BLOCK 838 LOT ~~22~~ 22.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1685 Tilford Blvd/Laurelton St. PERMIT NO. 14-1593

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-14-001397

I. IDENTIFICATION

1. Proposed Work Site at: 1685 Tilford Blvd/Laurelton St.
2. Name of Owner in Fee: FRANK, Bill
   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
   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: (732) 746-3947
5. Architect or Engineer DARIO Contact _____
   Address 709 Atlantic City Blvd e-mail _____
   Tel. (732) 608-6838 FAX: (732) 358-0236
6. Responsible Person in Charge once Work has Begun William FRANK
   Tel. [redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 875	+A	
2.	Electrical		230	
3.	Plumbing		420	
4.	Fire Protection		225	
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	97		
10.	Subtotal	$		
11.	Cert. of Occupancy	88		
12.	Other EP	150		
13.	TOTAL	$ 1,210	955	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1.	Number of Stories	2
2.	Height of Structure	27.5 ft.
3.	Area — Largest Floor	980 sq. ft.
4.	New Building Area	1945 sq. ft.
5.	Volume of New Structure	29,162 cu. ft.
6.	Max. Live Load	
7.	Max. Occupancy Load	
8.	If Industrialized Building: State Approved ___ HUD ___	
9.	Total Land Area Disturbed	1945 sq. ft.
10.	Flood Hazard Zone	NO
11.	Base Flood Elevation	ft.
12.	Wetlands yes ___ no ✓	

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building		CR			5/15/14	MW			
☐ Electrical					6/11/14	[illegible]			
☐ Plumbing				6-5-14		[illegible]			
☐ Fire Protection									
☐ Elevator		CJ	5/8/14		5/8/14	[illegible]			
TOTAL COST	60,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: SF
3. Change in Use Group, Indicate Present:
4. No. of dwelling units:

	Total Units	Income-restricted
Gained, Sale	1	
Gained, Rental		
Lost, Sale		
Lost, Rental		

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

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

U.C.C. F100-1 (rev. 8/08)

04-14-1 AM 9:45 RCVD

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/17/2014
Control Number C-14-001397
Permit Number 14-1593
Permit Issue Date 05/30/2014
Certificate Number 14-1593

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1685 TILFORD BLVD Brick Township, NJ 08724 Block: 838 Lot: 22.01 Qual:

Owner in Fee: FRANK, WILLIAM & AVON, KENNETH

Owner Address: 2322 HARBOR DR PT PLEASANT NJ 08724

Telephone: [redacted]

Contractor FRANK, WILLIAM & AVON, KENNETH

Address 2322 HARBOR DR PT PLEASANT NJ 08724

Telephone: [redacted] Fax:

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

Home Warranty Number: 202527

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 - BUILDING SUBCODE ONLY

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:

David J. Newman Jr

Construction Official

Fee: $88.00
Check Number: 162
Collected By: Nichol Ponsi

Date Printed: 11/17/2014

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/30/14

Date Issued / Permit # 14-1593

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

Block 838 Lot 2201 Qualification Code

Work Site Location 1685 Tilford Blvd.

Brick

Owner in Fee: William FRANK

Tel. [redacted] e-mail

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

Contractor: William FRANK 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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	5/15/14	LW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 05/16/14

Approved by: KEM

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 11/12/14

Approved by: KEM

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing	* 6/10/14 LW		* 6/16/14	LW
Footing Bonding				
Foundation			7/3/14	LW
Slab				
Frame			* 9/2/14	LW
Truss Sys./Bracing				
Barrier-Free				
Insulation			9/9/14	LW
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ sh			8/6/14	LW
Mechanical				
TCO				
Other				
Final	* 10/31/14 LW		11-13-14	LW
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ✓

No. of Stories 2

Height of Structure 27.5 ft.

Area — Largest Floor 980 sq. ft.

New Bldg. Area/All Floors 1945 sq. ft.

Volume of New Structure 29,162 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) $ 150,000

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.

Sign here: William Frank

Print name here: William FRANK

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New House

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

PERMIT # 14-1593 LOT: 22.01 BLOCK: 838

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- [B] [I] SPACING
- [B] [I] SIZE

STRAPS
- [B] [I] SPACING (PER MANUFACTURER'S SPECS)
- [B] [I] SIZE

2. SILL PLATES:
- [B] [I] SIZE
- [B] [I] GRADE, SPECIES
- [B] [I] TREATMENT
- [B] [I] LAPS
- [B] [I] SILL SEALER
- [B] [I] PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- [B] [I] TERMITE PROTECTION

3. BEAM POCKETS:
- [B] [I] BEARING/SHIMS
- [B] [I] TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:
- [B] [I] SIZED PER PLAN
- [B] [I] ATTACHMENT/PLATES
- [B] [I] SPACING/LOCATION
- [B] [I] PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD	4TH	
B I	B I	B I	B I	FLOOR
B I	B I	B I	B I	SIZE
B I	B I	B I	B I	GRADE, SPECIES
B I	B I	B I	B I	SINGLE OR DOUBLE
B I	B I	B I	B I	PRE-ENGINEERED PER MAN-FACTURER'S SPECS
B I	B I	B I	B I	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:
- [B] [I] SIZED PER PLAN
- [B] [I] TYPE
- [B] [I] GRADE, SPECIES
- [B] [I] LOCATION AND RELATION TO THE PLAN
- [B] [I] NAILING
- [B] [I] ATTACHMENT SCHEDULE
- [B] [I] BEARING
- [B] [I] LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD	4TH	
B I	B I	B I	B I	FLOOR
B I	B I	B I	B I	SIZED PER PLAN
B I	B I	B I	B I	GRADE, SPECIES
B I	B I	B I	B I	PRE-ENGINEERED COMPONENTS AS SPECIFIED
B I	B I	B I	B I	BEARING
B I	B I	B I	B I	NAILING
B I	B I	B I	B I	BRIDGING
B I	B I	B I	B I	CUTTING AND NOTCHING (AS PER CODE)
B I	B I	B I	B I	POINT LOADS - SUPPORTED AS PER PLAN
B I	B I	B I	B I	SPAN HANGERS
B I	B I	B I	B I	HEADERS
B I	B I	B I	B I	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD	4TH	
				FLOOR
B I	B I	B I	B I	MATERIAL
B I	B I	B I	B I	PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

B I	B I	B I	B I	EDGE BLOCKING (IF REQUIRED)
B I	B I	B I	B I	GAPPING
B I	B I	B I	B I	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD	4TH	
B I	B I	B I	B I	FLOOR
B I	B I	B I	B I	BEARING
				NAILING

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: Bill Frank Date: 8-2-14

Building Inspector Initials: Date:

U.C.C. F390-1 (rev. 03/09)

6/10/14 MW ① Rain expected till Sat (No Protection)
② Bar overlap N/G

6/16/14 MW Foot Appd
* No Released Plans On Site
* Make sure released plans matched the ones Attached-

9/2/14 MW Frame Appvd- By Insul
1) Checklist
2) 2nd Floor Bath Fan Connected
3) Solid Block TJI Cantilevers-

10/3/14 MW Final Reg-
Misc Finishes
1) Pitch Grade
2) Platform @ Rear Steps
3) Insul missing/Secure in 2nd Floor Storage
4) Solid Block Cantilever

(B) tech

PERMIT # _____ LOT: _____ BLOCK: _____

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:

- ☑ I SIZE
- ☑ I GRADES, SPECIES

LAYOUT

- ☑ I SPACING
- ☑ I SPAN
- ☑ I BEARING
- ☑ I FASTENING
- ☑ I DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- ☑ I CUTTING, NOTCHING, AND BORING
- ☑ I BRIDGING
- ☑ I RIDGE SIZE
- ☑ 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 imf Building Inspector _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

DR# 331528517 Update

Date Received
Control # C-14-001397+A
Date Issued
Permit # 14-1593+A
6-16-14

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

Block 838 Lot 22.01 Qualification Code

Work Site Location 1685 Telford Ln
Brick NJ

Owner in Fee FRANK, Bill

Address 2322 Harbor DR
Pt Pleasant NJ 08742

Tel ([redacted])

Contractor R.J.R. ELECTRIC COMPANY

Address 875 LYNNWOOD AVENUE
BRICK, NEW JERSEY 08723

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

Contractor License No. LIC# 11207 ID# 22-3812754

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8500.00

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
22		Lighting Fixtures	
45		Receptacles	
30		Switches	
4		Detectors	
		Light Poles	
3		Motors—Fract. HP exempt	
		Emergency & Exit Lights	
6		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	4.0	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 6/11/14

Approved by:

AS NOTED

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA

Date: 10 28 14

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	8/18/14			
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			8/12/14 PSC	
Final			10/28/14	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 8/12/14

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. © 174202887

14-1593+A

Update

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # G-14-08-1593+A

Date Issued
Permit # G-16-14

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

Block 838 Lot 22.01 Qualification Code

Work Site Location 1685 Tilford Blvd

Owner in Fee: Bill FRANK

Tel. [redacted] e-mail

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

Contractor: Top Quality Plumbing Inc. Tel. (732) 606-6087

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. 27-2950489 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 $ 10,000

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 G Bruno

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW House

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	
	Urinal/Bidet	
1	Bath Tub	50
3	Lavatory	
1	Shower	200 000
	Floor Drain	
1	Sink	1 1/2
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	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
1	Other a/c unit	

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 6-13-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-30-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			8-7-14	
Rough			9-16-14	
Water	9-15-14		9-16-14	
Sewer	9-15-14		9-16-14	
Fixtures				
Gas Equipment				
Gas Piping			8-7-14	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	yoke		10-29-14 10-30-14	

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

3/14

8-19-14 FOUND NAIL PLATES
NO PLANS ON SITE
WASH SPACE OVER 2' NO RECEPTACLE IN BEDROOM
LOW VOLTAGE + HIGH VOLTAGE SAME BOX BASEMENT

8/21/14 – VIOLATIONS CORRECTED.

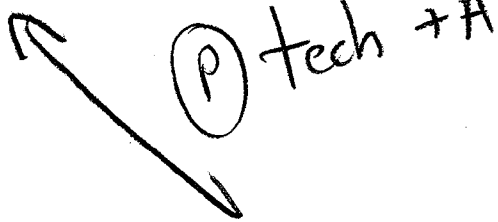
PD

(E) tech +A

9-15-14

Sewer not 2'

water 36"



Brick Township
Building Department (732) 262-1030

DR\UR # 331528517

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 1685 TILFORD BLVD UTILITY CO JCP&L

Brick Township, NJ 08724 BLK 838 LOT 22.01

OWNER FRANK, WILLIAM & AVON, KENNETH OCCUPANT FRANK, WILLIAM & AVON, KENNETH

"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 residential

INSTALLED BY RJR ELECTRIC CO LICENSE NO 11207

DATE 8/12/2014 PERMIT # 14-1593+A INSPECTOR Patrick Callahan

☑ FAXED IN 8/12/2014 Lic. No: 11232

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update

Date Received
Control # C-14-001397+A
Date Issued
Permit # 14-1593+A
6-16-14

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

Block 838 Lot 22.01 Qualification Code

Work Site Location 1685 TILFORD AVE BRICK.

Owner in Fee: BILL FRANK

Tel. [redacted] e-mail

Address 2322 HARBOR DR (street) Pt. Pleasant (municipality) 08742 (zip code)

Contractor: BRICK HEATING & AIR 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): 13VH01918800

Federal Emp. ID No. 21-020-3175. FAX: (732) 477-0025.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ✓

Constr. Class: Present ____ Proposed ✓

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

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

Location: BASEMENT

Total Cost of Fire Protection Work $ 200

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: 9/5/14 Approved by: [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-6-14
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10-25-14
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approved	Initial
Alarm System			10/21	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			10/21/14	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: CHRIS LAW [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: new Home

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)	4	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	4	80
Fireplace Venting/Metal Chimney		
Other		

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

U.C.C. F140 (rev. 11/09)
Internet version

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

Receipt

Payment Date 11/6/2014

Transaction # PMT-14-08813

Receipt #

Issued To William M. Frank

Description
Block 838 Lot 22.01
1685 Tilford Blvd.
Final affordable Housing fee

Date Printed 11/6/2014

Check Number 279

Cash	$0.00
Check	$1,136.00
Charge	$0.00
Total Paid	$1,136.00

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 11/6/2014

NAME Bill Frank

ADDRESS 2322 Harbor Dr Pt Pleasant NJ 08742

PROPERTY LOCATION 1685 Tilford Blvd

Account No 12373610-0 Block 838 Lot 22.01

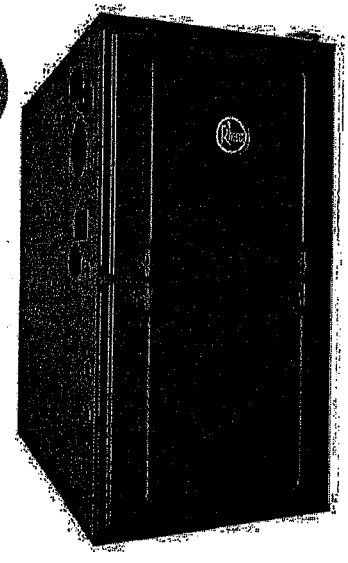
I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

TO BE PAID AT CLOSING

For the Authority Peggy Mullen

The new degree of comfort™

Rheem *Classic*® *Series*
Multi position Gas Furnaces

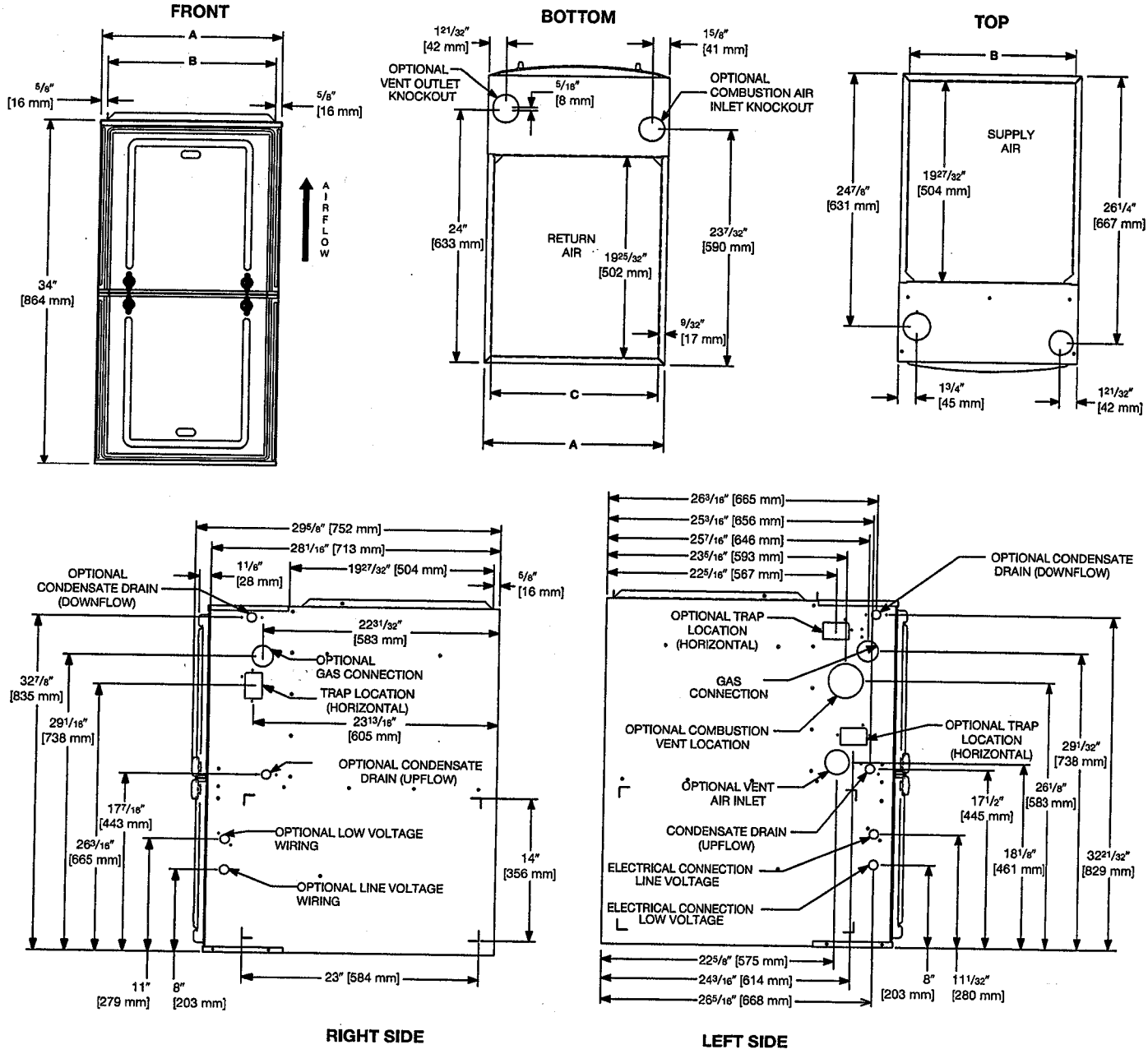


R95P- Series

95% A.F.U.E.†
Input Rates from 40 to 115 kBTU
[11.72 to 33.71 kW]

†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

- 95% residential gas furnace CSA certified
- 4 way multi-poise design
- PlusOne™ Diagnostics 7-Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- PlusOne™ Water Management System with patented Blocked Drain Sensor
- Heat exchanger is removable for improved serviceability. Aluminized steel primary and stainless steel secondary construction provide maximum corrosion resistance and thermal fatigue reliability.
- Low profile "34 inch" cabinet ideal for space constrained installations.
- Blower Shelf design – serviceable in all furnace orientations
- Pre marked hoses – insures proper system drainage
- Vent with 2" or 3" PVC
- Replaceable Collector box
- Hemmed edges on cabinet and doors
- Quarter turn fasteners for tool less access
- Integrated control boards feature dip switches for easy system set up
- Self priming condensate trap



UNIT DIMENSIONS (CLEARANCE TO COMBUSTIBLES)

MODEL R95P	LEFT SIDE	MINIMUM CLEARANCE (IN.) [mm]					SHIP WGTS.	FLANGE DIMENSIONS		
		RIGHT SIDE	BACK	TOP	FRONT	VENT		A	B	C
040	0	0	0	1 [25]	2 [51]	0	123.5 [56]	171/2 [445]	1617/64 [413]	1613/64 [412]
060	0	0	0	1 [25]	2 [51]	0	128 [58]	171/2 [445]	1617/64 [413]	1613/64 [412]
070	0	0	0	1 [25]	2 [51]	0	132 [60]	171/2 [445]	1617/64 [413]	1613/64 [412]
085	0	0	0	1 [25]	2 [51]	0	147.5 [67]	21 [533]	1949/64 [502]	1945/64 [500]
100	0	0	0	1 [25]	2 [51]	0	152 [69]	21 [533]	1949/64 [502]	1945/64 [500]
115	0	0	0	1 [25]	2 [51]	0	165 [75]	241/2 [662]	2317/64 [591]	2313/64 [589]

*A service clearance of at least 24" is recommended in front of all furnaces
Supply and return depicted as upflow configuration.
Flange configuration will vary depending on installation orientation.

[ ] Designates Metric Conversions

FORM NO. A11-184 REV. 8
Supersedes Form No. A11-184 Rev. 7

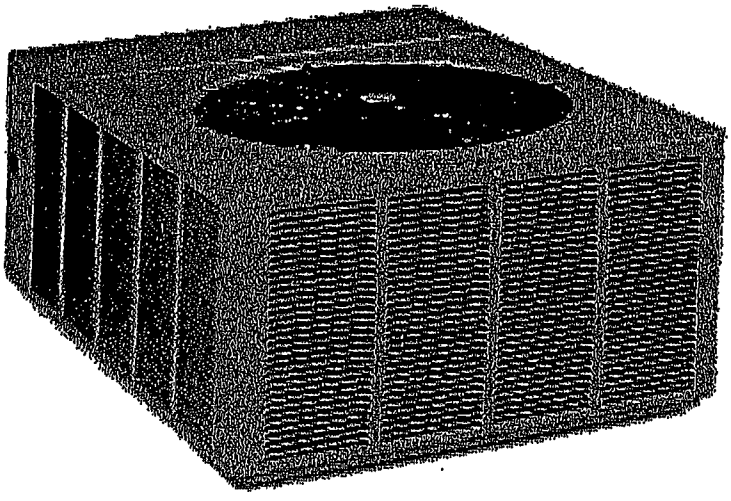
CONDENSING UNITS

Rheem Classic® SERIES

RANL-*AZ R-410A

13 SEER Models
Nominal Sizes 1½ to 5 Tons
[5.28 kW] to [17.6 kW]

Seven Models
Cooling Capacities
18,300 to 62,000 BTU/HR
[5.36 kW] to [18.17 kW]



The Rheem *Classic® Series* High Efficiency RANL- Condensing Units were designed with performance in mind. These units offer comfort, energy conservation and dependability for single, multi-family and light commercial applications.

These units also contain the most advanced alternate refrigerant which contains no chlorofluorocarbons (CFCs), or hydrochlorofluorocarbons (HCFCs), or other compounds that may leak from air-conditioning systems and potentially harm the protective ozone layer of the Earth's atmosphere.

The Rheem *Classic® Series* RANL- Condensing Units are the result of an ongoing development program for improved efficiencies. These units are flexible enough to achieve up to 15.00 SEER in specific match-ups, continuing a tradition of high efficiency.

- Attractive, louvered wrap-around jacket protects the coil from yard hazards and weather extremes. Top grille is steel reinforced for extra strength. Cabinet is powder painted for all-weather protection.
- Air is discharged upward away from bushes and shrubs. The discharge pattern of the top grille provides minimum air restriction.
- Combination Grille/Motor Mount secures the motor to the underside of the discharge grille. The grille protects the motor windings and bearings from rain and snow.
- All controls are accessible by removing one service panel. Removable top grille provides access to the condenser fan motor and condenser coil.
- Single speed 8-pole fan motor designed for low speed, quiet, energy-saving operation.
- All models meet or exceed a 1000-hour salt spray test per ASTM B117 Standard Practice for Operating Salt Spray Testing Apparatus.

ISO 9001:2000
Certificate Number: 30164

ENERGUIDE

ENERGY STAR PARTNER

13 SEER MODELS
(IN CERTAIN MATCHED SYSTEMS)

c UL us LISTED

"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov <http://www.energystar.gov/>."

RIGHT-J LOAD AND EQUIPMENT SUMMARY
Entire House

Bricktown Heating & Air **Job:**

Box 4068 Osbornville, Brick, NJ 08732 Phone: 732.477.3300 Fax: 732.4770205

Project Information

For:

Notes: Ferguson Enterprises
190 Oberlin Ave.
Lakewood, N.J. 08701
Heat Loss Department: 732.905.1000 X212

Design Information

Weather: Long Branch, NJ , US

Winter Design Conditions

Outside db	***0***	°F
Inside db	70	°F
Design TD	70	°F

Summer Design Conditions

Outside db	90	°F
Inside db	70	°F
Design TD	20	°F
Daily range	M	
Relative humidity	50	%
Moisture difference	40	gr/lb

Heating Summary

Building heat loss	86120	Btuh
Ventilation air	0	cfm
Ventilation air loss	0	Btuh
Design heat load	86120	Btuh

Sensible Cooling Equipment Load Sizing

Structure	38361	Btuh
Ventilation	0	Btuh
Design temperature swing	3.0	°F
Use mfg. data	n	
Rate/swing multiplier	0.95	
Total sens. equip. load	36443	Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	1

	Heating	Cooling
Area (ft²)	1965	1965
Volume (ft³)	16648	16648
Air changes/hour	1.00	0.40
Equiv. AVF (cfm)	278	111

Latent Cooling Equipment Load Sizing

Internal gains	0	Btuh
Ventilation	0	Btuh
Infiltration	3062	Btuh
Total latent equip. load	3062	Btuh
Total equipment load	39505	Btuh

Heating Equipment Summary

Make GOODMAN / GMC
Trade

Efficiency	80.0 AFUE	
Heating input	0	Btuh
Heating output	0	Btuh
Heating temp rise	0	°F
Actual heating fan	2051	cfm
Heating air flow factor	0.024	cfm/Btuh

Space thermostat

Cooling Equipment Summary

Make n/a
Trade n/a
n/a
n/a

Efficiency	n/a	
Sensible cooling	0	Btuh
Latent cooling	0	Btuh
Total cooling	0	Btuh
Actual cooling fan	2051	cfm
Cooling air flow factor	0.053	cfm/Btuh
Load sensible heat ratio	93	%

Bold/italic values have been manually overridden

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.

INSPECTOR: K Stachera

DATE: 10-31-14 14-1593

JOB: ——— SECTION: Forge Pond

TYPE OF WORK: Final Eng

WEATHER: Cloudy/Rainy

LOCATION: 1685 Tilford

TEMPERATURE: 50°

BLOCK: 838 LOT: 22.01

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[EC Cox] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.soildistrict.org

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL

MUNICIPALITY: BRICK

PROJECT: FRANK 2-LOT

SCD NO: 15845

BLOCK NO.(S): 838

LOT NO.(S): 22.01

Final Compliance ☒

Conditional Compliance ☐

Block No.	Lot No.	Conditions
		Applicant remains responsible for permanent stabilization

OCT 3 2014

TOTAL FEES DUE: $ —

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24 - 39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

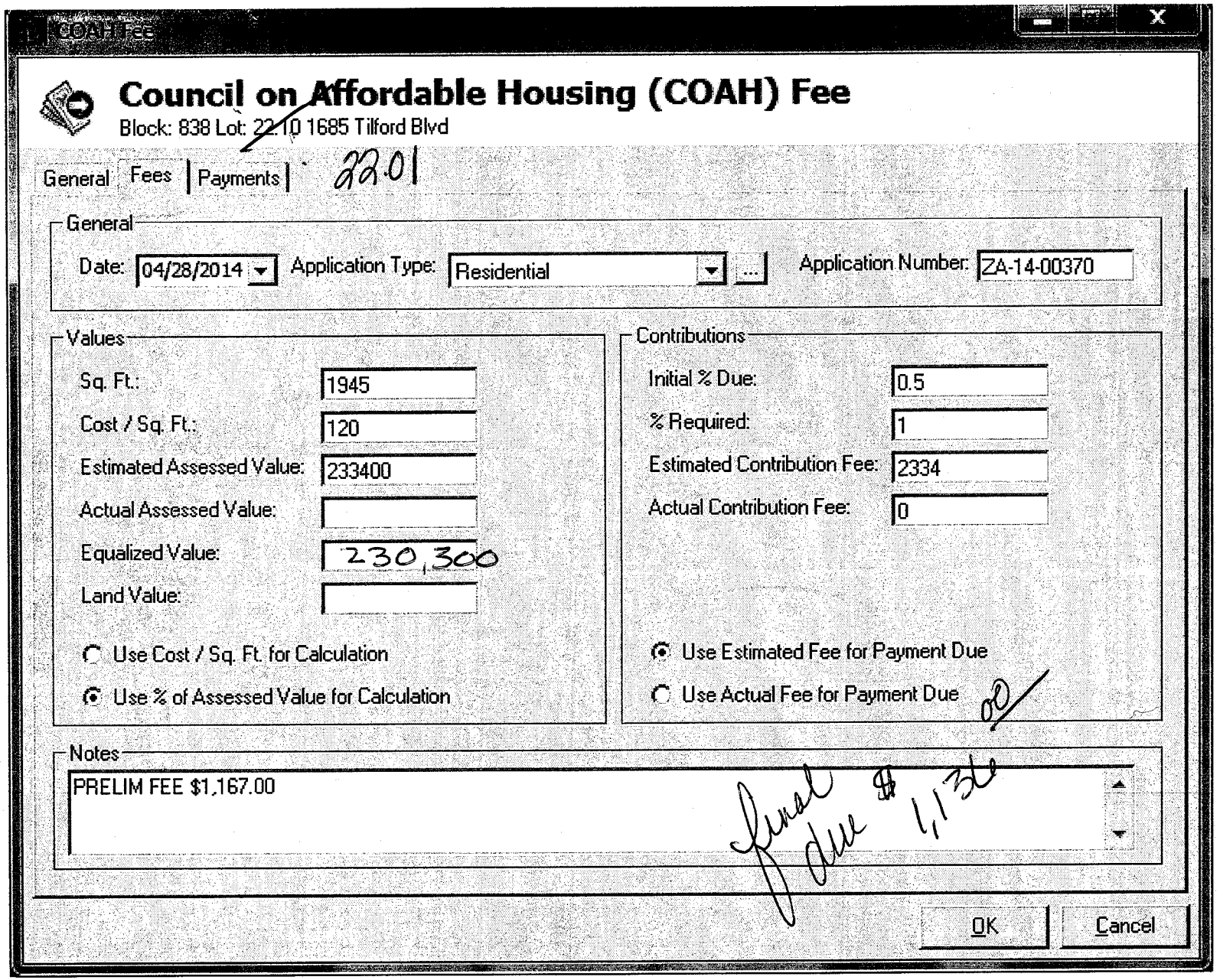
AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 10/29/14

Distribution: WHITE - Township
CANARY - Applicant
PINK - District

Revised 06/13

A5703


COAH Fee
Council on Affordable Housing (COAH) Fee
Block: 838 Lot: 22.10 1685 Tilford Blvd
22.01
General
Fees
Payments
General
Date: 04/28/2014
Application Type: Residential
Application Number: ZA-14-00370
Values
Sq. Ft.: 1945
Cost / Sq. Ft.: 120
Estimated Assessed Value: 233400
Actual Assessed Value:
Equalized Value: 230,300
Land Value:
Use Cost / Sq. Ft. for Calculation
Use % of Assessed Value for Calculation
Contributions
Initial % Due: 0.5
% Required: 1
Estimated Contribution Fee: 2334
Actual Contribution Fee: 0
Use Estimated Fee for Payment Due
Use Actual Fee for Payment Due
Notes
PRELIM FEE $1,167.00
Final Due $ 1,167
OK
Cancel

APPLICATION FOR CERTIFICATE

Date Received 04/14/2014
Date Permit Issued 05/30/2014
Control # C-14-001397
Permit # 14-1593
Date Issued

IDENTIFICATION

Block 838 Lot 22.01 Qualifier

Work Site Location 1685 TILFORD BLVD Brick Township, NJ 08724

Owner in Fee FRANK, WILLIAM & AVON, KENNETH
2322 HARBOR DR PT PLEASANT NJ 08724

Telephone [redacted]

Contractor FRANK, WILLIAM & AVON, KENNETH
Address 2322 HARBOR DR PT PLEASANT NJ 08724

Telephone [redacted]

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: $ 150000
(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 - BUILDING SUBCODE ONLY

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.

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

John G. Ducey, Mayor

Township Council:

Susan Lydecker – President
Jim Fozman – Vice President
Heather deJong
Bob Moore
Paul Mummolo
Marianna Pontoriero

Department of Administration & Finance

Tax Collector
Jo Anne R. Lambusta
(732) 262-1021
Fax (732) 477-3746
www.bricktownship.net

Receipt for Public Works Garbage Can Deposit

Date: 9-22-14

Block: 838 Lot: 22 AC 414887

Property Address: 1685 TILFORD

CR# 414887

Date of Payment: 9-22-14

BRICK TOWNSHIP TAX OFFICE
Receipt for Garbage Can

Block 838 Lot 22 Qual. _____

Account # 414887

NAME: FRANK J AVON

PAID BY: _____

DELIVERY ADDRESS: 1685 TILFORD AVE

TOTAL PAID: 100 — NEW CONSTRUCTION

ONLY TWO CANS ALLOWED PER PROPERTY

Dennis Mundy
Tax Collectors Office