

833

Block 833-11 LOT 39, 40, 41 QUALIFICATION CODE 08-2988 ADDRESS (SITE) 1641 Telford Blvd Brick PERMIT NO. 08-2988



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1641 Telford Blvd Brick
2. Name of Owner in Fee: LOU Orest Jr Tel. [REDACTED]
Address 1641 Telford Blvd Brick N.J. zip code 08124
3. Ownership in fee: Public Private Municipality
4. Principal Contractor: LOU Orest Jr
Address 1641 Telford Blvd
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. FAX: ()
5. Architect or Engineer Tel. ()
Address Contact
6. Responsible Person in Charge once Work has Begun
Tel. () FAX: ()

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd	Date Rec'd	Reflection Date	Approval Date	Re-viewer	Resubmission Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☒ Addition									
4. ☐ a. Repair									
5. ☐ b. Alteration									
6. ☐ c. Renovation									
7. ☐ d. Reconstruction									
8. ☒ Fire Protection									
9. ☒ Plumbing									
10. ☒ Electrical									
11. ☐ Elevator Devices									
12. ☐ Asbestos Abat. Subch. 8									
13. ☐ Lead Hazard Abatement									
14. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/
- ☐ Dumbbells/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

V. FEE SUMMARY (for office use only)

1. Building	\$ 163	Update	\$ 163	Update
2. Electrical	\$ 45		\$ 45	
3. Plumbing	\$ 40		\$ 40	
4. Fire Protection	\$ 110		\$ 110	
5. Elevator Devices				
6. Subtotal	\$ 10		\$ 10	
7. Less 20% for State Plan Review	\$		\$	
8. Subtotal	\$ 35		\$ 35	
9. State Permit Fee Surcharge	\$		\$	
10. Subtotal	\$		\$	
11. Cert. of Occupancy	\$		\$	
12. Other ZATCD	\$		\$	
13. TOTAL	\$ 409		\$ 409	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1 ft.
2. Height of Structure 18-4 ft.
3. Area - Largest Floor 256 sq. ft.
4. New Building Area 256 sq. ft.
5. Volume of New Structure 6048 cu. ft.
6. Construction Classification 256 sq. ft.
7. Total Land Area Disturbed 256 sq. ft.
8. Flood Hazard Zone ft.
9. Base Flood Elevation ft.
10. Wetlands yes no
11. Max. Live Load
12. Max. Occupancy Load

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss
B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☒ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☒ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:
I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☒ I further certify that I will perform or supervise the following work:

C.1. ☒ Building C.2. ☒ Fire Protection

I further certify that I will perform the following work:

C.3. ☒ Electrical C.4. ☒ Plumbing

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

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

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

X Signature John Ortolano Date 9/8/08

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

() Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

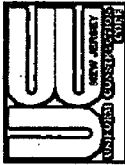
X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE ISSUED	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. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

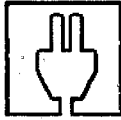
08-2988
Water Service

sign
sheet

Call BTMVA
833/39 ??



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 833.11 Lot 39, 40, 41 Qualification Code _____

Work Site Location 1641 Tilford Blvd Brick

Owner in Fee Lou Orest Jr

Address 1641 Tilford Blvd Brick

Contractor Louis Orest Jr

Address 1641 Tilford Blvd

Brick NJ

FAX (____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as Single Dwelling Utility Co. _____

Est. Cost of Elec. Work \$ 1,300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[X] Elec. Plans Approved

Date: 10/1/08

Approved by: _____

INSPECTIONS

Type: _____

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

DATES (Month/Day)

Failure Approval Initial

Failure

Approval

Initial

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle gss

KW Oven/Surface Unit gss

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

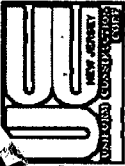
\$ _____

Administrative Surcharge \$ _____

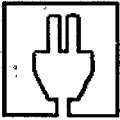
Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 833 Lot 39 Qualification Code _____
Work Site Location 1641 Tilford Blvd Brick

Owner in Fee Low Orest Jr
Address 1641 Tilford Blvd Brick

Tel _____

Contractor Low Orest Jr
Address 1641 Tilford Blvd Brick

Ti _____ FAX (____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as Single Dwelling Utility Co. _____

Est. Cost of Elec. Work \$ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	Date Initial	Type:	Failure	Approval	Initial
[] Building [] Plumbing	<u>10/24/03</u>	Rough	_____	_____	_____
[] Fire [] Elevator		Barrier-Free	_____	_____	_____
[] Elec. Plans Approved		Trench	_____	_____	_____
		Temp. Serv.	_____	_____	_____
		Constr. Serv.	_____	_____	_____
		TCO	_____	_____	_____
		Other	_____	_____	_____
		Service	_____	_____	_____
		Final	_____	_____	_____
		Barrier-Free	_____	_____	_____
		Temp. Cut-in-Card Date Issued	_____	_____	_____
		Final Cut-in-Card Date Issued	_____	_____	_____
		Annual Pool Inspection	_____	_____	_____
		Date of Grounding and Bonding	_____	_____	_____
		Certification	_____	_____	_____

SUBCODE APPROVAL	
[] CO [] CCO [] CA	Date: _____
Approved by: _____	

Date Received
Control #
Date Issued
Permit #

08-2988-A
10/27/10

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.

Low Orest Jr

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

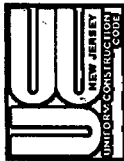
\$

Administrative Surcharge \$

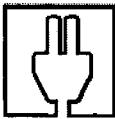
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 833 Lot 39 Qualification Code _____
Work Site Location 1641 Telford Blvd
Brick N.J.

Owner in Fee: Lou Orsini Jr e-mail _____
Address 1641 Telford Blvd Brick Municipality

Contractor: Lou Orsini Jr Tel. _____
Address 1641 Telford Blvd Brick e-mail _____

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ \$400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Approval	Initial		
[X] No Plans Required					
[] Partial - Underslab Utilities Approved					
Date: _____ Approved by: _____					
[] Electric Plans Approved					
Date: _____ Approved by: _____					
Joint Plan Review Required:					
[] Bldg. [] Plumb. [] Fire. [] Elev.					
SUBCODE APPROVAL FOR PERMIT					
Date: <u>10-27-11</u>					
Approved by: <u>D. Orsini</u> (Signature)					
SUBCODE APPROVAL FOR CERTIFICATE					
[] CO [] CCO [] CA					
Date: _____					
Approved by: _____					

upelate
10-26-2011

Date Received
Control #
Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: [Signature]

Print name here: Lou Orsini Jr

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

UP DATE FOR A/C COMPRESSOR & AIR HANDLER

FEE (Office Use Only)

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

HP/KW Central A/C Unit 13.5 TON

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/* HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



BUILDING SUBCODE TECHNICAL SECTION



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

Block 833.17 Lot 39.17 Qualification Code _____
Work Site Location 1641 Tilford Blvd Brick

Owner in Fee Lou Orest Jr
Address 1641 Tilford Blvd Brick

Tel. _____
Contractor Lou Orest Jr
Address 1641 Tilford Blvd
Brick N.J.

Tel. _____ FAX () _____
City _____ State _____ Zip _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☒ No Plans Required	<u>9-18-08</u>		Type:
☐ All			Footing
☐ Footing			Footing Bonding
☐ Foundation			Foundation
☐ Frame			Slab (G+ Deck)
☐ Other			Frame
Joint Plan Review Required:			Truss Sys./Bracing
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free
			Insulation
			Finishes -Base Layer
			Finishes -Final
SUBCODE APPROVAL			Energy Star
☐ CO ☐ CCO ☐ CA			Mechanical
Date:			TCO
Approved by:			Other
			Final
			Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>8,000</u>
No. of Stories	<u>18-6"</u>		2. Rehabilitation \$ _____
Height of Structure	<u>756</u> Ft.		3. Total (1+2) \$ <u>8,000</u>
Area - Largest Floor	<u>756</u> Sq. Ft.		
New Bldg. Area/All Floors	<u>756</u> Sq. Ft.		
Volume of New Structure	<u>6048</u> Cu. Ft.		
Total Land Area Disturbed	<u>756</u> Sq. Ft.		

Date Received
Control #
Date Issued
Permit #

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

Add. Truss 18x42 Great Rm
+ k. Tecton 1 Floor

See All Notes in Red on Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 833.11 Lot 39 40 41 Qualification Code _____
Work Site Location 1641 Tilford Blvd Brick

Owner in Fee Lou Orost Jr
Address 1641 Tilford Blvd Brick
Tel () _____
Contractor Lou Orost Jr Mechanical Contractor
Address 1641 Tilford Blvd Brick N.J. 08724

FAX () _____

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New OR [] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New OR [X] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [X] Gas [] Oil [] Electric [] Solar [] New OR [] Existing

[] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ 800.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System	_____	_____	_____	_____
Joint Plan Review Required:	Suppression Sys.	_____	_____	_____	_____
[] Building [] Plumbing	Standpipe	_____	_____	_____	_____
[] Electric [] Elevator	Fire Pump	_____	_____	_____	_____
[] Fire Plans Approved	Pre-Eng. System	_____	_____	_____	_____
Date: <u>9-18-06</u>	Mechanical	_____	_____	_____	_____
Approved by: _____	Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL	TCO	_____	_____	_____	_____
[] CO [] CCO [] CA	Flam/Combust Tanks	_____	_____	_____	_____
Date: _____	Fireplace Venting	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
	Other	_____	_____	_____	_____

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
3 Pink = Office Copy

Date Received
Control #

Date Issued
Permit #



C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature _____
[] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

NUMBER

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[X] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances [] Gas or [] Oil _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 833.11 Lot 37, 40, 41 Qualification Code _____
Work Site Location 1641 Telford Blvd Brick

Owner in Fee Lou Orost Jr
Address 1641 Telford Blvd Brick N.J.

Tel _____
Contractor Lou Orost Jr Mechanical Contractor
Address 1641 Telford Blvd Brick

Contractor License No. 1820 FAX () _____
Federal Emp. No. 70-0371962

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Slab	Failure	Approval	Initial	
☐ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Electric				
☐ Fire	☐ Elevator				
☒ Plumbing Plans Approved					
Date: <u>9-22-08</u>					
Approved by: _____					
SUBCODE APPROVAL					
☐ CO	☐ CCO	☐ CA			
Date: _____					
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH

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

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

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

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

Date Received
Control #

Date Issued
Permit #

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

NO. FIXTURE/EQUIPMENT

Water Closet _____
Urinal/Bidet _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bibb _____
Water Heater _____
Fuel Oil Piping _____
Gas Piping _____
LPG Gas Tank _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Sewer Connection _____
Water Service Connection _____
Stacks _____
Other _____
Other _____

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

FEE (Office Use Only):
\$ _____

08-2988
10/2/08



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 833.11 Lot 39 40 41 Qualification Code Rich

Work Site Location 1641 T. 16th Blvd Rich

Owner in Fee Low Onest Jr
Address 1641 T. 16th Blvd Rich N.J.

Tel [REDACTED]
Contractor Low Onest Jr Mechanical Contractor
Address 1641 T. 16th Blvd Rich

Contractor License No. 9856 FAX ()
Federal Emp. No. 20-0371962

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
Type:	Failure	Approval
☐ No Plans Required	Slab	Initial
Joint Plan Review Required:	Rough	
☐ Building ☐ Electric	Water	
☐ Fire ☐ Elevator	Sewer	
☒ Plumbing Plans Approved	Fixtures	
Date: <u>1-22-98</u>	Gas Equipment	
Approved by: <u>[Signature]</u>	Gas Piping	
SUBCODE APPROVAL	LPG Gas Tank	
☐ CO ☐ CCO ☐ CA	Fuel Oil Piping	
Date: _____	Solar	
Approved by: _____	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.

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

Date Received
Control #

Date Issued
Permit #

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

NO. FIXTURE/EQUIPMENT

Water Closet _____
Urinal/Bidet _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bibb _____
Water Heater _____
Fuel Oil Piping _____
Gas Piping _____
LPG Gas Tank _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Sewer Connection _____
Water Service Connection _____
Stacks _____
Other _____
Other _____

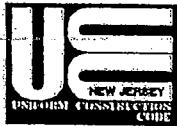
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

FEE (Office Use Only) \$

2. Canary = Office Copy
4. Gold = Applicant Copy

1. White = Inspector Copy
3. Pink = Office Copy

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



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 833 LOT 39 QUALIFICATION CODE _____ PERMIT # 08-2988
WORK SITE ADDRESS 1641 Tiford Blvd Brick N.J. 08724

Applicant Lou Orsini Sr
Certifying Individual _____ Company _____
Address _____
Tel. (732) 803-7708

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ B Label Vent
☐ L Label Vent
☐ Masonry Chimney – Tile Lined
☐ Flexible Liner
☒ Power Vent/Exhauster
☐ Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

Signature

Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature

Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature

Date

Direct Vent Appliance:

No certification required:

[Signature]
Signature

10/11/10
Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.



CONSTRUCTION PERMIT

Date Issued 10/02/2008
Control # C-08-004324
Permit # 08-2988

IDENTIFICATION Block: 833 Lot: 39 Qualifier _____
Work Site Location: 1641 TILFORD BLVD Brick Township, NJ Contractor OROST, LOUIS
Address 1641 TILFORD BLVD BRICK NJ 08724
Owner in Fee OROST, LOUIS
1641 TILFORD BLVD BRICK NJ 08724 Telephone: _____
Telephone: _____ Lic. No. or Bus. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RESIDENTIAL ADDITION 18X42 ADDITION, GREAT ROOM AND KITCHEN 1ST FLOOR.

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 \$11,100

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$163
Electrical	\$45
Plumbing	\$40
Fire Protection	\$110
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$16
CO Fee	\$35.00
Other	\$60
Total	\$469
Check No.	104
Cash	\$0
Credit	\$0
Collected By	Inspection Account

REQUIRED INSPECTIONS

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

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

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

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

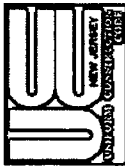
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

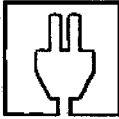
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment;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

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

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 833.11 Lot 39, 40, 41 Qualification Code 1
Work Site Location 1641 Tilford Blvd Brick

Owner in Fee Lou Orest Jr
Address 1641 Tilford Blvd Brick

Contractor LOUIS OREST JR
Address 1641 Tilford Blvd
BRICK NJ

Contractor License No. FAX ()

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Single Dwelling Utility Co.
Est. Cost of Elec. Work \$ 1300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPCTIONS	Dates (Month/Day)		
☐ No Plans Required			Type:	Failure	Approval	Initial
Joint Plan Review Required:			Rough			
☐ Building ☐ Plumbing			Barrier-Free			
☐ Fire ☐ Elevator			Trench			
☒ Elec. Plans Approved			Temp. Serv.			
			Constr. Serv.			
Date: <u>10-10-08</u>			TCO			
Approved by: <u>[Signature]</u>			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued			
Date: <u> </u>			Annual Pool Inspection			
Approved by: <u> </u>			Date of Grounding and Bonding			
			Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec. Contractor ☒ Certifd Landscape Irrigation Contr'r ☒ Exempt Applicant

D. TECHNICAL SITE DATA

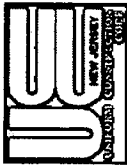
QTY	SIZE	ITEMS
<u>11</u>	<u>1/2"</u>	Lighting Fixtures
<u>18</u>	<u>1/2"</u>	Receptacles
<u>10</u>	<u>1/2"</u>	Switches
<u>4</u>	<u>1/2"</u>	Detectors
<u> </u>	<u> </u>	Light Poles
<u> </u>	<u> </u>	Motors—Fract. HP
<u> </u>	<u> </u>	Emergency & Exit Lights
<u> </u>	<u> </u>	Communications Points
<u> </u>	<u> </u>	Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle gao
KW Oven/Surface Unit gao
KW Elec. Water Heater
KW Elec. Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central A/C Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 1/+ HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

FEE (Office Use Only)

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



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 833.11 Lot 39.40.41 Qualification Code _____
Work Site Location 1641 Telford Blvd Brick

Owner in Fee Low Over 5r
Address 1641 Telford Blvd Brick

Contractor Low Over 5r
Address 1641 Telford Blvd

Tel [REDACTED] FAX (____) _____
Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as Single Dwelling Utility Co. _____
Est. Cost of Elec. Work \$ 1300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPCTIONS	Dates (Month/Day)
☐ No Plans Required			Type: _____	Failure
Joint Plan Review Required:			Rough	Approval
☐ Building ☐ Plumbing			Barrier-Free	Initial
☐ Fire ☐ Elevator			Trench	
☒ Elec. Plans Approved			Temp. Serv.	
Date: <u>10.10.08</u>			Constr. Serv.	
Approved by: <u>[Signature]</u>			TCO	
			Other	
			Service	
			Final	
			Barrier-Free	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued	
Date: _____			Annual Pool Inspection	
Approved by: _____			Date of Grounding and Bonding	
			Certification	

Date Received
Control # _____
Date Issued
Permit # _____

08-2488
10/2/08

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec. Contractor ☒ Certifd Landscape Irrigation Contr'r ☒ Exempt Applicant

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

HP Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

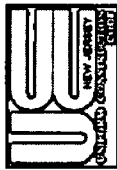
KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 833.11 Lot 39 40 41 Qualification Code 1
Work Site Location 1641 Telford Blvd Brick

Owner in Fee Lou. Orsot Jr
Address 1641 Telford Blvd Brick

Contractor Lou Orsot Jr Mechanical Contractor
Address 1641 Telford Blvd Brick N.S. 08724

Federal Emp. No. FAX ()
Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [] New or [] Existing
Constr. Class: Present Proposed Location of Panel:
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [X] Gas [] Oil [] Electric [] Solar [] New or [] Existing
[] Other Location of Main Control Valve:
Location:

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible Capacity
Total Cost of Fire Protection Work \$ 800.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
[] Building [] Plumbing	Standpipe				
[] Electric [] Elevator	Fire Pump				
[] Fire Plans Approved	Pre-Eng. System				
Date: <u> </u>	Mechanical				
Approved by: <u> </u>	Smoke Control				
SUBCODE APPROVAL	TCO				
[] CO [] CCO [] CA	Flam/Combust Tanks				
Date: <u> </u>	Fireplace Venting				
Approved by: <u> </u>	Final				
	Other				

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
3 Pink = Office Copy



C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature
[] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

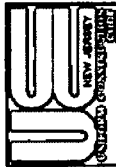
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[] System		
[] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [] Gas or [] Oil		
Fireplace Venting/Metal Chimney		
Other		

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

Date Received
Control #
Date Issued
Permit #

08-2988
10/2/08



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 833.11 Lot 394041 Qualification Code 11
Work Site Location 1641 Telford Blvd. Brick

Owner in Fee Low Orest Jr
Address 1641 Telford Blvd Brick

Contractor Low Orest Jr Mechanical Contractor
Address 1641 Telford Blvd Brick N.S. 08774

Tel [REDACTED] FAX ()
Fire Protection Equipment, no div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: ☐ New or ☐ Existing
Constr. Class: Present Proposed Location of Panel:
Heating System: ☐ New or ☒ Existing ☐ HVAC Fire Suppression/Standpipe System:
Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing
☐ Other Location of Main Control Valve:
Location:

Fuel Storage Tank:

Fuel Type: ☐ Flammable or ☐ Combustible Capacity
Total Cost of Fire Protection Work \$ 800.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
☐ Building ☐ Plumbing	Standpipe				
☐ Electric ☐ Elevator	Fire Pump				
☐ Fire Plans Approved	Pre-Eng. System				
Date: <u> </u>	Mechanical				
Approved by: <u> </u>	Smoke Control				
SUBCODE APPROVAL	TCO				
☐ CO ☐ CCO ☐ CA	Flam/Combust Tanks				
Date: <u> </u>	Fireplace Venting				
Approved by: <u> </u>	Final				
	Other				

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
3 Pink = Office Copy



C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature
☐ Certified Contractor ☒ Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source
Method of Alarm/Suppression System Supervision

NUMBER FEE (Office Use Only)

Flammable/Combustible Tanks
Alarm Systems
☐ System
☐ 110v Interconnected
☐ CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow) 4
Supervisory Devices (i.e., tampers, low/high air)
Signaling Devices (i.e., horns/strobes, bells)
Other Devices
TOTAL
Suppression Systems
Fire Pump GPM Type
Dry Pipe/Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
Standpipes
Pre-engineered Systems
Wet Chemical
Dry Chemical
CO₂ Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances ☐ Gas or ☐ Oil 1
Fireplace Venting/Metal Chimney
Other

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

Date Received 08-2988
Control # 10/2/08
Date Issued
Permit #



BUILDING SUBCODE TECHNICAL SECTION



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

Block 833.11 Lot 39.40.41 Qualification Code _____
Work Site Location 1641 Tilford Blvd Brick

Owner in Fee Lou West Jr
Address 1641 Tilford Blvd Brick

Contractor Lou West Jr
Address 1641 Tilford Blvd
Brick N.J.

Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____ FAX () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Required	<u>9-10-00</u>		Type:	Failure	Approval
☒ All			Footings		
☐ Footing			Footings Bonding		
☐ Foundation			Foundation		
☐ Frame			Slab		
☐ Other			Frame		
			Truss Sys./Bracing		
			Barrier-Free		
			Insulation		
			Finishes -Base Layer		
			Finishes -Final		
			Energy		
			Mechanical		
			TCO		
			Other		
			Final		
			Barrier-Free		

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>8,000</u>
No. of Stories	<u>1</u>		2. Rehabilitation \$ _____
Height of Structure	<u>18-6"</u>		3. Total (1+2) \$ <u>8,000</u>
Area — Largest Floor	<u>756</u>		
New Bldg. Area/All Floors	<u>756</u>		
Volume of New Structure	<u>648</u>		
Total Land Area Disturbed	<u>756</u>		

08-2988
10/2/08

Date Received
Control #
Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition 18x42 Great Rm
+ Kitchen 1 Floor

See All Notes in Red on Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

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

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



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

Block 833.11 Lot 39.40.41 Qualification Code 1
Work Site Location 1641 Filbert Blvd. And

Owner in Fee Low Crest Jr
Address 1641 Filbert Blvd. Rock

Contractor Low Crest Jr
Address 1641 Filbert Blvd

Federal Emp. No. FAX ()
tion No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☒ All	<u>9-18-08</u>		Footings				
☐ Footings			Footings Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:

Approved by:

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>8,000</u>
No. of Stories			2. Rehabilitation \$ <u> </u>
Height of Structure	<u>18'-0"</u>		3. Total (1+2) \$ <u>8,000</u>
Area — Largest Floor	<u>756</u>		
New Bldg. Area/All Floors	<u>756</u>		
Volume of New Structure	<u>10,414</u>		
Total Land Area Disturbed	<u>756</u>		

Date Received
Control #
Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition 15x42 2nd Floor
+ Kitchen 1 Floor

See All Notes in Red on Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☒ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$

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

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy