BLOCK 4 833 LOT 42, 43, 44 QUALIFICATION CODE _____ ADDRESS (SITE) 1639 Tilford Blvd PERMIT NO. 08-2159

called 7/15/08

CONSTRUCTION PERMIT APPLICATION

08-003195

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

I. IDENTIFICATION

1. Proposed Work Site at: 1639 Tilford Blvd
2. Name of Owner in Fee: Maich Melinda Tel [redacted]
   Address 1639 Tilford Blvd, Brick, NJ 08724
   Street / Municipality / Zip Code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Pool Town, Inc. Tel. (732) 901-9071
   Address 5500 U.S. Highway 9 South, Howell, NJ 07731
   License No. OR if new home, Builder Reg. No. 13VH00923100 Exp. Date 12/31/06
   Federal Employee No. 22-2763004 FAX (732) 364-1815
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work PoolTown, Inc.
   Tel. (732) 901-9071 FAX (732) 364-1815

Proposed 15x36 Inground Pool. • Existing/Proposed 4' jerrith fence
Fence with self latching, locking gate, opening outward, installed by homeowner.

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	133		
2. Electrical		105 ✓		
3. Plumbing		60 ✓		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	31		
9. State Permit Surcharge Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZIP-CP		60		
13. TOTAL	$	~~389~~ 389		

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 INGROUND POOL	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building			6/30/08		7-9-08				
3. ☐ Addition									
4. ☐ a. Repair									
☑ b. Alteration	21,700								
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☑ Plumbing	4,000				7-10-08				
7. ☑ Electrical	500				7-15-08				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		GW	7/8/08		7/8/08				
TOTAL COSTS	23,200								

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: *All Units* / *Income-restricted*
   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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

P

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 Uniform Construction Code, N.J.A.C. 5:23-2.15(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 POOL TOWN, INC.
Address 5500 RT. 9 S.
HOWELL, NJ 07731

Telephone (732) 505-9000
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	_____	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. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

IMPORTANT Appeal 2/8/18 KS

A.H.B.T. - MANDATORY FEE - RESIDENTIAL

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/18/08
Permit # 08-2159

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

Block # 833 Lot 42, 43, 44 Qualification Code
Work Site Location 1639 Tiffard Blvd

Owner in Fee Moich Melinda
Address 1639 Tiffard Blvd
Brick NJ 08724
Tel [redacted]
Contractor Pool Town, Inc.
Address 5500 U.S. Highway 9 South, Howell, NJ 07731

Tele. (732) 901-9071 Fax (732) 364-1815
Lic. No. or Bldrs. Reg. No. 13VH00923100
Federal Emp. No. 22-2763004

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

Proposed 15x36 Inground Pool.
Existing/Proposed 4' jerrith fence

Fence with self latching, locking gate, opening outward, installed by homeowner.

Final Engineering Also Required

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-9-08	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing - COLLAR			07/28/08	RK
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final 6/11/11 MF				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[X] Fence 4 Height (exceeds 6')
[ ] Sign Sq. Ft.
[X] 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 $

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $21,700

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Change of Contractor
8/12/08

08-2159

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 833 Lot 42, 43 44 Qualification Code _____
Work Site Location 1639 Tilford Blvd.

Owner in Fee Moich Melinda
Address 1639 Tilford Blvd. Brick NJ 08724

Tel (_____)

Contractor RoBo inc (RaB Mechanical Contr.)
Address P.O. Box 4377 Brick NJ 08723

Tel (609) 971-8900 FAX (609) 971-8017
Contractor License No. 12224
Federal Emp. No. 22-3579691

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 6-28-11
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
~~Slab~~ MAIN POOL DRAINS			06.01.11	PA
Rough				
Water				
Sewer				
Fixtures	8/14/08		6/24/11	
Gas Equipment			8/15/08	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL	06.01.11		6/24/11	

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.

Robert W Rogers
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
1	Other Pool Heater	

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

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

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

8/24/08

0- UPDATE + INSTALL SOFTWARE RELEASE SYSTEM

GLOLU PA

① POOLTOWN – BRIAN COPELAND.
SAME AS ABOVE

② MAIN DRAINS ARE OK

PT08-118

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/18/08
Permit # 08-2159

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

Block # 833 Lot 42,43,44 Qualification Code
Work Site Location 1639 Tilford Blvd

Owner in Fee: Moirh Melinda
Tel. [redacted] e-mail
Address 1637 Tilford Blvd, Brick, NJ 08724 (street, municipality, zip code)
Contractor: Owen Plumbing & Heating inc. Tel. (732) 919-3497
Address 456 Preventorium rd Howell e-mail
Contractor License No. 11641 Exp. Date 09
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 200043664 FAX: (732) 919-3998

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7-10-08
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
GAS line to pool Heater (250,000 btu gas heater with electric ignition)

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

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

ACTION OFFICE SUPPLIES, INC (800) 298-1000

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

MUNICIPALITY _____

APPLICATION FOR A VARIATION

Date Received 6/16/11 Control # _____
Date Issued _____ Permit # _____
Date Revised _____ Date Permit Issued _____

IDENTIFICATION Block 883 Lot 32

Work Site Location 1639 Tilford Blvd Brick

Owner in Fee Melinda Murray Moich

Address 1639 Tilford Blvd Brick NJ 08724

Tele [redacted]

Contractor Pool Town

Address RT 9 Howell

Tele. (732) 237-5243

Lic. No. _____

Federal Emp. No. _____

or Social Security No. [redacted]

FEE $ _____ *(Determined by Enforcing Agency)*

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).: Anti ~~dep~~ entrapment device requirement has been removed from code and bottom drains are 3 feet apart & therefore entrapment device is no longer required

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties.: None

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.: There are 2 devices 3 feet apart from each other.

DATE 6/17/11 SIGNED Melinda Murray Moich
APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days.
After reviewing the facts, we [ ] DENY [ ] GRANT the above variation request, in accordance with *N.J.A.C.* 5:23-2.9 through 2.13, for the following reasons: Complies with current code

Date 6-20-11

Building Subcode Official

Plumbing Subcode Official

Elevator Subcode Official

Electrical Subcode Official

Fire Subcode Official

Construction Official

U.C.C. Form F-1608

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

(732) 262-1027

Receipt

Payment Date 06/22/2011
Transaction # PMT-11-04039
Receipt #

Issued To POOL TOWN INC/mICHAEL mOICH
Description PAYMENT FOR VARIATION

Date Printed 06/22/2011
Check Number

Cash	$40.00
Check	$0.00
Charge	$0.00
Total Paid	$40.00

06/22/11 2:51PM 001558#7026
XX07 SERV.007
#2185
MISC $40.00
XXXTOTAL $40.00
CASH $40.00
CHANGE $0.00
06/22/11 2:51PM 001558#7026 XX07
XXXTOTAL $40.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date issued 7/18/08
Permit # 08-2159

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

Block 4833 Lot 42,43,44 Qualification Code
Work Site Location 1639 Tilford Blvd

Owner in Fee Moich Melinda
Address 1639 Tilford Blvd
Brick NJ 08724
Tel. [redacted]

Contractor CPB Electric
Address 1371 Bridport Drive
Toms River, New Jersey 08755
Tel. (732) 244-2570 Fax (732) 477-3353
Contractor License No. 15474
Federal Emp. No. 22-2852256

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Electric Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[/] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 7 15 08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 6-2-11
Approved by: JJ

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			7308	
Barrier - Free			7308	
Trench			7308	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-1-11	
Barrier - Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certificate

C. CERTIFICATION IN LIEU OF OATH

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

Charles P. Bonicka
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
7		Receptacles Smartboard	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
1		Pool Permit/with UW Lights	
		Storable Pool/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	
1	1 1/2	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		250,000 btu gas heater with electric ignition	

OVER

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

U.C.C. F120(Rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Change of Contractor
8/12/08

08-2159

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 833 Lot 42, 43, 44 Qualification Code

Work Site Location 1639 Tilford Blvd.

Owner in Fee Mock Melinda

Address 1639 Tilford Blvd. Brick NJ 08724

Tel ( )

Contractor RoBo inc (RoB Mechanical Contr.)

Address PO Box 4377 Brick NJ 08723

Tel (609) 971-8900 FAX (609) 971 8017

Contractor License No. 12224

Federal Emp. No. 22-3529691

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

12224

D. TECHNICAL SITE DATA (List of 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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

Change of Contractor
8/12/08

08 2159

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 833 Lot 42, 43, 44 Qualification Code ______

Work Site Location 1639 Tilton Blvd

Owner in Fee Maria Melinda [illegible]

Address 1639 Tilton Blvd. Brick NJ 08724

Tel ( ) ______

Contractor KFJ inc [illegible]

Address [illegible]

Tel ([illegible]) 771 8[illegible] FAX ([illegible]) 771 3017

Contractor License No. 12224

Federal Emp. No. 22-3579691

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______

Building Sewer Size ______ Public Sewer ______ Private Septic ______

Water Service Size ______ Public Water ______ Private Well ______

Est. Cost of Plumbing Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: ______

Approved by: ______

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS

Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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]

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

12224

D. TECHNICAL SITE DATA (List of 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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $ ______

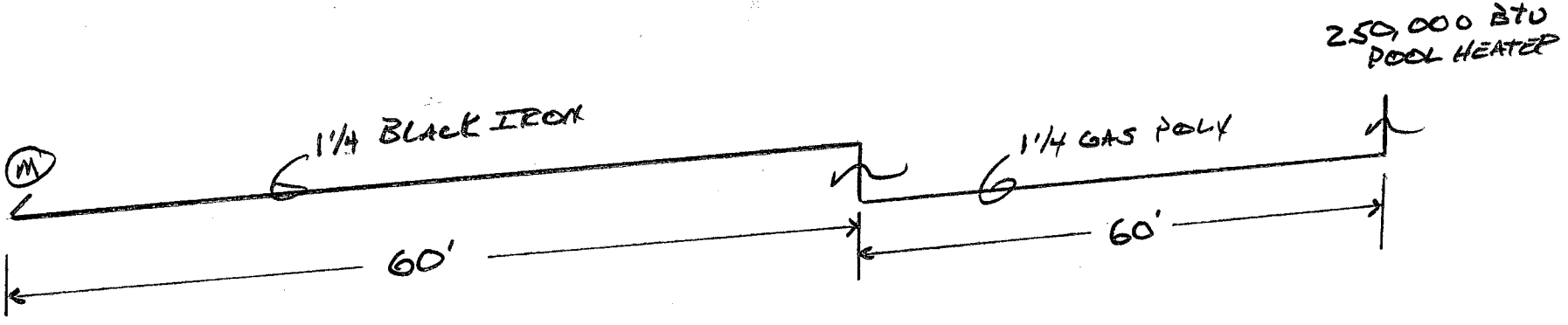
Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

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

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



"GAS-PIPE" - 120' - 250,000 BTU

CONSTRUCTION PERMIT

Date Issued 7/18/2008
Control # C-08-003195
Permit # 08-2159

IDENTIFICATION Block: 833 Lot: 42 Qualifier
Work Site Location: 1639 TILFORD BLVD Brick Township, NJ
Owner in Fee MOICH, MICHAEL
1639 TILFORD BLVD BRICK NJ 08724
Telephone: [redacted]

Contractor POOL TOWN INC
Address 5500 RT 9 SOUTH HOWELL NJ 07731-
Telephone: (732) 505-9000
Lic. No. or Bldrs. Reg. No. 13VH00923100
Federal Employee. No. 22-2763004

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

FENCE, GAS LINE FOR POOL HEATER, INGROUND SWIMMING POOL, POOL HEATER 15X36 IG POOL; 4; JERRITH FENCE <RESIDENTIAL>

Note: If constuction 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 $23,200

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$133
Electrical	$105
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$31
CO Fee	
Other	$60
Total	$389
Check No.	139
Cash	$0
Credit	$0
Collected By	Inspection Account

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/18/08
Permit # C8-2159

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

Block 11 833 Lot 42, 43, 44 Qualification Code

Work Site Location 1639 Tilford Blvd

Owner in Fee Mgich Melinda

Address 1639 Tilford Blvd

Brick NJ 08724

[redacted]

Contractor Pool Town, Inc.

Address 5500 U.S. Highway 9 South, Howell, NJ 07731

Tele. (732) 901-9071 Fax (732) 364-1815

Lic. No. or Bldrs. Reg. No. 13VH00923100

Federal Emp. No. 22-2763004

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

Proposed 15x30 Inground Pool.

Existing/Proposed 4' Jerith fence

Fence with self latching, locking gate, opening outward, installed by homeowner.

Final Engineering Also Required

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-9-08	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[X] Fence 4 Height (exceeds 6')
[ ] Sign Sq. Ft.
[X] 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 $

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $21,700

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/18/19
Permit # (19-2109

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

Block 11833 Lot 42, 43, 44 Qualification Code ____
Work Site Location 1639 Titford Blvd

Owner in Fee Mark Wetnick
Address 1639 Titford Blvd
Brick NJ 08724

Tele [redacted]
Contractor Pool Town, Inc.
Address 5500 U.S. Highway 9 South, Howell, NJ 07731

Tele. (732) 901-9071 Fax (732) 364-1815
Lic. No. or Bldrs. Reg. No. 13VH00923100
Federal Emp. No. 22-2763004

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-9-19	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $____
2. Rehabilitation $____
3. Total (1+ 2) $21,700

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

Proposed 16'x36' Inground Pool.
Existing/Proposed 4' Jerith fence.

Fence with self latching, locking gate, opening outward, installed by homeowner.

Final Engineering Also Required

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[X] Fence 4' Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[X] 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
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PT08-118

Date Received
Control #

Date Issued 7/18/08
Permit # 08-2159

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 Lot 42 43, 44 Qualification Code

Work Site Location 1639 Tilford Blvd.

Owner in Fee: Moich Melinda

[redacted] e-mail

Address 1639 Tilford Blvd, Brick, NJ 08724
street municipality zip code

Contractor: Owen Plumbing & Heating inc. Tel. (732) 919-3497

Address 456 Provincetown rd. Howell e-mail

Contractor License No. 11141 Exp. Date 09

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

Federal Emp. ID No. 22-3043664 FAX: (732) 914-3948

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Gas line to pool Heater (250,000 btu gas heater with electric ignition)

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	$
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks 1001 Htg	
	Other	
	Other	

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

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PM(Y-118

Date Received
Control #

Date Issued 7/18/18
Permit # (8-2159

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

Block # 833 Lot 42.43, 44 Qualification Code

Work Site Location 1639 Tilford Blvd

Owner in Fee: Mark Mlinder

Te [redacted] e-mail

Address 1639 Tilford Blvd, Brick, NJ 08724
street municipality zip code

Contractor: Owen Plumbing & Heating Inc. Tel. ( ) 899 4917

Address 446 Prospect Ave N. Howell e-mail

Contractor License No. 11441 Exp. Date 07

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

Federal Emp. ID No. [redacted] FAX: ( ) [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

ROBERT A. OWEN JR. STATE OF NEW JERSEY LICENSED MASTER PLUMBER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Gas line to pool Heater (250,000 btu gas heater with electric ignition)

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

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

ACTION OFFICE SUPPLIES, INC (800) 292-1000

U.C.C. F130 (rev. 7/96) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

7/18/18

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date issued 7/18/08
Permit # 08-2159

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

Block 11 833 Lot 42, 43, 44 Qualification Code
Work Site Location 1639 Tilford Blvd

Owner in Fee Floid Melinda
Address 1639 Tilford Blvd
Brick NJ 08724
[redacted]

Contractor CPB Electric
Address 1371 Bridport Drive
Toms River, New Jersey 08755

Tel. (732) 244-2570 Fax (732) 477-3353
Contractor License No. 15474
Federal Emp. No. 22-2852256

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Electric Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[/] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 7/18/08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
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 Certificate

C. CERTIFICATION IN LIEU OF OATH

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

Charles R Kmieka

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles Smartlock	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
1		Pool Permit/with UW Lights	
		Storable Pool/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	
1	1½	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		250 mbtu gas heater with electric ignition	

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

U.C.C. F120(Rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date issued 7/9/8
Permit # 19-2159

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

Block 11 833 Lot 42,43,44 Qualification Code ______
Work Site Location 1139 Tilford Blvd

Owner in Fee [illegible]
Address 1139 Tilford Blvd
[illegible] NJ 08724
[redacted]

Contractor CPB Electric
Address 1371 Bridport Drive
Toms River, New Jersey 08755
Tel. (732) 244-2570 Fax (732) 477-3353
Contractor License No. 15474
Federal Emp. No. 22-2852256

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Electric Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[✓] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 7/[illegible]
Approved by: [illegible]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: ______
Approved by: ______

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
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 Certificate ______

C. CERTIFICATION IN LIEU OF OATH

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

[signature]

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles Switched	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
1		Pool Permit/with UW Lights	
		Storable Pool/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	
1	1½	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		[illegible]	
		[illegible]	

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

U.C.C. F120(Rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy