC AND PLUMBING

Construction Official

Fee: $0.00
Check Number: 0
Collected By:

Date Printed: 04/14/2006

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/18/2004
Control #
Permit # 04-2505

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 832 Lot 7 Qual

Work Site Location 1646 TILFORD BLVD
ADDITION
Owner in Fee SHUDER, DAWN
Address 14 LEE DR
BRICK, NJ 08724-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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:
ADDITION-ONE BEDROOM, BATHROOM, MUDROOM

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 $ 25,000

Construction Official 06/18/2004 Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	68
Electrical	58
Plumbing	65
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	7
Cert. of Occupancy	35
Other ZPEP	30
Total	298
Check No.	
Cash	X
Collected By	MJR

06/18/04 9:40AM 001558#0375
XX02 SERV.002

#2505	
BUILDING	$68.00
ELECTRIC	$58.00
PLUMBING	$65.00
FIRE	$35.00
DCA	$7.00
C/O	$35.00
ZPA	$15.00
EPA	$15.00
XXXTOTAL	$298.00
CASH	$300.00
CHANGE	$2.00

06/18/04 9:40AM 001558#0375 XX02
XXXTOTAL $298.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 07/26/2004
Control #
Permit # 04-2505+A
Permit Issued 06/18/2004

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 832 Lot 7 Qual

Work Site Location 1646 TILFORD BLVD
TEMP SERVICE

Owner in Fee SHUDER, DAWN
Address 14 LEE DR
BRICK, NJ 08724-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TEMP SERVICE

PAYMENTS (Office Use Only)

Building	0
Electrical	50
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	50
Check No.	
Cash	X
Collected By	MJR

07/26/04 10:46AM 001558#1377
XX02 SERV.002
#2505
ELECTRIC $50.00
XXXTOTAL $50.00
CASH $100.00
CHANGE $50.00
07/26/04 10:46AM 001558#1377 XX02
XXXTOTAL $50.00

Estimated Cost of Work $ 50

D. Newman
Construction Official

07/26/2004
Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

PERMIT UPDATE

Date Update Issued 05/26/2005
Control # C-05-134642
Permit # 04-2505+B

IDENTIFICATION Block: 832 Lot: 7 Qualifier
Work Site Location: 1646 TILFORD BLVD ADDITION , NJ
Contractor
Address
Owner in Fee SHUDER, DAWN
Address 14 LEE DR BRICK NJ 08724-
Telephone:
Lic. No. or Bldrs. Reg. No.
Telephone: [redacted]
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

FIRE RESTORATION, PLUMBING ALTERATIONS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $5,500

Construction Official

05/26/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$80
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$178
Check No.	318
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

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

☐ A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 5/8/2006
Control # C-06-100990
Permit # 04-2505+C

IDENTIFICATION Block: 832 Lot: 7 Qualifier
Work Site Location: 1646 TILFORD BLVD , NJ
Owner in Fee SHUDER, DAWN
Address 14 LEE DR BRICK NJ 08724-
Telephone: [redacted]

Contractor SHUDER, DAWN
Address 14 LEE DR BRICK NJ 08724-
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,000

Construction Official — Date 5/8/2006

PAYMENTS (Office Use Only)

Building	$0
Electrical	$145
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$187
Check No.	999
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

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

☐ A complete copy of released plans must be kept on the job site.

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/25/2004
Date Issued 6/18/04
Control # C25-47
Permit # 04-2505

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

Block 832 Lot 7 Qual
Work Site Location 1646 TILFORD BLVD
ADDITION
Owner in Fee SHUDER, DAWN
Address 14 LEE DR
BRICK, NJ 08724-
Tele.([redacted]
Contractor
Address

Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

ADDITION-ONE BEDROOM, BATHROOM, MUDROOM

All work Must meet Code.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/15/04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-12-04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			9/24/04	
Foundation			10/7/04	
Slab OPEN Deck			10/21/04	
Frame 7/25/05 ONLY				
BarrierFree			8/12/05	
Insulation 7				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4/12/06	
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	68
[ ] 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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 20 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 3,305 Sq. Ft.
Volume of New Structure 2,700 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 18,500
2. Alteration $ 0
3. Total (1+2) $ 18,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 68
DCA State Permit Fee	$ 7

Paid [ ] Check #
Collected by:

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

NJ UCCARS 5 24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/25/2004
Date Issued / /
Control # C25-47
Permit #

7/25/05 Not Watertight when the old meets the new addition O'K to insulate ~~wait for~~ those areas in question open

ELECTRICAL SUBCODE
TECHNICAL SECTION

UP date

Date Received
Control #

5-8-06

Date Issued
Permit #

09 2505 + 6

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

Block 832 Lot 7 Qualification Code

Work Site Location 1646 Tilford Blvd.

Owner in Fee Snyder, Dawn

Address 1646 Tilford Blvd
Brick NJ 08724

Tel ([redacted]

Contractor

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches Boiler	
		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	
1	12	KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	~~8~~ 1.2	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		AMP Service	
1	200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

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

Date: 4/9/06

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 5/12/06

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/12/06	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge	$ 145
Minimum Fee	$
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 146

IJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/25/2004
Date Issued 4/18/04
Control # C25-47
Permit # 04-2505

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

Block 832 Lot 7 Qual
Work Site Location 1646 TILFORD BLVD
ADDITION
Owner in Fee SHUDER, DAWN Log Cabin
Address 14 LEE DR
BRICK, NJ 08724-
Tele [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 6204
Approved By: MM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/20-6
Approved By: MM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			7-2005	TD
Temp Serv			7-14-05	MM
Const Serv	7-13-05			TD
TCO			4/17/06	TD
Other				
Service				
Final			5/20/06	MM

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

LOCKED 2013.04 TO OUCA

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
7		Lighting Fixtures	
20		Receptacles	
16		Switches	
5		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
48		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
1	2	KW Elect Dryer/Receptacle	9
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat BOILER	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

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	58
DCA State Permit 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 03/25/2004
Date Issued / /
Control # C25-47
Permit #

2123-04

House Locked
Construction Service on Lot
No Permit for Construction Service

7-26-05
R/W Rear Sect on side hood box

4/12/6
update permit
See Pawel - Parke
Few straps on SMT
40-Amp Breaker needed
Dome-cover outside

Ratings / Total NUMB R — 40

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/13/2004
Date Issued ~~01/01/1954~~
Control #
Permit # 04-2505+A 7.26.04

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

Block 832 Lot 7 Qual
Work Site Location 1646 TILFORD BLVD CANCEL
TEMP SERVICE Temp
Owner in Fee SHUDER, DAWN cell 3117864473
Address 14 LEE DR
BRICK NJ 08724-
Tele. [redacted] House 3118386668
Contractor HARVARD AVE
Address SOUTH
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect. Plans Approved
Date: 7/6/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/30/04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv			7-27-04	TO
TCO			7-29-04	
Other				
Service				
Final			7-29-04	TO

Temp. Cut-in-Card Date Issued 7-29-04
Final Cut-in-Card Date Issued

OVER TO

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.

7/30/04
Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

7-29-04

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract. HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
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
1	150	AMP Service	50
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

OVER

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 50
DCA State Permit 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 07/13/2004
Date Issued 01/01/1954
Control #
Permit # 04-2505+A

7-27-04 owner to Support Const Service

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/13/2004
Date Issued ~~01/01/1954~~ 7-20-04
Control #
Permit # 04-2505+A

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

Block 832 Lot 7 Qual
Work Site Location 1646 TILFORD BLVD
TEMP SERVICE
Owner in Fee SHUDER, DAWN
Address 14 LEE DR
BRICK NJ 08724-
Tele [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

XLPE
UL E 20803

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

WR. 313369830

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7/16/04
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 7/20/04
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initials
Rough	7/9/05		7/20	WR
Temp Serv				
Const Serv				
TCO			4/26	TS
Other				
Service			7/20/05	WR
Final			5	

Temp. Cut-in-Card Date Issued 7/20/05 WR
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
1		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
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
1	100	AMP Service (200A)	50
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 #	Administrative Surcharge	$ 0
	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 50
	DCA State Permit Fee	$ 0

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

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE RD
TOWNSHIP OF BRICK

TECHNICAL SECTION
SUB ODE
ELECTRICAL
UCC NEW JERSEY

7-19-05

RIW 1W CABN RECEPTACLE IN KITCHEN TO BED ROOM - SOME AREA NOT COMPLETE

ADDITION - NAIL PLATE, WIRE OUT OF CEILING

SERVICE DIRECT BURIAL - ?

~~[illegible] [illegible] [illegible] [illegible] THAN~~

UNDER GROUND -

METER TO UNDER GROUND TO PECH -

SER TO SUB PANEL

SERVICE U G TYPE XLPE

Permit # -
Control # A+20c?-40
Date Logd 0?/01/15 4
Date Recd 01/13/2004

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/25/2004
Date Issued 6/18/04
Control # C25-47
Permit # 04-2505

Spoke w/ Dawn 5-13-04 CSOU

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

Block 832 Lot 7 Qual
Work Site Location 1646 TILFORD BLVD
ADDITION
Owner in Fee SHUDER, DAWN
Address 14 LEE DR
BRICK NJ 08724-
Tele [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: MUDROOM HALLWAY
Total Est Cost of Fire Prot Work $ 400

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: 5-10-04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4-12-06
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			4-12-06	
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			4-12-06	
Smoke Ctl				
TCO				
Final			4-12-06	
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		
Alarm Devices(smoke,heat,pulls,water/flow)	5	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	5	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 Dryer → (1)		0
Other		0

1 CO/SD outside EA BR
1 SD CA BR.
EGRESS window in NEW BR.
1 INTERCONNECT DC w/ BATT BACK UP
46

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 05/04/2005 2:59:50 PM
Control # C-05-134642
Date Issued ~~12/31/1899~~ 5/26/05
Permit # 04-2505+B

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

Block 832 Lot 7 Qualification Code

Work Site Location: 1646 TILFORD BLVD

Owner in Fee: SHUDER, DAWN

Address 14 LEE DR BRICK NJ

Te [redacted]

Contractor: WILLIAM DALTON PLUMBING & HTG

Address 555 NEW JERSEY AVE BRICK NJ

Tel. 732/458-2424 Fax.

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

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

Fire Alarm Contractor No.

Federal Employee No. 22-3643817

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5 Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity* 0

Total Cost of Fire Protection Work $500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date: 5-6-05

Approved by: DB

SUBCODE APPROVAL

☐ CO ☐ CCO ☑ CA

Date: 4-12-06

Approved by: DB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			4-12-06	DB
Smoke Control				
TCO				
Final			4-12-06	DB
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

Called 5/10/05 AM

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FIRE RESTORATION, PLUMBING ALTERATIONS,

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	$0.00
Suppression Systems		
Fire Pump 0 GPM Type	0	$0
Dry Pipe/Alarm Valves	0	$0
Pre-action Valves	0	$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
FM200 Suppression	0	$0
Other	0	$0
Other Systems		
Kitchen Hood Exhaust System	0	$0
Smoke Control System	0	$0
Fire Appliances ☑ Gas ☐ Oil	2	$90
Fireplace Venting/Metal Chimney	0	$0
Other	0	$0
Administrative Surcharge		$0
Minimum Fee		$0
State Permit Surcharge Fee		$1
TOTAL FEE		$91

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

UPdate

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5-8-06
Control #

Date Issued
Permit # 04 2505 + C

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

Block 832 Lot 7 Qualification Code ____
Work Site Location 1646 Tilford Blvd

Owner in Fee Snyder Dawn
Address 1646 Tilford Blvd
Brick NJ 08724
Tel [redacted]
Contractor William Dalton Plumbing & HTG
Address 555 NJ Ave Brick NJ 08
Tel (732) 458-2424 FAX (____) ____
Contractor License No. 10633
Federal Emp. No. 22-3643817

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 $ 500

JOB SUMMARY (Office Use Only)

~~PLAN REVIEW~~
~~[ ] No Plans Required~~
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 4/21/06
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO ~~[ ] CA~~
Date: 5-15-06
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			8/18/06	[initials]

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List of all fixtures.)

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

Total $182.00

Administrative Surcharge $ 40
Minimum Fee $
State Permit Surcharge Fee $ 1
TOTAL FEE $ 41

U.C.C. F130
(rev. 01/04)

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

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/25/2004
Date Issued 4/18/04
Control # C25-47
Permit # 04-2505

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

Block 832 Lot 7 Qual

Work Site Location 1646 TILFORD BLVD
ADDITION

Owner in Fee SHUDER, DAWN

Address 14 LEE DR
BRICK, NJ 08724-

Tele [redacted]

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 2,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb Plans Approved
Date: 5/27/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 5-15-06

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			5/27/05	
Water				
Sewer				
Fixtures			5/12/06	
Gas Equip.				
Gas Piping			—	+B
Solar				
TCO			5/12/06	
Final			5/12/06	

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
1	Bath Tub	10
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
1	Washing Machine	10
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
1	Hot Water Boiler	35
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 $ 65
DCA State Permit 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.

3/4" WATER

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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 03/25/2004 5/27/05
Date Issued / /
Control # C25-47
Permit #

1 OPDATE
1-W/C
1-SA
1 [redacted] 2 (COIL) FROM BOILER
2 - NEED C/O ON WASHER WASTE
(WILL CHECK ON FINAL)

4/12/06

1 OP DATE FOR W/C - SA - ASK FOR MARLIN 5/2/05
2 - LOW WATER CUT OFF NOT WIRED

Address LE DR
BR C NJ 08724

Water Heater
Steam Boiler
Hot Water Boiler
Grease Interceptor / Separator
Backflow Preventer

B PLUMBING CHARACTERISTICS

Administrative Surcharge
Minimum Fee

F130 (rev 3/96)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 05/04/2005
Control # C-05-134642
Date Issued ~~12/31/1899~~ 5/26/05
Permit # 04-2505+B

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

Block 832 Lot 7 Qualification Code

Work Site Location: 1646 TILFORD BLVD

Owner in Fee: SHUDER, DAWN

Address 14 LEE DR BRICK NJ

Tel [redacted]

Contractor: WILLIAM DALTON PLUMBING & HTG

Address 555 NEW JERSEY AVE BRICK NJ

Tel. 732/458-2424 Fax.

Contractor License No. 10633

Federal Employee No. 22-3643817

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☑ Plumbing Plans Approved

Date: 5-5-05

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 5-15-06

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough			5/27/05	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			5/27/05	
Solar			4/13/06	
TCO			5/10/06	
Final				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$0
0	Urinal/Bidet	$0
0	Bath Tub	$0
0	Lavatory	$0
0	Shower	$0
0	Floor Drain 50'	$0
0	Sink	$0
0	Dishwasher 145 OF	$0
0	Drinking Fountain 1'	$0
0	Washing Machine 1	$0
0	Hose Bibb	$0
0	Water Heater	$0
0	Fuel Oil Piping	$0
3	Gas Piping	$30
0	LP Gas Tank	$0
0	Steam Boiler	$0
1	Hot Water Boiler	$50
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$7
TOTAL FEE	$87

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

04-2505

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1646 Tilford Blvd.
Block: 832 Lot: 7
Owner's Name: Dawn Snyder
Owner's Mailing Address:

Phone: ( )

Update 14

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

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

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor: Dawn Snyder
Address: 1646 Tilford Blvd
cell
Phone#: [redacted]
Lis #:
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	1
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
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 100 (temp)	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $50 –

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

Signature: Dawn E Snyder

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
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_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

Contractor change + gas update 04-2505 + B

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Bill Dalton P+H
Address: 555 New Jersey Ave. Brick NJ. 08724
Phone #: 732-458-2424
Lis #: 10633
Federal Emp # or SSN 22-3676075

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
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	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work 5000.00

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

Signature: Bill Dalton
Please Print Name: Bill Dalton

CONTRACTOR'S SEAL

FIRE

Contractor: Bill Dalton P+H
Address: 555 New Jersey Ave. Brick NJ. 08724
Phone #: 732-458-2424
Lis #: 10633
Federal Emp # or SSN 22-3676075

Technical Data

Description of Work:

Heating Type: K Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler: 1st Floor utility Room
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:
Gas Stove 1 future } under file
Gas Dryer 1
Furnace (Gas or Oil) Boiler 1 - under Plg
Gas Fireplace
Gas Logs
Total Appliances 3

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work 500.06

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

Signature:
Print Name: Bill Dalton

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1646 Tilford Blvd
Block: 832 Lot: 7
Owner's Name: Dawn Snyder
Owner's Mailing Address: 14 Lee Dr
Brick 08724
Phone [redacted]

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

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

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

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 (Receptacles, Switches, Lights, Motor 1HP)	
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:

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

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Dawn Snyder
Address: 14 Lee Dr Bricktown NJ
Phone #: [redacted]
Lis #:
Federal Emp # or SSN [redacted]

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	1
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	1
Dishwasher	
Drinking Fountain	
Washing Machine	1
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	1
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work $2,100.00

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

Signature: Dawn E Snyder
Please Print Name: Dawn Snyder

CONTRACTOR'S SEAL

FIRE

Contractor: Dawn Snyder
Address: 14 Lee Dr Bricktown NJ
Phone # [redacted]
Lis #:
Federal Emp # or SS [redacted]

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ✓New ___Existing
Location of Furnace/Boiler: Mud room Hallway
Water Supply Source Hot water Boiler
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	5 total
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:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work $400.00

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

Signature: Dawn E Snyder
Print Name: Dawn Snyder

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1646 Tilford Blvd
Block: 832 Lot: 7
Owner's Name: Dawn Snyder
Owner's Mailing Address: 14 Lee Dr Brick Twn NJ 08724

Phone: [redacted]

BUILDING

Contractor: Dawn Snyder
Address: 14 Lee Dr.
Brick NJ 08724
Phone#: [redacted]
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Addition - one bedroom
Bathroom
mudroom w. washer, dryer
Boiler

Upgrade electrical in existing house

Plumbing

Type of Work

___New Building	___Siding
✓ Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: 1
Height of Structure: 20"
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed: 33" x 10" 330 sq Ft

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $ 19,500

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

Signature: Dawn E Snyder
Please Print Name Dawn Snyder

ELECTRICAL

Contractor: Dawn Snyder
Address: 14 Lee Dr
Brick Twn
Phone#: [redacted]
Lis #:
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	7
Receptacles	20
Switches	15
Detectors	5
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	1 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	1
Steam Boiler	
Other:	1 Hot water Boiler

Estimated Cost of Electrical Work: $3,400.00

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

Signature: Dawn E Snyder
Please Print Name Dawn Snyder

CONTRACTOR'S SEAL

Township of Brick
Zoning Permit

Approved:	Thursday, April 29, 2004	**Number:**	571
Block	832	**Lot**	7
Zone:	R-7.5		

Property Address:	1646 Tilford Blvd.
Applicant:	Dawn Snyder
Property Owner:	Dawn Elaine Snyder
Existing Use:	Single Family Residential
Proposed Use:	Single Family Residential
Proposed Construction:	One story addition, 10' x 33', 20' high.
Conditions:	The addition must be set back at least 6 feet from the side property line and at least 25 feet from the front property lines.

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

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

MAR 25 2004

APR 7 2004

APR 28 2004

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

BLOCK 832 LOT 47 QUALIFIER ____

PROPERTY ADDRESS 16416 Tilford

PERSONAL NAME OF APPLICANT Dawn Snyder

BUSINESS NAME OF APPLICANT ____

MAILING ADDRESS OF APPLICANT 14 Lee Dr Bricktown

PROPERTY OWNER'S FULL NAME Dawn Elaine Snyder

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe)____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe)____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) ____ Height____
☒ Addition - Height 20'
☐ Alteration
☐ Porch or deck - Height____
☐ Shed - Height ____
☐ Fence - Type____ Height____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) ____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ 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.

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

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 Dawn E Snyder Date 3-15-04

Reviewed by Zoning Office____ Date 3/29/04 ( ) Approved (X) Denied
4/8/04
4/29/04 X

Land Use/ Bldg Dept Fax:732-262-8954

*** Transmit Conf. Report ***

Jul 20 2005 15:40

P.1

Telephone Number	Mode	Start	Time	Page	Result	Note
[J] CUTIN	NORMAL	20,15:39	0'31"	1	* O K	

MUNICIPALITY Bricktown

CUT-IN-CARD

LOCATION 1646 Hilford UTILITY CO PP

BLK 832 LOT 7

OWNER Dawn Shuler OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☒ TEMPORARY This approval void after ____days

DESCRIPTION OF SERVICE 200 A Service

INSTALLED BY Owner LICENSE NO —

DATE 7-20-05 PERMIT # 04-2505+A INSPECTOR [illegible]

☐ CALLED IN / / Lic. No: 6455

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

MUNICIPALITY Bricktown

LOCATION

OWNER

"Installation in the above pr
in accordance with N.E.C

☐ FINAL ☐ TEMPORARY This approval voic

DESCRIPTION OF SERVICE

INSTALLED BY

DATE PERMIT #

☐ CALLED IN / /

U.C.C Form F-350B 1 WHITE—UTILITY 2 CANARY—OFF

MUNICIPALITY Bricktown

CUT-IN-CARD

LOCATION UTILITY CO PP

BLK LOT

OWNER OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____days

DESCRIPTION OF SERVICE

INSTALLED BY LICENSE NO

DATE PERMIT # INSPECTOR [illegible]

☐ CALLED IN / / Lic. No: 6455

MUNICIPALITY Bricktown

LOCATION

OWNER

"Installation in the above pr
in accordance with N.E.C

☐ FINAL ☐ TEMPORARY This approval voic

DESCRIPTION OF SERVICE

INSTALLED BY

DATE PERMIT #

☐ CALLED IN / /

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY Bricktown

LOCATION 1646 Hilford UTILITY CO PP

BLK 832 LOT 7

OWNER Dawn Shuder OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☒ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 A Servic

INSTALLED BY Owner LICENSE NO —

DATE 7-20-05 PERMIT # 04-2505+A INSPECTOR [illegible]

☐ CALLED IN / / Lic. No: 6455

U.C.C. Form F-350B 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY Bricktown

LOCATION UTILITY CO PP

BLK LOT

OWNER OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE

INSTALLED BY LICENSE NO

DATE PERMIT # INSPECTOR [illegible]

☐ CALLED IN / / Lic. No: 6455

U.C.C. Form F-350B 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY Bricktown

LOCATION UTILITY CO PP

BLK LOT

OWNER OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE

INSTALLED BY LICENSE NO

DATE PERMIT # INSPECTOR [illegible]

☐ CALLED IN / / Lic. No: 6455

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY Bricktown

LOCATION UTILITY CO PP

BLK LOT

OWNER OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE

INSTALLED BY LICENSE NO

DATE PERMIT # INSPECTOR [illegible]

☐ CALLED IN / / Lic. No: 6455

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY BRICK

LOCATION 1646 TILFORD BLVD UTILITY CO _____

3117864 73 BLK 832 LOT 7

OWNER Shuger OCCUPANT Const. Service

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 100 AMP 1Φ

INSTALLED BY Owner LICENSE NO N/A

DATE 2-25-04 PERMIT #04-285A INSPECTOR [signature]

☐ CALLED IN / /

Lic. No: 5151

U.C.C. Form F-3508 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

Ratings

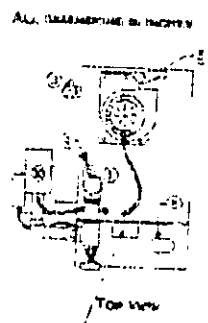
Boiler model number	DOE Heating capacity	Input	Output	Net I=B=R ratings	Boiler size	DOE Seasonal efficiency % AFUE	Direct vent size	Chimney vent size
	Btuh (Note 1)	Btuh	Btuh	(Note 2)			(Note 3)	
CGI-PIN	108,000	133,000	108,000	94,000	3	81.6	3"	5"

Tankless heater: Connections ¾" NPT. ΔT=30°F Intermittent Draw Rating = 2.6 GPM (45 - 140°F rise above tank water)

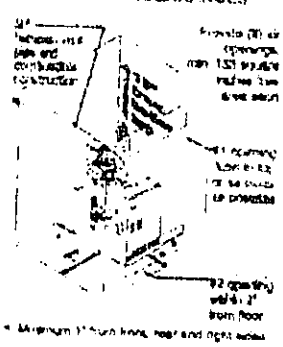
Notes:
1. Based on standard test procedures prescribed by the United States Department of Energy.
2. Net I=B=R ratings are based on net installed radiation of sufficient quantity for the requirements of the building and nothing need be added for normal piping and pickup. Ratings are based on a piping and pickup allowance of 1.15. An additional allowance should be made for unusual piping and pick-up loads.
3. Direct exhaust CGI boilers require special venting, consistent with Category II boilers, and only the venting materials and methods specified in this manual. Chimney (draft vented) CGI boilers may also have a vent or stack that is also suitable for venting Category I boilers.

Dimensions

- Supply connection, 1 ¼" NPT (note 1)
- Hea[illegible] connection, 1" NPT (note 1)
- [illegible] valve, ¾" NPT
- [illegible] to expansion tank/air vent
- [illegible] vent connection
- [illegible] piping
- [illegible] valve
- [illegible] only (rear or top or side)
- [illegible] pressure/temperature gauge
- [illegible]-way valve

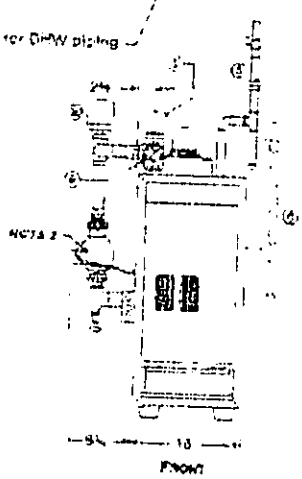


Top view

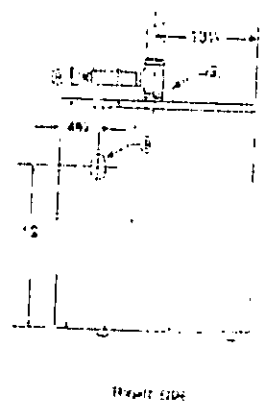


Minimum clearances

Left side



Front



Right side

Supply connection (in tee) is 1¼" NPT. Return connection (in 3-way valve port) is 1" NPT copper tube.

Note 2: Boiler circulator, 3-way valve, piping and trim are shipped loose for field assembly. Circulator must be mounted on return line as shown in this manual.

Equipment

Standard Equipment

- Factory fire test
- Two piece jacket top panel
- Insulated air cooled steel jacket
- Cast iron sections with built-in [illegible] combustion
- Baffles
- Steel base
- Integrated boiler control [illegible] fully with intermittent electronic ignition system and indicator lights
- Inducer fan
- Flue gas [illegible] assembly
- Combination [illegible]
- Wiring harness
- 3-way valve [illegible] components
- Air pressure switch
- Ambient temperature sensor
- High-grade stainless steel [illegible]
- Tankless heater and controls
- 40 VA transformer
- Electrical junction box
- Rollout thermal fuse element
- High temperature limit control
- Circulator
- Thermostatic mixing valve (¾" sweat union connections)
- 30 PSIG ASME relief valve
- Combination pressure-temperature gauge
- Drain valve

Additional Equipment

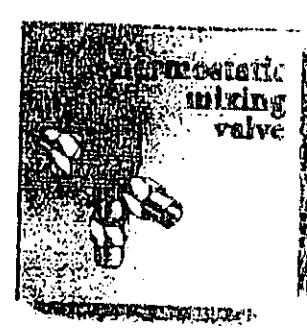
- CGI AL29-4C® vent starter (use when direct-exhaust venting boiler)
- Expansion tank package
- Weil-McLain 5- & 10-year Homeowner Protection Plan
- Gas conversion kit — natural to propane (#510-811-925)

3-way valve for domestic priority

If the tankless heater low limit senses boiler water is too cool to provide domestic water from the tankless coil, the 3-way valve diverts all of the hot water flow from the boiler back to the return, dedicating all available heat to domestic hot water.

Thermostatic mixing valve for domestic hot water

Supplied with the boiler, the thermostatic mixing valve helps to maintain a constant domestic hot water temperature, mixing the hot water output from the coil with fresh cold water (if).



In the interest of continual improvements in product and performance, Weil-McLain reserves the right to change specifications without [illegible]

Locate our Sales Offices by visiting our website: [illegible]

National Electrical Code
Plan Review Record
Township of Brick

Resubmit 5-6-04

Date: 5-5-04

Site Address: 1646 TIFFORD BLVD

Reviewed By: TOM

Resubmit 5/2/04

CORRECTION LIST

No.	Description
1)	SWITCH LOCATION NOT SHOWN ON PLAN- BED ROOM, BATHROOM ENTRANCE AREA,
2)	NO LIGHT FIXTURES SHOWN IN BATHROOM, BED ROOM, ENTRANCE AREA IN SIDE OR OUTSIDE

OWNER CONTACT DAWN SNYDER
202-0803

Party Called and Phone #: _____

Resubmitted on: _____ By: _____

National Electrical Code
Plan Review Record
Township of Brick

Date: 5-5-04

Site Address: 1646 TILFORD BLVD

Reviewed By: TOM

CORRECTION LIST

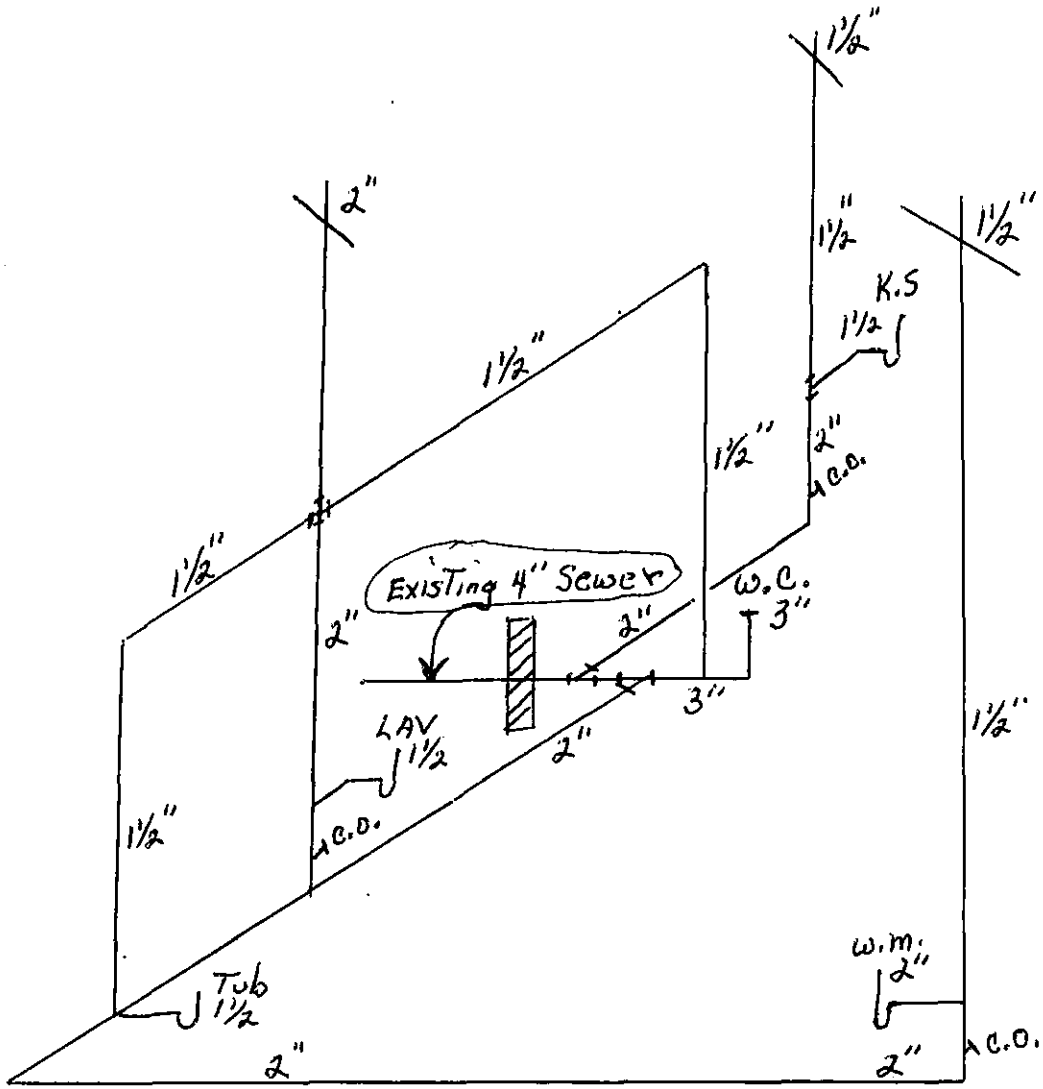
No.	Description
1)	SWITCH LOCATION NOT SHOWN ON PLAN- BED ROOM, BATHROOM ENTRANCE AREA.
2)	NO LIGHT FIXTURES SHOWN IN BATHROOM, BED ROOM, ENTRANCE AREA IN SIDE OR OUTSIDE

OWNER CONTACT DAWN SNYDER
202-0803

Party Called and Phone #:

Resubmitted on: By:

MAY 25-04



5/27/04

Plumbing Riser 1646 Tilford Blvd. Lot 7 Blk 832

Ms Dawn E. Snyder

Dawn E Snyder

B J Meyer

BERNIE MEYER INC.

MECHANICAL CONTRACTOR
COMMERCIAL AMD INDUSTRIAL

44 Mohawk Place
Lakewood, NJ 08701

State Lic. #4543

List of existing Fixtures

Service Panel
Plumbing (~~x~~
2 Receptacles
1 Light fixture
Hose bib
sink
shower
towlet

Dawn E Snyder

Plumbing Plan Review Record

Work site location: 1646 TILFORD BLVD

Building Description: _____

Reviewed: _____

Date: 5/6/04

Correction list

No.	Description	Code section
①	- DWV SCHEMATIC	
②	- BOILER BROCHURE OK.	
③	- EXISTING PLUMBING FIXTURES OK ONLY BOTH	

DAVID
732-822-2485

Approved
5/27

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 3-15-04

Block: 832 Lot: 7

Property Address: 1646 Tilford Blvd

I, Dawn Snyder (name) of 14 Lee Dr. Bricktown (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Dawn E Snyder
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: 5/3/04 Signed:

Rejected on: Signed:

Comments:

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

April 8, 2004

Dawn Snyder
1646 Tilford Blvd.
Brick, NJ 08724

Re: Block: 832 Lot: 7
1646 Tilford Blvd.

Dear Ms. Snyder,

Your zoning permit application for an addition on the referenced property can not be approved because the application is still incomplete.

- Two sets of floor plans with the use of all existing and proposed rooms labeled must be submitted for review.

Your application has been returned to the Division of Inspections. Please amend your application and submit the required information to a counter clerk in the Divisions of Inspections Office. We will then be able to review your application.

Very Truly Yours,

Kate MacDonald
Assistant Zoning Officer

C: Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Sean Kinnevy, Zoning Officer
Daniel Newman, Construction Official

TOWNSHIP OF BRICK

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

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Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

March 29, 2004

Dawn Snyder
1646 Tilford Blvd.
Brick, NJ 08724

resubmit 4-6-04

Re: Block: 832 Lot: 7
1646 Tilford Blvd.

Dear Ms. Snyder,

Your zoning permit application for an addition on the referenced property can not be approved because the application is incomplete.

- Two sets of floor plans with the use of all existing and proposed rooms labeled must be submitted for review.

Your application has been returned to the Division of Inspections. Please amend your application and submit the required information to a counter clerk in the Divisions of Inspections Office. We will then be able to review your application.

Very Truly Yours,

Kate MacDonald

Kate MacDonald
Assistant Zoning Officer

C: Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Sean Kinnevy, Zoning Officer
Daniel Newman, Construction Official

3-24-04

Ordinance 354-2D-03

Building Eave height - 10' 2"

Building height - 17'2"

Building Ridge height - 22' 2"

For Block 832 Lot 7

Address 1646 Tilford Blvd
Bricktown 08724

Owner
Dawn E Snyder

ADDITION CHECK LIST

1. Construction 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 of existing and proposed structures	Yes ✓	No ___
5. Bldg/Plmg/Fire/Electrical subcode information completed	Yes ✓	No ___
6. Completed section VI on jacket –building characteristics	Yes ✓	No ___
7. Separate addn/alteration cost	Yes ✓	No ___
8. Two sets of plans-architecturals signed and sealed homeowner drawings-all pages signed(existing & proposed floor plan)	Yes ✓	No ___
9. Brochures – Furnace, Boiler, A/C, Fireplace (wood/gas)	Yes ✓	No ___
10. Gas pipe drawing if applicable	Yes ___	No ✓
11. DWV schematic if applicable. Include list of existing fixtures	Yes ___	No ✓
12. Detail of all electrical locations (receptacles, switches, detectors, etc)	Yes ✓	No ___
13. Detail of existing & proposed smoke & carbon monoxide detectors.	Yes ✓	No ___
14. If using engineered floor joist(TJI) a joist layout showing blocking where applicable must be submitted with plans (also on jobsite with plans)	Yes ___	No ___
15. Completed debris form	Yes ✓	No ___
16. 2nd Story additions require engineer certification for foundation if the plans are not done by an architect	Yes ___	No ✓
17. Soil borings showing seasonal high water table required on any new basements	Yes ___	No ✓

Note: We are now using the International Building Code Effective May 6, 2003

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

******PLEASE READ AND SIGN******

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Dawn Snyder

SIGNATURE: Dawn E Snyder DATE:

BLOCK: 9.52 LOT: 17 ADDRESS: 1646 Tilford Blvd

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

X

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 1646 Tilford Blvd

Block: 832 Lot: 7

Contractor: Dawn Snyder

Contractor's Address: 14 Lee Dr Brick Twn

Type of Construction (minor, new home): minor - addition

Type of Debris (shingles, siding, wood, etc.): small amount of wood

Party responsible for removal: myself

Dumpster size: _____

Destination of debris: _____

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

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

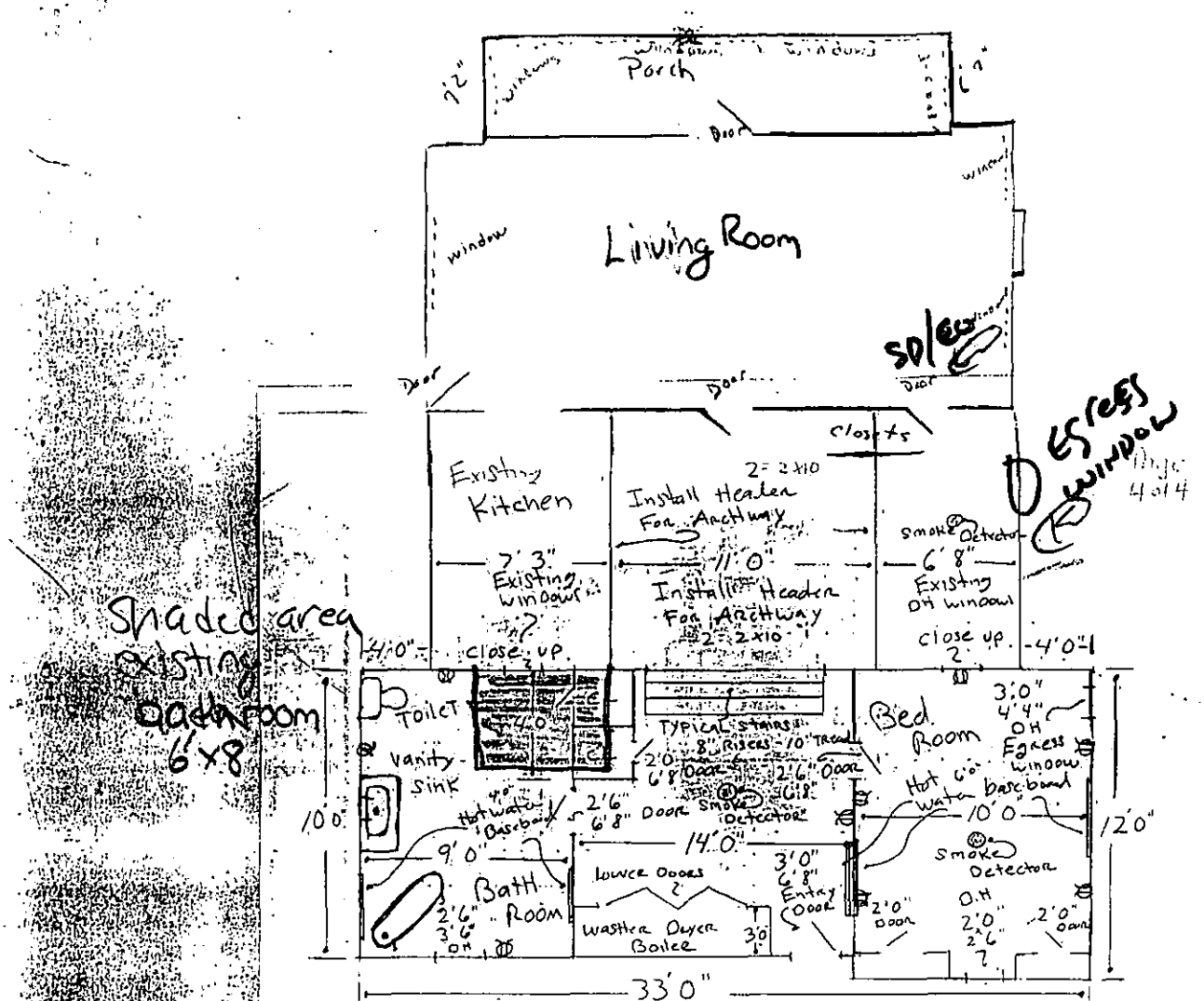
Dawn E Snyder — 3-15-04

Signature — Date

Dawn Snyder

Print Name

Dawn E Snyder



FLOOR PLAN

RESIDENCE OF
Dawn E Snyder
1646 TILFord Boulevard
LOT 7 BLOCK 832

Township of Brick building subcode
Application review process
Building subcode

5-12-04

Address of application 1646 T.L Ford

Please be advised that you have been rejected by the building subcode for the following reasons noted on either the framing checklist or our Township checklist.. OR the items listed below.

Please make any corrections on both sets of plans, as lists of information will be rejected.

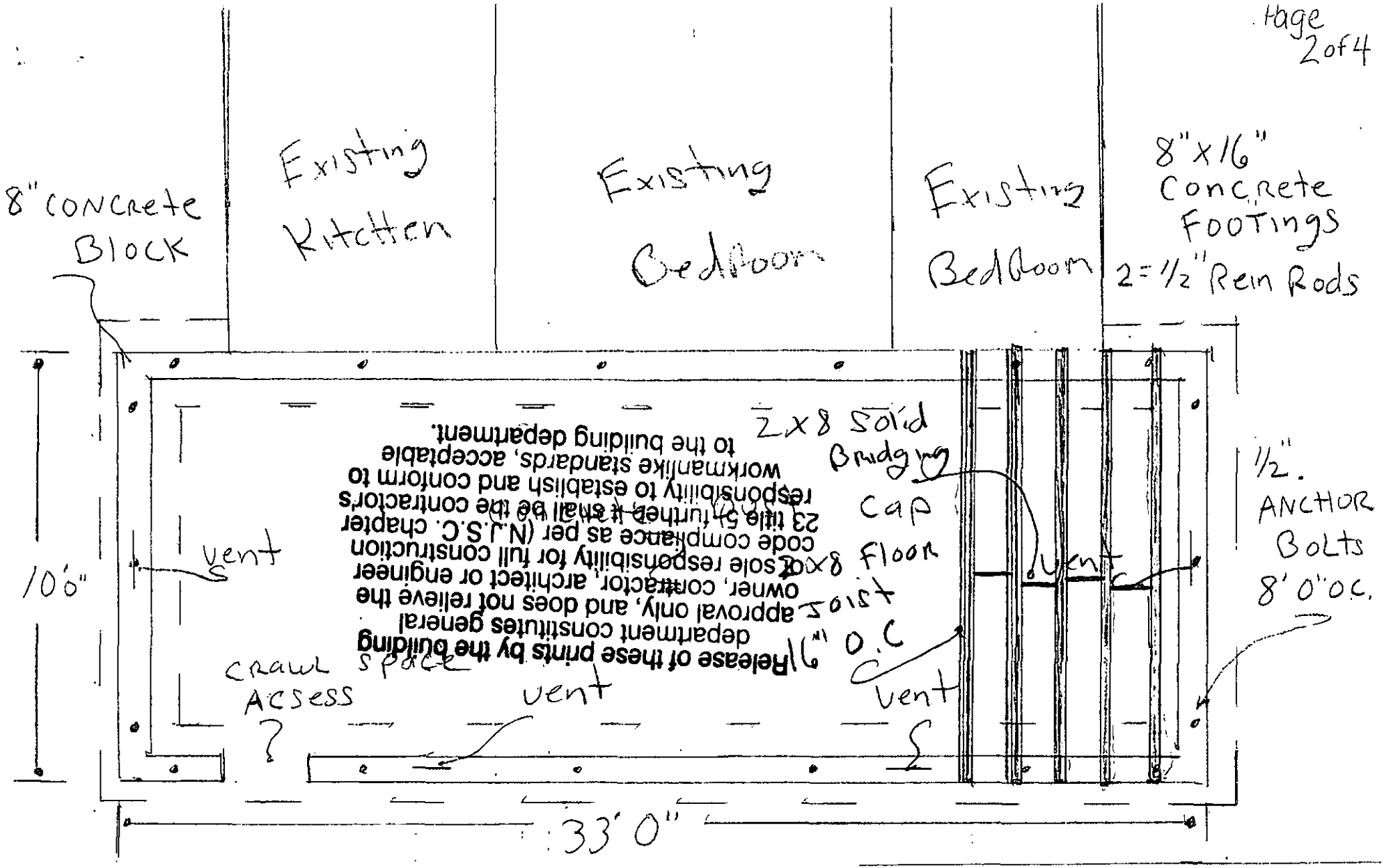
(1) Floor Joist Overspanned

(2) Egress windows Not To code
Show 3'0" x 4'4"

Approved
5/21

6-7-04
NO NEW HO

CAlled HO @ 10:10
NA:



FOUNDATION PLAN

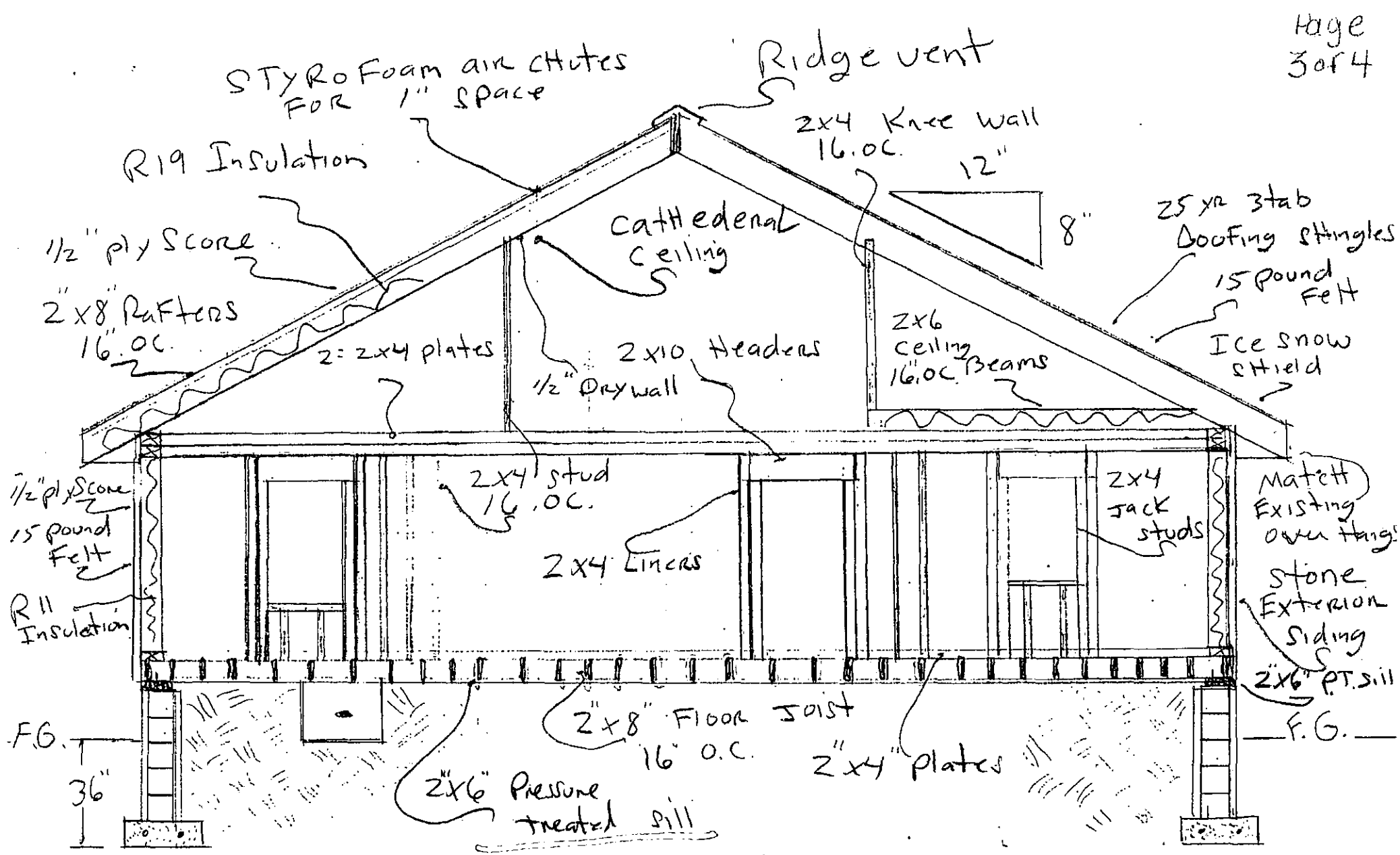
RESIDENCE OF
Dawn E Snyder
1646 TILFORD Blvd.
LOT 7 BLOCK 832

RVSD 6-15-04 Dawn E Snyder

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

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		6-15-04	EM
Fire			
Electrical			



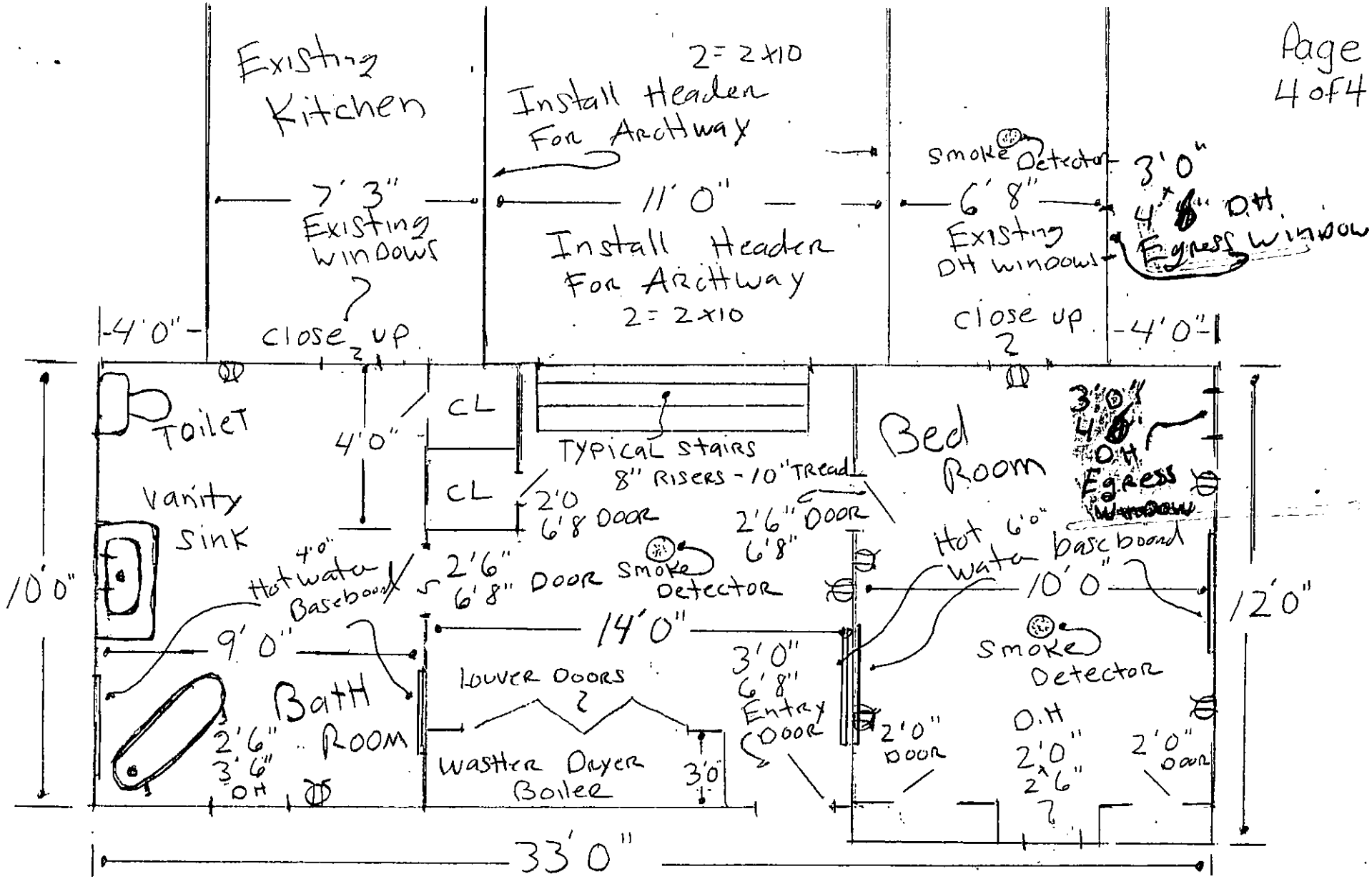
CROSS SECTION

RESIDENCE OF
Dawn E Snyder
1646 TILFORD Blvd.
LOT 7 BLOCK 87

RUSD 6-15-04

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		10-15-04	
Fire			
Electrical			



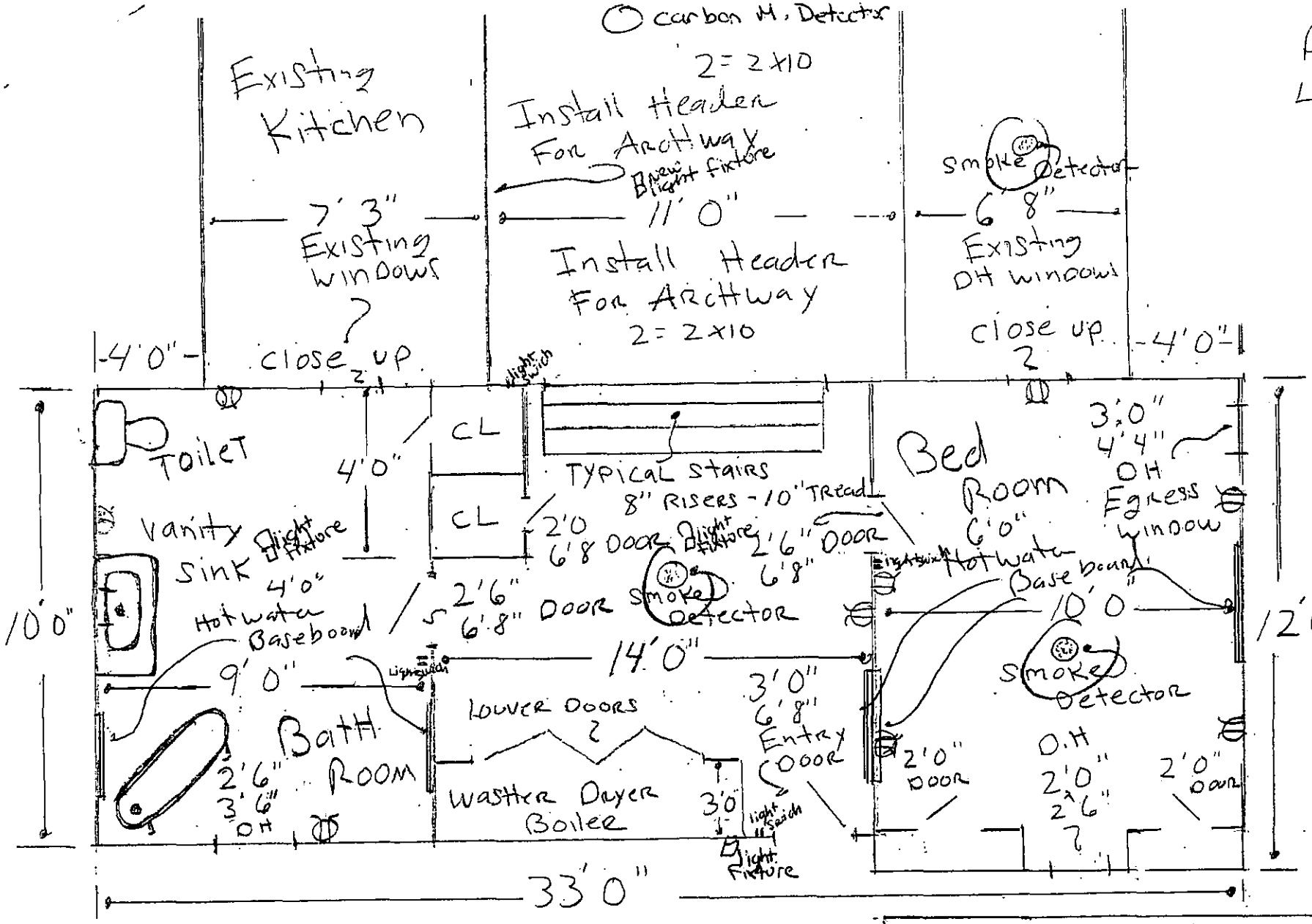
FLOOR PLAN

RESIDENCE OF
Dawn E Snyder
1646 TILford Boulevard
LOT 7 BLOCK 832

RVSD 6-15-04 DawnESnyder

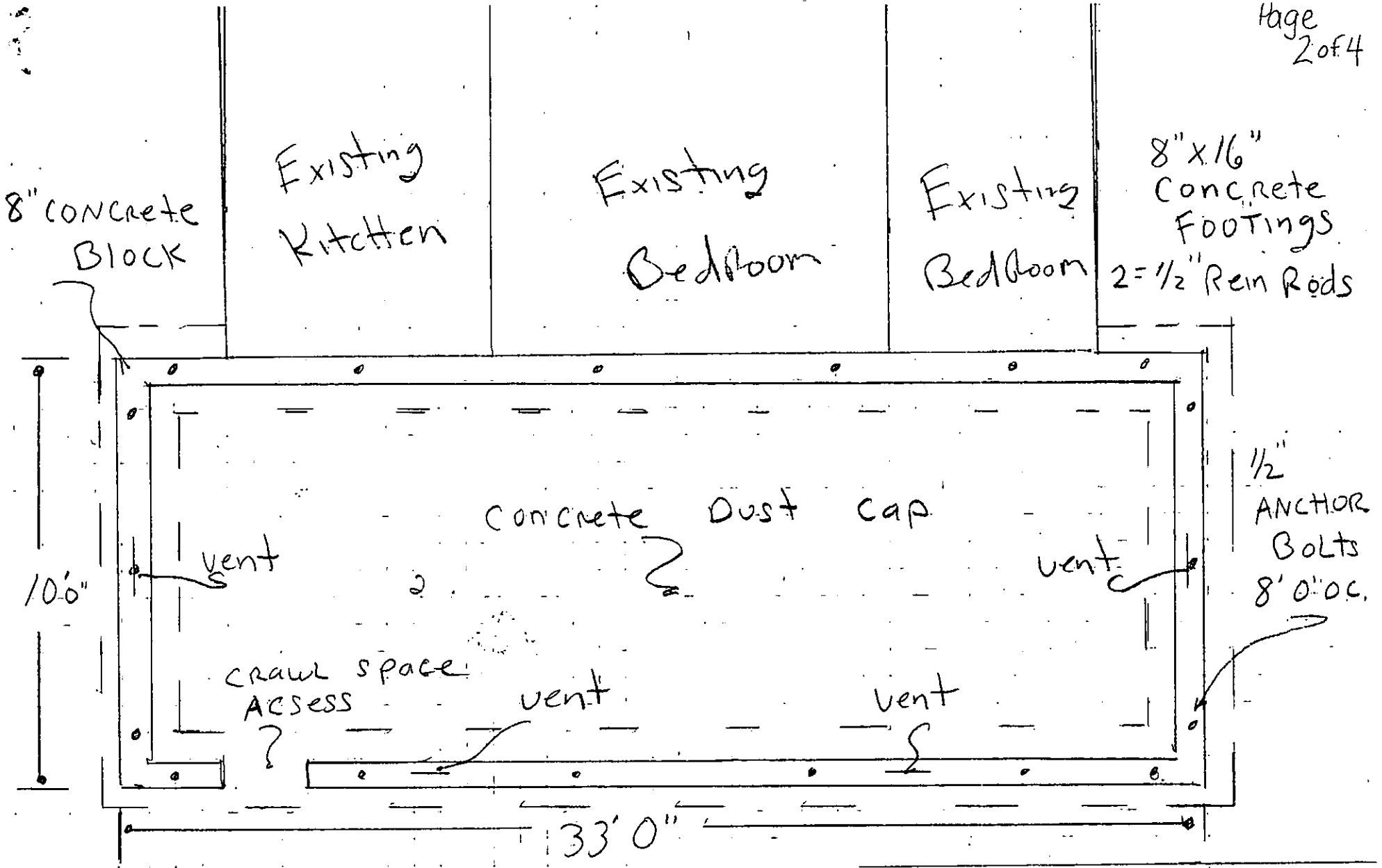
Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		6-15-04	FM
Fire			
Electrical			



FLOOR PLAN Electrical

RESIDENCE OF
Dawn E Snyder
1646 TILFord Boulevard
LOT 7 BLOCK 832



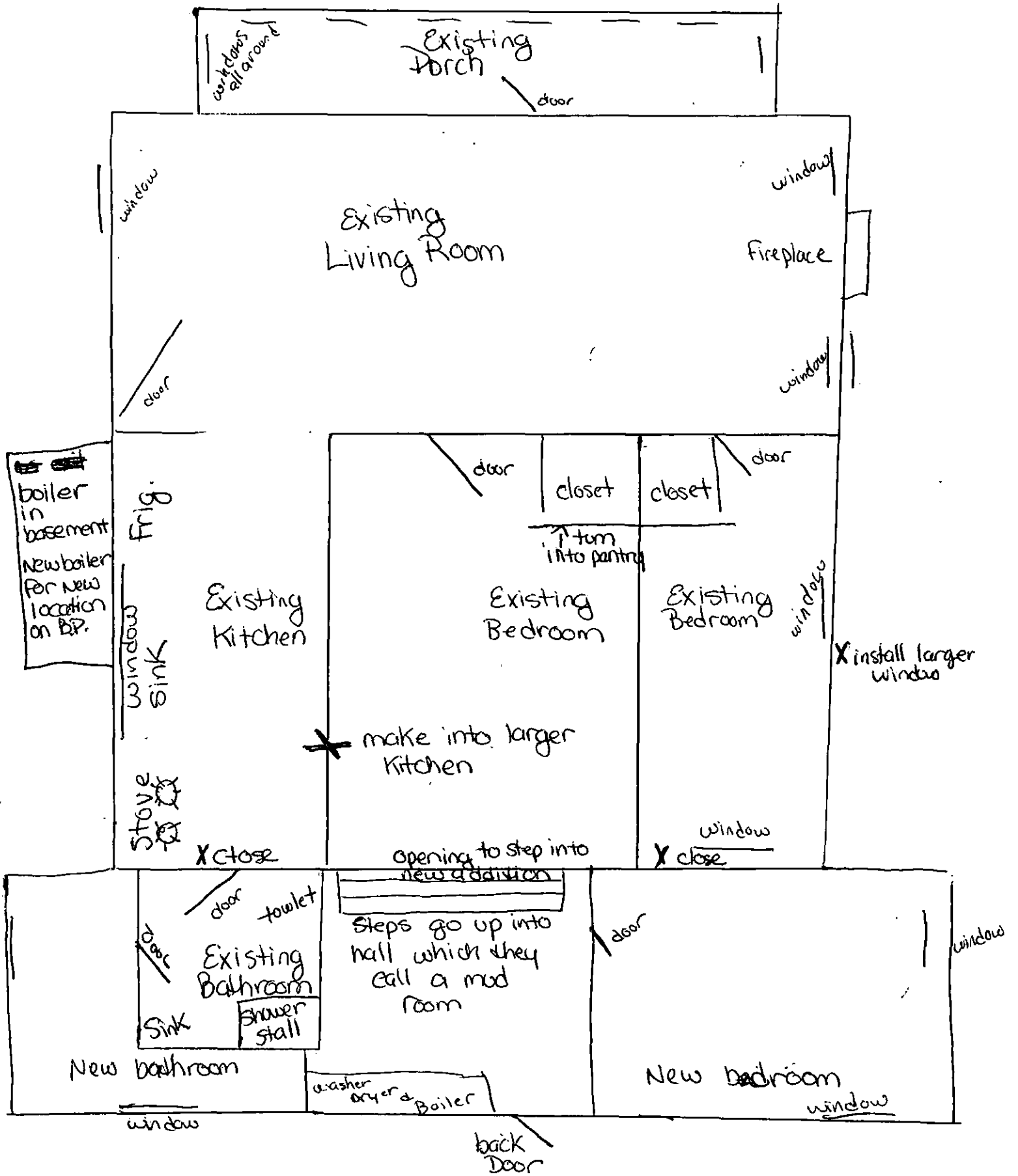
Dawn E Snyder

FOUNDATION PLAN

RESIDENCE OF
Dawn E Snyder
1646 TILFORD Blvd.
LOT 7 BLOCK 832

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		6-15-04	
Fire			
Electrical		6/9/04	



Dawn E Snyder

1646 Tilford Blvd

Brick

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		6-15-04	FM
Fire			
Electrical		6-20-04	

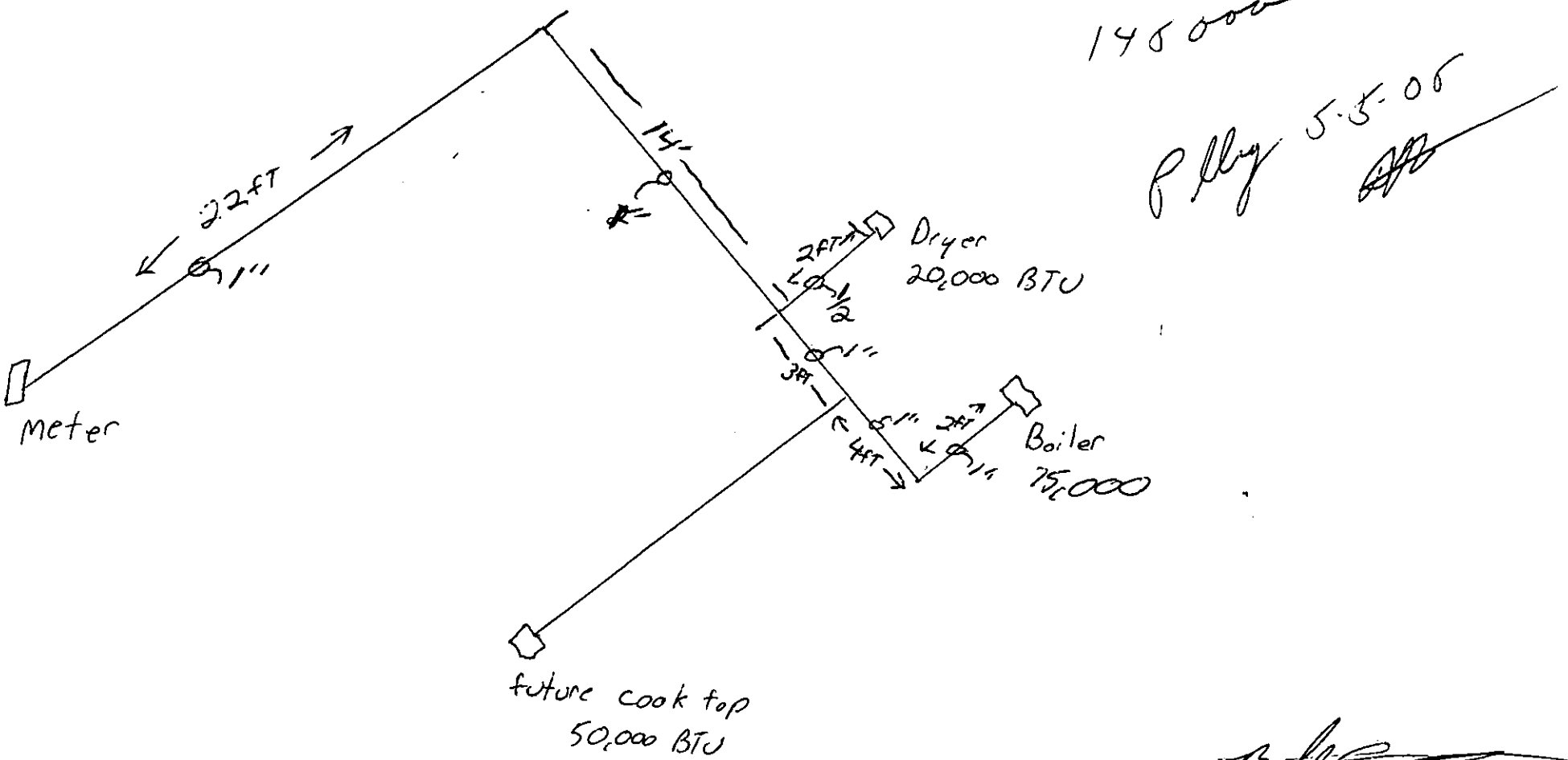
1646 Tilford Blvd.
Block 832
Lot 7

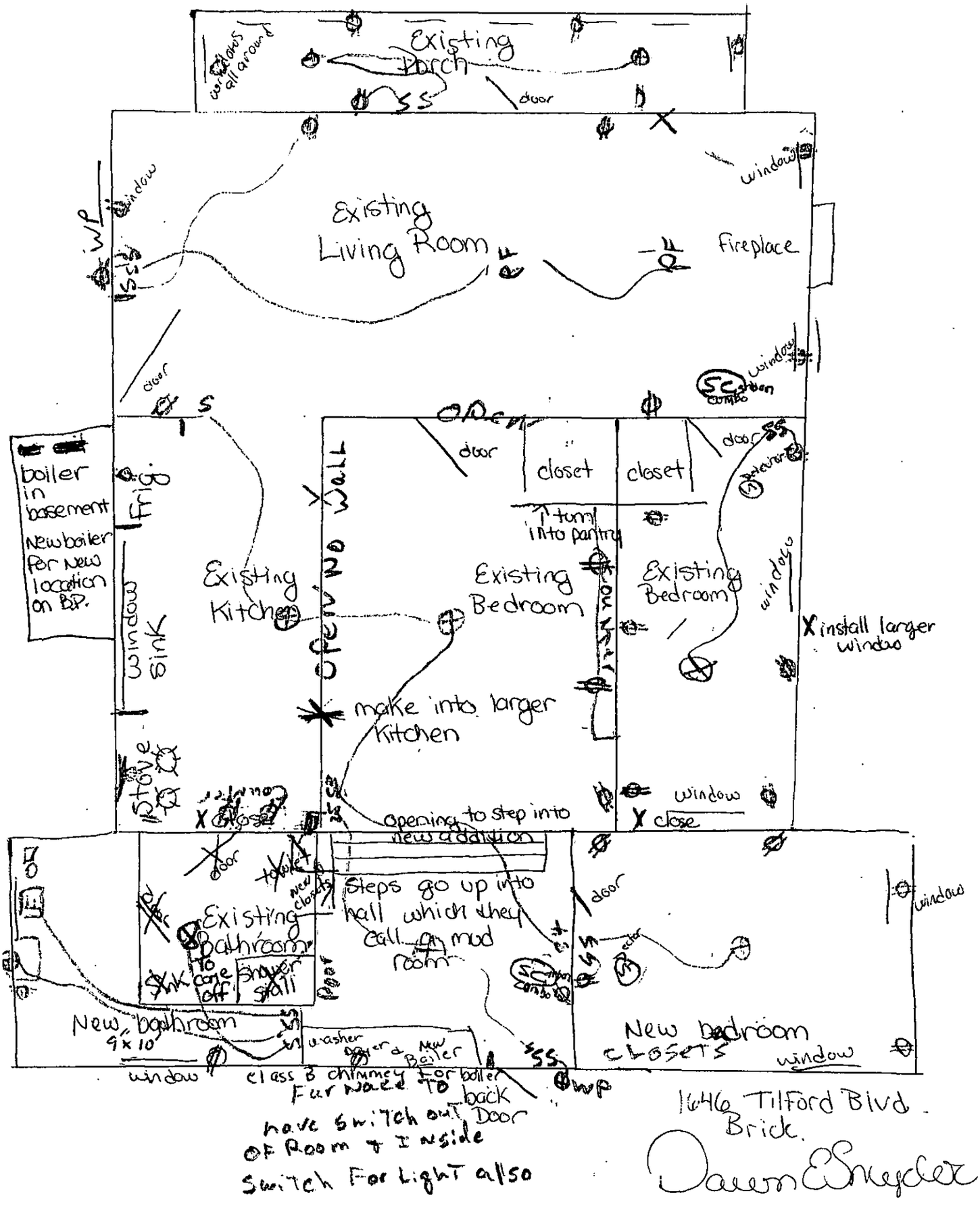
Bill Dalton
732-330-9845

50'

140,000

Plbg 5-5-05





all outlets 6 FT From corners
outlets to be within 12 FT of each
all wall space 2 FT or greater need s outlet
Every 10 FT Wall space needs outlet
at counters Every 2 FT and Every 4' AFter need outlets
smoke's in Every Bedroom in & 10' within
door's smoke in & out OF utility Room
Carbon in Halls
Wheather Proof Outlets Front & Back
1 switched outlet Every Room or overhead light