called

Called 6-24-93 L.D.

BLOCK 833 LOT 24 ADDRESS (SITE) 1630 HOFFMAN ST. PERMIT NO. 826-93-5-93

RECEIVED

MAY 4 1993

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1630 HOFFMAN ST., BRICK, NJ 08723
2. Name of Owner in Fee: MARGARET EIFERT Te [redacted]
   Address 1630 HOFFMAN ST., BRICK, NJ 08723 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: PAUL DAVIS SYSTEMS OF OCEAN Tel. (908) 458-2450
   Address 1140 BURNT TAVERN RD., BRICK, NJ 08724
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-3169288 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work JOHN CONNOLLY Tel. (908) 458-2450

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	30 —		
2. Electrical				
3. Plumbing			45.	60
4. Fire Protection				
5. Elevator Devices			33.50	
6. Subtotal	$	30 —	78	
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		3 —	2.40	2 —
10. Subtotal	$			
11. Cert. of Occupancy		20 —	80	
12. Other				
13. TOTAL	$	53 —	80 Pd 7/22/93	

25 Bldg

1 DCA

26 Total Pd 7/1/93

Pd 7/1/93

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area—Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
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	

53. 5/7/93
26. 7/8/93
92. 7/1/93
80. 7/22/93

II. PROPOSED WORK

	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 (ENTERED)	4,000
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
LH	5/4/93		5/5/93	RC	9/10/93		AD
					9-8-93		DE
					9/3/93		GG
					8/24/93		BK

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 10410174

U.C.C. Form F-100B

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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 PAUL DAVIS SYSTEMS OF OCEAN, INC

Address 1140 BURNT TAVERN RD., BRICK, NJ 08724

Telephone (908) 4582450

Signature J Connolly Date _____

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			X	X	X	X	X	X	
☐ 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. 826	9-15-93			

CERTIFICATE

Date Issued 9-15-93
Control #
Permit # 826-93

IDENTIFICATION

Block 8333 833 Lot 24
Work Site Location 1630 Hoffman St.

Owner in Fee Margaret Eifert
Address 1630 Hoffman St.
Brick, N.J.
Tele. ( )
Contractor Paul Davis Systems Of Ocean
Address 1140 Burnt Tavern Rd.
Brick, N.J.08723
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group
Maximum Live Load
Description of Work/Use:

Fire Repairs of existing dwelling

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☑ **CERTIFICATE OF APPROVAL**

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 5/7/93
Control #
Permit # 826-93

IDENTIFICATION Block 833 Lot 24

Work Site Location 630 Hudson St

Owner in Fee Margaret Eibert

Address Same

Tele. ( )

Contractor Paul Davis Sys.

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:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK: Fire Repair
Dems — Internal

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 $ 4000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)	
Building 130	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee 05/07/93 NJ. 52 00188005	
Cert. of Occ. 20	
Other	
Total 53	
Check No. 4552	
Cash	
Collected By:	

BLDG# 0.00
PERMIT # 3.00
LOT 0.00
ZONING 0.00
B.O.H. 3.00
C / O 0.00
TOTAL 3.00
CHECK 3.00
CHANGE 0.00
8:41

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 833 Lot 24

Work Site Location 1630 HOFFMAN ST. BRICK, NJ 08723

Owner in Fee MARGARET EIFERT

Address 1630 HOFFMAN ST. BRICK NJ 08723

Tele. ([redacted]

Contractor PAUL DAVIS SYSTEMS OF OCEAN

Address 1140 BURNT TAVERN RD. BRICK, NJ 08724

Tele. (908) 458-2450

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

Federal Emp. No. 22-3169288

or Social Security No. _____

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

INTERNAL REMOVAL OF WALLCOVER, SLUDGE, CONTENTS.

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 $ 4,000.00

PAYMENTS **(Office Use Only)**
Building
Plumbing
Electrical
Fire Protection
Other
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By:

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

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

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 833 Lot 24

Work Site Location 1630 HOFFMAN ST.
BRICK, NJ 08723

Owner in Fee MARGARET EIFERT

Address 1630 HOFFMAN ST.
BRICK NJ 08723

Tele. [redacted]

Contractor PAUL DAVIS SYSTEMS OF OCEAN

Address 1140 BURNT TAVERN RD.
BRICK, NJ 08724

Tele. (908) 458-2450

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

Federal Emp. No. 22-3169289

or Social Security No. _____

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

INTERNAL REMOVAL OF WALLCOVER, SLUDGE, CONTENTS.

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 $ 4,000.00

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

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

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

PERMIT UPDATE

Date Update Issued 7/1/93
Control #
Permit #
Date Permit Issued 8-26-93

IDENTIFICATION Block 833 Lot 21
Work Site Location 1630 Hoffman
BRICK
Owner in Fee Meifert
Address Same
Tele. ( )

Contractor D. Krobatsch
Address P.O. Box 471
Toms River NJ
Tele. ( ) 349-2221
Lic. No. or Bldrs. Reg. No. 7922 826*#
Federal Emp. No. [redacted] 0.00
or Social Security No

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Replace fixtures HWH + furnace

Estimated Cost of Work $ 2500 —

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 24 #

Building		0.00
Plumbing	PLUMBING	0.00
Electrical	B.C.H.	2.00
Fire Protection	TOTAL	2.00
Other	CHECK	2.00
Other	CHANGE	0.00
DCA Training Fee		2 —
Cert. of Occ.	07/01/93 NO. 5 00008005	18:24
Other		
Total		92 —
Check No.		#1520
Cash		
Collected By:		JJ

U.C.C. Form F-190A

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

PERMIT UPDATE

Date Update Issued 7-8-93
Control #
Permit # 826-93
Date Permit Issued

1.00 I.C.A.
6.00 TOTAL
6.00 CASH
0.00 CHANGE
00223A005 08:48

IDENTIFICATION Block 833 Lot 24
Work Site Location 1630 HOFFMAN ST.

Owner In Fee MARGARET EIFERT
Address 1630 HOFFMAN ST. BRICK NJ
Tele. [redacted]

Contractor PAUL DAVIS SYSTEMS OF OCEAN
Address 1140 BURNT TAVERN RD., SUITE 15 BRICK, NJ
Tele. (908) 458-2450
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3169288
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: RESIDENTIAL OIL TANK, EMPTY, CUT TOP, SAND FILL

Estimated Cost of Work $ 1100.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	25	
Plumbing		
Electrical		
Fire Protection		
Other	**0005**	
Other	826*#	
DCA Training Fee	BLOCK	0.00
Cert. of Occ.	833 #	
Other	LOT	0.00
Total	25 24 #	
Check No.	BUILDING	25.00
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

PERMIT UPDATE

Date Update Issued 9-9-93
Control #
Permit # 826-93
Date Permit Issued 5-7-93

IDENTIFICATION Block 833 Lot 24

Work Site Location 1620 HOFFMAN ST. BRICK, NJ 08724

Owner in Fee MRS. EIFERT

Address 1620 HOFFMAN ST. BRICK, NJ 08724

Tele. [redacted]

Contractor PAUL DAVIS SYSTEMS OF MONM INC.

Address 1140 BURNT TAVERN RD. SUITE E BRICK NJ 8724

Tele. (908) 458-1450 **0007**

Lic. No. or Bldrs. Reg. No. 826##

Federal Emp. No. 22-3169282 BLOCK 0.00

or Social Security No. 833 #

0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Addn'l fire Det.

Estimated Cost of Work $

C.J. Cirino
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 24 #	
Building	6.00
Plumbing	6.00
Electrical	6.00
Fire Protection 46	0.00
Other	9:41
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total 46	
Check No.	
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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/7/93
Date Issued
Control #
Permit # 826-93

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

Block 833 Lot 24
Work Site Location 1630 HOFFMAN ST.
BRICK, NJ 08723
Owner in Fee MARGARET EIFERT
Address 1630 HOFFMAN ST.
BRICK, NJ 08723
Tele. ([redacted]
Contractor PAUL DAVIS SYSTEMS OF OCEAN
Address 1140 BURNT TAVERN RD.
BRICK, NJ 08724
Tele. (908) 4582450
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3169288 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	5/13/93	RK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/10/93
Approved By: G E Young

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	6/13/93 (over ✗)		7/1/93	RK
Insulation			7/6/93	JC
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			9/10/93	GEC

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 10 Ft.
Area—Largest Floor 1300 Sq. Ft.
Total Bldg. Area/All Floors 1300 Sq. Ft.
Volume of Structure 10400 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

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

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

INTERNAL REMOVAL OF WALL COVER, SLUDGE, CONTENTS FOR PURPOSE OF COMPLETE ASSESSMENT OF COST TO REPAIR.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[✓] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

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

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

6-15-93 House repaired from fire damage frame ok but no approval until electrical insp. JK

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/7/93
Date Issued
Control #
Permit # 526-93

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

Block 833 Lot 24
Work Site Location 1630 HOFFMAN ST.
BRICK, NJ 08723
Owner in Fee MARGARET EIFERT
Address 1630 HOFFMAN ST.
BRICK NJ 08723.
Tele. ([redacted]
Contractor PAUL DAVIS SYSTEMS OF OCEAN
Address 1140 RUNT TAVERN RD.
BRICK, NJ 08724
Tele. (908) 4582450
Lic. No. or Bidrs. Reg. No.
Federal Emp. No. 22-3169288 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	5/19/93	AD
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 10 Ft.
Area—Largest Floor 1300 Sq. Ft.
Total Bldg. Area/All Floors 1300 Sq. Ft.
Volume of Structure 10400 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

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

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

INTERNAL REMOVAL OF WALL COVER, SLUDGE, CONTENTS FOR PURPOSE OF COMPLETE ASSESSMENT OF COST TO REPAIR.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[✓] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/7/93
Date Issued
Control #
Permit # $26.93

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

Block 833 Lot 24
Work Site Location 1630 HOFFMAN ST.
PARICK NJ 08723
Owner in Fee MARGARET EIFERT
Address 1630 HOFFMAN ST.
PARICK NJ 08723
Tele. [redacted]
Contractor PAUL DAVIS SYSTEMS OF OCEAN
Address 1140 BURNT TAVERN RD.
FARICK, NJ 08724
Tele. (908) 4582450
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3167288 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			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				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 10 Ft.
Area—Largest Floor 1300 Sq. Ft.
Total Bldg. Area/All Floors 1300 Sq. Ft.
Volume of Structure 11400 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

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

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

INTERNAL REMOVAL OF WALL COVER, SLUDGE, CONTENTS FOR PURPOSE OF COMPLETE ASSESSMENT OF COST TO REPAIR.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[✓] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-8-93
Control #
Permit # 826-93

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

Block 833 Lot 24
Work Site Location 1630 HOFFMAN ST. BRICK, NJ
Owner in Fee MARGARET EIFERT
Address 1630 HOFFMAN ST. BRICK NJ
Tele. [redacted]
Contractor PAUL DAVIS SYSTEMS OF OCEAN
Address 1140 BURNT TAVERN RD. BRICK, NJ
Tele (908) 458 2450
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3169288 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	7/9/93	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date. 8-6-93
Approved By: WS

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 10 Ft.
Area—Largest Floor 1400 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed 40 Sq. Ft.

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

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
RESIDENTIAL OIL TANK - EMPTY
CUT TOP, CLEAN
SAND FILL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-8-93
Control #
Permit # 826-93

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

Block 833 Lot 24
Work Site Location 1630 HOFFMAN ST. BRICK, NJ
Owner in Fee MARGARET EIFERT
Address 1630 HOFFMAN ST. BRICK, NJ
Tele. [redacted]
Contractor PAUL DAVIS SYSTEMS OF OCEAN
Address 1140 BURNT TAVERN RD. BRICK, NJ
Tele. (908) 458 2450
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3169298 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	7/7/93	
[ ] 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				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 10 Ft.
Area—Largest Floor 1400 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed 40 Sq. Ft.

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

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
RESIDENTIAL OIL TANK - EMPTY
CUT TOP, CLEAN
SAND FILL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-8-93
Control #
Permit # 826-93

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

Block 833 Lot 24
Work Site Location 1630 HOFFMAN ST.
BRICK, NJ
Owner in Fee MARGARET EIFERT
Address 1630 HOFFMAN ST.
BRICK NJ
Tele. [redacted]
Contractor PAUL DAVIS SYSTEMS OF OCEAN
Address 1140 BURNT TAVERN RD.
BRICK, NJ
Tele. (908) 458 2450
Lic. No. or Bldrs. Reg. No.
Federal Emp. No: 22-3169295 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
RESIDENTIAL OIL TANK - EMPTY
CUT TOP, CLEAN
SAND FILL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	7/11/93		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				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 10 Ft.
Area—Largest Floor 1400 Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed 40 Sq. Ft.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE $ ____

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

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

BRICK

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

JUN 8 93 0 0 7 0 4 5

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

Block 8.33 Lot 24
Work Site Location 1630 HOFFMAN ST. BRICK NJ 08724
Owner in Fee MRS. EIFERT
Address 1630 HOFFMAN ST. BRICK NJ 08723
Tele. [redacted]
Contractor SOLVEIG INC. / PAUL DAVE SYSTEMS
Address 142 MALLO LA. TOMS RIVER, N.J / 140 BURNT TAVERN RD. SEA BRICK, NJ 08724
Tele. (908) 255 9326 / 908-458-3450
Lic. No. 3892
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other RENOVATION / Fire job
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 8.26.93
Approved by: [signature]

INSPECTIONS:

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			6-23-93	24
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-26-93	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 8-26-93
Line Dept. _____

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.

Wolfgang Lieske
Signature Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Fixtures (1)	
20		Receptacles (2)	
55		Switches (3)	
95		Total 1 + 2 + 3	52
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
1		A/C Unit	7
		Burglar Alarms	
		Intercoms Panels	
5		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
1	645	Central heat: oil (gas) or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
3		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ 4
Paid [ ] Check # CASH Minimum Fee $ 57
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-22-93
Control #
Permit # 826-93
update

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

Block ~~1805~~ 533 Lot 94
Work Site Location 1638 HOFFMAN ST.
BRICK, NJ 08723
Owner in Fee MRS. EHERT
Address 1638 HOFFMAN ST.
BRICK NJ 08723
Tele. [redacted]
Contractor PAUL DAVIS SYSTEMS OF OCEAN, INC.
Address 1140 BURNT TAVERN RD. SUITE 15
BRICK, NJ 08724
Tele. (908) 458-2450
Lic. No.
Federal Emp. No. 22-3169388 or Social Security No.

Need Manf. Specs

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 7/22/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 9/8/93
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			9/8/93	
TCO				
Other				
Other				
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.

Michael Connolly
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1 ✓	
OTHER Furnace		33 —

Administrative Surcharge $ 33 —
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

SUBCODE
TECHNICAL SECTION

Date Issued 7-22-93
Control #
Permit # 826-93 update

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

Block 8.33 Lot 24
Work Site Location 163 HOFFMAN ST. BRICK, NJ 08723
Owner in Fee MRS. EIFERT
Address 163A HOFFMAN ST. BRICK NJ 08723
Tele. [redacted]
Contractor KARL DAVIS SYSTEMS OF OCEAN, INC.
Address 114A PAINT TAVERN RD. SUITE 15 BRICK NJ 08724
Tele. (732) 458-3420
Lic. No.
Federal Emp. No. 22-2697768 or Social Security No.

Need Manf. Sheets

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 7/22/93
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

Michael Connolly
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1 ✓	
OTHER [signature]		33 —

Administrative Surcharge $ 33 —
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9-9-93
Date Issued 5-7-93
Control #
Permit # 826-93 update

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

Block 633 Lot 24
Work Site Location 163 HOFFMAN ST. BRICK NJ 08724
Owner in Fee MRS. EIFERT
Address 163 HOFFMAN ST. BRICK NJ 08724
Tele. [redacted]
Contractor PAUL DAVIS SYSTEMS OF OCEAN, INC.
Address 1140 BURNT TAVERN RD. SUITE 15 BRICK NJ 08724
Tele. (908) 458-2458
Lic. No. 6
Federal Emp. No. 22-3169208 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 9-8-93
Approved by:
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9-8-93
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test			9-8-93	
Mechanical				
TCO				
Other				
Other				
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.

Michael Connolly
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC	5	46
Heat Detectors Kathleen Bentley		
TOTAL	5	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 46
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/1/93
Date Issued
Control #
Permit # 826-93
update

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

Block 833 Lot 24
Work Site Location 1630 Hoff Ave. BRICK.
Owner in Fee M. Ciferri
Address Same

Tele. ( )
Contractor D.P.K. Rabatsky
Address P.O. Box 471 Toms River

Tele. ( ) 349-2221
Lic. No. 7922
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 6/23/93
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Approved by: [signature]
Date: 9/3/93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			7/8/93	DM
Water				
Sewer				
Fixtures				
Gas Equipment			9/3	C
Gas Final			9/13 11	C
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]
Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Fire/Repair Replace Fixtures

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
1	Bath Tub	5
1	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
1	Hose Bibb	5
1	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
1	Hot Water Boiler	15-
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10.-
	Administrative Surcharge	$ 90-
	Minimum Fee	$
	TOTAL	$

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/1/93
Date Issued
Control #
Permit # 826-93

update

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

Block 833 Lot 24
Work Site Location 11030 Hoffman
Brick
Owner in Fee M. Eifert
Address Same

Tele. (____)
Contractor D. P. Krobatsch
Address P.O. Box 471
Toms River
Tele. (____) 3492221
Lic. No. 7923
Federal Emp. No. ____________ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ____________ Proposed ____________
Building Sewer Size ____________
Water Service Size ____________
Estimated Cost of Plumbing Work $ ____________

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 6/23/93
Approved by: [illegible]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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] Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Fire/Repair Replace fixtures

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
1	Bath Tub	5
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
1	Hose Bibb	5
1	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
1	Hot Water Boiler	15-
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10.-

Administrative Surcharge $ 90-
Paid [ ] Check # ________ Minimum Fee $ ________
Collected by: ____________ TOTAL $ ________

U.C.C. Form F-130A

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/1/93
Date Issued
Control #
Permit # 826-93

update

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

Block 833 Lot 24
Work Site Location 1630 Hoff Road
Brisk
Owner in Fee M. Eicent
Address Same

Tele. ( )
Contractor A.P.K. Rabatsch
Address P.O. Box 471
Tenakee
Tele. ( ) 349-2221
Lic. No. 7925
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 6/23/93
Approved by: [signature]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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.

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

[signature]
Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

Fire/Repair Replace fixtures

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
1	Bath Tub	5
1	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
1	Hose Bibb	5
1	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
1	Hot Water Boiler	15-
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10.-
	Administrative Surcharge	$ 90-
	Minimum Fee	$
	TOTAL	$

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-22-93
Control #
Permit # 806-93
update

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

Block 833 Lot 24
Work Site Location 1630 HAFFMAN ST.
BRICK NJ 08723
Owner in Fee MRS. EIFERT
Address 1630 HAFFMAN ST.
BRICK NJ 08723
Tele [redacted]
Contractor [illegible] / Wayne Grant Plbg.
Address [illegible] / 991 Grace Dr.
[illegible] / Toms River NJ
Tele. ( ) [illegible] / 908-240-1993
Lic. No. #7773
Federal Emp. No. 22-2167728 or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ____
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size ____ Public Water ____ Private Well ____
Estimated Cost of Plumbing Work $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 7/13/93
Approved by: [signature]

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

WAYNE M. GRANT
STATE OF NEW JERSEY
7773

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1 ✓	Water Heater	15
	Fuel Oil Piping	
1 ✓	Gas Piping	11
	Steam Boiler	
1 ✓	Hot Water Boiler	19
	Sewer Pump	
	Interceptor/Separator	
✓	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 14.50
Paid [ ] Check # ____ Minimum Fee $
DCA Training Fee $
Collected by: ____ TOTAL $

U.C.C. Form F-130B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-22-93
Control #
Permit # P06-93
update

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

Block 8.33 Lot 34
Work Site Location 1636 HOFFMAN ST. BRICK NJ 08723
Owner in Fee MRS. EIFERT
Address 1636 HOFFMAN ST. BRICK NJ 08723
Tele. [redacted]
Contractor Mid Atlantic Systems of Ocean / Wayne Granit Plmg.
Address 1110 Bennett Townsend Suite 15 / 991 Grace Dr. Toms River, NJ.
BRICK NJ 08724 / 908-244-6993
Tele. (908) 458-2450
Lic. No. [redacted]
Federal Emp. No. 22-2169288 or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ____
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size ____ Public Water ____ Private Well ____
Estimated Cost of Plumbing Work $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 7/22/93
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 Equipment				
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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures:)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1 ✓	Water Heater	15
	Fuel Oil Piping	
1 ✓	Gas Piping	15
	Steam Boiler	
1 ✓	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
✓	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
8.15.94	Active Solar System	
	Other	

Administrative Surcharge $ 4.50
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL $ ____

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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

RECEIVED
AUG 28 1991
DIV. OF INSPECTION

OFFICE OF:

(201) 477-

January 10, 1990

Re: Tank Removals and Demolitions

From: Arthur J. Cierzo, Construction Official

Please advise all applicants for the above that they must send a copy of attached application to the State within thirty days prior to the beginning of work, they must also submit certification on tanks being emptied and purged to the building department with a receipt from where tanks were discarted before a final can be signed off.

AJC/jkg

STATE OF NEW JERSEY

THOMAS H. KEAN
GOVERNOR

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT

ANTHONY M. VILLANE JR., D.D.S.
COMMISSIONER

3131 PRINCETON PIKE
CN 816
TRENTON, N. J. 08625-0816

Re: Your variation request for ----------
---------- Our Ref.#----------

Dear :

A preliminary review of your request for a variation for the subject project has been completed. The following omissions/nonconformances/ discrepancies have been noted:

A. PLANS

3 sets of plans.
Location(s) of negative air filtration unit(s).
The location(s) of the decontamination chamber(s).
The location(s) of occupants and abatement work areas.
The exits to be used by workers and occupants.
The location of the waste container.
The route of travel for waste removal.
The route of workers to exit the building.
Separation barriers and critical barriers.

B. SPECIFICATIONS

3 sets of specifications.
Specific work proceedures (not a copy of Sub-8).
Method(s) of removal.

C. OCCUPANTS.

The number of intended occupants.
Their purpose for being in the building.
Their location within the building.
The time of day they will be in the building.

ASBESTOS ABATEMENT NOTIFICATION

DATE:

(PRINT OR TYPE) (If applicable variance#)

Project:

Street:

Town:

Contractor: Lic No:
Address:

A.S.C.M.: Lic No:
Address:

OSHA Air Monitor:
Address:

Building Owner:

Street:
Town:
Phone: ( ) - County: Zip:

Engineer/Architect:

Street:
Town:
Phone: ( ) - County: Zip:

Waste Hauler: A. Fabiano & Son Lic. No.: 22-256/205
Address: 404 Ricky Lane, Long Branch, NJ

Land Fill: Neptune Iron, Memorial Parkway
Town: Neptune

Job Size: (Circle One) Minor Small Large

Quantity of Waste Generated: CU. Yds.:
(All Applicable) Linear Footage:
Sq. Footage:

Proposed Start Date: / / Proposed Finish Date: / /

Cost of work:$

(To be filled in by the Construction Official)
Construction Permit No.: Date Issued: / /

0843A
1/19/89

Permit
Review Check List

Project: _____

Address: _____

Municipality: _____

ASCM Firm: _____

Date received: _____ Date reviewed: _____

Reviewed by: _____

( ) 1. UCC Form (F-100) Applications for a permit

( ) 2. UCC Form (F-110) Building Subcode

( ) 3. Health Waiver or Assessment

( ) 4. Notification form for Asbestos Abatement

( ) 5. Plans
- ( ) a. Separation Barriers
- ( ) b. Critical Barriers
- ( ) c. Scope of Work
- ( ) d. Route of travel to waste container
- ( ) e. Copy of site plan
- ( ) f. Copy of floor plan and/or plans if a multi-story

( ) 6. Specifications
- ( ) a. Scope of Work
- ( ) b. Type of removal (Glove bag, full containment)
  - ( ) 1. Where (specific locations; Re. plans)
  - ( ) 2. Quantity (Ln ft) (Sq. ft)

( ) 7. Documentation of non-occupancy or copy of variance

( ) 8. Release of plans and specifications by the ASCM

( ) 9. Permit Fee

Comments: _____

_____

_____

_____

_____

1256A
3/15/88

ASBESTOS JOBS

Under D.C.A. Subchapter 8

	LARGE	SMALL	MINOR
uare Feet	≥ 160	< 160 to > 25	≤ 25
ıear Feet	≥ 260	< 260 to > 10	≤ 10
:ker Training	5 day (W)	5 day (W)	2 day (M&C)
. Permit	Yes	Yes	No
ıtractor License	Yes	Yes	No
ıstruction Permit	Yes	Yes	No
:ice to Adm. Authority	Yes	Yes	No
ıpletion Report to Adm. Av.	Yes	Yes	No
ıtractor Daily Log	Yes	Yes	Yes
ıtractor Written Emerg. Plan	Yes	No[1,2]	N/A
	Yes	No[1,2]	N/A
on. Unit	Yes	No[2]	No
k Area Enclosure	Yes	Yes	General Isolation[3]
. Air Filtration	Yes	No[2]	No
ly Air Monitoring	Yes	No[2]	No
ke Test[4]	Yes	No[2]	No
al Air Sample	Yes	Yes	Yes(glovebag)
commencement Inspection	Yes	Yes	No
gress Inspection	Yes	Yes	No
-Sealent Inspection	Yes	No[1,2]	No
n-Up Inspection	Yes	Yes	No
:oved Landfill	Yes	Yes	Yes

notes

Highly recommended.
ASCM may request variance.
Ground cover, local vents sealed, etc.
Smoke test is required for all glovebag type removals.