BLOCK 838 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) 1700 Laurel Bay Blvd. 1683 Tilford PERMIT NO. 13-5232

CONSTRUCTION PERMIT APPLICATION

C13006544

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

I. IDENTIFICATION

1. Proposed Work Site at: 1683 Tilford Blvd.
2. Name of Owner in Fee: William Frank / Avon
   Tel. [redacted] e-mail _____
   Address 2322 Harbor Dr. Pt. Pleasant, NJ 08742 (street / municipality / zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: William Frank Tel. (848) 333-7402
   Address 2322 HARBOR DR e-mail _____
   Pt Pleasant NJ 08742
   License No. OR, if new home, Builder Reg. No. 10200 Exp. Date 8/15
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer B. Braun Contact Bob
   Address 119 Claire DR e-mail _____
   Tel. (732) 370-8590 FAX: (732) 961-6652
6. Responsible Person in Charge once Work has Begun Bill FRANK
   Tel. (848) 333-7402 FAX: (732) 746-3947

V. FEE SUMMARY (for office use only)

		$	Update	Fee
1.	Building	520 -		
2.	Electrical		230V	
3.	Plumbing		490V	60 -
4.	Fire Protection		205V	
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee		58 -	
10.	Subtotal	$	95 -	
11.	Cert. of Occupancy		150	
12.	Other EP		150	
13.	TOTAL	$	803	945 - 60 -

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure ~~23~~ 23 ft.	
3.	Area — Largest Floor 2160 sq. ft.	
4.	New Building Area 1733 sq. ft.	
5.	Volume of New Structure 17330 cu. ft.	
6.	Max. Live Load	
7.	Max. Occupancy Load	
8.	If Industrialized Building: State Approved ___ HUD ___	
9.	Total Land Area Disturbed 2210 sq. ft.	
10.	Flood Hazard Zone NO	
11.	Base Flood Elevation ft.	
12.	Wetlands yes ___ no ✓	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☑ New Building (Partial Fdt + found)
- ☐ Addition
- ☐ Demolition (T/A)
- ☐ 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	Re-viewer	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building				12/17/13	MW	12/20/13	MW	12/31/13		MW
☐ Electrical						12/16/13	JT			
☐ Plumbing				12/24/13				12-30-13		
☐ Fire Protection						12/24/13	MW			
☐ Elevator		EJ	12/6/13			12/6/13	MW			
TOTAL COST	165,000									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: SFR
2. Use Group, Proposed: R5
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: FTG/FDN ONLY
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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/3/2014
Control Number C-13-006544
Permit Number 13-5232
Permit Issue Date 12/19/2013
Certificate Number 13-5232

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1700 LAURELTON ST. (1683 TILFORD BLVD.) Brick Township, NJ Block: 838 Lot: 22 Qual:

Owner in Fee: FRANK, WILLIAM

Owner Address: 2322 HARBOR DRIVE PT PLEASANT NJ 08742

Telephone: [redacted]

Contractor FRANK, WILLIAM

Address 2322 HARBOR DRIVE PT PLEASANT NJ 08742

Telephone: (848) 333-7402 Fax:

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

Home Warranty Number: 201466

Type of Warranty Plan: ☑ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SINGLE FAMILY DWELLING ...PARTIAL RELEASE - FOOTING/FOUNDATION ONLY. Permit Update Req'd for Balance of Bldg Subcode

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $75.00
Check Number: 101
Collected By: Jessica Bergalowski

Date Printed: 6/3/2014

U.C.C. F260 (rev. 08/05)

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST BRICK, NEW JERSEY 08724 458-7000

WATER SERVICE PERMIT

Block:838 Lot:22 Upgrade to 1"
1700 Laurelton St

Bill Frank
2322 Harbor Rd
Pt Pleasant NJ 08742-4814

ACCOUNT # 12373600-0 METER # _____ METER MFGR. _____

SIZE OF SVC LINE 1" METER SIZE 1"

CONNECTION FEE $ _____

Pd 12/27/13 CK # 107

INSPECTIONS 15.00
Meter fee 35.00
50.00

	Date 1st	Insp. 2nd	Comment	Inspector
A. Service Line				
B. Curb Connection				
C. House Conn & Mtr				
D. Cross-Connection				

_____
Inspector

X _____
Homeowner/Applicant

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/19/13

Date Issued / Permit # 13-5232

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

Block 838 Lot 22 Qualification Code

Work Site Location 1700 Lauretton St corner of Telford

Owner in Fee: William FRANK

Tel. [redacted] e-mail

Address 2322 HARbor DR Pt. Pleasant, NJ

Contractor: William FRANK (street / municipality / zip code 08742) Tel. (848) 333-7402

Address 2322 HARbor DR e-mail

Pt. Pleasant, NJ 08742

Contractor License No. or Builder Registration No. 10200 Exp. Date 8/15

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

Federal Emp. ID No. FAX: (732) 746-3947

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: William Frank

Print name here: William FRANK

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~NEW HOME~~

Partial Release

Foot + Found Only -

Note: only field set of plans were made. they match the original

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All 12-20-13		MW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/19/13
Approved by: KBK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 06/05/14
Approved by: KBK

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			12-20-13	MW
Footing Bonding				
Foundation			12/19/14	TP
~~Slab~~ HEATING			2/25/14	TP
Frame			5-7-14	MW
Truss Sys./Bracing				
Barrier-Free				
Insulation			*3/24/14	MW
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final *5/29/14			6/2/14	MW
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ✓

No. of Stories 1

Height of Structure 23 ft.

Area — Largest Floor 2160 sq. ft.

New Bldg. Area/All Floors 1733 sq. ft.

Volume of New Structure 17330 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. $ 165,000
2. Rehabilitation $
3. Total (1+ 2) $ 165,000

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST BRICK, NEW JERSEY 08724 458-7000

SEWER SERVICE PERMIT

Block:838 Lot:22 CONTRACT NO._____
1700 Laurelton St

Bill Frank
2322 Harbor Rd
Pt Pleasant NJ 08742-4814

ACCOUNT # 12373603-0

SIZE OF SVC LINE 4"

CONNECTION FEE $_____

INSPECTION FEE $ 15.00
PD 12/27/13 CH # 107

DIST: DIST:
LENGTH_____ DEPTH_____
STREET NAME_____

INSPECTIONS	Date 1st	Date 2nd	Comments	Inspector
A. Lateral				
B. Curb Connection				
C. House Connections				

X Bill Frank
Homeowner/Applicant

Date

Inspector

Plumber

Lisc. No.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/6/14 +A

Date Issued / Permit # 13-5232+A

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

Block 838 Lot 22 Qualification Code

Work Site Location 1700 Laurelton St. (AKA 1683 Tilford) BRICK, NJ 08724

Owner in Fee: William Frank

Tel. ( ) e-mail

Address 2322 Harbor Dr. Pt. Pleasant NJ

Contractor: William Frank (street / municipality) Tel. (848) 333-7402 (zip code 08742)

Address 2322 Harbor Dr. e-mail

Pt. Pleasant, NJ 08742

Contractor License No. or Builder Registration No. 10200 Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12/31/13	IW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 01/02/14
Approved by: WCH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 06/05/14
Approved by: WCH

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/2/14	IW
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

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

U.C.C. FM0
(rev. 11/09)

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: X Wm Frank

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remainder of Bldg.

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

FEE (Office Use Only)

$

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

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

PERMIT # 13-5232 LOT: 22.02 BLOCK: 838

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST	2ND	3RD	4TH	FLOOR
☑ B ☐ I	B I	B I	B I	SIZE
☑ B ☐ I	B I	B I	B I	SPACE
☑ B ☐ I	B I	B I	B I	SPECIES AND GRADE
☑ B ☐ I	B I	B I	B I	CUTTING, NOTCHING AND BORING
☑ B ☐ I	B I	B I	B I	HEADER SIZES
☑ B ☐ I	B I	B I	B I	JACK STUD BEARING
TOP PLATES				
☑ B ☐ I	B I	B I	B I	NAILING
☑ B ☐ I	B I	B I	B I	LAPS
☑ B ☐ I	B I	B I	B I	RAFTER TIES
☑ B ☐ I	B I	B I	B I	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST	2ND	3RD	4TH	FLOOR
☑ B ☐ I	B I	B I	B I	SIZE
☑ B ☐ I	B I	B I	B I	SPACE
☑ B ☐ I	B I	B I	B I	LAYOUT - SUPPORT BELOW PER CODE
☑ B ☐ I	B I	B I	B I	SPECIES AND GRADE
☑ B ☐ I	B I	B I	B I	CUTTING, NOTCHING AND BORING
☑ B ☐ I	B I	B I	B I	FIRE BLOCKING
☑ B ☐ I	B I	B I	B I	HEADER SIZES
☑ B ☐ I	B I	B I	B I	JACK STUD BEARING
TOP PLATES				
☑ B ☐ I	B I	B I	B I	NAILING
☑ B ☐ I	B I	B I	B I	LAPS
☑ B ☐ I	B I	B I	B I	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST	2ND	3RD	4TH	FLOOR
☑ B ☐ I	B I	B I	B I	SIZE
☑ B ☐ I	B I	B I	B I	SPACE
☑ B ☐ I	B I	B I	B I	SPECIES AND GRADE
☑ B ☐ I	B I	B I	B I	CUTTING, NOTCHING AND BORING
☑ B ☐ I	B I	B I	B I	FIRE BLOCKING
☑ B ☐ I	B I	B I	B I	HEADER SIZES
☑ B ☐ I	B I	B I	B I	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

- ☐ B ☐ I LAYOUT PLANS
- ☐ B ☐ I TRUSS MEMBERS
- ☐ B ☐ I CONNECTION SCHEDULE
- ☐ B ☐ I PERMANENT BRACING DETAILS
- ☐ B ☐ I DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- ☐ B ☐ I EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS

- ☐ B ☐ I LOCATION AS PER LAYOUT
- ☐ B ☐ I ALIGNMENT
- ☐ B ☐ I BEARING
- ☐ B ☐ I SPACING
- ☐ B ☐ I CONNECTIONS TO BEARING POINTS
- ☐ B ☐ I NO CONNECTION TO NON-BEARING POINTS
- ☐ B ☐ I DAMAGE AND DEFECTS
- ☐ B ☐ I ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- ☐ B ☐ I LAYOUT
- ☐ B ☐ I SIZE
- ☐ B ☐ I TYPE
- ☐ B ☐ I NAILING
- ☐ B ☐ I OVERLAP
- ☐ B ☐ I TERMINATION
- ☐ B ☐ I TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

- ☑ B ☐ I LAYOUT
- ☑ B ☐ I SIZE
- ☑ B ☐ I TYPE
- ☑ B ☐ I NAILING
- ☑ B ☐ I OVERLAP
- ☑ B ☐ I TERMINATION

4. SOLID SAWN ROOF FRAMING:

- ☐ B ☐ I SIZE
- ☐ B ☐ I GRADES, SPECIES

LAYOUT

- ☐ B ☐ I SPACING
- ☐ B ☐ I SPAN
- ☐ B ☐ I BEARING
- ☐ B ☐ I FASTENING
- ☐ B ☐ I DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- ☐ B ☐ I CUTTING, NOTCHING, AND BORING
- ☐ B ☐ I BRIDGING
- ☐ B ☐ I RIDGE SIZE
- ☐ B ☐ I HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

- ☑ B ☐ I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- ☑ B ☐ I GAPPING
- ☑ B ☐ I LAYOUT
- ☑ B ☐ I CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

- ☑ B ☐ I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- ☑ B ☐ I BLOCKING, EDGE (IF REQUIRED)
- ☐ B ☐ I CLIPS (IF REQUIRED)
- ☐ B ☐ I GAPPING
- ☐ B ☐ I LAYOUT

SHEATHING, FRT - ROOF

- ☑ B ☐ I FOUR FEET FROM FIREWALL
- ☑ B ☐ I NONCORROSIVE FASTENERS

Initials: Resp Person in Charge of Work _____ Building Inspector _____

U.C.C. F390-2 (rev. 03/09)

PLUMBING SUBCODE
TECHNICAL SECTION

Update

Date Received 5-29-14
Control # 13-5232+B
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 838 Lot 22.02 Qualification Code

Work Site Location 1683 Tilford Blvd / 1700 Brick

Owner in Fee: William FRANK

Tel. [redacted] e-mail

Address 2322 Harbor Dr. Pt. Pleasant 08742

Contractor: William Frank (street / municipality) Tel. (848) 333-7402 (zip code)

Address 2322 Harbor DR. e-mail
Pt. Pleasant, NJ

Contractor License No. 10200 Exp. Date 8/16

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

Federal Emp. ID No. FAX: (732) 746-3947

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 $ 100-

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 sign/Contractor sign and seal here: William Frank

Print name here: William FRANK

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK ~~Sump pump/As Per Inspector~~ tying into waterline inside

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	60-
	Shower	
	Floor Drain	0-
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	60-
	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 Sump Pump	

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: 5-27-14 Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-29-14

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6-4-14

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5-29-14	

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Update

1/6/14

Date Received
Control # C13-006544+A

Date Issued
Permit # 13-5232+A

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

Block 838 Lot 22 Qualification Code

Work Site Location 1683 TILFORD Blvd

Owner in Fee: WILLIAM FRANK

Te [redacted] e-mail

Address 2322 HARDY DR Pt. Pleasant, NJ 08742
street municipality zip code

Contractor: Top Quality Plumbing Inc. Tel. (732) 606-6289

Address 188 Northcrest Pl: e-mail
Lakewood, NJ 08701

Contractor License No. 12328 Exp. Date 6-14

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

Federal Emp. ID No. 27-2950484 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 3" Public Sewer X Private Septic

Water Service Size 1" Public Water X Private Well

Est. Cost of Plumbing Work $ 13,000

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 sign/Contractor sign and seal here:

Print name here: Richard Bruno

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date 12-30-13 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-31-13
Approved by: 2

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-27-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			2-28-14	
Water			3-13-14	
Sewer			3-13-14	
Fixtures				
Gas Equipment				
Gas Piping			2-28-14	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	5-22-14		5-27-14	

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

1 WATER Yoke ok 90/84 3.5 TON

Need permit update
0 sump pump

DR# 330 733 889

Update

Date Received 1-6-14
Control # C13-006544+A
Date Issued
Permit # 13-5232+A

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

Block 838 Lot 22.02 Qualification Code

Work Site Location 1683 Tilford Blvd (1700 Laurelton)

Owner in Fee William FRANK

Address 2322 Harbor Dr. Ot. Pleasant NJ 08742

Tel [redacted]

Contractor R.J.R. Electric Company

Address 875 Lynnwood Ave Brick NJ 08723

Tel (732) 262-6403 FAX (732) 262-7460

Contractor License No. 11207

Federal Emp. No. #22-3812754

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ✓

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8000.—

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.

I

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)
25		Lighting Fixtures	
60		Receptacles	
25		Switches	
5		Detectors	
		Light Poles	
1		Motors—Fract. HP Frac	
		Emergency & Exit Lights	
5		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	
1	Frac	KW Dishwasher	
		HP Garbage Disposal	
1	5.7	KW Central A/C Unit	
1	Frac	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		furnace	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 12/26/13

Approved by: SJ

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 5 28 14

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			3/17/14	PSC
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	PSC 3/22/14	5/27/14	3/17/14	PSC
Final		5/29/14		PSC
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 3/17/14

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) Internet version

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

Ref No: Q 174303887

1700 Camden St

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update

Date Received: 1-6-14
Control #: C13-006544+A
Date Issued
Permit #: 13-5232+A

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

Block: 838 Lot: 22.02 Qualification Code: ______
Work Site Location: 1683 Tilford Blvd

Owner in Fee: [redacted] N/K
Tel. [redacted]
Address: 2322 Harbor Dr (street) Pt. Pleasant (municipality) 08742 (zip code)
Contractor: Brick Twp Heating & A/C Tel. (732) 477-3300
Address: 465 Brick Blvd. e-mail ______
Brick N.J.

Fire Protection Equipment, NJ Div of Fire Safety Permit No. ______
Fire Protection Equipment, NJ Div of Fire Safety Installer No. ______
Fire Alarm Contractor No. ______ Exp. Date ______
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000
Federal Emp. ID No. 21-070-3175. FAX: (732) 477-0201.

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: [X] Gas [ ] Oil [ ] Electric [ ] Solar
Other ______
Location: Basement.
Total Cost of Fire Protection Work $ 10,000

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: ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ______ Approved by: ______
[✓] Fire Protection Plans Approved
Date: 12/20/13 Approved by: [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12-20-13
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-28-14
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Alarm System			5/21/14	[initials]
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			5/21/14	[initials]
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other 5/20/14			5/21/14	[initials]

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: [signature]
Print name here: Craig Law

D. TECHNICAL SITE DATA [ ] Certified Contractor [X] Exempt Applicant

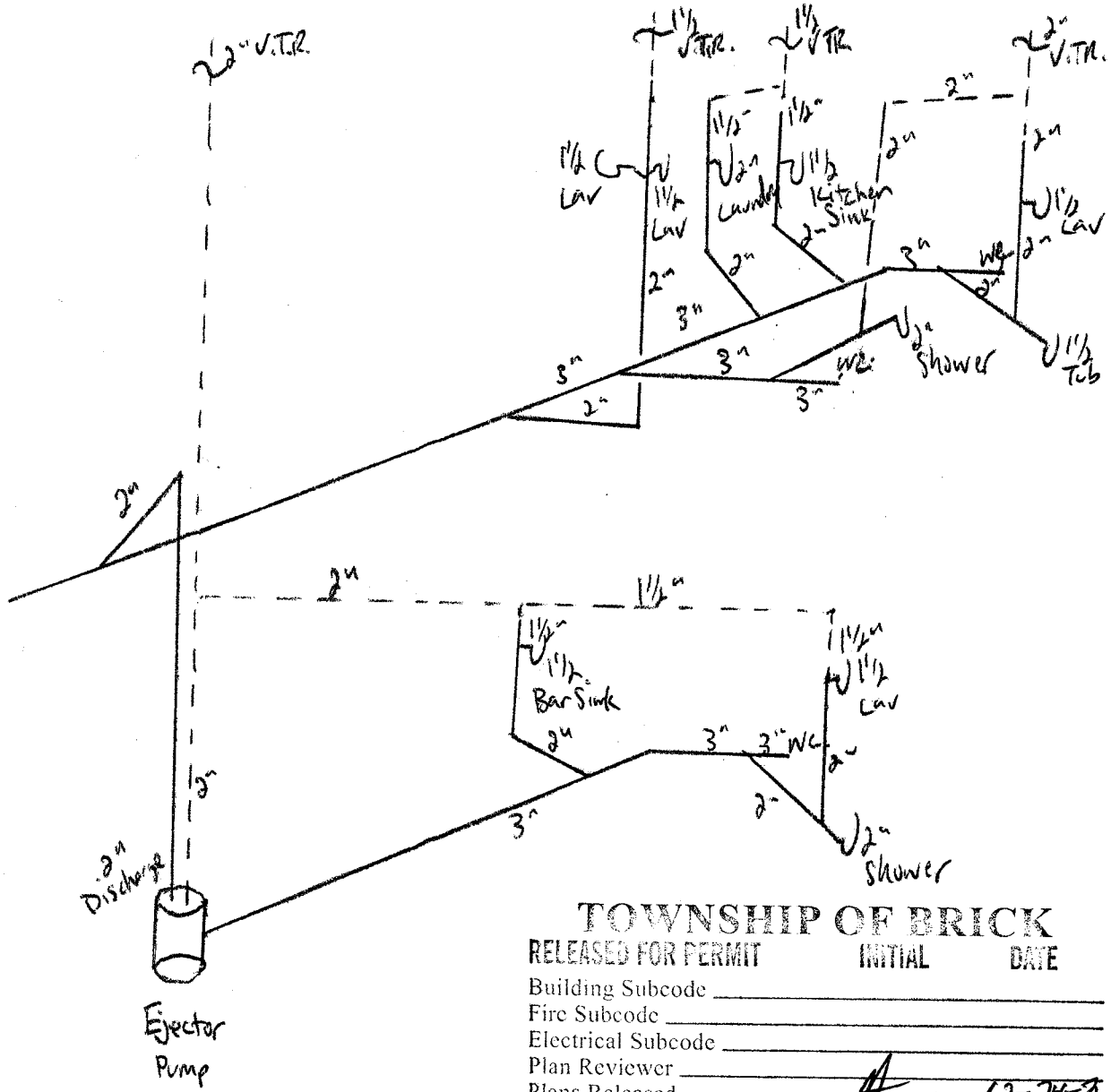
DESCRIPTION OF WORK:
Water Supply Source ______
Method of Alarm/Suppression System Supervision ______

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ______		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ______		
Other Systems		
Kitchen Hood Exhaust System	NA	
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	4	
Fireplace Venting/~~Metal Chimney~~		
Other ______		

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

[circled initials]

1683 Tilford Blvd.



TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		12-24-3
Construction Official		

Brick Township
Building Department (732) 262-1030

DR\UR # DR # 330733889

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 1700 LAURELTON ST. UTILITY CO JCP&L

(1683 TILFORD BLVD.) Brick Township, NJ BLK 838 LOT 22

OWNER FRANK, WILLIAM OCCUPANT FRANK, WILLIAM

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

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 Amp

INSTALLED BY RJR ELECTRIC CO LICENSE NO 11207

DATE 3/17/2014 PERMIT # 13-5232+A INSPECTOR Patrick Callahan

☑ FAXED IN 3/17/2014 Lic. No: 9685

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

APPLICATION FOR CERTIFICATE

Date Received 11/22/2013
Date Permit Issued 12/19/2013
Control # C-13-006544
Permit # 13-5232
Date Issued

IDENTIFICATION

Block 838 Lot 22 Qualifier

Work Site Location 1700 LAURELTON ST. (1683 TILFORD BLVD.)
Brick Township, NJ

Owner in Fee FRANK, WILLIAM
2322 HARBOR DRIVE PT PLEASANT NJ 08742

Telephone [redacted]

Contractor FRANK, WILLIAM
Address 2322 HARBOR DRIVE PT PLEASANT NJ 08742

Telephone (848) 333-7402
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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: $ 155000
(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:
New SINGLE FAMILY DWELLING ...PARTIAL RELEASE - FOOTING/FOUNDATION ONLY. Permit Update Req'd for Balance of Bldg Subcode

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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: William Frank
Owner/Agent

- [x] OWNER
- [ ] AGENT

UCC F270 equiv.