BLOCK 833 LOT 18 ADDRESS (SITE) 1648 Forge Pond Rd PERMIT NO. 1515-96

RECEIVED
MAY 17 1996

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: 1648 Forge Pond Rd, Brick 732
2. Name of Owner in Fee: Jacquelyn Aponte Tel. [redacted]
   Address 1648 Forge Pond Rd (street) Brick (municipality), NJ 08724 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Owner Tel. (___) ____
   Address Same
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer Owner Tel. (___) ____
   Address ____
6. Responsible Person in Charge of Work Owner Tel. (___) ____

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	215-		35
2. Electrical				35
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	215-		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		20-		
10. Subtotal	$			
11. Cert. of Occupancy		35-		
12. Other ZTA		15		70
13. TOTAL	$	285.00		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	23 ft.	B-
3. Area—Largest Floor	sq. ft.	E-
4. New Building Area	384 sq. ft.	P-
5. Volume of New Structure	12672 cu. ft.	F
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

Deck - Shell only
2nd Story Add. Shell only

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☒ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	3,000

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	WP	5/17/96		6/10/96		7/10/0		
						7/16/01		
				9 2 00	MW	4/4/01		
	ENC	5/23/96		5/23/96				

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10505814

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. (X) 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 Jacquelyn Aponte Date 5/17/96

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer			X	X	X	X	X	X	IMPORTANT A.H.B.I. EXTENDED
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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

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

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____			
☐ Certificate of Approval	No. _____	_____			

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 6/21/96
Control #
Permit # 1515-96

IDENTIFICATION Block 833 Lot 18

Work Site Location 1648 Forge Pond Rd

Owner in Fee Jacqueline Esposito

Address Same

Tele. ( )

Contractor Same

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

384
1267?

2nd floor addition (w) Jacquelin 505-4186

PAYMENTS (Office Use Only)			
Building	215 —	BLOCK	0.00
Plumbing		LOT	0.00
Electrical		BUILDING	215.00
Fire Protection		D.C.A.	20.00
Other		C / O	15.00
Other		ZONEPLOT	15.00
DCA Training Fee	20 —	TOTAL	285.00
Cert. of Occ.	15 —	CHECK	285.00
Other	ZPA-15 —	CHANGE	0.00
Total	285 —	06/21/96 #05 0024A005	15:50
Check No.	#454		
Cash			
Collected By:			

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

Estimated Cost of Work $ 3000.00

Ray Korkowski
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

PERMIT UPDATE

Date Update Issued 9/5/26
Control #
Permit # 1515-96
Date Permit Issued 6-21-96

IDENTIFICATION Block 833 Lot 18
Work Site Location 1 Wills Farm Road Rd (Brick, NJ)
Owner in Fee Jacqueline Arnite
Address 1 Wills Farm Road Rd Brick NJ 08724
Tele [redacted]

Contractor Owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
Finish 2nd Floor Shell

Estimated Cost of Work $ 1,200.00

Carl Korkowski
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	35
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	1
Cert. of Occ.	
Other	
Total	36
Check No.	# 1140
Cash	
Collected By	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

0004 1515*# 0.00
BLOCK 833 # 0.00
LOT 18 # 35.00
BUILDING 35.00
ELETRIC* 70.00
TOTAL 70.00
CHECK 0.00
CHANGE 12:14
NO. 5 0018A005
03/05/99

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 03/05/99
Control #
Permit # 96-1515+B
Permit Issued 06/24/96

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 833 Lot 18 Qual

Work Site Location 1648 FORGE POND RD
TO UPDATE PERMIT

Owner in Fee APONTE J
Address SAME
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 [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
TO ACTIVATE 1996 PERMIT FOR BUILDING

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	70
Check No.	104
Cash	
Collected By	TL

Estimated Cost of Work $ 2

Construction Official

03/05/99
Date

U.C.C. F190 (rev. 3/96)

0804 1515*# 0.00
BLOCK 0.00
LOT 18 # 35.00
BUILDING 35.00
TOTAL 35.00
CHECK 0.00
CHANGE -?:-?
15/-?:00 NO. 5 0022A005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/21/2000
Control #
Permit # 96-1515+C
Permit Issued 06/24/1996

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 833 Lot 18 Qual

Work Site Location 1648 FORGE POND RD
REINSTATE
Owner in Fee APONTE J
Address SAME
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 [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
RE-INSTATE PERMIT TO FINISH AND CALL FOR INSPECTIONS

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	✓
Cash	
Collected By	

Estimated Cost of Work $ 10

Construction Official

06/21/2000
Date

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

CJE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/19/2000
Control #
Permit # 96-1515+D
Permit Issued 06/24/1996

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 833 Lot 18 Qual

Work Site Location 1648 FORGE POND RD
FINISH 1/2 OF BASEMENT
Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 40-

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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
FINISH 1/2 OF BASEMENT FOR NON LIVING SPACE - PLAYROOM ONLY 12X23X7

PAYMENTS (Office Use Only)

Building	85
Electrical	33
Plumbing	120
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	238
Check No.	765
Cash	
Collected By	MJP

Estimated Cost of Work $ 3,450

Construction Official — 10/19/2000 Date

U.C.C. F190 (rev. 3/96)

03E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 11/14/2000
Control #
Permit # 96-1515+E
Permit Issued 06/24/1996

UCC NEW JERSEY

PERMIT UPDATE!

IDENTIFICATION Block 633 Lot 18 Qual

Work Site Location 1640 FORGE POND RD
200 AMP SERVICE
Owner in Fee APONTE J
Address SAME
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. NO-

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:
200 AMP SERVICE

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	999
Cash	
Collected By	CS

Estimated Cost of Work $ 200

J Serrayna/cs 11/14/2000

Construction Official Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/06/2000
Date Issued 01/01/1954
Control # 10/9/00
Permit # 96-1515+D

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

Block 833 Lot 18 Qual

Work Site Location 1648 FORGE POND RD
FINISH 1/2 OF BASEMENT

Owner in Fee APONTE J

Address SAME
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

FINISH 1/2 OF BASEMENT FOR NON LIVING SPACE - PLAYROOM ONLY 12X23X7 ZWA
INSUL & S/ROCK-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All — 9/18/00
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 2-20-01
Approved By:

INSPECTIONS — Dates (Month/Day): Failure / Failure / Approval / Initial

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			12/5/2000 (Bur)	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

Ceilings Height 7'

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building	$ 0
[X] Addition	0
[X] Alteration	35
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

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

2/5/2008 No Approved Plan on Site, Ceiling Height only 6'10" JKG

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/06/2000
Date Issued 01/01/1954
Control # 1079.00
Permit # 96-1515+D

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

Block 833 Lot 18 Qual

Work Site Location 1648 FORGE POND RD
FINISH 1/2 OF BASEMENT

Owner in Fee APONTE J

Address SAME
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

FINISH 1/2 OF BASEMENT FOR NON LIVING SPACE - PLAYROOM ONLY 12X23X7 N/A
INSUL & S/ROCK -

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9/18/00	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2) $ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	0
[X] Alteration	35
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/21/2000
Date Issued 06/21/2000
Control #
Permit # 96-1515+C

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
REINSTATE
Owner in Fee APONTE J
Address SAME
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

RE-INSTATE PERMIT TO FINISH AND CALL FOR INSPECTIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final		2/29/01	Jover	
BarrierFree				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 10
3. Total (1+2)$ 10

Industrialized Building:
[ ] State Approved
[ ] HUD

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

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

Paid [ ] Check #
Collected by:

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

2-20-01 - Flooring not complete
handrails missing on stairs -

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/21/2000
Date Issued 06/21/2000
Control #
Permit # 96-1515+C

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
REINSTATE
Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor
Address

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

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

RE-INSTATE PERMIT TO FINISH AND CALL FOR INSPECTIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 10
3. Total (1+2) $ 10

Industrialized Building:
[ ] State Approved
[ ] HUD

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

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

Paid [ ] Check #
Collected by:

U.C.C. P110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/05/99
Date Issued 03/05/99
Control #
Permit # 96-1515+B

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

Block 833 Lot 18 Qual

Work Site Location 1648 FORGE POND RD

TO UPDATE PERMIT

Owner in Fee APONTE J

Address SAME

[redacted]3724-

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

TO ACTIVATE 1996 PERMIT FOR BUILDING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

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

B. BUILDING CHARACTERISTICS

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

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

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	0
[X] 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
[X] Other TO ACTIVATE	35
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [X] Check # 104 Minimum Fee	$ 0
Collected by: TL TOTAL FEE	$ 35
DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/05/99
Date Issued 03/05/99
Control #
Permit # 96-1515+B

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
TO UPDATE PERMIT
Owner in Fee APONTE J
Address SAME
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

TO ACTIVATE 1996 PERMIT FOR BUILDING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

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

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

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[X] Other TO ACTIVATE	3
Other	
[ ] Demolition	

Administrative Surcharge	$
Paid [X] Check # 104 Minimum Fee	$
Collected by: TL TOTAL FEE	$
DCA Training Fee	$

U.C.C. F110 (rev.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/21/96
Date Issued
Control #
Permit # 515-96

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

Block 833 Lot 18
Work Site Location 1648 Forge Pond RD
Owner in Fee 1648 Forge Pond RD
Address
Tele. ( ) [redacted]
Contractor OWNER 1648 Forge Pond RD. JACQUELIN
Address [redacted]
Tele. ( ) [redacted]
Lic. No. or Blars. Reg. No.
Federal Emp. No. or Social Security No.

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

32 FT REAR DORMER ADD. Shell only
RAISE ROOF
2nd STORY ADDITION
shell only
TRUSSES AS PER eng SPECS.
SISTER 2X8'S FL JST. TO EXIST

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.				Dates (Month/Day)			
[X] All	6/10/96		Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

(Office Use Only)
FEE
$

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors 1056 Sq. Ft.
Volume of New Structure 12672 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/21/96
Date Issued
Control #
Permit # 1515-96

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

Block 837 Lot 18
Work Site Location 1648 Forge Pond Rd
Owner in Fee 1648 Forge Pond RD
Address
Tele. ( ) [redacted]
Contractor Oliveira
Address 1648 Forge Pond RD
Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

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

32 x 12 REAR DORMER ADD. ~~Shell only~~ Sister 2X8's
2nd RAISE ROOF Fl jst. to exist
2nd Story ADDITION
Shell only
TRUSSES AS PER eng SPECS

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[X] Pool in/g
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/10/96	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical			2nd Floor Addition	
TCO				
Other			7/1/96	
Final				

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 1056 Sq. Ft.
Volume of New Structure 12672 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

(Contractor) JAcquet

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 41,760
3. Total (1+2) $ 30000

Administrative Surcharge $
Paid [ ] Check # _____ Minimum Fee $
Collected by: _____ DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/5/96
Date Issued
Control #
Permit # update 1515-96

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

Block 833 Lot 18
Work Site Location 1648 Forge Pond Rd, Brick, NJ
Owner in Fee Jacquelyn Ayonte
Address 1648 Forge Pond Brick NJ
Tele. [redacted]
Contractor Owner
Address Same
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Failure Dates (Month/Day)	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	9-5-96 (over)		9/6/96	
Insulation				
Finishes:	2/5/97 over			
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	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.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 1000.00

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.

Signature Jacquelyn Ayonte

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Finish 2nd floor shell, insulate + sheet rock for bedrooms as per floor plan

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # _____ Minimum Fee $
Collected by: _____ DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

9-5- Frame ok but no elec. app JC

9-16- Insul ok - elec ok JC

2-8-99- OUTSIDE of House: no soffit installed - last (top) course of siding not installed - furnace chimney terminates inside of chase (app. 6' from top of chase.)

INSIDE: Rooms are sheetrocked but not trimmed - no interior handrail - "future" bath has plmb. roughed in (no permit for this work) smoke detector missing in one bedroom - JC But are occupied

3-18- Chimney - soffit - top course siding OK - chimney chase not sided stair H-rail not full run Also no H-rail Bsmt. Rooms still not Finished (trim/flooring) All Smoke Det. installed JC

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/5/96
Date Issued
Control #
Permit # update 1515-96

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

Block 833 Lot 18
Work Site Location 1648 Forge Pond Rd, Brick, NJ
Owner in Fee Jacquelyn Aponte
Address 1648 Forge Pond Brick, NJ
Tele. [redacted]
Contractor Owner
Address Same
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

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 Jacquelyn Aponte

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Finish 2nd floor shell, insulate + sheet rock for bedrooms as per floor plan

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ 1,000.00

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 1,000.00

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2000
Date Issued 11/14/2000
Control #
Permit # 96-1515+E

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
200 AMP SERVICE
Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[/] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 11-14-00
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service	11-28-00			TC
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
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	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 999 Minimum Fee $ 0
Collected by: CS TOTAL FEE $ 40
DCA Training Fee $ 0

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

11-28-00

2- Ground Rods

Proper Ground Rod Clamps

#12 20 A/C conductor 20.2 Amp non conductor

nameplate.

Support PVC below meter

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2000
Date Issued 11/14/2000
Control #
Permit # 96-1515+E

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
200 AMP SERVICE
Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address

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

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 11-14-00
Approved By: This Ale

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
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	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 999 Minimum Fee $ 0
Collected by: CS TOTAL FEE $ 40
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/05/99
Date Issued 03/05/99
Control #
Permit # 96-1515+B

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
TO UPDATE PERMIT
Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Tele.(__) Fax (__)
Contractor
Address

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

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 4/20/00
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			11/28	001
Temp Serv				
Const Serv				
CCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
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
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 TO ACTIVATE	35
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 104 Minimum Fee $ 0
Collected by: TL TOTAL FEE $ 35
DCA Training Fee $ 0

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

5/26/00 SEE ATTACHED — 96-8085.

7/25/00 MAILED COPY & LETTER.

8/22/00 NOT READY.

OWNER STATES WILL FILE FOR ALL WORK AND CALL WHEN READY.

10/23/00 NOT READY & SEE ATTACHED

96 1515 + D

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/05/99
Date Issued 03/05/99
Control #
Permit # 96-1515+B

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
TO UPDATE PERMIT
Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

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

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
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
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 TO ACTIVATE	35
		Other	0

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 [X] Check # 104 Minimum Fee $ 0
Collected by: TL TOTAL FEE $ 35
DCA Training Fee $ 0

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

Brick

C667

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

SEP 4960080855

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

Block 833 Lot 18
Work Site Location 1648 Forge Pond Rd
Owner in Fee Jacquelyn Aponte
Address 1648 Forge Pond Rd
Tele. (____)
Contractor Owner
Address Same
Tele. (____)
Lic. No. ____
Federal Emp. No. ____ or Social Security No. ____

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ____
Approved by: ____

SUBCODE APPROVAL
[ ] CO [ ] SCO [ ] CA
Date: 9/01
Approved By: ____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough	____	____	960905	MM
Temporary	____	____	____	____
Constr. Serv.	____	____	____	____
TCO	____	____	____	____
Other	____	____	____	____
Service 5 hc 005433	____	____	____	____
Final 2899 MM	____	____	990 MM	

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued ____
7/25/00
OVER 5433

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.

Jacquelyn Aponte
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
____		Fixtures (1)	
25		Receptacles (2)	
5		Switches (3)	
30		Total 1 + 2 + 3	40.
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
____	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
____	____ Kw	Central heat: oil, gas or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
5	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
1	____ Amp	Service Entrance	35.
____	____	Other	____

Administrative Surcharge $ ____
Paid [ ] Check # 501 Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL FEE $ 75.00

U.C.C. Form F-1208 BF

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

5/26/00 LOOKS LIKE SOME INSPECTION
DONE IN 1999 AND FAILED FOR FINAL
DOES NOT SAY WHY.
NO ACCESS - LEFT COPY AND LETTER.
7/25/00 MAILED COPY AND LETTER
8/22/00 NOT READY. OWNER STATES WILL
FILE FOR ALL WORK AND CALL
WHEN READY.
10/23/00 NOT READY & SEE ATTACHED 96 1515 + D & B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/06/2000
Date Issued 01/01/1954
Control # 10-19-00
Permit # 96-1515+D

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
FINISH 1/2 OF BASEMENT
Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 9/20/00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date:
Approved By:

INSPECTIONS Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough	10/23/00	BB		
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			11/9/00	

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

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

Paid [ ] Check # (2)
Collected by:

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

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

10/23/00

1. REQUIRED OUTLET SPACING - SHOWED MAS.
2. LIGHT UP STAIRS WITH 3 WAY - 3 WAYS NOW WORK & AROUND CORNER
3. 14-2 & 12-2 MIXED
4. UP DATE FOR ALL WORK - AC DETECTORS, ECT.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/06/2000
Date Issued 01/01/1954
Control # 10-19.00
Permit # 96-1515+D

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
FINISH 1/2 OF BASEMENT
Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 9/20/00
Approved By: JM

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

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

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/18/2000
Date Issued 01/01/1954
Control # 10-19-00
Permit # 96-1515+D

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
FINISH 1/2 OF BASEMENT
Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Tele.(__) Fax (__)
Contractor
Address

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 200

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 9-22-00
Approved By: OB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] TCA
Date: 9.6.01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			9-6-01	OB
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			9-6-01	OB
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)	8	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

plan review only

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

Paid [ ] Check #
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/18/2000
Date Issued 01/01/1954
Control # 10-19-00
Permit # 96-1515+D

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

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
FINISH 1/2 OF BASEMENT
Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 200

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: 9-22-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

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

D. TECHNICAL SITE DATA

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

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

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

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/18/2000
Date Issued 01/01/1954
Control # 10-19-00
Permit # 96-1515+D

Calley

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

Block 833 Lot 18 Qual

Work Site Location 1648 FORGE POND RD
FINISH 1/2 OF BASEMENT

Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )

Contractor PETERSONS PLMG & HTG
Address 1606 GRAND CENTRAL AVE
LAVALETTE, NJ
Tele.( )

Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3218597

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 10-19-00
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
0	Urinal / Bidet	0
2	Bath Tub	20
3	Lavatory	30
1	Shower	10
0	Floor Drain	0
2	Sink	20
1	Dishwasher	10
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
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 130
	DCA Training Fee	$ 2

Must upgrade W.S. to 1"

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: May 22, 1996

Block 833 Lot 18 1996 Z 0604 Zone R-10

Property Address: 1648 Forge Pond Road

Owner: Jackie Aponte (Phone) [redacted]

Applicant: Same (Phone): Same

Use: Single-family dwelling.

Proposed Construction (if any): ~~XXXXXXXXXXXXXX~~ 32' by 12' rear dormer, ~~XXXXXXXXXXXXXXXXXXXX~~

Raise roof to change 1½ story dwelling to 2-story dwelling, 23' high.

approved Sean Kinney 6-10-96

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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
Administrative Officer

Sean Kinnevy
Zoning Officer

Please type or
PRINT NEATLY

Revised 5/29

TOWNSHIP OF BRICK
ZONING PERMIT APPLICATION
RESIDENTIAL PROPERTIES

Applicant's Name and Address Jackie Aponte
1648 Forge Pond RD Phone [redacted]

Owner's Name and Address Jackie Aponte

Phone

Property Address 1648 Forge Pond RD

Block 833 Lot 18 Zone R10

Present Use: Vacant ___ Single-family X Two-family ___ Multi-family ___

Proposed construction: House ___ Multi-family Unit ___ Addition X .

Alteration ___ . Fence ___ . Shed ___ . Swimming pool ___ . Retaining wall ___ .

Attached garage ___ . Detached garage ___ . Attached deck ___ Height ___ .

Detached deck ___ Height ___ . Dock/bulkhead ___ . Repair/roof/siding ___ .

Other ___ Please explain Raise Roof - Complete 2nd Story .

Building height: Feet 30'6" . Stories 2 . Number of kitchens 1 .

Floor areas: First 1056 . Second 1056 . Third ___ . Attic ___ .

Number of on-site parking spaces: In driveway 2 . In garage ___ .

Prior approvals: Zoning Board: Yes ___ . No X . Planning Board: Yes ___ No ___ .

If yes, state date of resolution and/or map filing ___ .

Additional information ADD 2nd Floor to ranch

Please submit with application an accurate plot plan either drawn by a surveyor or engineer, or hand-drawn on an 8½" by 11" sheet of paper by the owner or applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

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 Jackie Aponte . Date 5-29-91 .

Received by zoning office: Date 6/3 . Complete ✓ . Incomplete ___ .

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review #. _____

Fee: _____ Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

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

BUILDING LOCATION 1648 FORGE POND
(Street address)

BUILDING DESCRIPTION ADDITION

REVIEWED BY _____

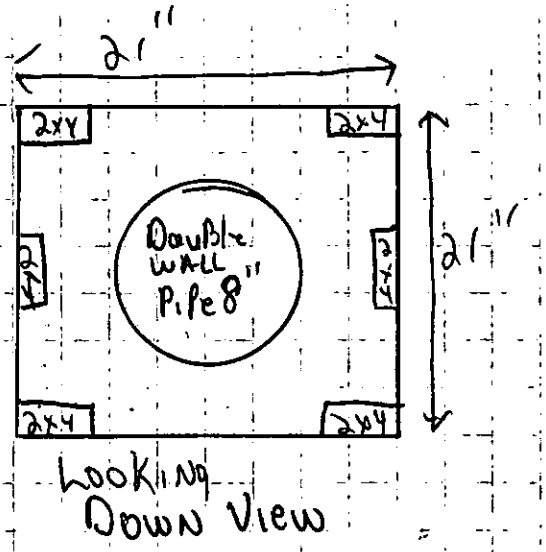
Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
	App. has been revised	
	must go back to zoning	
	5/29	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

1648 Forge Road KD



Looking Down View

WO: TI: QTY: 1

TOP CHORDS:	2x4	SPF 1450F-1.3E	
	2x6	SP SS	1
BOT CHORDS:	2x4	SPF 1450F-1.3E	
WEBS:	2x4	SPF STUD	
	2x4	SPF 1450F-1.3E	3

MAX LIVE LOAD DEFLECTION :
L/628 at JOINT # 2
L=-0.45" D=-0.25" I=-0.70"

1X4 continuous lateral bracing attached with 2- 10d nails each member where shown. Bracing [illegible] segments (or zero "0" brace may be shown flat to edge of web with 12d nails spaced 8" o.c. Brace must extend at least 90% of web length. 2x6 Brace required on any web exceeding 14'.

FAX

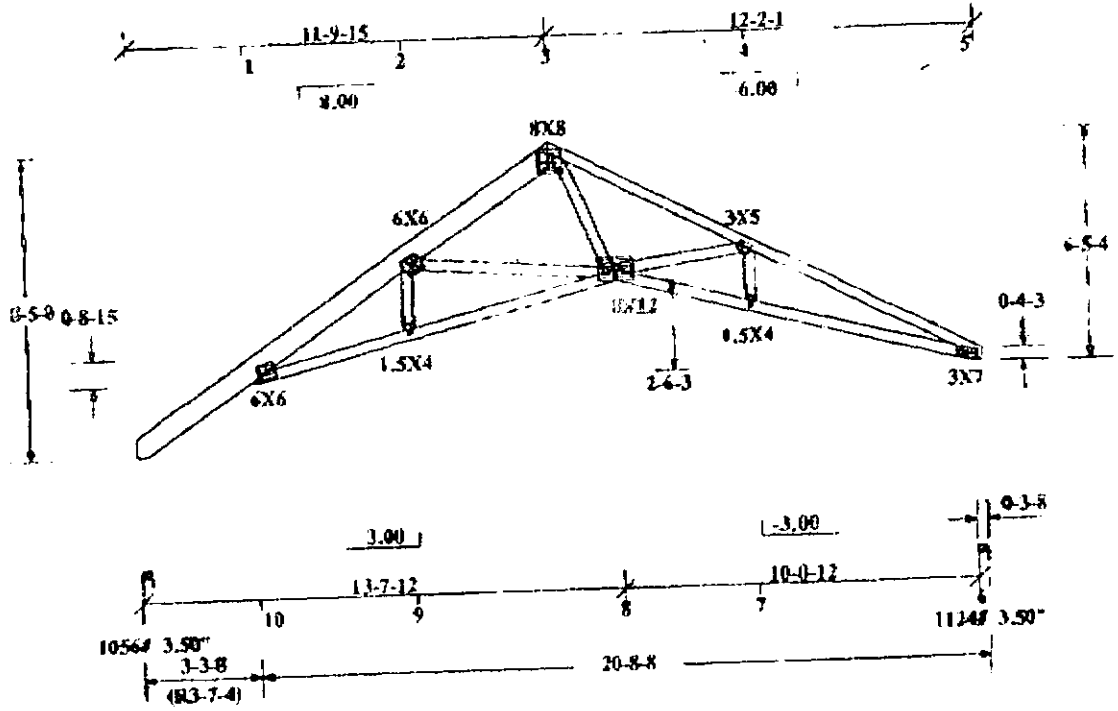
3654862

Joint Locations

1)	0- 0- 0	5)	20- 8- 8	9)	4- 6- 3
2)	4- 6- 3	6)	20- 8- 8	10)	0- 0- 0
3)	0- 0- 0	7)	13- 7-12		
4)	14- 2- 9	8)	10- 4- 4		

All COMPRESSION Chords are assumed to be continuously braced unless noted otherwise.

10/ 2



scale = 0.1875

EPT AS SHOWN PLATES ARE TL20 GA TESTED PER ANSI/TPI 1-1995

TBC TRUSTY BUILDING COMPONENTS

WARNING: READ ALL NOTES ON THIS SHEET.

A COPY OF THIS DRAWING TO BE GIVEN TO ERECTING CONTRACTOR.

BRACING WARNING

Bracing shown on this drawing is not erection bracing, wind bracing, gable braces or similar bracing which is a part of the building design and which must be considered by the building designer. Bracing shown is for lateral support of truss members only to reduce buckling length. Temporary and permanent bracing to anchor lateral bracing at ends and specified locations determined by the building designer. Additional bracing of the overall structure may be required. (See HIB-91 of TPI). For specific truss bracing requirements, see Building Designer. (TPI is located at 583 D'Onofrio Drive, [illegible])

Eng. Job:		
Dwg:		
Design: ET	Chk:	
TC Live	30.0	psf
TC Dead	7.0	psf
BC Live	0.0	psf
BC Dead	10.0	psf
TOTAL	47.0	psf

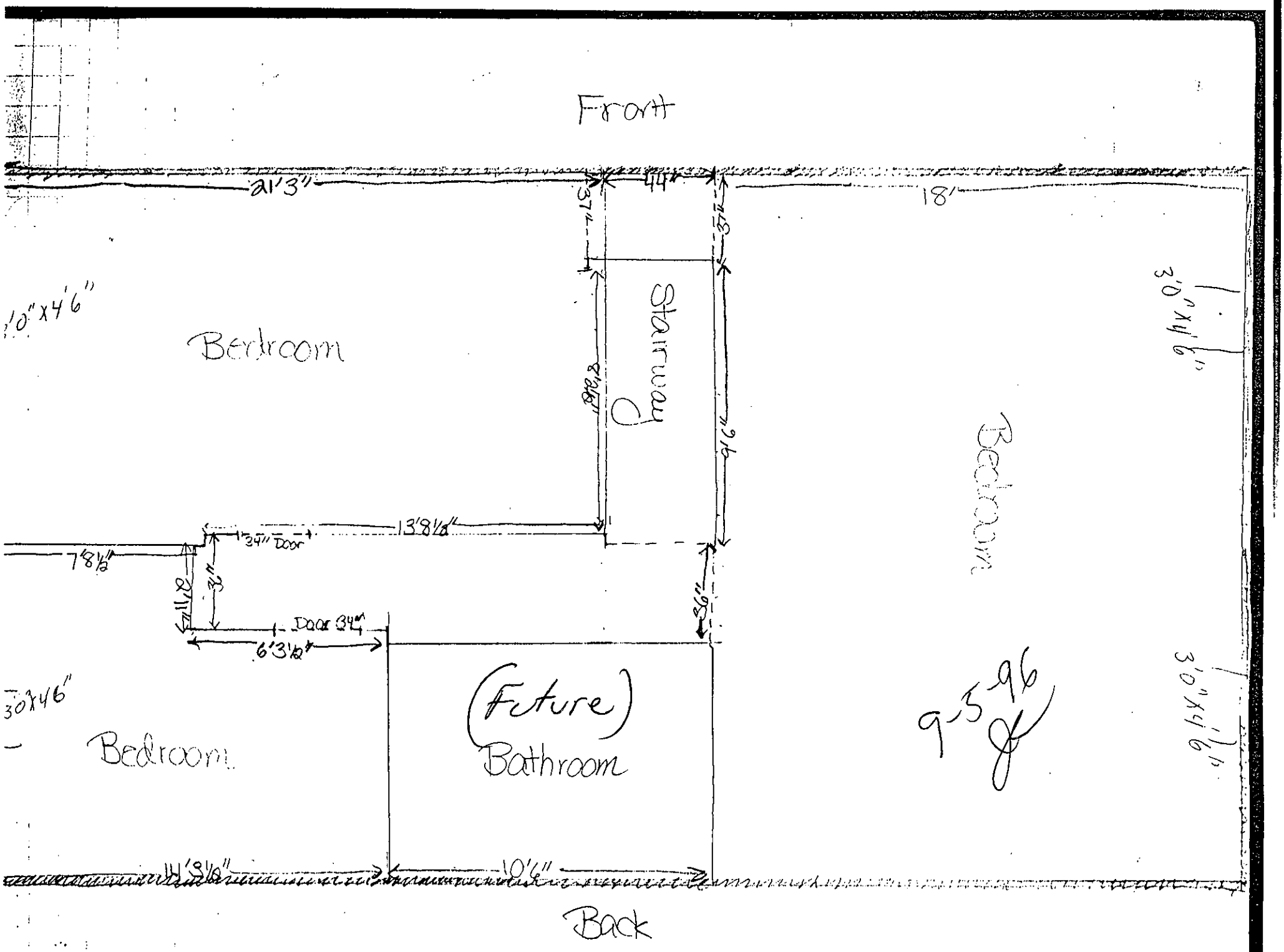
WO:
Truss ID:
Date: 6-11-96

DurFac - Lbr: 1.15
DurFac - Plt: 1.15
O.C. Spacing: 24.0"
Design Criteria: TPI
Code Desc:
V:02.14.96-101862-5

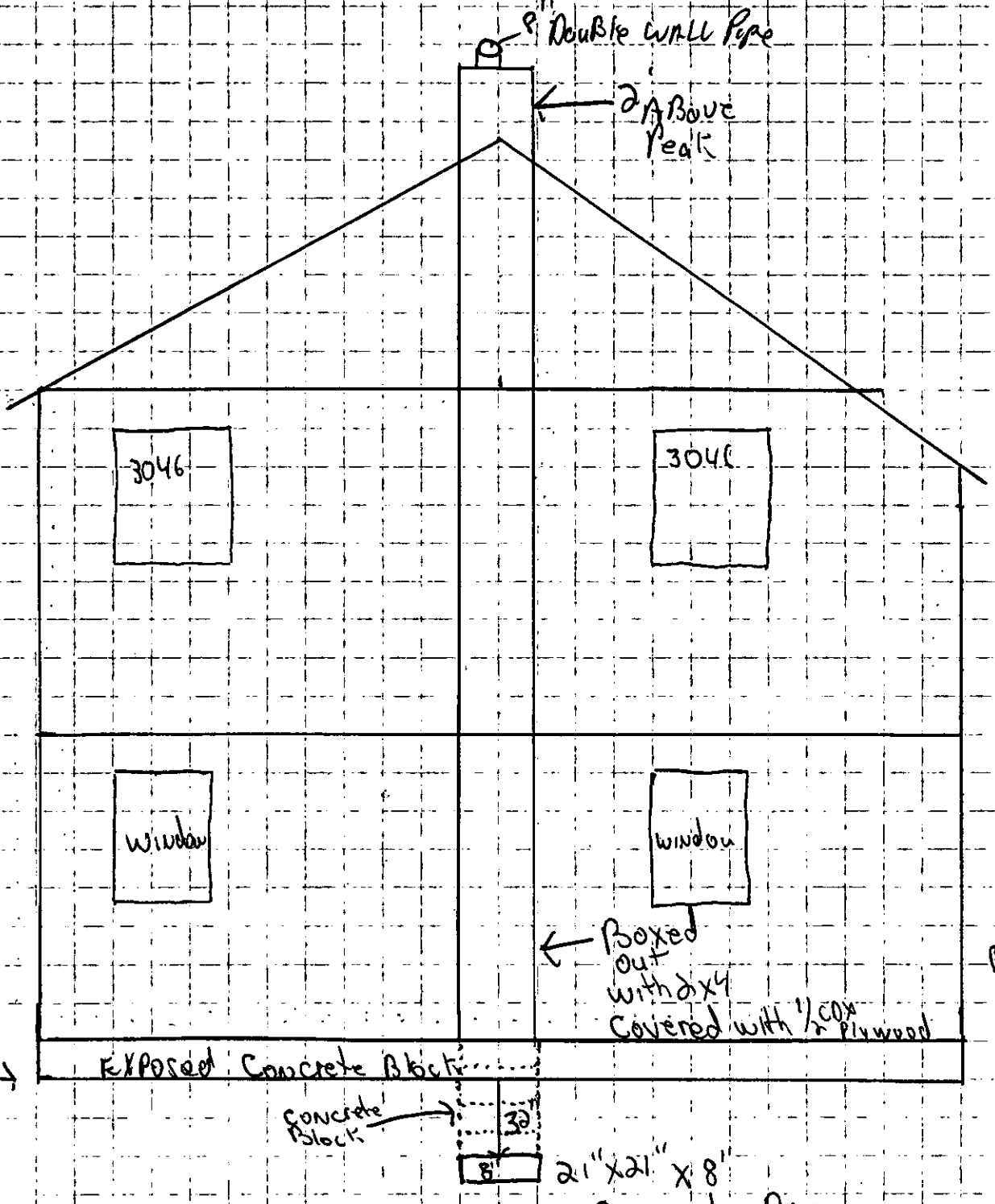
MCS: 02.14.96

06/11/1996 12:44 4129423754 JUN 12 '96 9:15 FROM 84 LUMBER 1110 PAGE.003

PAGE 01


Front
21'3"
44"
37"
37"
18'
10"x4'6"
Bedroom
Stairway
8'8½"
9'9"
3'0"x4'6"
Bedroom
13'8½"
34" Door
7'8½"
11½"
36"
36"
Door 34"
6'3½"
30"x4'6"
Bedroom
(Future)
Bathroom
9-5-96
3'0"x4'6"
11'8½"
10'6"
Back

1648 Forge Pond RD



Concrete PAD
32" Below Ground Level

6/10/96

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/22/98
Control #
Permit #

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 1648 FORGE POND RD
FINISHED 2ND FLOOR SHELL
Block 833 Lot 18

Owner in Fee APONTE J
Address SAME
BRICK, NJ 08724-

Agent/Contractor SAME
Address

ACTION

Date of Notice 12/22/98
Compliance Due Date 12/31/98
Date of Inspection 12/21/98

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
NJAC 5:23-2.30 VIOLATIONS, 5:23-31 COMPLIANCE
FAILURE TO OBTAIN REQUIRED INSPECTIONS PERMIT WAS FOR BUILDING SUBCODE ONLY

You are hereby ordered to terminate the said violations on or before 12/31/98. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 500 for each violation for a total penalty of $ 500. Each week that any of the said violations remain outstanding after 12/31/98 shall result in an additional penalty of $ 500 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN CTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: JOE CURIAZZA, CONSTRUCTION OFFICIAL 252-1030.
NOTICE OF VIOLATION AND ORDER TO TERMINATE: sco DATE:
NOTICE AND ORDER OF PENALTY: co DATE:

SERAFIN

U.C.C. F210 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/22/98
Control #
Permit #

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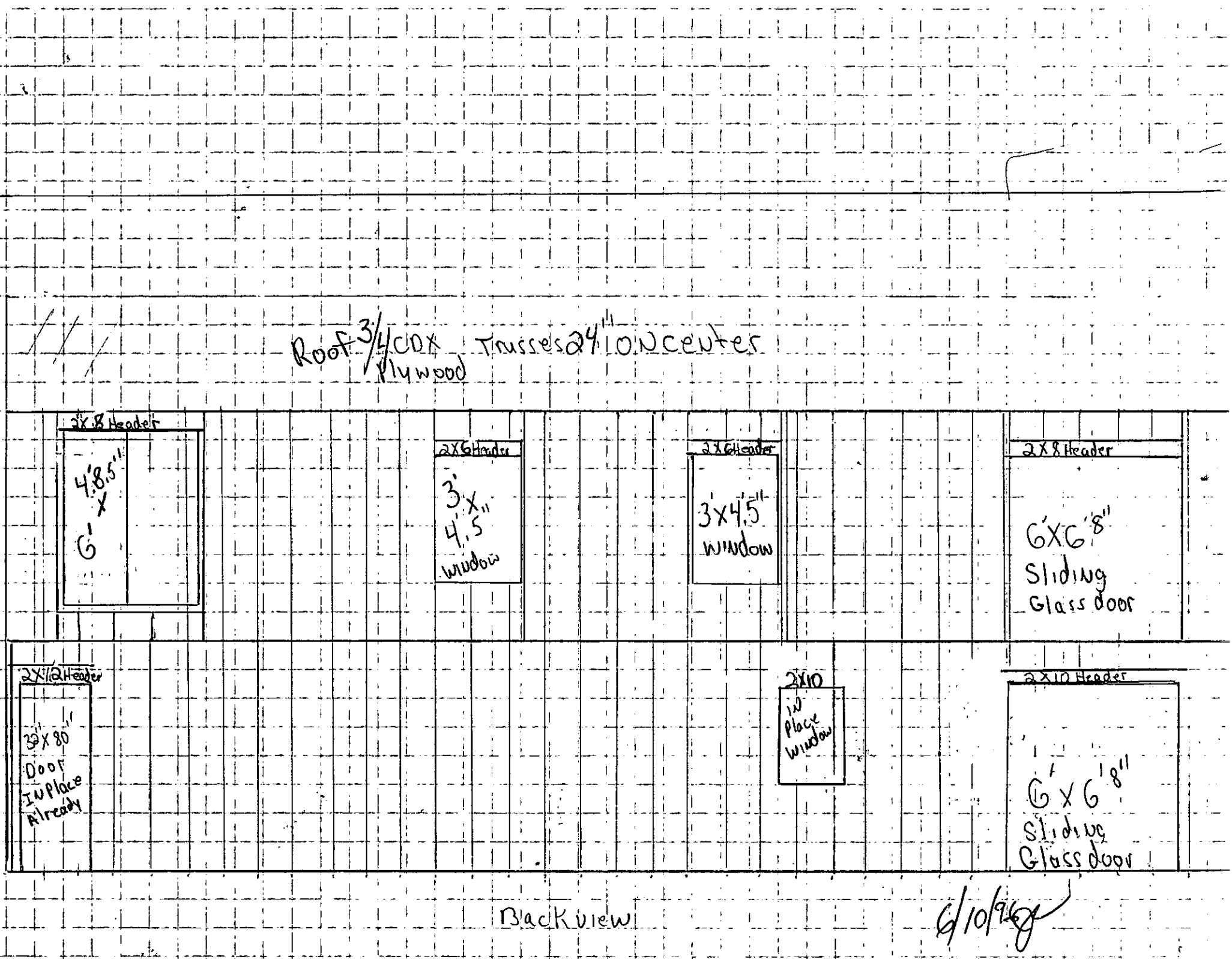
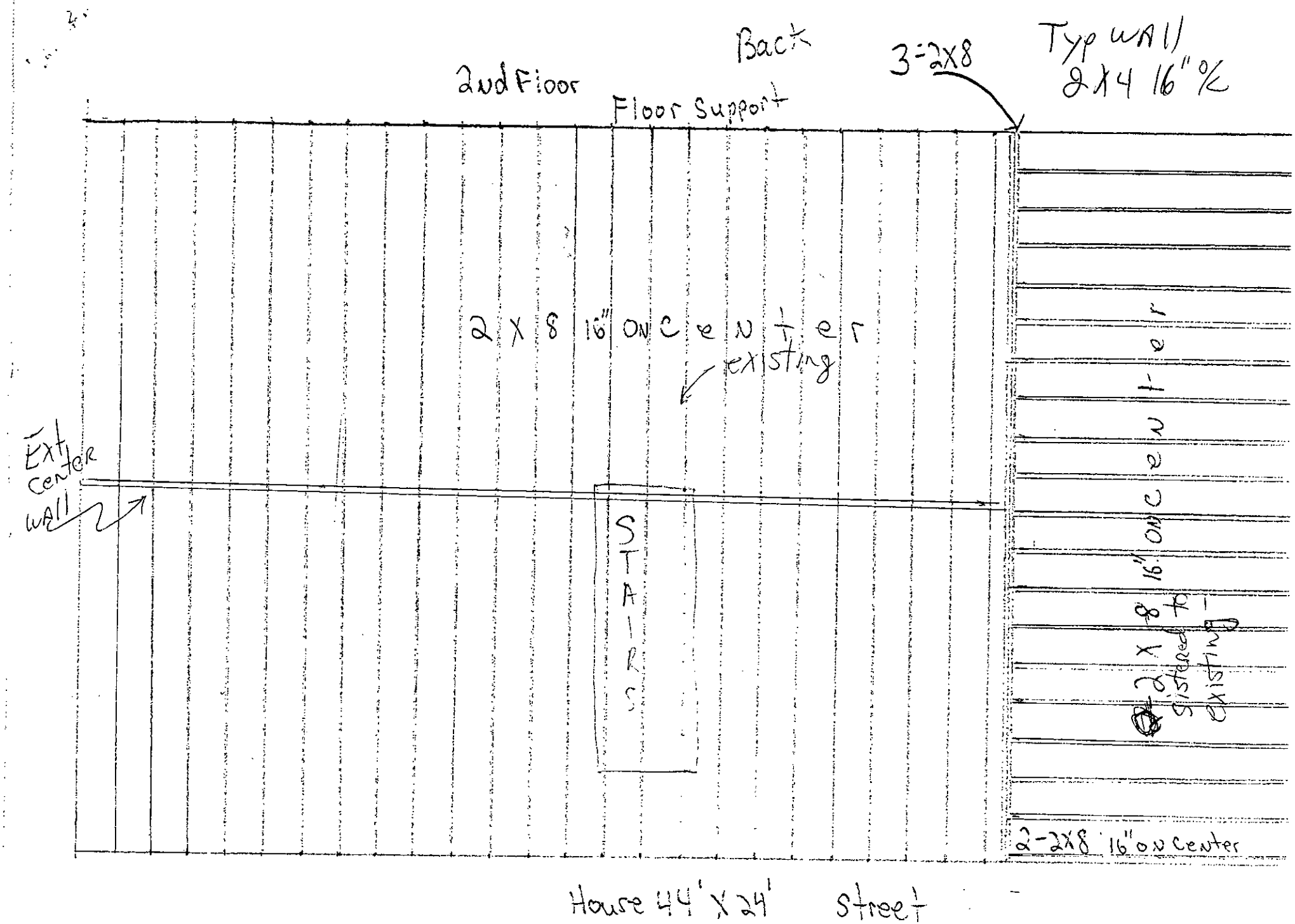
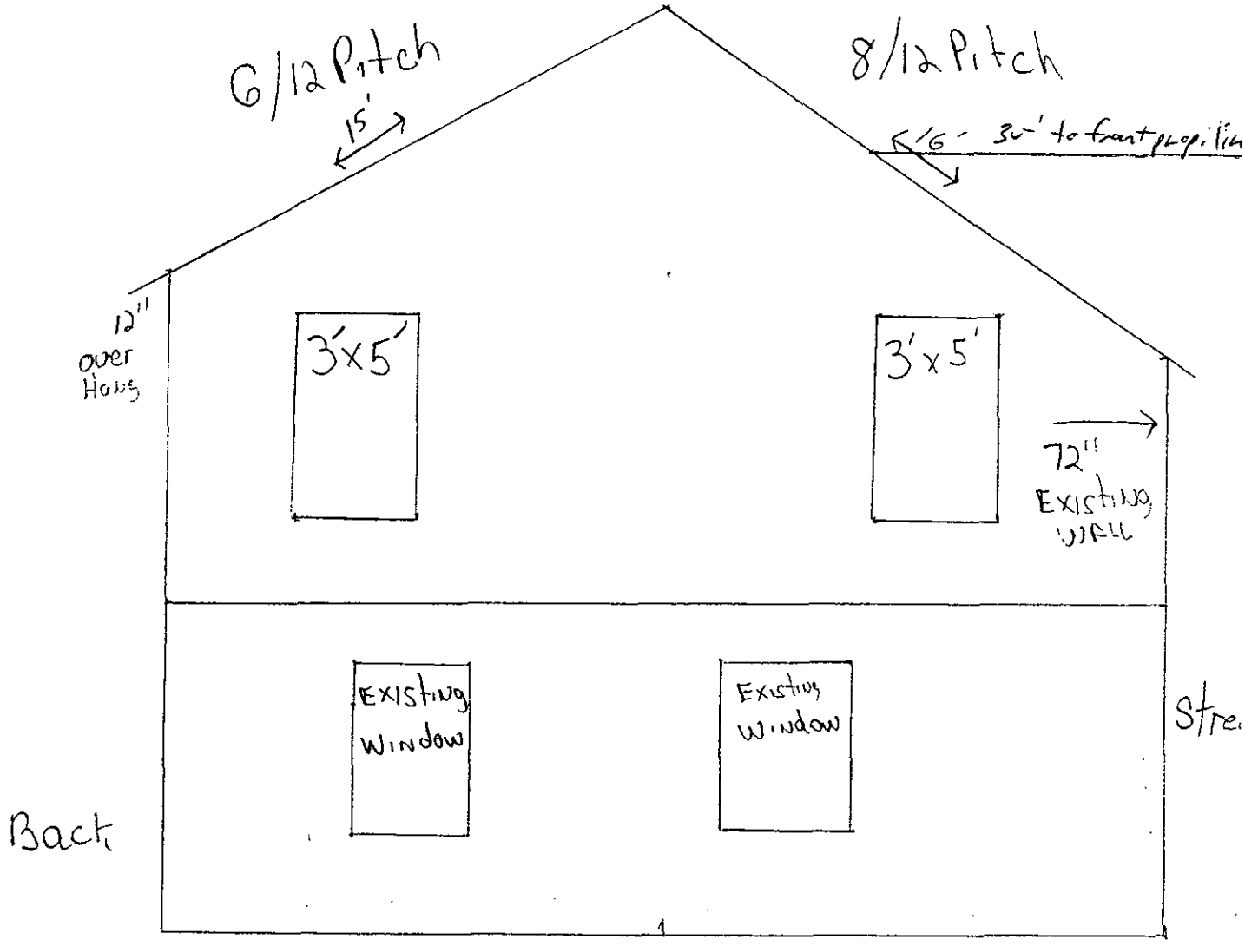
NOTICE AND ORDER OF PENALTY: co DATE:

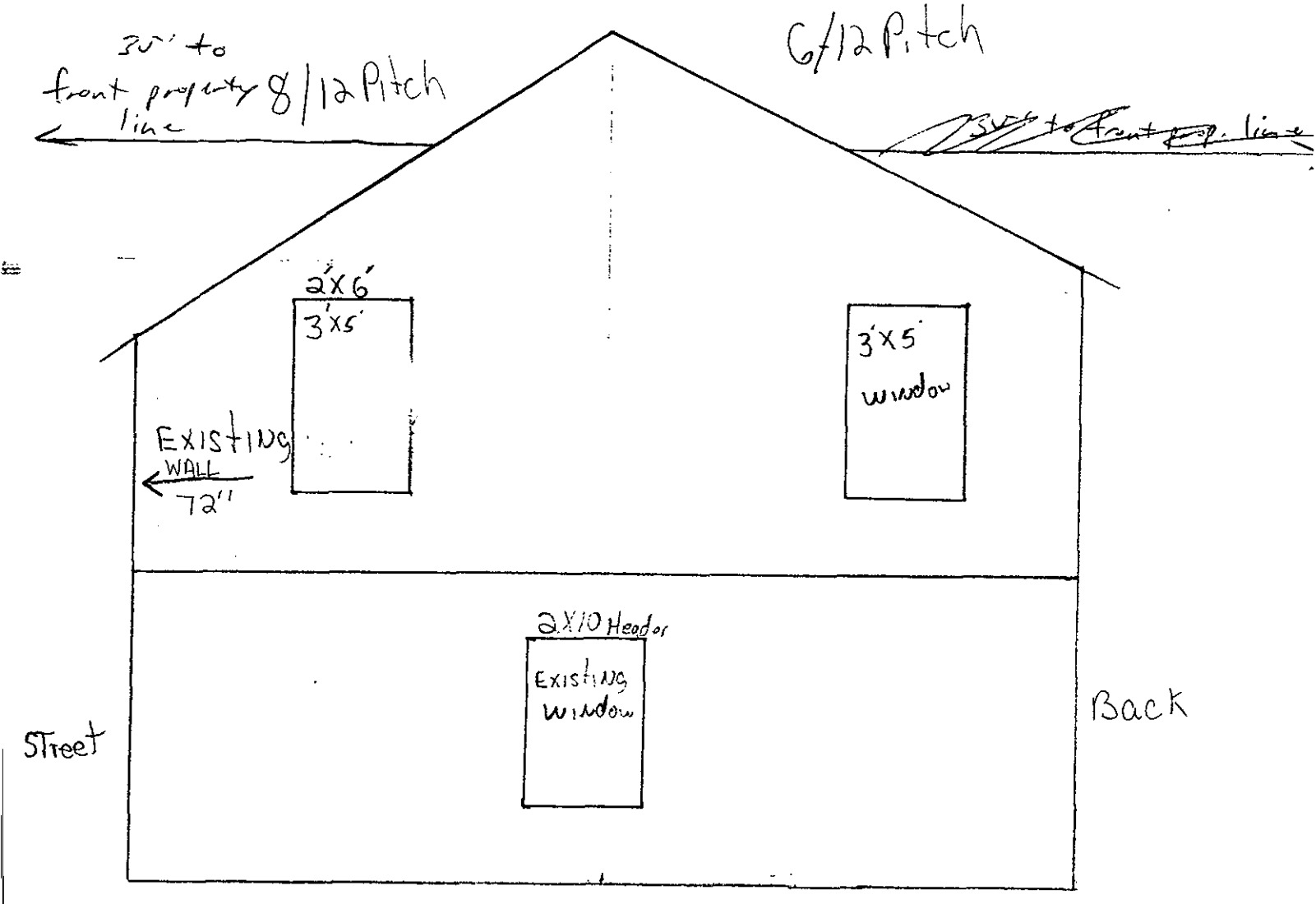
U.C.C. F210 (rev. 3/96)


Roof 3/4 CDX Plywood Trusses 24" O.N center
2X8 Header
4'8.5" X 6'
2X6 Header
3' X 4'.5" window
2X6 Header
3'X4'.5" window
2X8 Header
6'X6'8" Sliding Glass door
2X12 Header
32" X 80" Door In Place Already
2X10
In Place Window
2X10 Header
6'X6'8" Sliding Glass door
Back view
6/10/96


Back
2nd Floor
Floor Support
3-2x8
Typ wall
2x4 16" o/c
2 X 8 16" on center existing
Ext center wall
STAIRS
2-2x8 16" on center existing
2-2x8 16" on center
House 44' X 24'
Street

2x3 window??

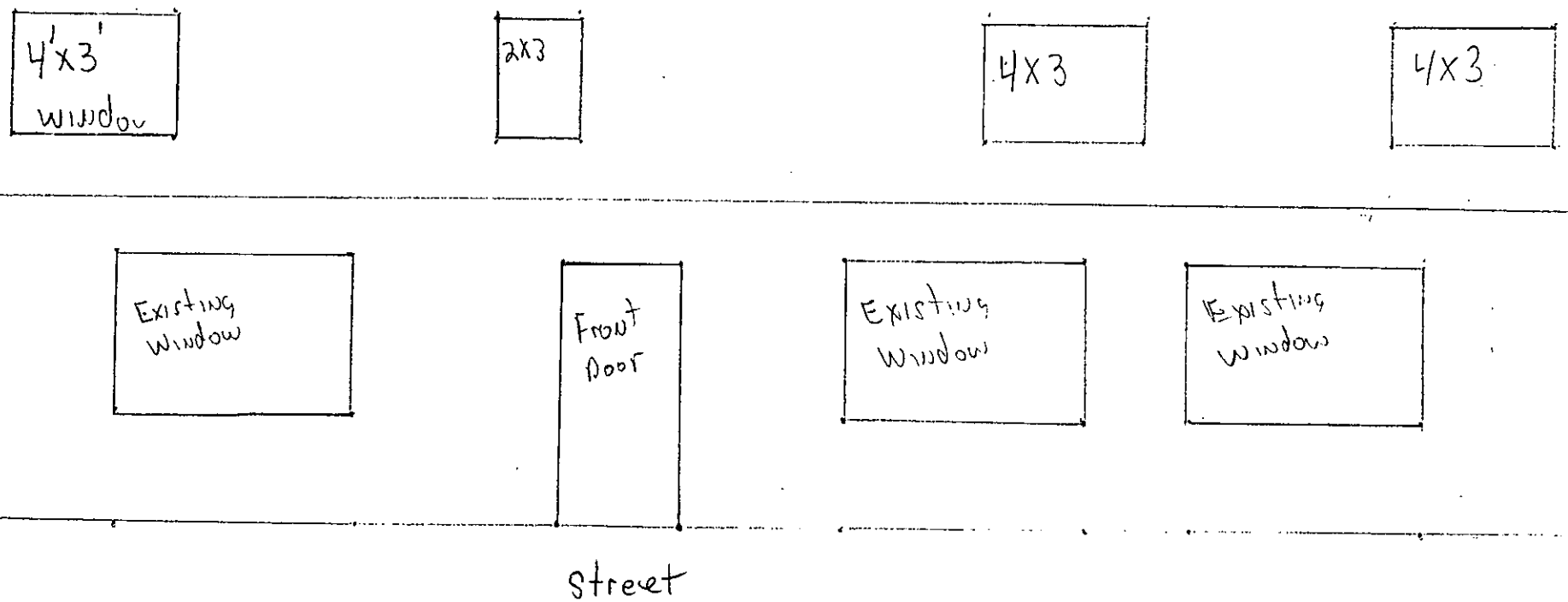

6/12 Pitch
15'
8/12 Pitch
16' - 3" to front plumb line
12" over Hang
3'x5'
3'x5'
72" Existing Wall
Existing Window
Existing Window
Back
Stre

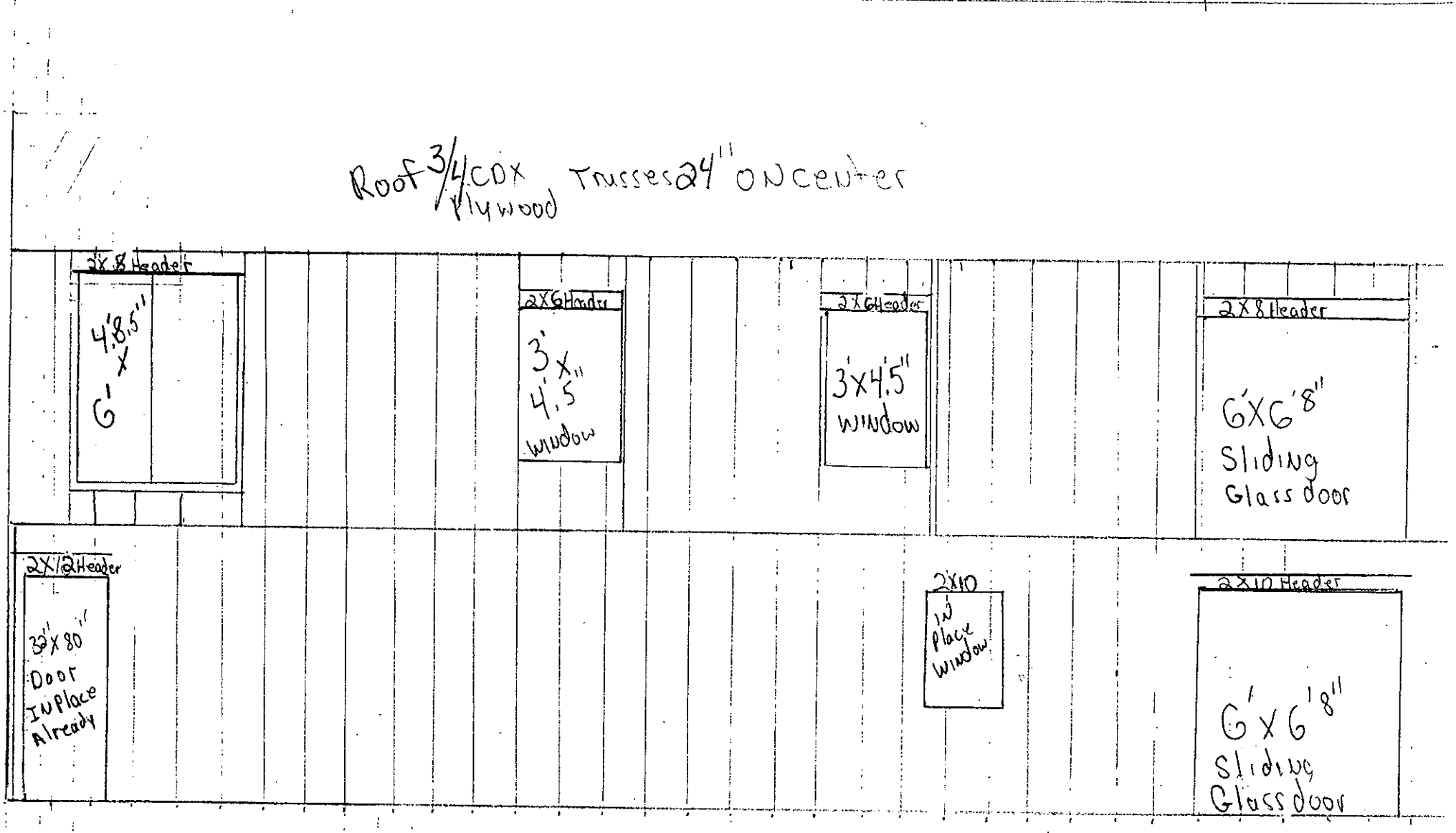

35' to
front property line
8/12 Pitch
6/12 Pitch
35' to front prop. line
2'X6'
3'X5'
3'X5'
window
EXISTING
WALL
72"
2X10 Header
EXISTING
window
Street
Back

Roof 8/12 Pitch

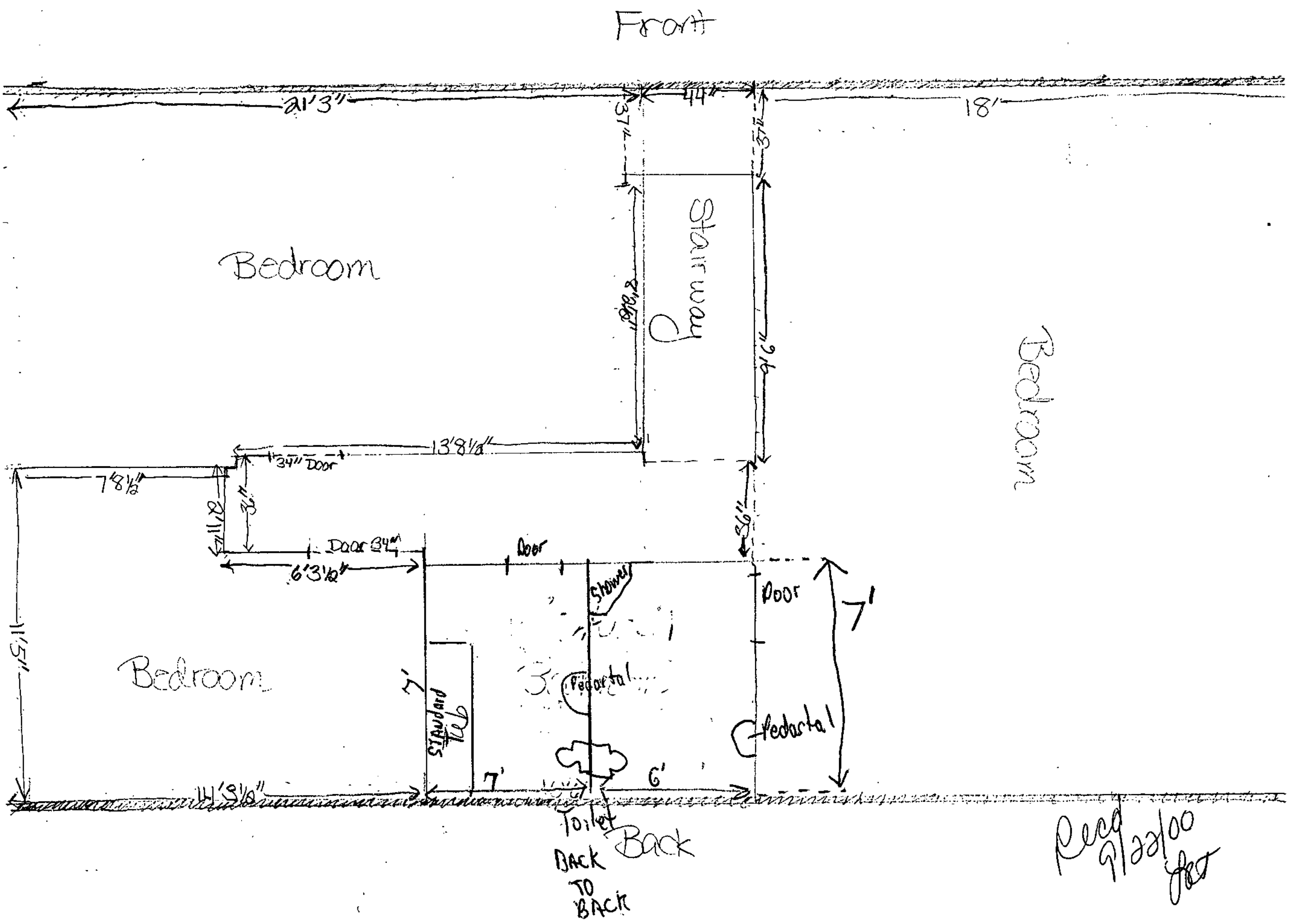
Trusses 24" ON Center

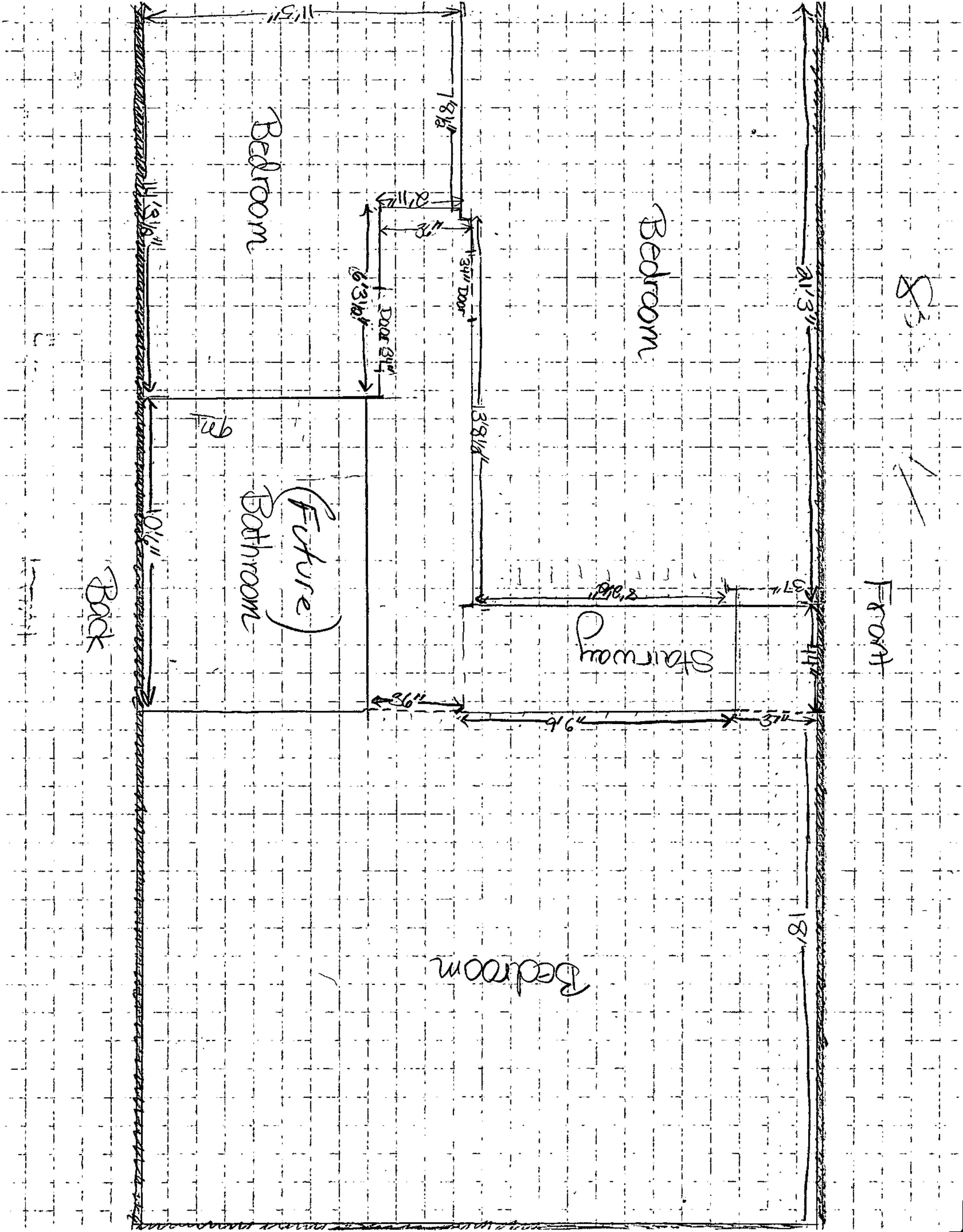
Plywood 3/4" CDX + will have Panel clips



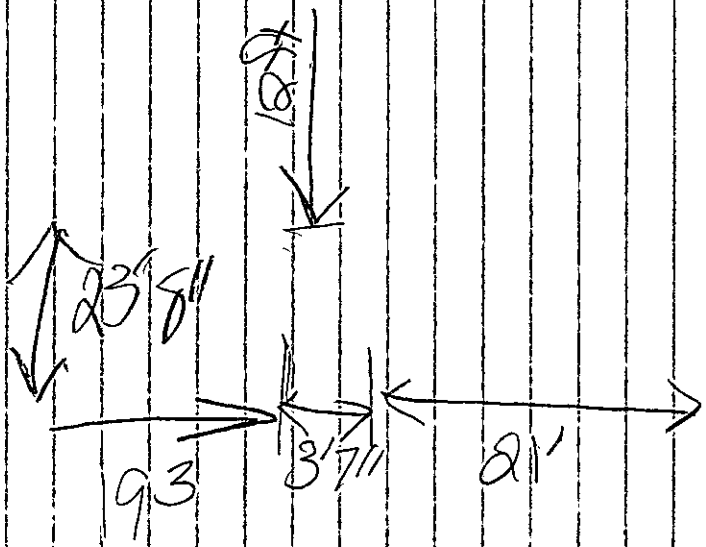

Roof 3/4 CDX Plywood Trusses 24" ON Center
2X8 Header
4'8.5" X 6'
2X6 Header
3' X 4'.5" window
2X6 Header
3'X4'.5" window
2X8 Header
6'X6'8" Sliding Glass door
2X12 Header
3'1" X 80" Door In Place Already
2X10
In Place Window
2X10 Header
6'X6'8" Sliding Glass door

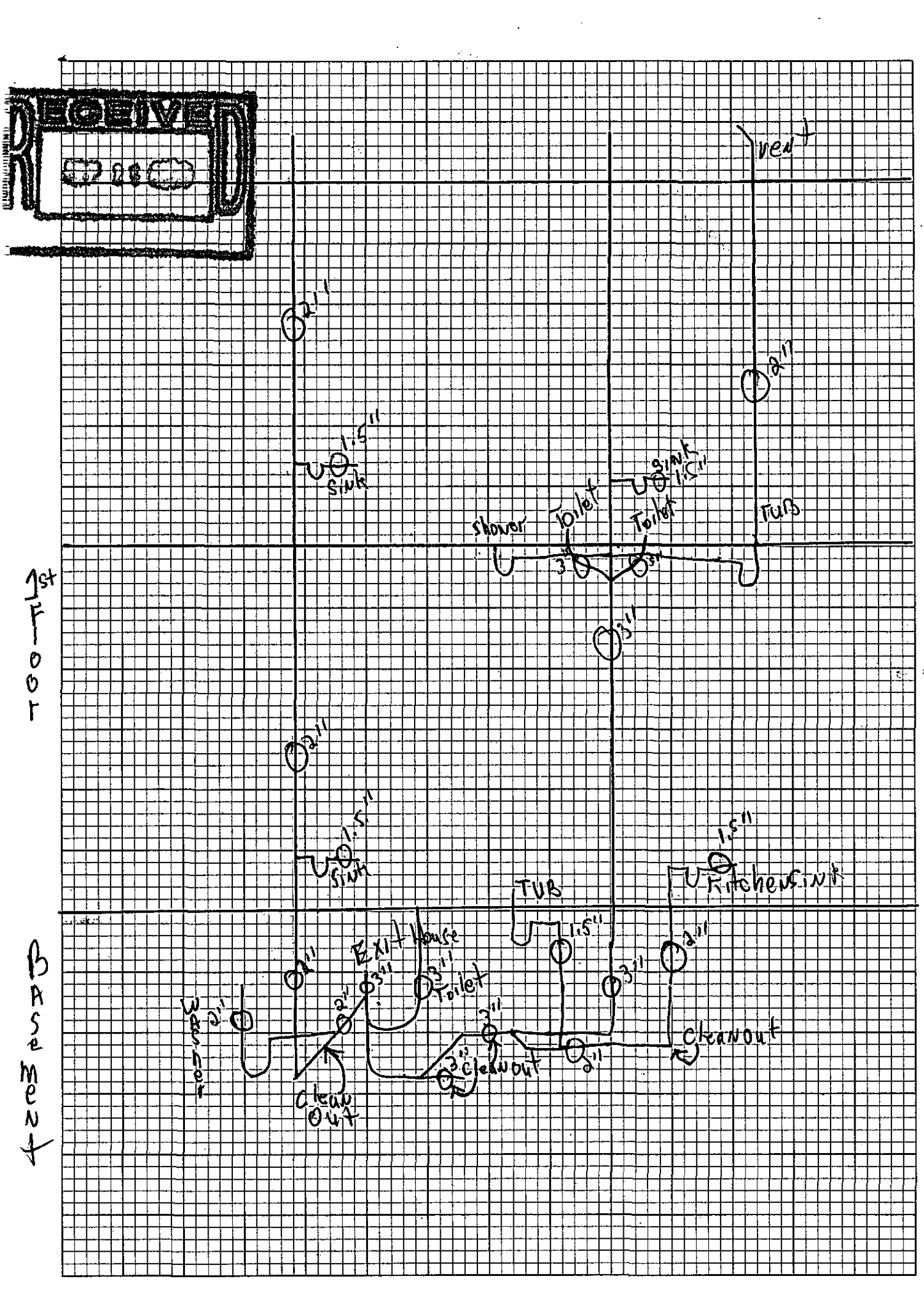
Back view


Front
21'3"
44"
18'
37"
37"
Bedroom
Stairway
8'10"
9'6"
Bedroom
13'8 1/2"
34" Door
7'8 1/2"
36"
8'11"
Door 34"
6'3 1/2"
Door
Shower
Door
36"
7'
11'5"
Bedroom
7'
Standard Tub
Pedestal
Pedestal
7'
6'
14'9 1/2"
Toilet
Back
BACK TO BACK
Rec'd 9/22/00


Bedroom
Bedroom
(Future) Bathroom
Tub
Stairway
Bedroom
Front
Back
21'3"
18'
9'6"
36"
37"

Aponte
1648 Forge Pond Rd
Brick, NJ 08724




RECEIVED
Vent
2"
1.5"
Sink
Shower
Toilet
3"
Tub
1st Floor
Kitchen Sink
Basement
Washer
Exit
House
Clean Out

LOGARITHMS OF NUMBERS

N.	0	1	2	3	4	5	6	7	8	9	d
10	0000	0043	0086	0128	0170	0212	0253	0294	0334	0374	40
11	0414	0453	0492	0531	0569	0607	0645	0682	0719	0755	37
12	0792	0828	0864	0899	0934	0969	1004	1038	1072	1106	33
13	1139	1173	1206	1239	1271	1303	1335	1367	1399	1430	31
14	1461	1492	1523	1553	1584	1614	1644	1673	1703	1732	29
15	1761	1790	1818	1847	1875	1903	1931	1959	1987	2014	27
16	2041	2068	2095	2122	2148	2175	2201	2227	2253	2279	26
17	2304	2330	2355	2380	2405	2430	2455	2480	2504	2529	24
18	2553	2577	2601	2625	2648	2672	2695	2718	2742	2765	23
19	2788	2810	2833	2856	2878	2900	2923	2945	2967	2989	21
20	3010	3032	3054	3075	3096	3118	3139	3160	3181	3201	21
21	3222	3243	3263	3284	3304	3324	3345	3365	3385	3404	20
22	3424	3444	3464	3483	3502	3522	3541	3560	3579	3598	19
23	3617	3636	3655	3674	3692	3711	3729	3747	3766	3784	19
24	3802	3820	3838	3856	3874	3892	3909	3927	3945	3962	17
25	3979	3997	4014	4031	4048	4065	4082	4099	4116	4133	17
26	4150	4166	4183	4200	4216	4232	4249	4265	4281	4298	16
27	4314	4330	4346	4362	4378	4393	4409	4425	4440	4456	16
28	4472	4487	4502	4518	4533	4548	4564	4579	4594	4609	15
29	4624	4639	4654	4669	4683	4698	4713	4728	4742	4757	14
30	4771	4786	4800	4814	4829	4843	4857	4871	4886	4900	14
31	4914	4928	4942	4955	4969	4983	4997	5011	5024	5038	13
32	5051	5065	5079	5092	5105	5119	5132	5145	5159	5172	13
33	5185	5198	5211	5224	5237	5250	5263	5276	5289	5302	13
34	5315	5328	5340	5353	5366	5378	5391	5403	5416	5428	13
35	5441	5453	5465	5478	5490	5502	5514	5527	5539	5551	12
36	5563	5575	5587	5599	5611	5623	5635	5647	5658	5670	12
37	5682	5694	5705	5717	5729	5740	5752	5763	5775	5786	12
38	5798	5809	5821	5832	5843	5855	5866	5877	5888	5899	12
39	5911	5922	5933	5944	5955	5966	5977	5988	5999	6010	11
40	6021	6031	6042	6053	6064	6075	6085	6096	6107	6117	11
41	6128	6138	6149	6160	6170	6180	6191	6201	6212	6222	10
42	6232	6243	6253	6263	6274	6284	6294	6304	6314	6325	10
43	6335	6345	6355	6365	6375	6385	6395	6405	6415	6425	10
44	6435	6444	6454	6464	6474	6484	6493	6503	6513	6522	10
45	6532	6542	6551	6561	6571	6580	6590	6599	6609	6618	10
46	6628	6637	6646	6656	6665	6675	6684	6693	6702	6712	9
47	6721	6730	6739	6749	6758	6767	6776	6785	6794	6803	9
48	6812	6821	6830	6839	6848	6857	6866	6875	6884	6893	9
49	6902	6911	6920	6928	6937	6946	6955	6964	6972	6981	9
50	6990	6998	7007	7016	7024	7033	7042	7050	7059	7067	9
51	7076	7084	7093	7101	7110	7118	7126	7135	7143	7152	8
52	7160	7168	7177	7185	7193	7202	7210	7218	7226	7235	8
53	7243	7251	7259	7267	7275	7284	7292	7300	7308	7316	8
54	7324	7332	7340	7348	7356	7364	7372	7380	7388	7396	8
N.	0	1	2	3	4	5	6	7	8	9	d

LOGARITHMS OF NUMBERS

N.	0	1	2	3	4	5	6	7	8	9	d
55	7404	7412	7419	7427	7435	7443	7451	7459	7466	7474	8
56	7482	7490	7497	7505	7513	7520	7528	7536	7543	7551	8
57	7559	7566	7574	7582	7589	7597	7604	7612	7619	7627	7
58	7634	7642	7649	7657	7664	7672	7679	7686	7694	7701	8
59	7709	7716	7723	7731	7738	7745	7752	7760	7767	7774	8
60	7782	7789	7796	7803	7810	7818	7825	7832	7839	7846	7
61	7853	7860	7868	7875	7882	7889	7896	7903	7910	7917	7
62	7924	7931	7938	7945	7952	7959	7966	7973	7980	7987	6
63	7993	8000	8007	8014	8021	8028	8035	8041	8048	8055	7
64	8062	8069	8075	8082	8089	8096	8102	8109	8116	8122	7
65	8129	8136	8142	8149	8156	8162	8169	8176	8182	8189	6
66	8195	8202	8209	8215	8222	8228	8235	8241	8248	8254	7
67	8261	8267	8274	8280	8287	8293	8299	8306	8312	8319	6
68	8325	8331	8338	8344	8351	8357	8363	8370	8376	8382	6
69	8388	8395	8401	8407	8414	8420	8426	8432	8439	8445	6
70	8451	8457	8463	8470	8476	8482	8488	8494	8500	8506	7
71	8513	8519	8525	8531	8537	8543	8549	8555	8561	8567	6
72	8573	8579	8585	8591	8597	8603	8609	8615	8621	8627	6
73	8633	8639	8645	8651	8657	8663	8669	8675	8681	8686	6
74	8692	8698	8704	8710	8716	8722	8727	8733	8739	8745	6
75	8751	8756	8762	8768	8774	8779	8785	8791	8797	8802	6
76	8808	8814	8820	8825	8831	8837	8842	8848	8854	8859	6
77	8865	8871	8876	8882	8887	8893	8899	8904	8910	8915	6
78	8921	8927	8932	8938	8943	8949	8954	8960	8965	8971	6
79	8976	8982	8987	8993	8998	9004	9009	9015	9020	9025	6
80	9031	9036	9042	9047	9053	9058	9063	9069	9074	9079	6
81	9085	9090	9096	9101	9106	9112	9117	9122	9128	9133	5
82	9138	9143	9149	9154	9159	9165	9170	9175	9180	9186	5
83	9191	9196	9201	9206	9212	9217	9222	9227	9232	9238	5
84	9243	9248	9253	9258	9263	9269	9274	9279	9284	9289	5
85	9294	9299	9304	9309	9315	9320	9325	9330	9335	9340	5
86	9345	9350	9355	9360	9365	9370	9375	9380	9385	9390	5
87	9395	9400	9405	9410	9415	9420	9425	9430	9435	9440	5
88	9445	9450	9455	9460	9465	9469	9474	9479	9484	9489	5
89	9494	9499	9504	9509	9513	9518	9523	9528	9533	9538	4
90	9542	9547	9552	9557	9562	9566	9571	9576	9581	9586	4
91	9590	9595	9600	9605	9609	9614	9619	9624	9628	9633	5
92	9638	9643	9647	9652	9657	9661	9666	9671	9675	9680	5
93	9685	9689	9694	9699	9703	9708	9713	9717	9722	9727	4
94	9731	9736	9741	9745	9750	9754	9759	9763	9768	9773	4
95	9777	9782	9786	9791	9795	9800	9805	9809	9814	9818	5
96	9823	9827	9832	9836	9841	9845	9850	9854	9859	9863	5
97	9868	9872	9877	9881	9886	9890	9894	9899	9903	9908	4
98	9912	9917	9921	9926	9930	9934	9939	9943	9948	9952	4
99	9956	9961	9965	9969	9974	9978	9983	9987	9991	9996	4
N.	0	1	2	3	4	5	6	7	8	9	d

SOLUTION OF OBLIQUE TRIANGLES

Angles are A, B, C. Sides opposite are a, b, c respectively.

Case I given a, B, C.

$A = 180° - (B + C)$ $\qquad b = \frac{a}{\sin A}\sin B$

$c = \frac{a}{\sin A}\sin C$

Case II given a, b, A.

$\sin B = \frac{\sin A}{a} b$ $\qquad C = 180° - (A + B)$

Case III given a, b, C.

$A + B = 180° - C$

$\tan \frac{1}{2}(A - B) = \frac{a - b}{a + b}\tan \frac{1}{2}(A + B)$

$A = \frac{1}{2}(A + B) + \frac{1}{2}(A - B)$

$B = \frac{1}{2}(A + B) - \frac{1}{2}(A - B)$

Case III given a, b, C: *alternate method.*

$c^2 = a^2 + b^2 - 2ab\cos C$

$\cos A = \frac{b^2 + c^2 - a^2}{2bc}$ or $\sin A = \frac{\sin C}{c} a$

$\cos B = \frac{a^2 + c^2 - b^2}{2ac}$ or $\sin B = \frac{\sin C}{c} b$

or $B = 180 - (A + C)$

Case IV given a, b, c.

let $s = \frac{1}{2}(a + b + c)$

and $r = \sqrt{\frac{(s - a)(s - b)(s - c)}{s}}$

$\tan \frac{1}{2}A = \frac{r}{s - a}$ $\quad \tan \frac{1}{2}B = \frac{r}{s - b}$ $\quad \tan \frac{1}{2}C = \frac{r}{s - c}$

Case IV given a, b, c: *alternate method.*

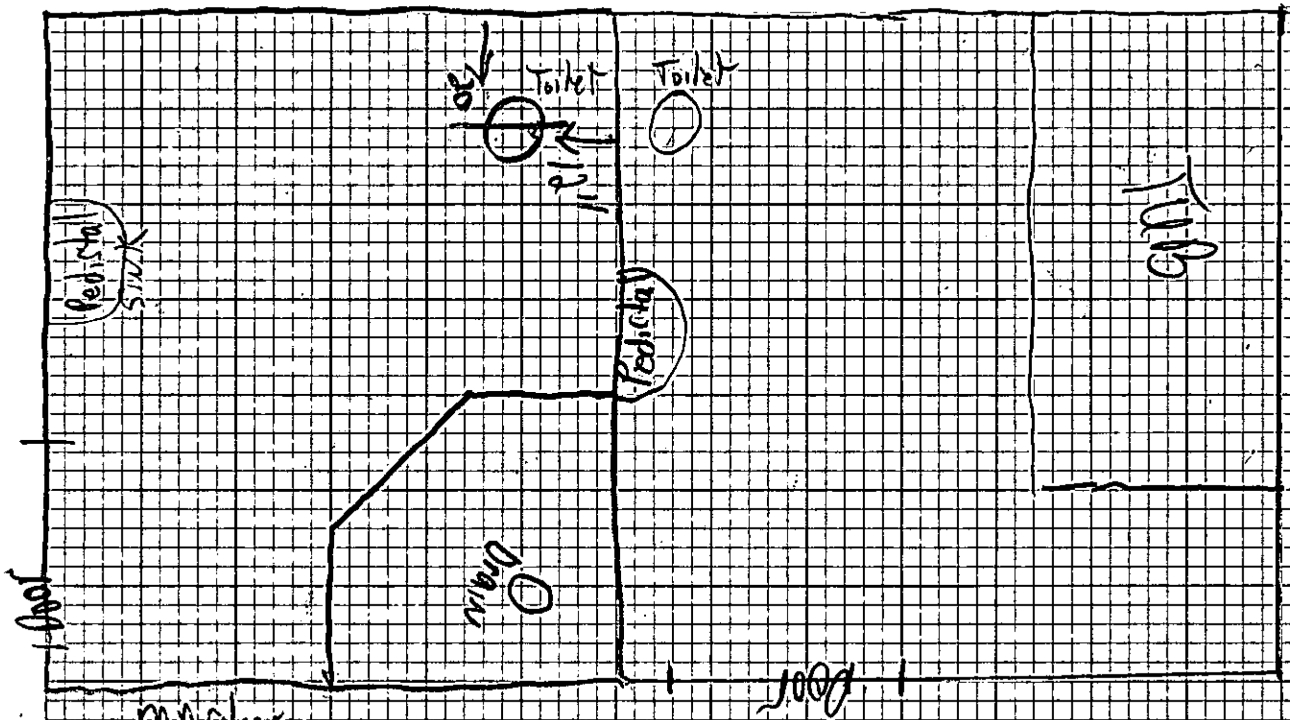
$\cos A = \frac{b^2 + c^2 - a^2}{2bc}$ $\quad \cos B = \frac{a^2 + c^2 - b^2}{2ac}$

$\cos C = \frac{a^2 + b^2 - c^2}{2ab}$ or $C = 180° - (A + B)$

$\text{Area} = \frac{1}{2}bc\sin A = \frac{a^2 \sin B \sin C}{2 \sin A}$

$= \sqrt{s(s - a)(s - b)(s - c)}$

96-1515+D



Master Bath

Blow Up

2nd Floor Baths

1648 Forge Pond Rd
Brick NJ

Rec'd 9/22/00

8668

8669

8670

8671

DEVINE BUSINESS FORMS (732) 892-8800

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

WATER SERVICE PERMIT

Block: 833 Lot: 18
1648 Forge Pond Rd.

upgrading to 1"

Jacquelyn Serafin
1648 Forge Pond Rd.
Brick, NJ 08724-2946

ACCOUNT # L335207 METER # _____ METER MFGR. _____

SIZE OF SVC LINE 3/4" to 1" METER SIZE 1"

CONNECTION FEE $ _____

INSPECTIONS 15.00
55.00
70.00

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

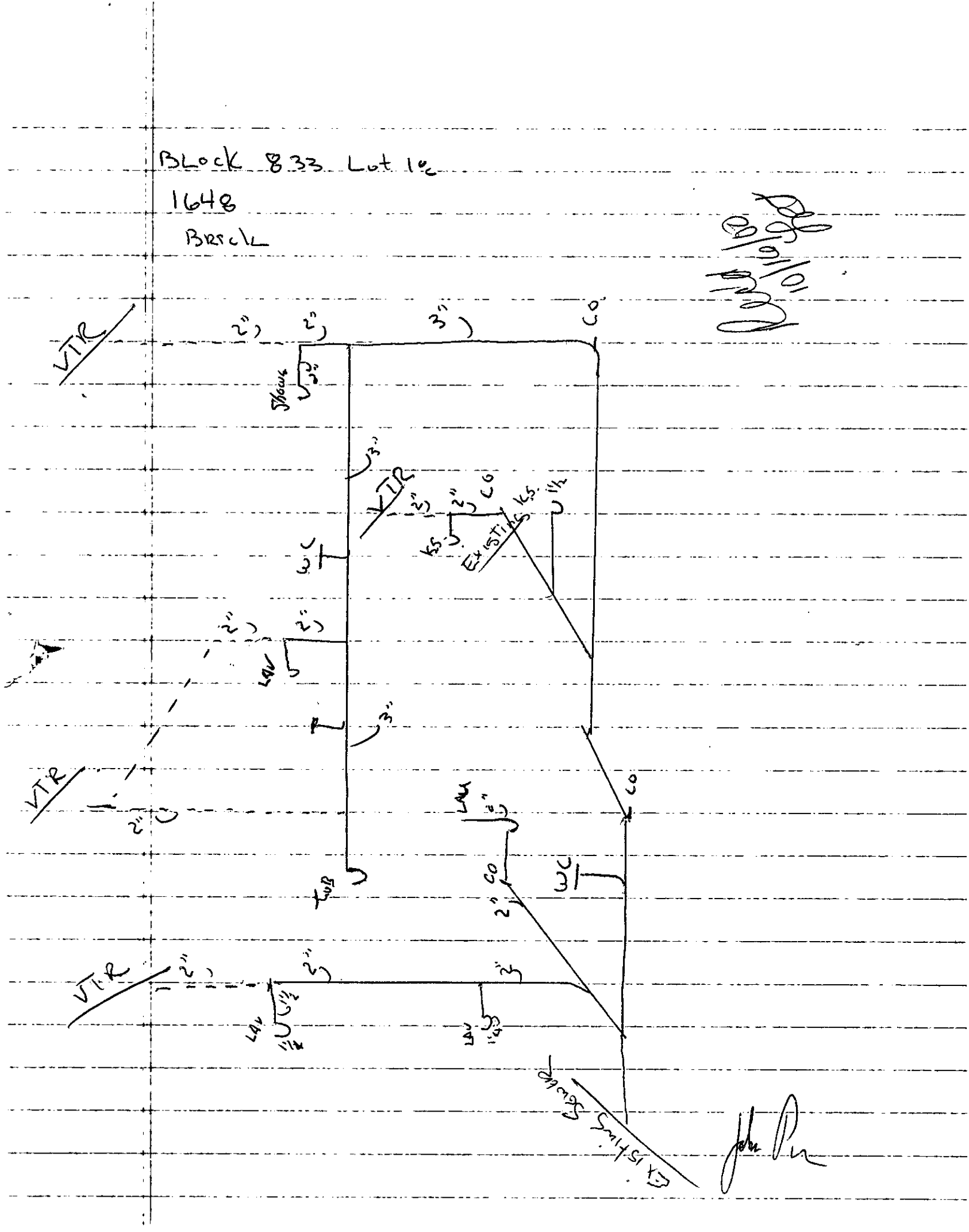
Homeowner/Applicant

Inspector

BLOCK 833 Lot 10

1648

BRICK



National Plumbing Code
Plan Review Record
Township of Brick

Date: 9-21-00

Site Address: 1648 Forge Pond Rd

Reviewed By: DW

CORRECTION LIST

No.	Description
(1)	Tech doesn't match ~~plan~~ DWV sketch
(2)	No floor plan
(3)	Name different on Application
(4)	

Resubmit 9/22/00 DW

9-28-00

D.W.V. sketch not to code

Names are different again

DW

Party Called and Phone #: 206-9748 Left Message

Resubmitted on: _____ **By:** _____

10/16/00 Resubmitted

TOWNSHIP OF BRICK

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

Department of Administration & Finance

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

Date: 9-5-00

Block: 833 Lot: 18

Property Address: 1648 Forge Road RD

I, Lee E Jacquelyn Stiehl of 1648 Forge Road RD
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

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: 9/8/00 Signed:

Rejected on: Signed:

Comments:

National Fire Code
Plan Review Record
Township of Brick

Date: 9-22-00

Site Address: 1648 Forge Pond Rd.

Reviewed By: DS

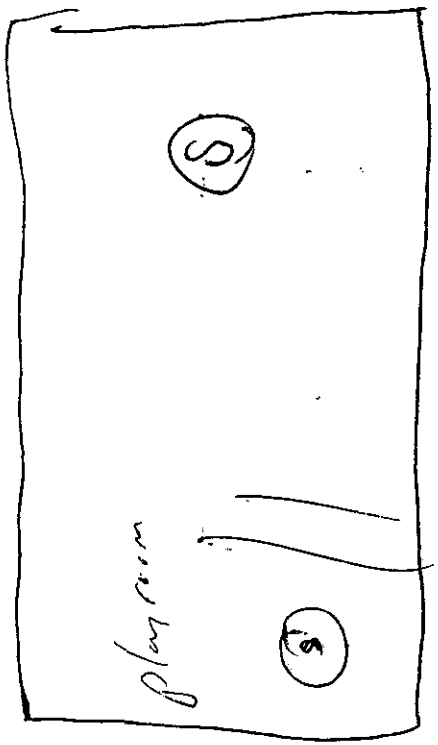
CORRECTION LIST

No.	Description
(1)	need better drawings. (rooms not designated on sketch).
(2)	what is basement going to become.

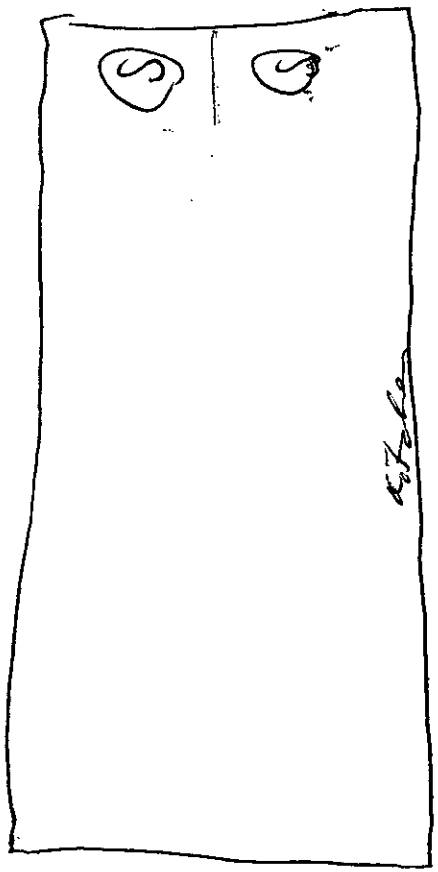
Party Called and Phone #: 206-5748

Resubmitted on: _____ **By:** _____

BASEMENT

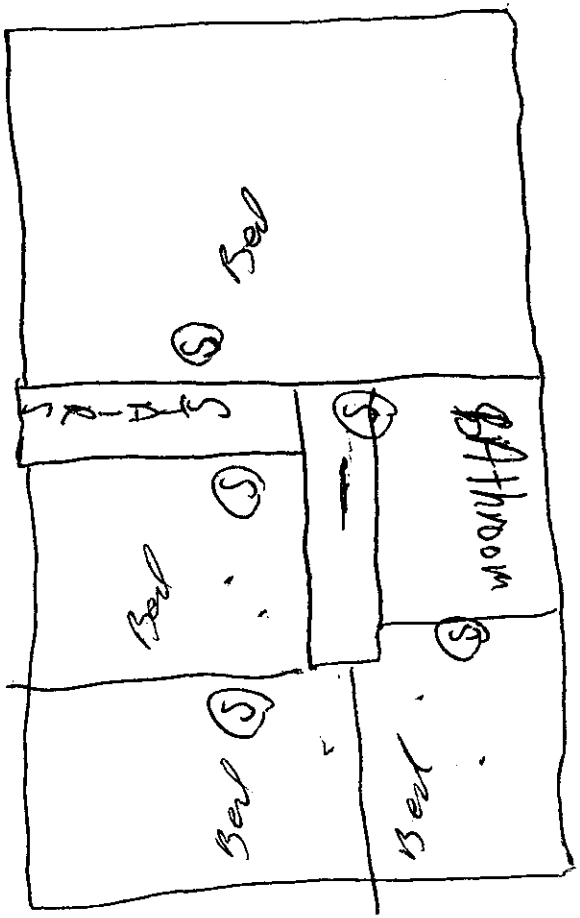


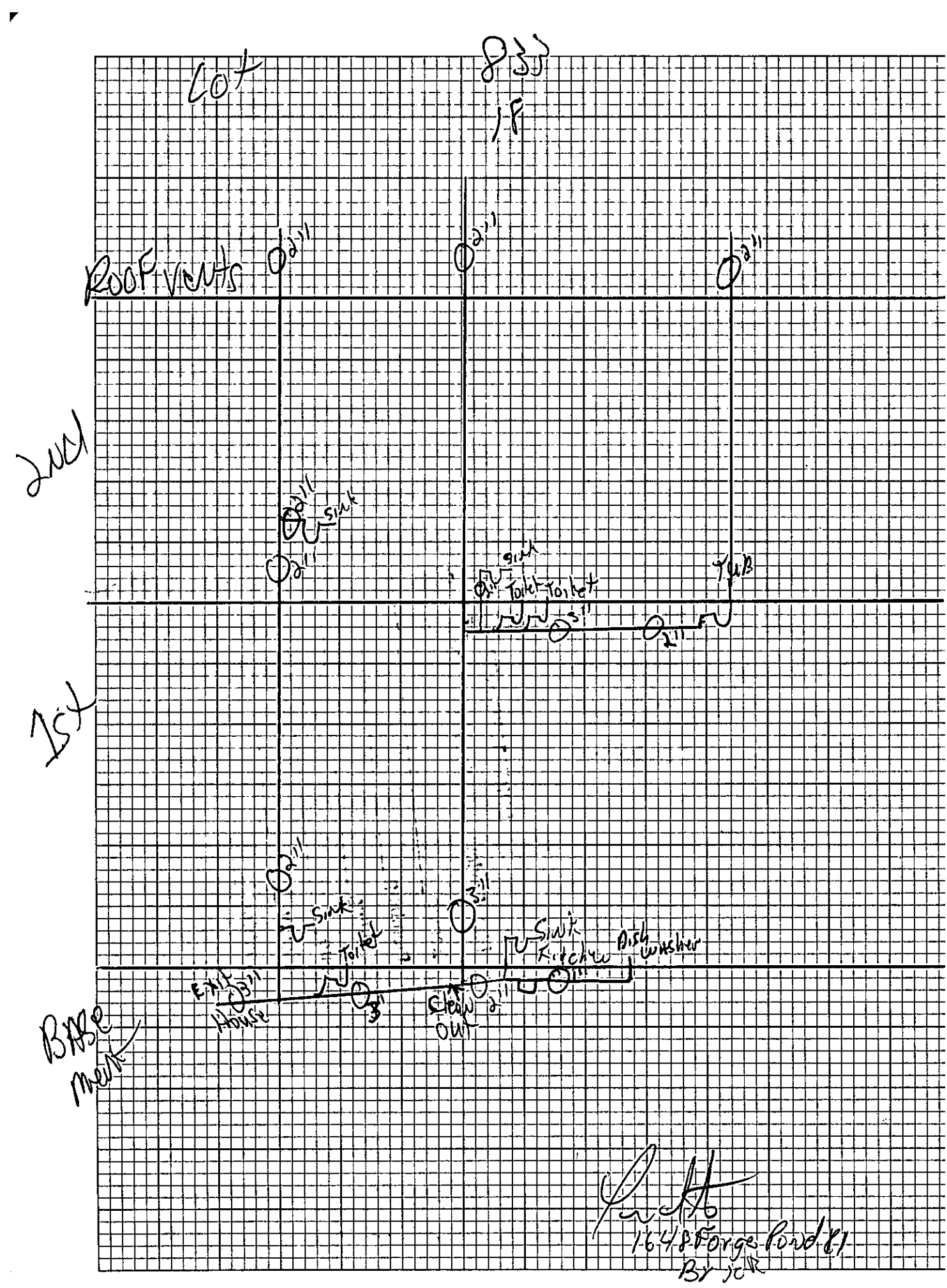
1st Floor



1648 Forge Road
Brick

2nd Floor




Lot
Roof Vents
2nd
1st
Basement
Sink
Toilet
Tub
Kitchen
Dishwasher
Exit
House
Clean Out
1648 Forge Road #1
Bryan

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Energy			
Electrical			

National Electrical Code
Plan Review Record
Township of Brick

Date: 9 13 00

Site Address: 1648 Forge Pond Rd

Reviewed By: MM

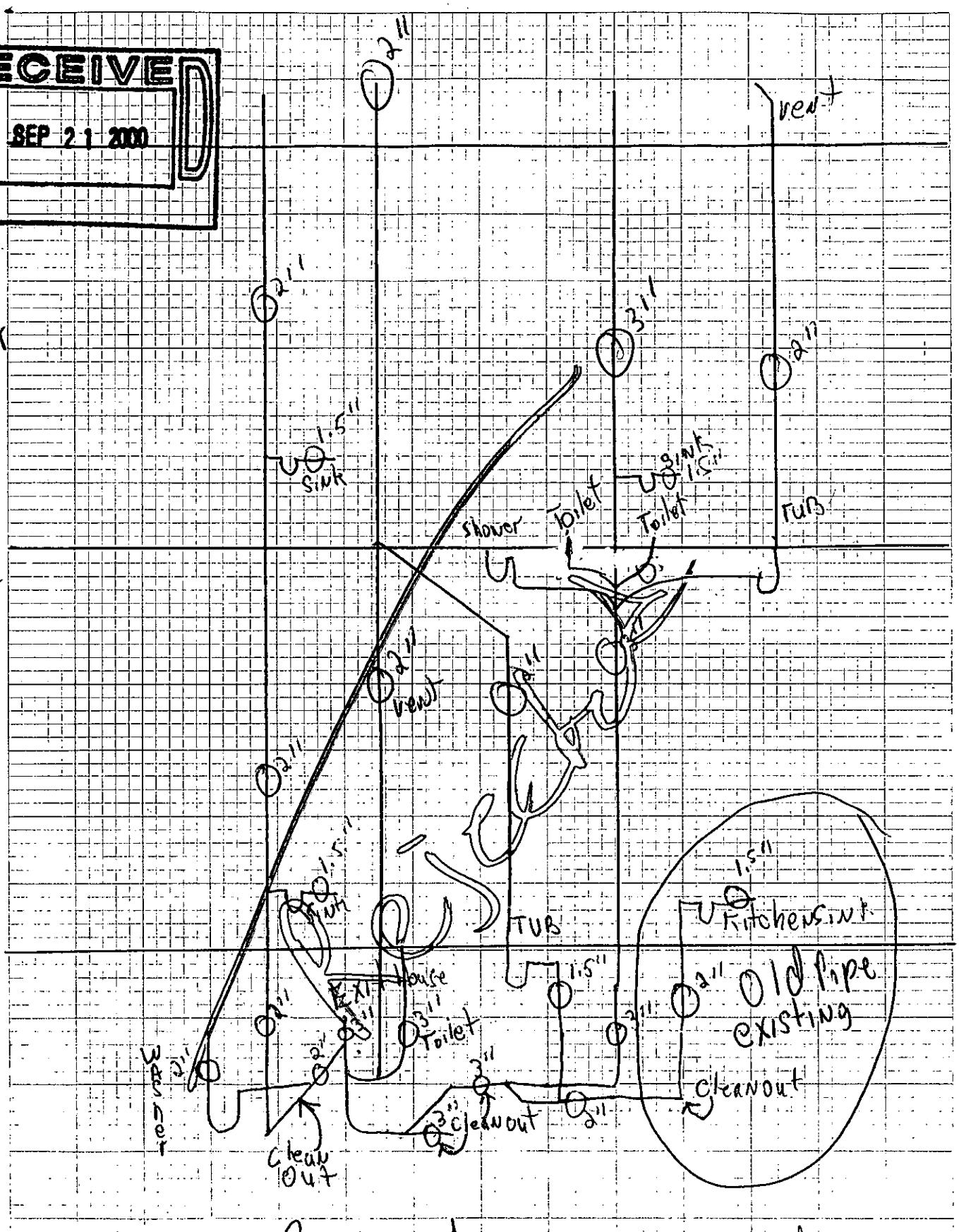
CORRECTION LIST

No.	Description
	No Elect plans

Party Called and Phone #: Called owner 908 206 9748

Resubmitted on: _____ **By:** _____

not in service ?



Existing fixtures
sink
1 toilet
1 tub

Revised

Rec'd 9/22/00

SIZING FOR WATER AND SEWER SERVICES

Property Owner Lee & Jacquelyn Stiehl Date 9-22-00

Property Address 1648 Forge Pond Rd Block 833 Lot 18

Zoning _____ Use Group _____

Contractor Owner License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	3	( )	( )
2. Lavatory		( )	( )
3. Bath Tub	2	( )	( )
4. Shower Stall	1	( )	( )
5. Kitchen Sink	1	( )	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	( )	( )
9. Washing Machine	1	( )	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )
Total			

Gallons per minute _____

Size of Service _____

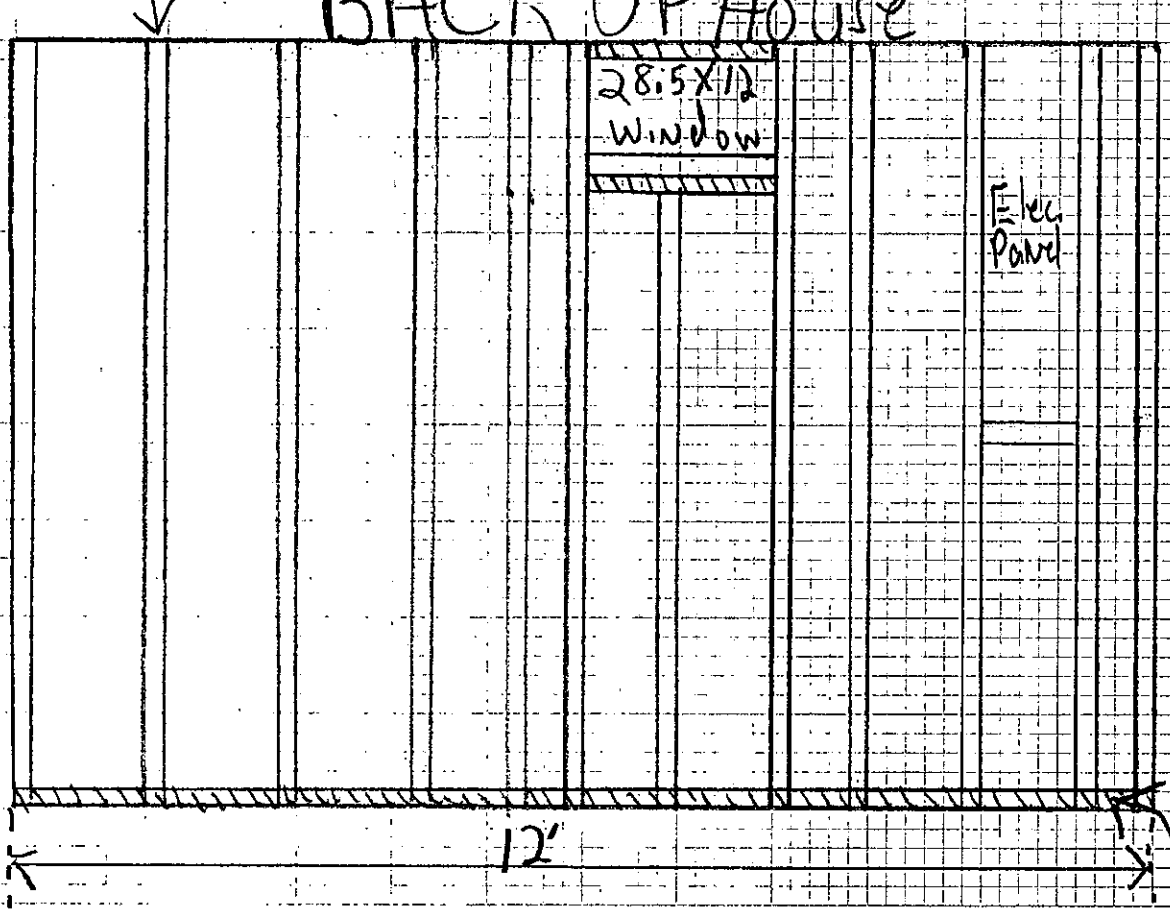
Date: _____ Approved: _____

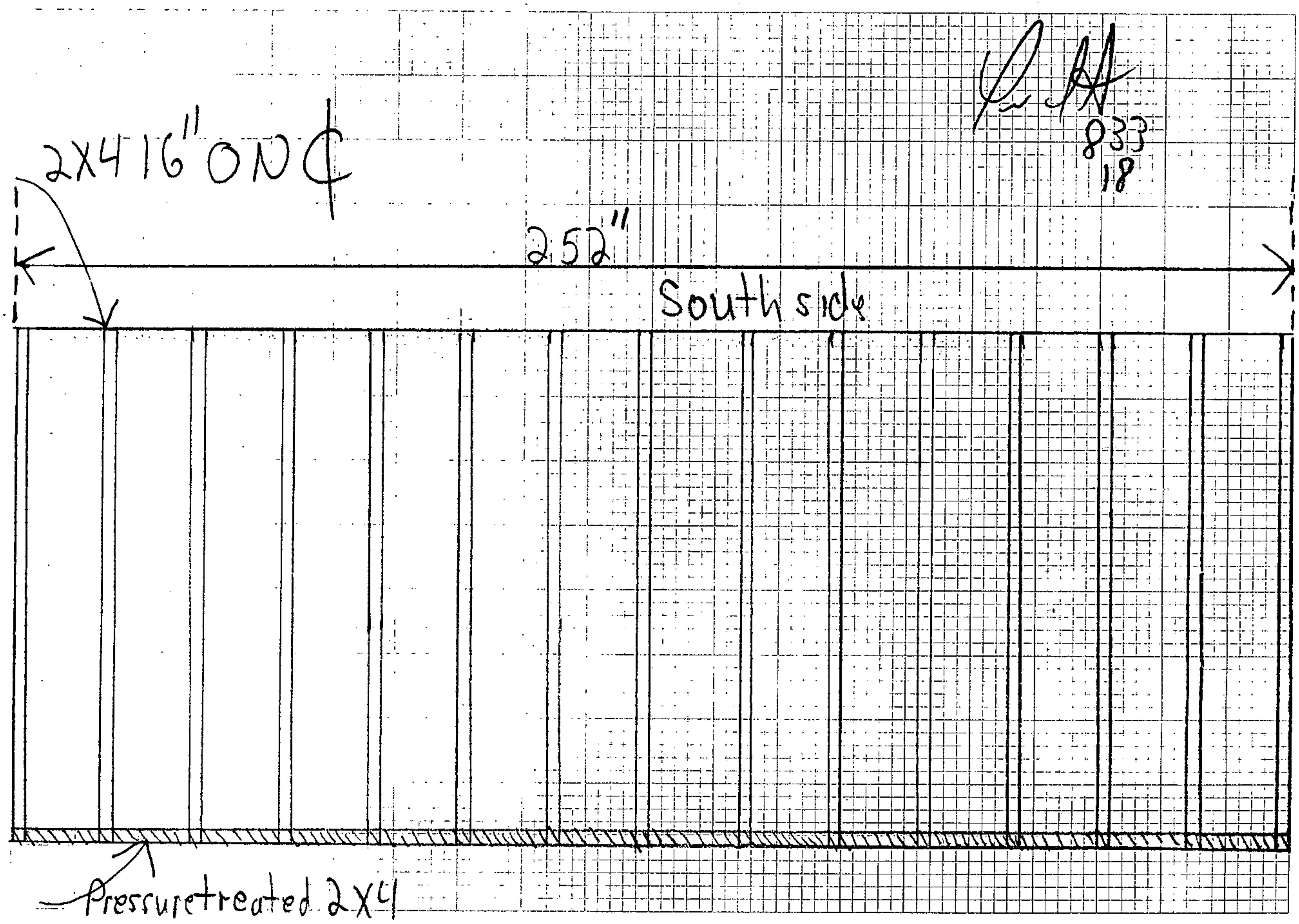
Brick Township Plumbing Inspector

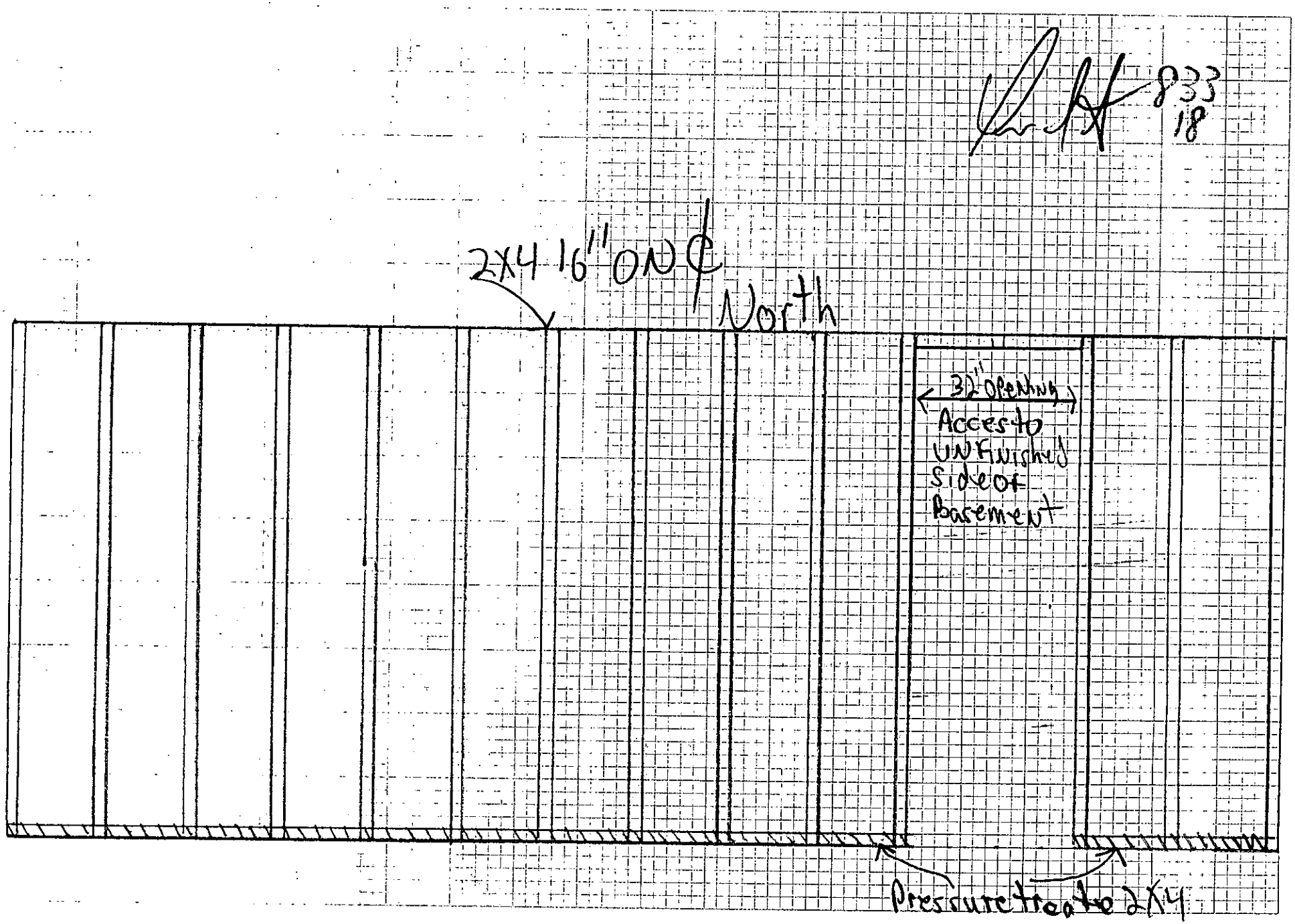
1648 Forge Road W
Back

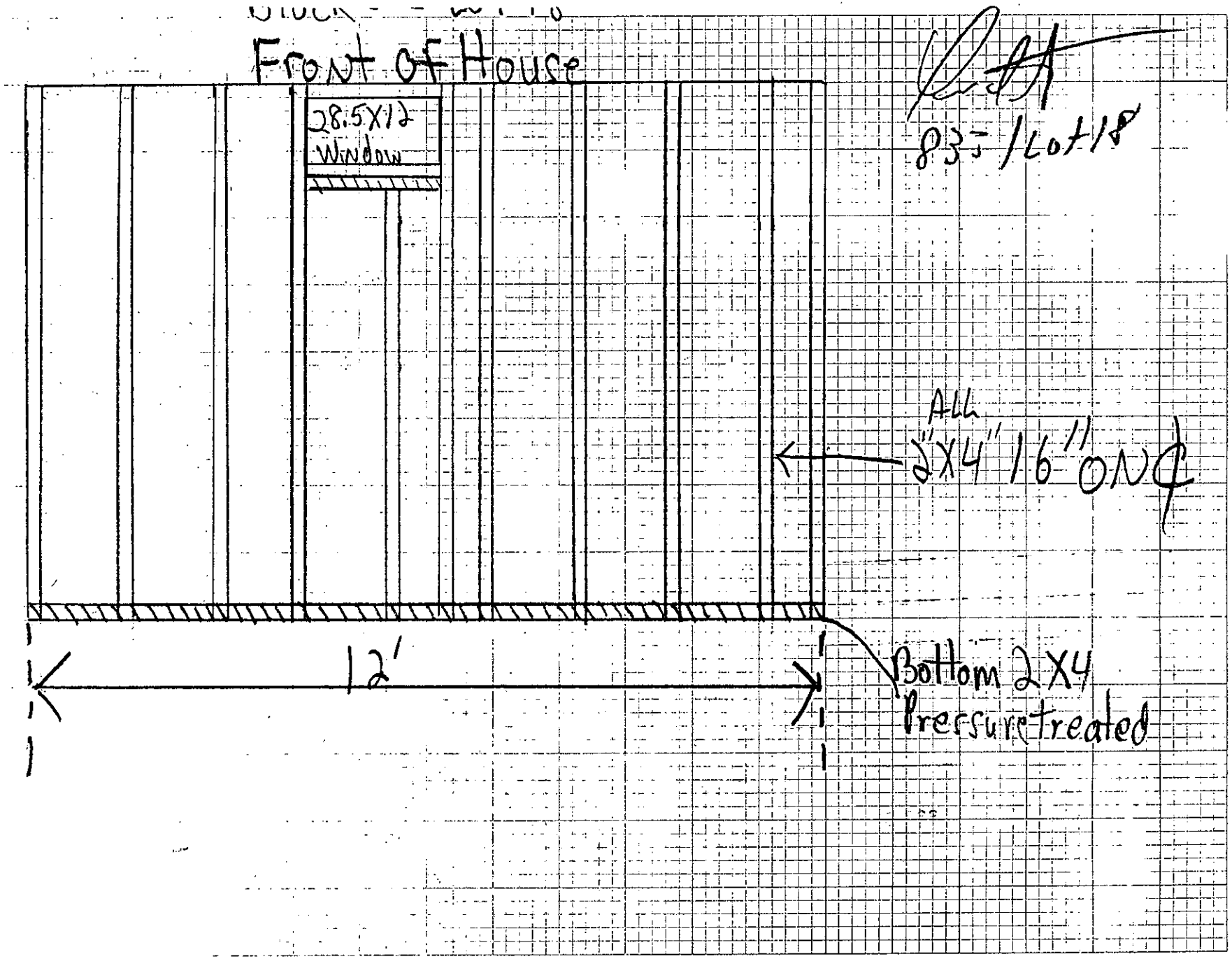
Block 833
Lot 18

All 2x4 16" O.N.C



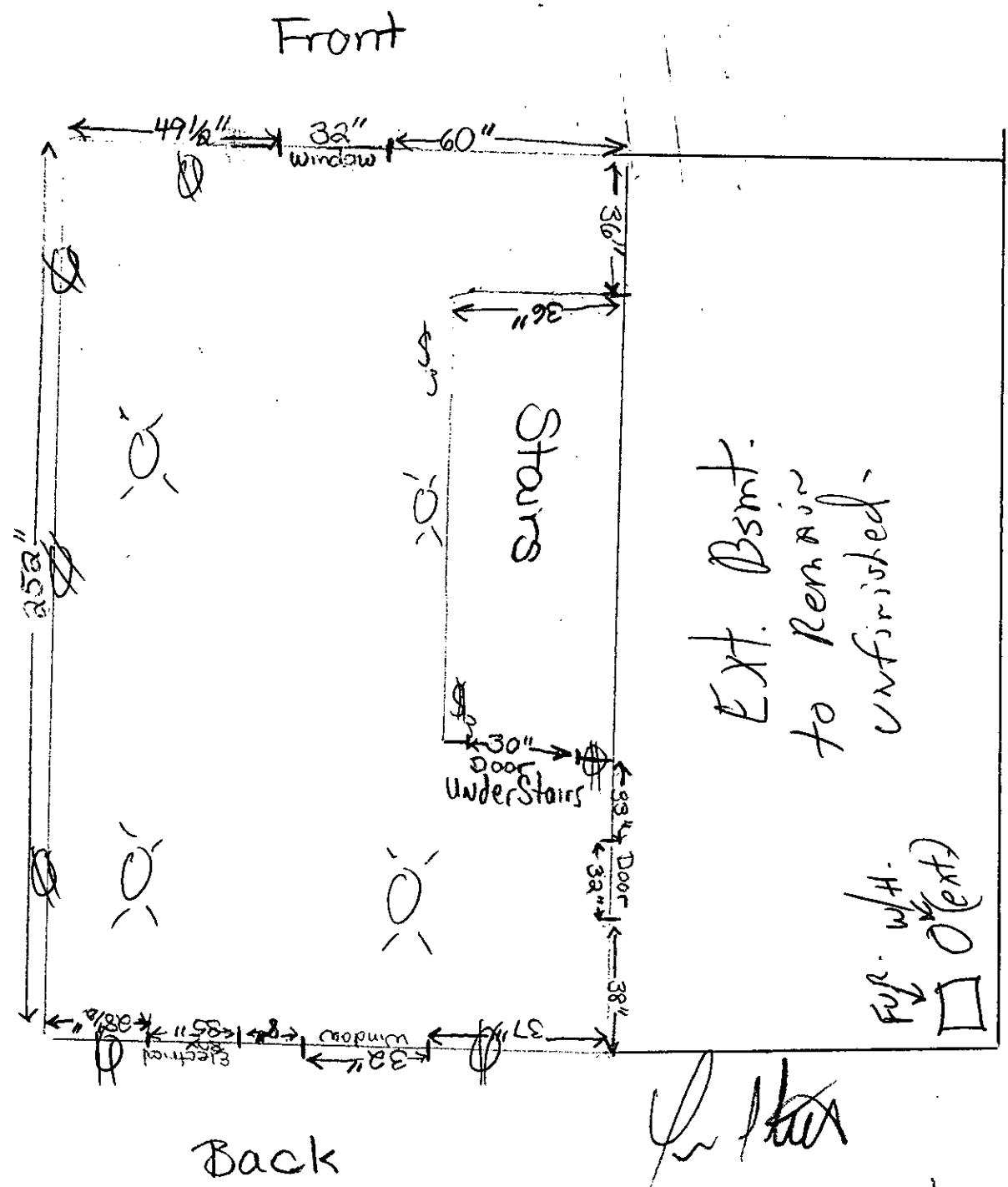

2X4 16" ON ¢
252"
South side
Pressuretreated 2X4
8/3/3
18


833
18
2X4 16" O.C.
North
32" Opening
Access to
UNFinished
side of
basement
Pressure treate 2X4


Front of House
28.5X12
Window
83 - 1 Lot 18
All
2"X4" 16" ONC
12'
Bottom 2X4
Pressure treated

Non structure
Walls 16" on center

Basement

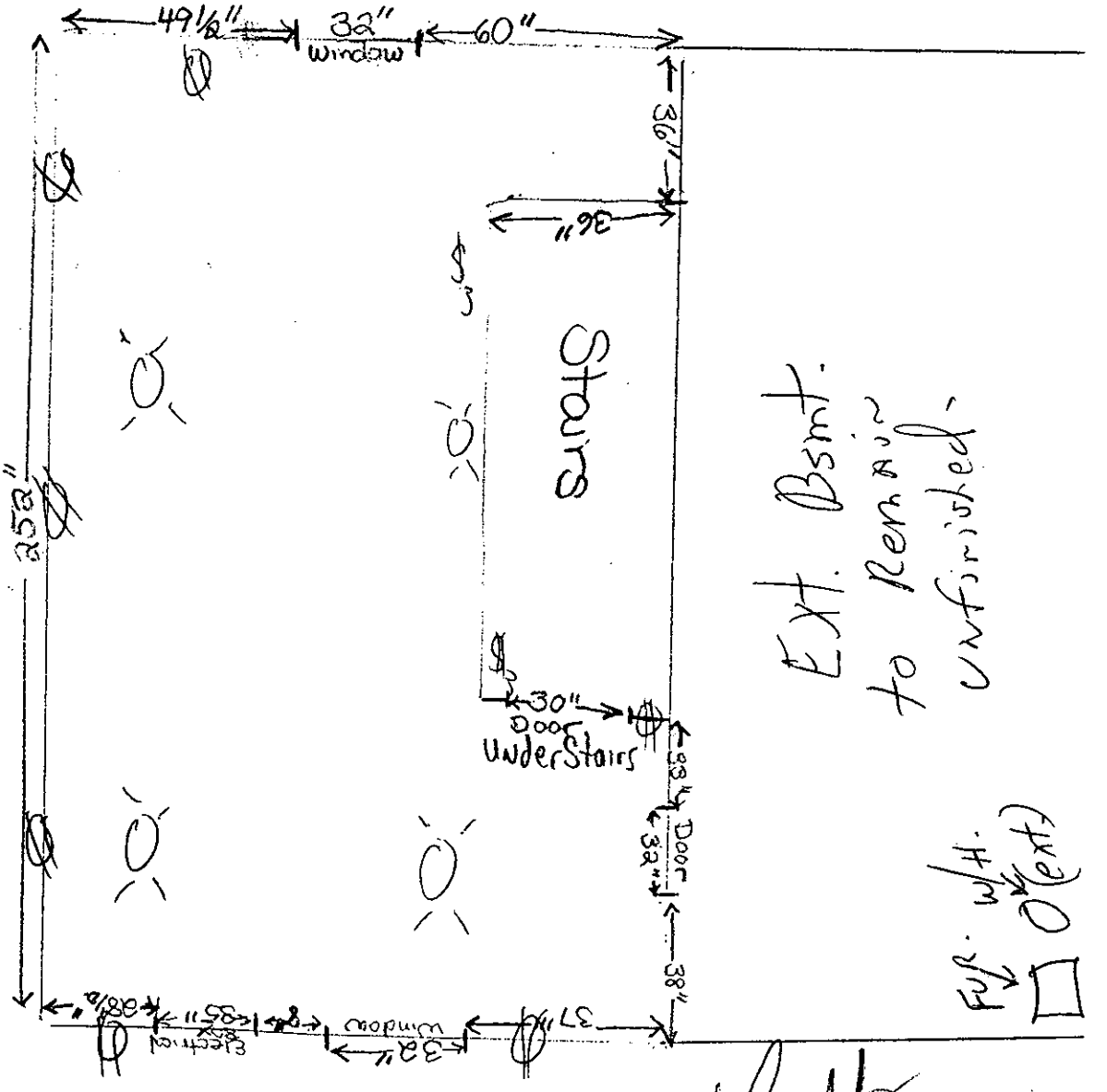


Block 833 Lot 18
1648 Forge Pond Rd
Brick, NJ

n structure
lls 16" on center

Basement

Front



Back

Block 833 Lot 1
1648 Forge Pond Rd
Brick, NJ

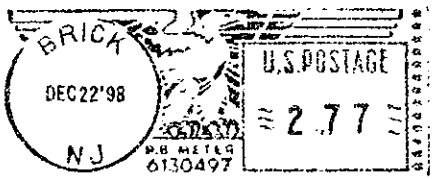
CERTIFIED

TOWNSHIP OF BRICK
DIVISIONS OF INSPECTIONS
401 Chambers Bridge Road
Brick, NJ 08723

Z 030 458 193

MAIL

Return Receipt Requested



UNCLAIMED

RETURN RECEIPT REQUESTED

UNCLAIMED

[redacted]
164 [redacted] Road
Brick, New Jersey 08724

12-23

Fold at line over top of envelope to the right of the return address

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J. Aponte
1648 Forge Pond Road
Brick, NJ 08724

4a. Article Number
Z 030 458 193

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811,** December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

UPDate
96-1515 + E
114.00 cms.

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1648 Forge Road
Block: 833 Lot: 18
Owner's Name: Lee & Jacquelyn Stahl
Owner's Mailing Address: Same
[redacted]
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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: OWNER
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service 200 AMP	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 200

Signature: Lee Stahl

Please Print Name Lee STAHL

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures — Quantity

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

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

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

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

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

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

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

96-1515

Site Location: 1648 Forge Pond Rd
Block: 833 Lot: 18
Owner's Name: Lee & Jacquelyn Stiehl
Owner's Mailing Address: _____
Phone: (____ [redacted] ____

BUILDING

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

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration:_____

Cost of New Building:_____

Total Cost of Building Work:_____

Signature:_____

Please Print Name_____

ELECTRICAL

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

Technical Data

Item Quantity

Lighting Fixtures_____
Receptacles_____
Switches_____
Detectors_____
Light Poles_____
Motors w/ Fract. HP_____
Emergency & Exit Lights_____
Communication Points_____
Alarm Devices/FAC Panel_____
Total_____

Pool_____
Spa/Hot Tub/Storable Pool_____
Electric Range_____KW
Oven/Surface Unit_____KW
Electric Water Heater_____KW
Electric Dryer_____KW
Dishwasher_____HP
Garbage Disposal_____KW
A/C Unit –Central Air_____KW
Space Heater/Air Handler_____KW
Baseboard Heating_____
Motors 1+ HP_____KW
Transformer/Generator_____AMP
Light Stander_____AMP
Service_____AMP
Subpanel_____AMP
Motor Control Center_____KW
Sign/Outline Light_____
Furnace_____
Steam Boiler_____
Other:

Estimated Cost of Electrical Work:_____

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Change of Contractor

Rec'd 10/16/00 Ltr

Counter Form
PLEASE PRINT

PLUMBING

Contractor: PETERSON' PLU
Address: 1606 GRAND CENTRAL AVE
LAVA 11
Phone #: 793-4766
Lis #: 9450
Federal Emp # or SSN [redacted]

Technical Data

Fixtures	Quantity
Water Closets	3
Urinals/Bidets	
Bath Tub	2
Lavatory	3
Shower	1
Floor Drain	0
Sink	2 Ø
Dishwasher	1 Ø
Drinking Fountain	0
Washing Machine	1
Hose Bib	
Gas Piping	0
Fuel Oil Piping	0
Water Heater	0
Steam Boiler	0
Hot Water Boiler	0
Sewer Pump	0
Interceptor/Separator	0
Backflow Preventer	0
Greasetrap	0
Water Cooled A/C or Refrig. Unit	0
Septic Tank Closure	0
Sewer Service Connection	0
Water Service Connection	0
Active Solar System	0
Auxiliary Meter	0
Sprinkler Heads	0
Sump Pump	0

Other: WASTE, DRAIN AND VENT only
NO OTHER PLUMBING BY PETERSONS
(1) REPLACE WASTE + DRAIN + VENT
1ST FLOOR, BATH
(2) 2 NEW BATH'S WASTE + DRAIN + VENT
SECOND FLOOR

Estimated Cost of Plumbing Work $1875.00

Signature: John M Pecci

Please Print Name: John M Pecci III

CONTRACTOR'S SEAL

FIRE

Contractor: N/A
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

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

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

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

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

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

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

Estimated Cost of Fire Work

Signature:

Print Name:

Township of Brick
Counter Form
(PLEASE PRINT)

Update
96-515 + 12

Site Location: 1648 Forge Pond Rd W
Block: 833 Lot: 18
Owner's Name: Lee Stiehl
Owner's Mailing Address: 1648 Forge Pond Rd W
Phone: ([redacted]

RECEIVED
SEP 18 2000

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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: S/F
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item Quantity

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

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

Estimated Cost of Electrical Work: $ 200.00

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Owner Lee Stiehl
Address: 1648 Forge Road KH
Phone #: [redacted]
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	2
Lavatory	
Shower	1
Floor Drain	
Sink	2
Dishwasher	1
Drinking Fountain	
Washing Machine	1
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work $2000
Signature:
Please Print Name:

CONTRACTOR'S SEAL

FIRE

Contractor: Owner Lee Stiehl
Address: 1648 Forge Road KH
Phone #: [redacted]
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: X Gas ___ Oil ___ Electric ___ Solar
Heating System is ___ New X 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	X 8
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

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

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

Furnace ~~Boiler~~
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work 200.00 ~~Furnace, Boiler~~
Signature:
Print Name:

Township of [illegible]
Counter Form
(PLEASE PRINT)

Update
1515-96 td

Site Location: 1648 Forge Pond RD
Block: 833 Lot: 18
Owner's Name: Jacquelyn Stecht
Owner's Mailing Address: 1648 Forge Pond RD Brick
Phone: ([redacted]

BUILDING

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

Technical Data

Description of Work:
To Finish 1/2 of Basement
NON Living Space

Type of Work

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

Building Characteristics

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

Cost of Alteration:
Cost of New Building: $1000.00
Total Cost of Building Work:

Signature: Lee Stecht
Please Print Name Lee Stecht

ELECTRICAL

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

Technical Data

Item	Quantity
Lighting Fixtures	4
Receptacles	6
Switches	2
Detectors	1
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	
Oven/Surface Unit	
Electric Water Heater	
Electric Dryer	
Dishwasher	
Garbage Disposal	
A/C Unit -Central Air	
Space Heater/Air Handler	
Baseboard Heating	
Motors 1+ HP	
Transformer/Generator	
Light Stander	
Service	
Subpanel	
Motor Control Center	
Sign/Outline Light	
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
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 _____ fue
Combustible Storage Tanks _____ capacity _____ fue
LPG Storage Tanks _____ capacity _____ fue

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	
Pre-Engineered Systems:	
CO2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas/ Oil Fired Appliances:	
Number of gas/oil fired appliances	
Furnace	
Gas/Wood Fireplace	
Gas Logs	
Wood Burning Stove	
Other:	

Estimated Cost of Fire Work _____

Signature: _____

Print Name: _____

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Owner
Address: 1648 Forge Bowden

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets	3
Urinals/Bidets	
Bath Tub	2
Lavatory	3
Shower	1
Floor Drain	
Sink	
Dishwasher	1
Drinking Fountain	
Washing Machine	1
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work $2500

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:
Number of gas/oil fired appliances

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

Estimated Cost of Fire Work

Signature:

Print Name:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1648 Forge Road
Block: 933 Lot: 18
Owner's Name: Lee & Jacquelyn Stiehl
Owner's Mailing Address: 1648 Forge Road RD
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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

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

Technical Data

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

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

WO: TI: QTY: 1

TC	FORCE	AXL	BND	CSI
0- 0	-637	0.00	0.89	0.89
1- 2	-2032	0.01	0.66	0.67
2- 3	-1458	0.00	0.13	0.13
3- 4	-1338	0.02	0.49	0.51
4- 5	-1951	0.03	0.49	0.52

BC	FORCE	AXL	BND	CSI
11-10	1905	0.39	0.35	0.75
10- 9	1902	0.39	0.13	0.53
9- 8	1661	0.34	0.06	0.41
8- 7	1661	0.34	0.12	0.47
7- 6	1664	0.34	0.15	0.49

WEB	FORCE	WEB	FORCE
2-10	149	4- 9	-647
2- 9	-1011	4- 7	134
3- 9	1035		

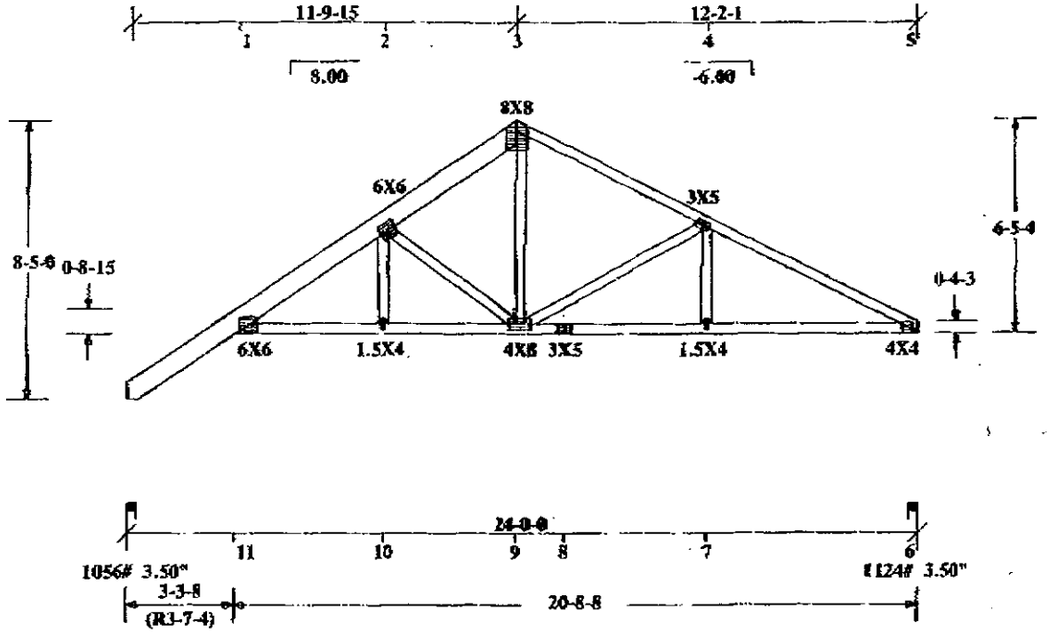
RMB = 1.15

TOP CHORDS: 2x4 SPF 1450F-1.3E
2x8 SP SS 1
BOT CHORDS: 2x4 SPF 1450F-1.3E
WEBS: 2x4 SPF STUD
MAX LIVE LOAD DEFLECTION :
L/776 at JOINT # 1
L=-0.36" D=-0.21" T=-0.57"

All COMPRESSION Chords are assumed to be continuously braced unless noted otherwise.

Joint Locations

1)	0- 0- 0	5)	20- 8- 8	9)	8- 6- 7
2)	4- 5-11	6)	20- 8- 8	10)	4- 5-11
3)	8- 6- 7	7)	14- 4- 4	11)	0- 0- 0
4)	14- 4- 4	8)	10- 0- 0		



EXCEPT AS SHOWN PLATES ARE TL20 GA TESTED PER ANSI/TPI 1-1995

scale = 0.1875

TBC
TRUSTY BUILDING COMPONENTS

WARNING: READ ALL NOTES ON THIS SHEET.

A COPY OF THIS DRAWING TO BE GIVEN TO ERECTING CONTRACTOR.

BRACING WARNING

Bracing shown on this drawing is not erection bracing, wind bracing, portal bracing or similar bracing which is a part of the building design and which must be considered by the building designer. Bracing [illegible] must be anchor lateral bracing as ends and specified locations determined by the building designer. Additional bracing of the overall structure may be required. (See BRB-91 of TPI). For specific truss bracing requirements, contact building designer. (TPI is located at 583 D'Onofrio Drive, Madison, Wisconsin 53719).

Eng. Job:			
Dwg:			
Dsgnr: ET	Chk:		
TC Live	30.0	psf	
TC Dead	7.0	psf	
[illegible]	[illegible]	psf	
BC Dead	10.0	psf	
TOTAL	47.0	psf	

WO:
Truss ID:
Date: 6-05-96
DurFac - Lbr: 1.15
DurFac - Plt: 1.25
Design Criteria: TPI
Code Desc:
V:02.14.96-94357- 1

Reinstate

Township of Brick
Counter Form
(PLEASE PRINT)

96-1515-FC

6/21/96

Site Location: 1648
Block: 833 Lot: 18
Owner's Name: Jacquelyn Stehl & Lee Stehl
Owner's Mailing Address: 1648 Forge Road LD
Phone: [redacted]

BUILDING

Contractor: Home Owner
Address: 1648 Forg Road LD Brick

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

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:
Cost of Alteration: 0
Cost of New Building: 0
Total Cost of Building Work:

Signature: [signature]
Please Print Name

ELECTRICAL

Contractor: Home owner
Address: 1648 Forge Road LD

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

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

Other:

Estimated Cost of Electrical Work: *

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

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

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

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

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

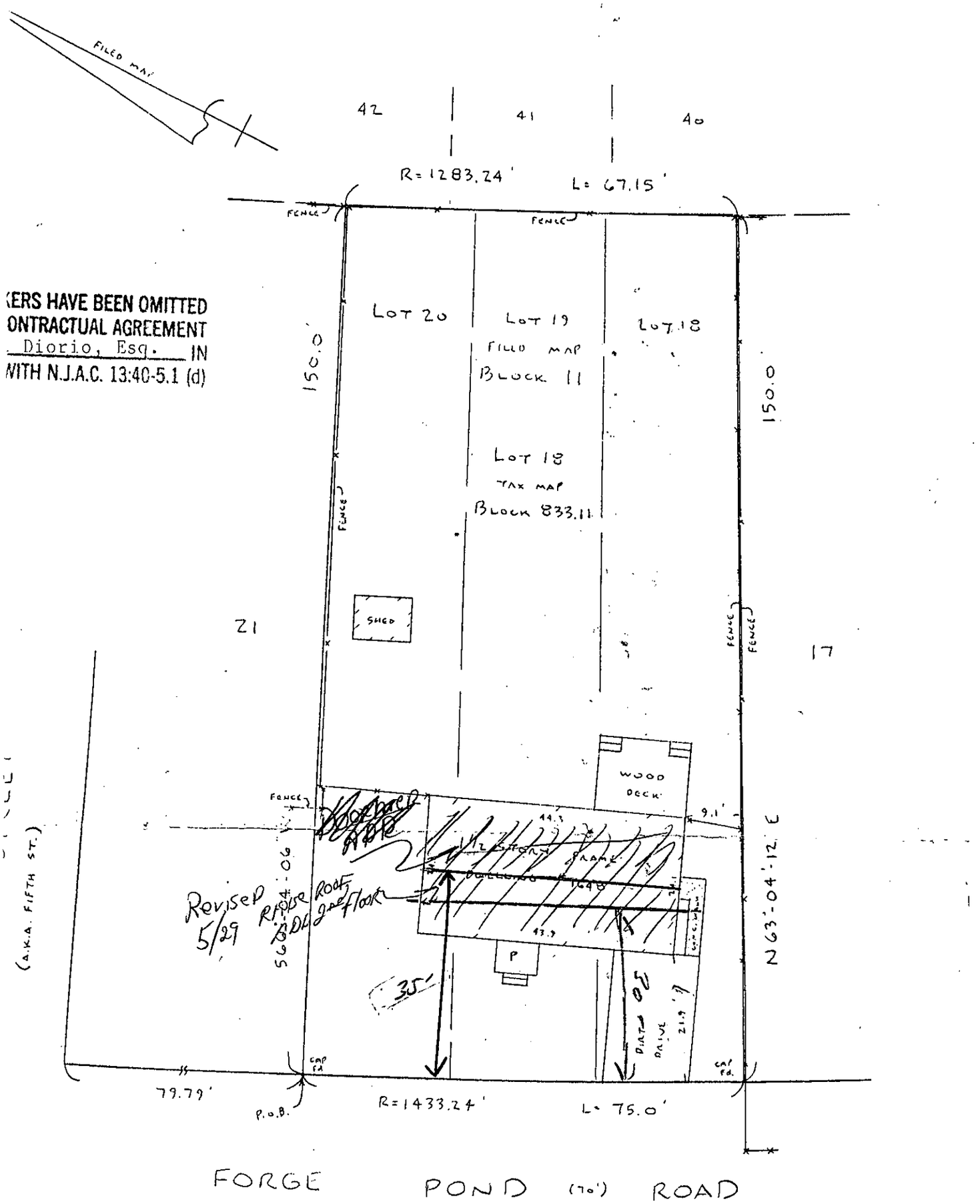
Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

E: AMENDED MAP OF LAURELTON PARK, WATERFRONT SECTION, BRICK TOWNSHIP, OCEAN COUNTY, J, FILED: MAY 13, 1947, MAP # F-179.



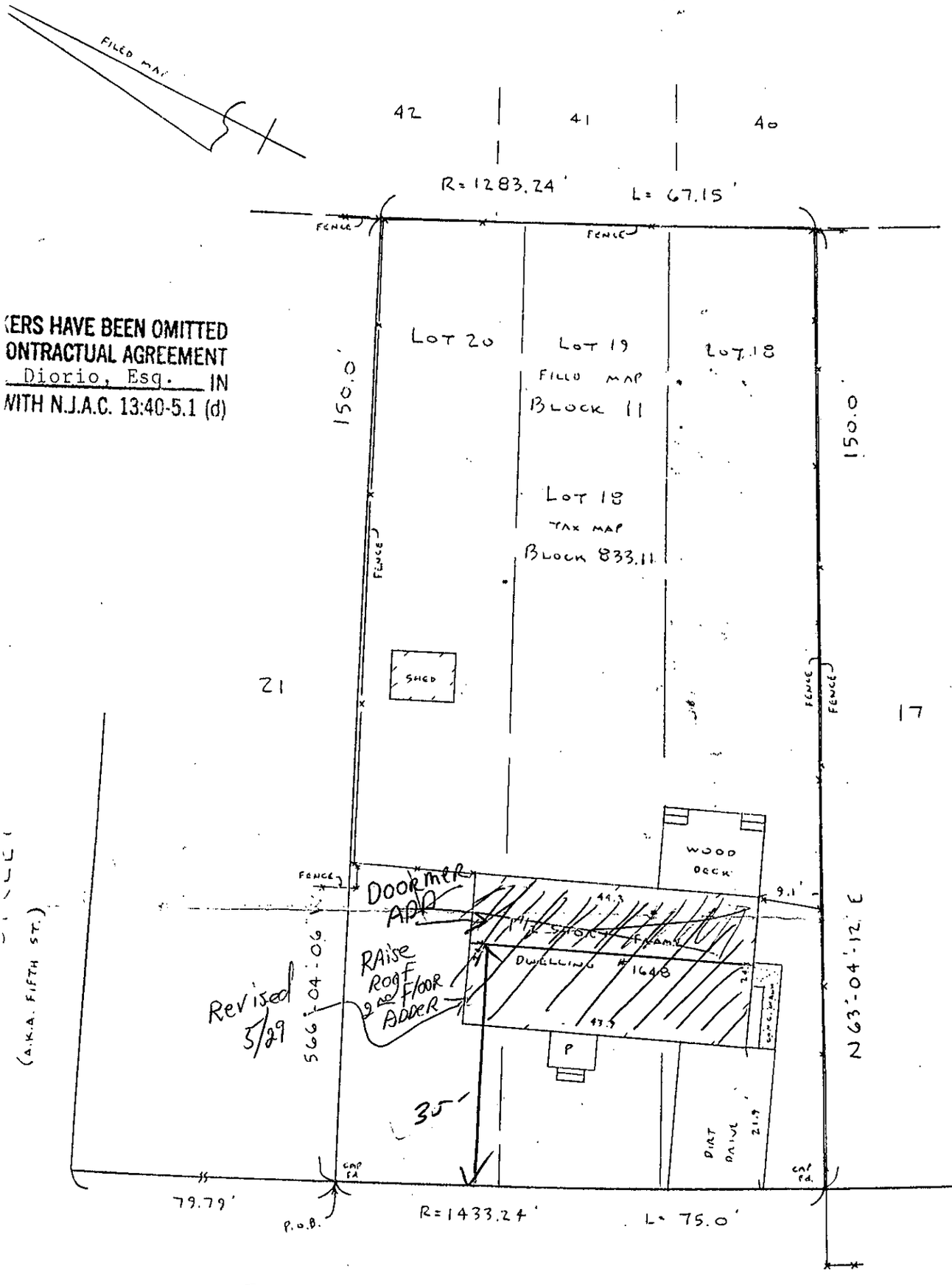
ERS HAVE BEEN OMITTED
ONTRACTUAL AGREEMENT
. Diorio, Esq. IN
WITH N.J.A.C. 13:40-5.1 (d)

Lot 18

OPERTY FOR: Jacquelyn Serafin
Township of Brick, Ocean County, N.J.
THOMAS M. ERNST & ASSOCIATES PROFESSIONAL LAND SURVEYORS, INC.
388 N. SPOTSWOOD ENGLISHTOWN ROAD JAMESBURG, N.J.
mber 9, 1989 SCALE: 1"=20'

): Jacquelyn Serafin;
Chemical Business Credit Corp., T/A Chemical
Mortgage Center and/or its successors

E: AMENDED MAP OF LAURELTON PARK, WATERFRONT SECTION, BRICK TOWNSHIP, OCEAN COUNTY, ., FILED: MAY 13, 1947, MAP # F-179.



ERS HAVE BEEN OMITTED
ONTRACTUAL AGREEMENT
Diorio, Esq. IN
WITH N.J.A.C. 13:40-5.1 (d)

Lot 18

OPERTY FOR: Jacquelyn Serafin
Township of Brick, Ocean County, N.J.
THOMAS M. ERNST & ASSOCIATES PROFESSIONAL LAND SURVEYORS, INC.
388 N. SPOTSWOOD ENGLISHTOWN ROAD JAMESBURG, N.J.
mber 9, 1989 SCALE: 1"=20'

): Jacquelyn Serafin;
Chemical Business Credit Corp., T/A Chemical
Mortgage Center and/or its successors