Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 825 LOT 20 QUALIFICATION CODE _____ ADDRESS (SITE) 1622 Forge pond RD PERMIT NO. 19-3176

CONSTRUCTION PERMIT APPLICATION C-19-004129

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1622 Forge Pond Rd Brick
2. Name of Owner in Fee: Michael Moich
   Tel. [redacted] e-mail _____
   Address 1622 Forge pond RD Brick (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Michael Moich [redacted]
   Address 1622 Forgepond RD e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun M Moich
   Tel. ([redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		$	Updated	Update
1.	Building	188-	0-	
2.	Electrical	AH	275-	
3.	Plumbing		333-	
4.	Fire Protection		150-	
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	2		
10.	Subtotal	$		
11.	Cert. of Occupancy	90-	91-	
12.	Other	200 Eng		
13.	TOTAL	$		

I. 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 576 sq ft sq. ft.	
5.	Volume of New Structure 5760 cu. ft.	
6.	Max. Live Load _____	
7.	Max. Occupancy Load _____	
8.	If Industrialized Building: State Approved ____ HUD ____	
9.	Total Land Area Disturbed _____ sq. ft.	
10.	Flood Hazard Zone _____	
11.	Base Flood Elevation _____ ft.	
12.	Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☒ Addition (Partial F+F)
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

FOR OFFICE USE ONLY (Optional) Full 4.28.20

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	$ 8,500			12-18-19	F+F 12-20-19				
☐ Electrical		CW	11/12/19						
☐ Plumbing									
☐ Fire Protection				4/1/20					
☐ Elevator		Eng	12/16/19		12/16/19	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____
   Gained, Rental _____
   Lost, Sale _____
   Lost, Rental _____

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/22/2021
Control Number C-19-004129
Permit Number 19-3176
Permit Issue Date 12/20/2019
Certificate Number 19-3176

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1622 FORGE POND RD Brick Township, NJ Block: 825 Lot: 20 Qual:

Owner in Fee: MOICH, MICHAEL & MURRAY, MELINDA

Owner Address: 1622 FORGE POND RD BRICK NJ 08724

Telephone: [redacted]

Contractor MOICH, MICHAEL & MURRAY, MELINDA

Address 1622 FORGE POND RD BRICK NJ 08724

Telephone: [redacted] Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RESIDENTIAL ADDITION

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $29.00
Check Number: 2255
Collected By: Christopher Winters

Date Printed: 03/22/2021

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

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	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	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. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

BUILDING SUBCODE
TECHNICAL SECTION

Update

Date Received / Control # 5/5/20

Date Issued / Permit # 19-3176 +A

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

Block 825 Lot 20 Qualification Code

Work Site Location 1622 Forge Pond Rd Brick NJ 08724

Owner in Fee: Michael Moich & Melinda Murray

Tel [redacted] e-mail

Address 1622 Forge Pond Rd Brick NJ 08724

Contractor: Self (street) (municipality) [redacted]

Address 1622 Forge Pond Rd Brick e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 4-28-20 — SE
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 04/28/20

Approved by: MAH

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 02/05/21

Approved by: MAH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	X 7/23/20		9/16/20	
Truss Sys./Bracing				
Barrier-Free				
Insulation			10/14/20	MAH
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Sheathing			5-21-20	SE
Final			2-3-21	SE
Barrier-Free				

open deck 8/5/20 MAH

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

No. of Stories one

Height of Structure ____ ft.

Area — Largest Floor ____ sq. ft.

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

Volume of New Structure ____ cu. ft.

Max. Live Load ____

Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____

If Industrialized Building:

State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Rehabilitation $ 30k
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.

Sign here: Melinda Murray

Print name here: Melinda Murray

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~Addition (18x32) to living area~~

~~Bedroom, Kitchen, bigger bath,~~

~~bigger living area~~

Remainder of Building Subcode

TYPE OF WORK:

- [ ] New Building
- [X] Addition
- [ ] Rehabilitation
- [X] Roofing
- [X] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other ____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

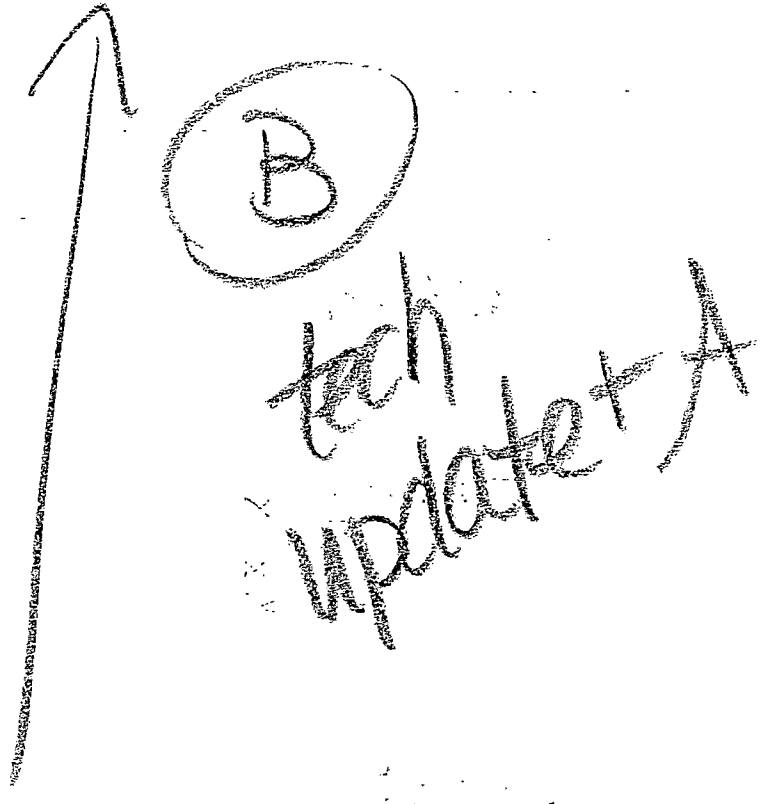
State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 11/09)

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

* 7/23/20 AM - Fresno
See connection notes.



BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/20/19

Date Issued / Permit # 19-376

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

Block 825 Lot 20 Qualification Code

Work Site Location 1622 Forgetpond RD Brick

Owner in Fee: Michael Maich

Tel. [redacted] e-mail

Address 1622 Forgetpond RD (street) Brick (municipality) 08724 (zip code)

Contractor: SAME AS Tel.

Address Above e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[✓] Footings/Foundations	12-30-19	
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/30/19
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 02/05/21
Approved by: KEK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
As-Built Survey			01/31/20	KEK
Footing			1-16-20	
Footing Bonding				
Foundation			2-6-20	
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2-23-21	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

No. of Stories 1

Height of Structure ____ ft.

Area — Largest Floor 576 sq. ft.

New Bldg. Area/All Floors 5760 sq. ft.

Volume of New Structure ____ cu. ft.

Max. Live Load ____

Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Rehabilitation $ 4000
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.

Sign here: [signature]

Print name here: Michael Maich

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

18'x32' ADDITION

Partial

Footing and foundation

TYPE OF WORK:
- [ ] New Building
- [✓] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other ____
- [ ] Demolition

FEE (Office Use Only)

$

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

U.C.C. F110 (rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received 5/5/20
Control #
Date Issued
Permit # 19-3176+A

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

Block 825 Lot 20 Qualification Code

Work Site Location 1622 Forgepond RD Brick

Owner In Fee Michael Moich - Melida Murry

Address 1622 Forgepond RD Brick

Tel ( ) Oscar's Electrical Service, Inc.

Contractor

Address 121 Tiller Av.

Beachwood, N.J. 08722

Tel (732) 363-6042 FAX (732) 901-0106

Contractor License No. 8019

Federal Emp. No. 22-3143825

732-904-3027

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3200

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
12		Lighting Fixtures	
25		Receptacles	
19		Switches	
8		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		50	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	50amp	KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	20amp	KW Dishwasher	
		HP Garbage Disposal	
1	30amp	KW Central A/C Unit	
1	15amp	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	120	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 4-15-2020

Approved by: VMM

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 7-16-21

Approved by: VMM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			6-19-20	JW
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		2/3/21 TO	2-10-21 TO	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

PLUMBING SUBCODE
TECHNICAL SECTION

Update

Date Received / Control # 5/5/20

Date Issued / Permit # 19-3176 TA

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

Block 825 Lot 20 Qualification Code

Work Site Location 1622 Forge Pond Rd Brick NJ 08724

Owner in Fee: Michael + Melinda Moich

Tel. [redacted] e-mail

Address 1622 Forge Pond Rd Brick NJ 08724
(street / municipality / zip code)

Contractor: Kenneth m Jones. Tel. 732 814 3011

Address 114 Stoney Lane e-mail
Brielle N.J. 08721

Contractor License No. 12882 Exp. Date 2/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 261295012. FAX: 732 2773922.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 3/4" Public Water Private Well

Est. Cost of Plumbing Work $ 2500 cc

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 4-30-20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-30-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 7-3-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			7-17-20	WL
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			7-17-20	WL
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			2-3-21	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Kenneth M Jones.

Print name here:

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Addition.

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	
1	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	
2	Stacks 2	
1	Other A/C	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

* Note
Advised Homeowner Low pressure at shower (Clogged Valve)

U.C.C. F130 (rev. 10/17)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update

Date Received 5/5/20
Control #

Date Issued
Permit # 19-3176 HA

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

Block 825 Lot 20 Qualification Code

Work Site Location 1622 Forgepond RD Brick

Owner in Fee: Michael Mauch + Melinda Murray

Tel. [redacted] e-mail

Address 1622 Forgepond RD Brick
street municipality

Contractor: Self Tel. [redacted]

Address SAME AS Above e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: 350

Total Cost of Fire Protection Work $

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [✓] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Michael Mauch

Print name here: Michael Mauch

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[/] CO Detectors/110v	EBIS upgraded throughout sure with homeowner	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	11	
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	Stove
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Fire Protection Plans Approved

Date: 4/11/20 Approved by: LTU

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 4-22-20

Approved by: KEB

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 2-4-21

Approved by: KEB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			2-3-21	PM
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			2-2-21	PM
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2-2-21	PM
Other				

RECEIVING CLERK CW
DATE REC'D 11/12/19

ZONING PERMIT APPLICATION

PERMIT # ZP·19-01359
DATE ISSUED 12/20/19

BLOCK: 825 LOT: 20 QUALIFIER: — SITE ADDRESS: 1622 Forgepond RD

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Michael Molch
COMPLETE ADDRESS: 1622 Forgepond RD Brick 08724
PHONE # [redacted] EMAIL:

2. NAME OF APPLICANT: SAME AS ABOVE
APPLICANT ADDRESS:

PHONE # EMAIL:

3. RESPONSIBLE PERSON FOR WORK: SAME AS ABOVE
PHONE# FAX#

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: X
COMMERCIAL:
EXISTING USE: SFD
PROPOSED USE: SFD

BOARD APPROVAL: — PB — ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: *ADDITION ✓ *ALTERATION *PORCH *DECK

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: (*IF APPLICABLE)

OTHER

DESCRIPTION: 18'x32' ADD.

ZONING REVIEW:
DATE REVIEWED: 12·9·19 DATE DENIED: DATE APPROVED: 12·9·19 INTLS: CW

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Additions Residential

Certificate requirements

print
reset defaults
check all
complete

Additions

Final Construction Inspections

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Mechanical Inspection	comment	☑	☐

Additional information and Prior Approvals

Final Affordable Housing Fee	**comment**	☑	☐
Final AH Due $490 - spoke with Melinda (homeowner) on 3-5-21 MFF Paid 3-18-21 CW			
BTMUA Compliance (732) 458-7000 (If Applicable)	comment	☐	☑
Final Engineering Approval (If in a Flood Zone 2 Final As-Built Surveys and 2 Final Elevation Certificates)	**comment**	☑	☐
sent to Engineering on 3-5-21 MFF Passed 3-16-21 rec'd in bldg. 3-22-21 MFF			
CO Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 19-3176

PERMIT NUMBER ~~19-3176~~ 19-3176 A BLOCK _____ LOT _____

~~OWNER~~ Amin

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

(1) Must Stop all Water Top and Bottom

(2) Vent Bath Fan

(3) Repair Interior Header at ceiling Coming Apart.

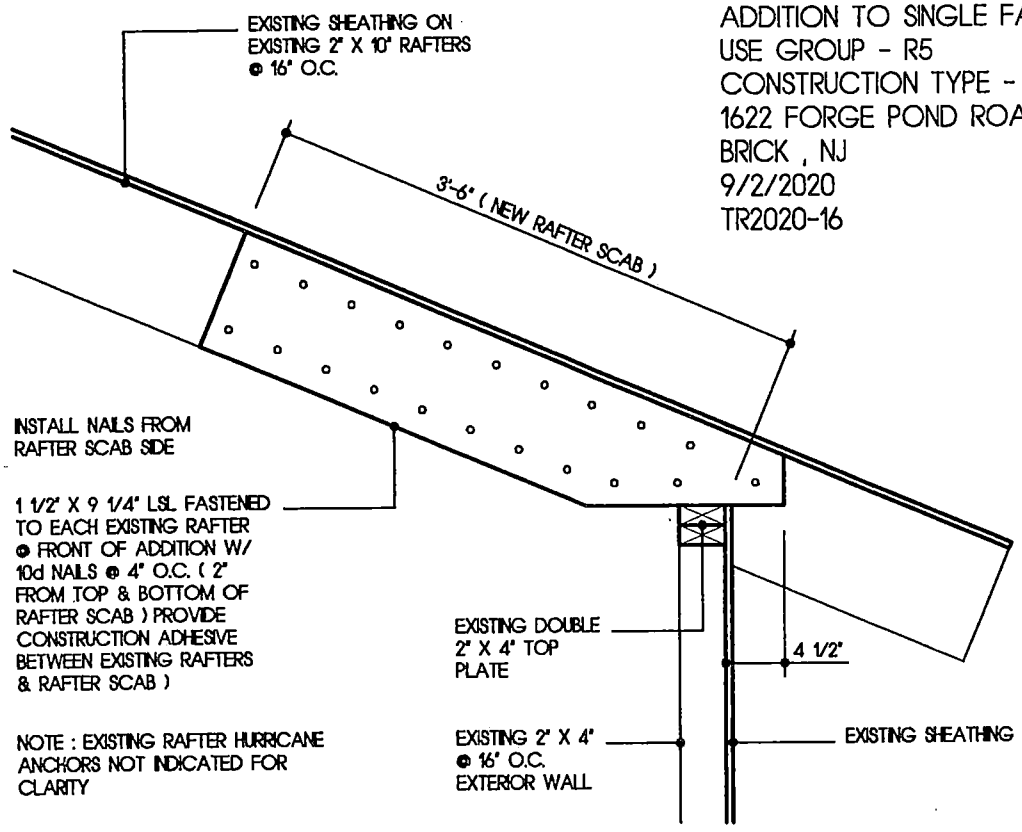
(4) D.P. To comment all over cut Knotted at Blue mark or need repair Detail

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 7/23/20 INSPECTOR _____

RAFTER REPAIR

ADDITION TO SINGLE FAMILY RESIDENCE
USE GROUP - R5
CONSTRUCTION TYPE - VB
1622 FORGE POND ROAD
BRICK , NJ
9/2/2020
TR2020-16



The Lederer & Wright Partnership
16 Madison Avenue , Suite 1D
Toms River , NJ 08753
732-286-1155

Eugene D. Wright Jr
NJ Architect
LI02317

8/25/20

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 1622 Parade Pond

PERMIT NUMBER EP-3176-21 BLOCK 325 LOT 20

OWNER Murray

Upon inspection, violations of the ___ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

Reverse Polarity out side outlet
Inuse covers out side outlets
Protect Romex under cabinet
GFI Protected Bath Room
ARC Fault Protection Breakers
GFI Protection Dishwasher + Lock out
ID Main Breaker To Sub Panel
H.V.A.C not installed + Range
GFI Protection out Side Receptacle

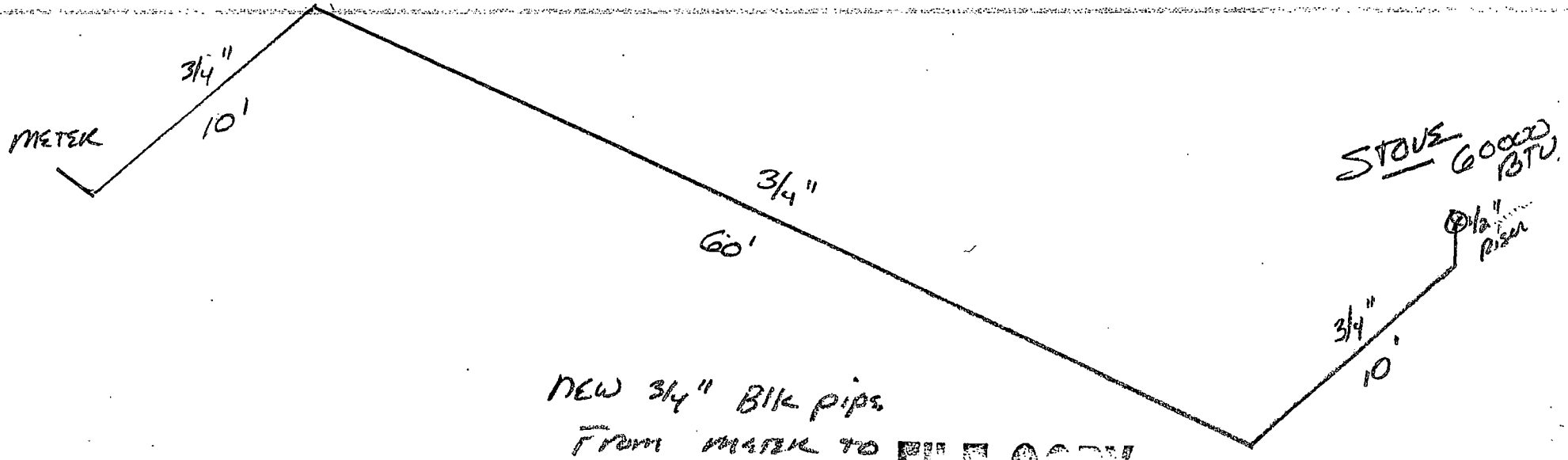
PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 2/3/21 INSPECTOR Thom Oleal

Moick
1622 Forge pond rd

Kenneth M Jones.
#12882

60000 BTU
@ 80 FEET



NEW 3/4" Blk pipe
From meter to
stove.

FILE COPY

PLUMBING
APR 30 2020
APPROVED

RECEIVED
APR 30 2020
BUILDING

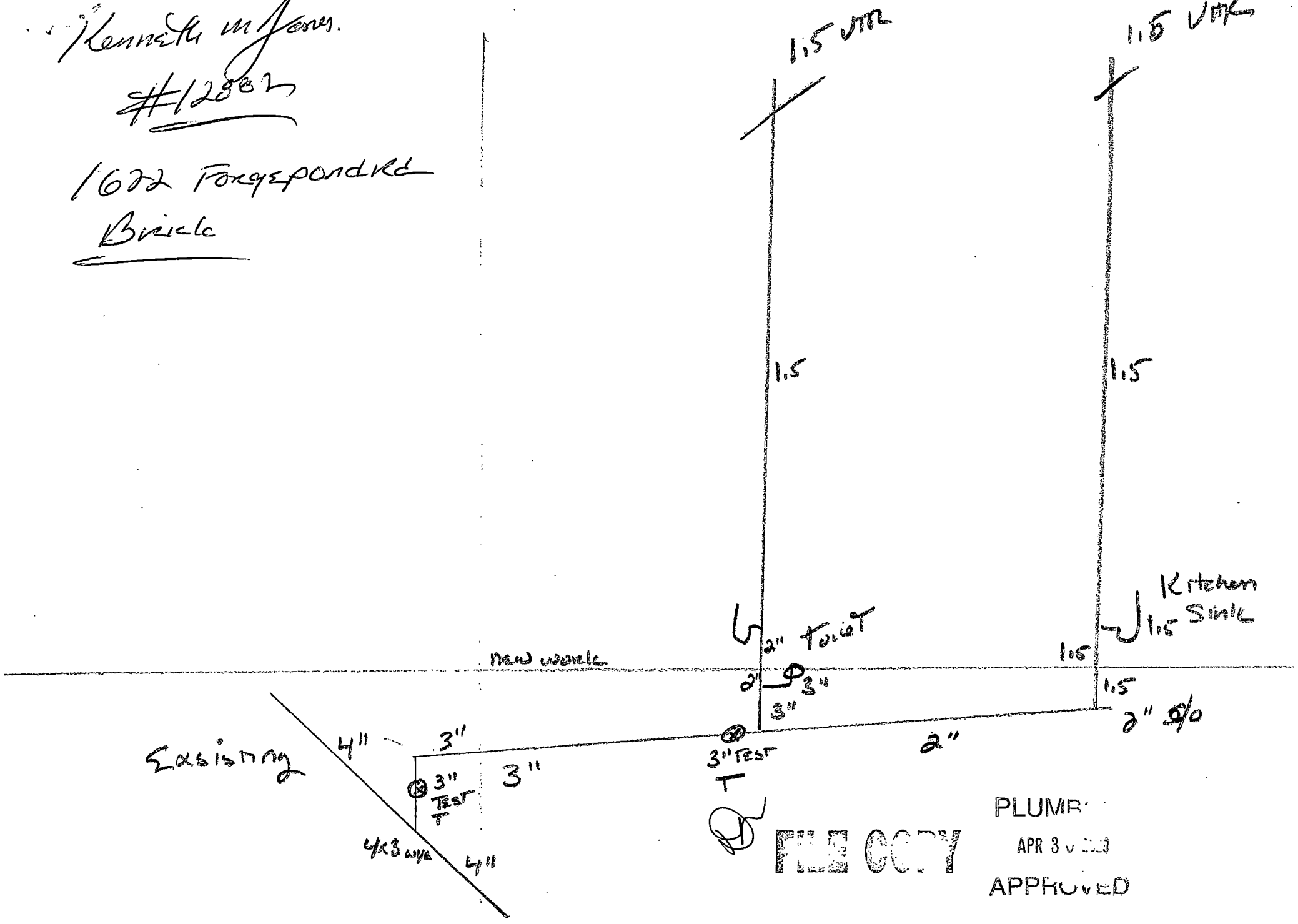
Block # 825
Lot # 20

Kenneth M Jones.

#12862

1622 Forespondred

Brick



Fire inspector,

As per our conversation on 4/15/2020 I am writing to update the fire protection subcode. This is for the addition at 1622 Forge Pond Rd Brick N.J. 08724. Block 825 Lot 20

There will be one smoke detector in each bedroom new and existing. There will also be one combo detector outside the bedroom on main existing side of home. There will be another combo (carbon monoxide + smoke) detector in the new addition outside the bedroom, within 21 Feet

In the basement there will be a combo detector. All will be hard wired drawing power from the bedrooms.

Please call if any other info is needed Thank you for your time as it really did help to speak with you.

Thank you
Richard Morel
Melinda Murray-Morel

Rec'd 4/15/20

INSPECTOR: Greg Pello

DATE: 3/16/21

JOB: [illegible] SECTION: Lawrence Park

INSPECTION: Final C.O.

TYPE OF WORK: Addition PERMIT #: 19-3176

LOCATION: 1020 Longs Hand Rd.

WEATHER / TEMP: Cloudy, 31°F

BLOCK: 875 LOT: 29

ENGINEERING RECOMMENDATIONS FOR CERTIFICATION OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	* Widening in rear to 24'
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on-going construction in immediate area	✓	* Applying for Permits for Driveway and Non Accessible Ramp
8. Safety	✓	
9. As Built Survey / Elevation Certificate	N/A	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☒ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE / ADDITIONAL PERMITS
- ☐ $50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1041

Receipt

Payment Date 03/18/2021

Transaction # PMT-21-02214

Receipt #

Issued To RITA MURRAY

Description
FINAL AFFORDABLE HOUSING
BLOCK 825 LOT 20
1622 FORGE POND ROAD

Date Printed 03/18/2021

Check Number 208

Cash	$0.00
Check	$490.00
Charge	$0.00
Total Paid	$490.00

APPLICATION FOR CERTIFICATE

Date Received 11/12/2019
Date Permit Issued 12/20/2019
Control # C-19-004129
Permit # 19-3176
Date Issued

IDENTIFICATION

Block 825 Lot 20 Qualifier

Work Site Location 1622 FORGE POND RD Brick Township, NJ

Owner in Fee MOICH, MICHAEL & MURRAY, MELINDA
1622 FORGE POND RD BRICK NJ 08724

Telephone [redacted]

Contractor MOICH, MICHAEL & MURRAY, MELINDA
Address 1622 FORGE POND RD BRICK NJ 08724

Telephone [redacted]

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous R-5 Current

FINAL COST OF CONSTRUCTION: $ 4000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Addition RESIDENTIAL ADDITION ...PARTIAL RELEASE - FOOTING & FOUNDATION ONLY

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: Melinda Murray
Owner/Agent

- [x] OWNER
- [ ] AGENT

UCC F270 equiv.

COAH Fee

Council on Affordable Housing (COAH) Fee

Block: 825 Lot: 20 1622 FORGE POND RD

General | Fees | Payments

General

Date: 12/10/2019 | Application Type: Residential | Application Number: ZA-19-01371

Values

Sq. Ft.:	576
Cost / Sq. Ft.:	75
Estimated Assessed Value:	43200
Actual Assessed Value:	
Equalized Value:	70,600
Land Value:	

○ Use Cost / Sq. Ft. for Calculation

◉ Use % of Assessed Value for Calculation

Contributions

Initial % Due:	0.5
% Required:	1
Estimated Contribution Fee:	432
Actual Contribution Fee:	0

◉ Use Estimated Fee for Payment Due

○ Use Actual Fee for Payment Due

Notes

Prelim Fees Due: $216.00

Final Due $490

OK | Cancel

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1041

Receipt

Payment Date 12/20/2019
Transaction # PMT-19-10902
Receipt #

Issued To RITA MURRAY

Description
PRELIMINARY AFFORDABLE HOUSING
BLOCK 825 LOT 20
1622 FORGE POND ROAD

Date Printed 12/20/2019
Check Number 2254

Cash	$0.00
Check	$216.00
Charge	$0.00
Total Paid	$216.00

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 12/20/19
Application Number: ZA-19-01371
Application Date: 12/6/2019
Project Number:
Permit Number: ZP-19-01359
Fee: $75.00

Zoning Permit

Worksite **1622 FORGE POND RD**
Location: **Brick Township, NJ 08724**

Owner: **MOICH, MICHAEL & MURRAY, MELINDA**
Address: **1622 FORGE POND RD**
BRICK, NJ 08724

Applicant: **MOICH, MICHAEL & MURRAY, MELINDA**
Address: **1622 FORGE POND RD**
BRICK, NJ 08724

Block: **825** Lot: **20** Qualifier: Zone: **R-10**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Single-Family Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Single-Family Residential**

Work Description:

Addition - Construction of a 576 sq. ft. single story addition. (Mother/Daughter Design)

The addition must be setback at least 30' from the front property line, 6'/20' combination on the side property line, and 20' from the rear property line.

Additional Zoning Permit is required for additional work.

NOTE: This space cannot be altered to create a fully functional second unit/apartment for rent. Two-family homes are illegal in the Township and require a Use Variance approval by the Zoning Board of Adjustment.

Application Approved Date: 12/9/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 12/9/2019 Date

Brick Township
Community Development and Land Use
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041 Fax(732) 262-2941

Application Date: 11/14/2019
Application Number: ZA-19-01371
Permit Number:
Project Number:
Fee: $75

Denial of Application

Date: 11/21/2019

To: MOICH, MICHAEL & MURRAY, MELINDA
1622 FORGE POND RD
BRICK, NJ 08724

CC: App Tele:(732) 237-5243

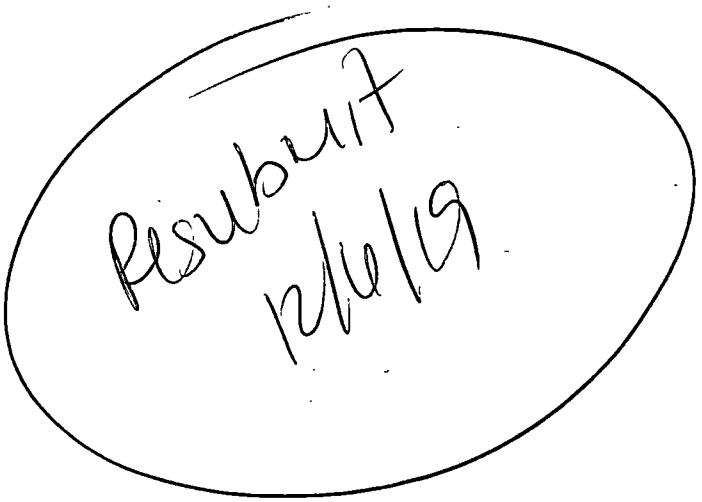
RE: 1622 FORGE POND RD
Block: 825 Lot: 20 Qual: Zone: R-10

Dear MOICH, MICHAEL & MURRAY, MELINDA,
Your request is hereby denied based upon the following requirements:

Two sets of plans that show the full scope of the work including the labeling all existing and proposed areas of the home.

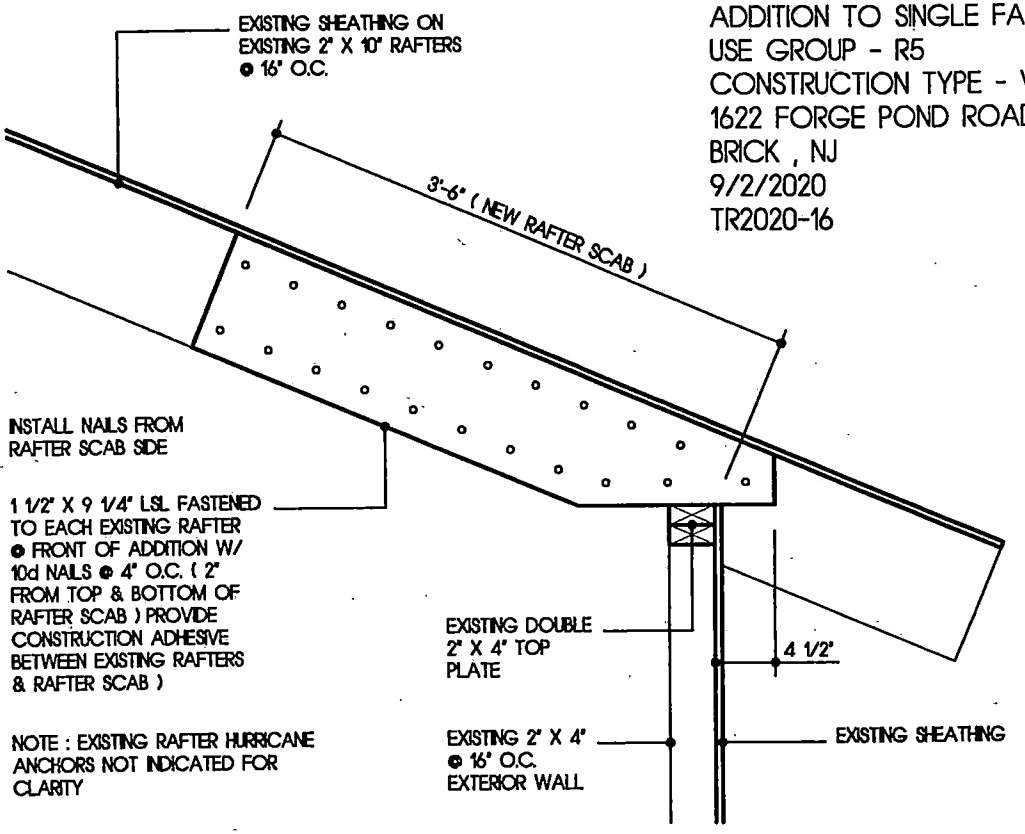
Sincerely,

Christopher J. Romano, Zoning Officer



RAFTER REPAIR

ADDITION TO SINGLE FAMILY RESIDENCE
USE GROUP - R5
CONSTRUCTION TYPE - VB
1622 FORGE POND ROAD
BRICK , NJ
9/2/2020
TR2020-16



The Lederer & Wright Partnership
16 Madison Avenue , Suite 1D
Toms River , NJ 08753
732-286-1155

Eugene D. Wright Jr
NJ Architect
LI02317

9/2/20

PERMIT UPDATE

Date Update Issued 5/5/20
Control # C-19-004129+A
Permit # 19-3176+A

IDENTIFICATION Block: 825 Lot: 20 Qualifier
Work Site Location: 1622 FORGE POND RD Brick Township, NJ
Owner in Fee MOICH, MICHAEL & MURRAY, MELINDA
1622 FORGE POND RD BRICK NJ 08724
Telephone: [redacted]

Contractor MOICH, MICHAEL & MURRAY, MELINDA
Address 1622 FORGE POND RD BRICK NJ 08724
Telephon [redacted]
Lic. No. c. Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RESIDENTIAL ADDITION ...UPDATE +A - BALANCE OF BLDG & REMAINDER OF SUBCODES

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 $36,050

D. Hurwitz 5/1/20
Construction Official Date

U.C.C. F170
equiv (rev 1/04)

PAYMENTS (Office Use Only)

Building	$0
Electrical	$275
Plumbing	$333
Fire Protection	$150
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	$91.00
Other	$0
Total	$849
Check No.	2311
Cash	$0
Credit	$0
Collected By	M. Fagan

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:

- [x] 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".

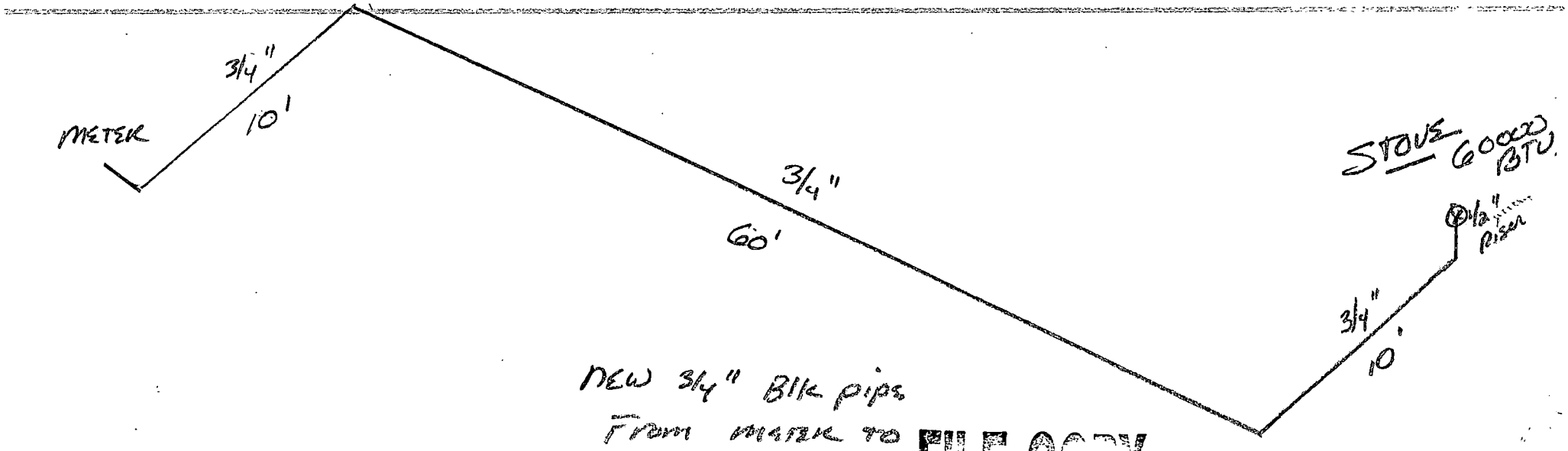
- [x] A complete copy of released plans must be kept on the job site.

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

Moick
1622 Forge pond rd

Kenneth M Toms.
#12882

60000 BTU
@ 80 FEET



NEW 3/4" Blk pipe
From meter to
stove.

FILE COPY

PLUMBING
APR 30 2020
APPROVED

RECEIVED
APR 30 2020
BUILDING

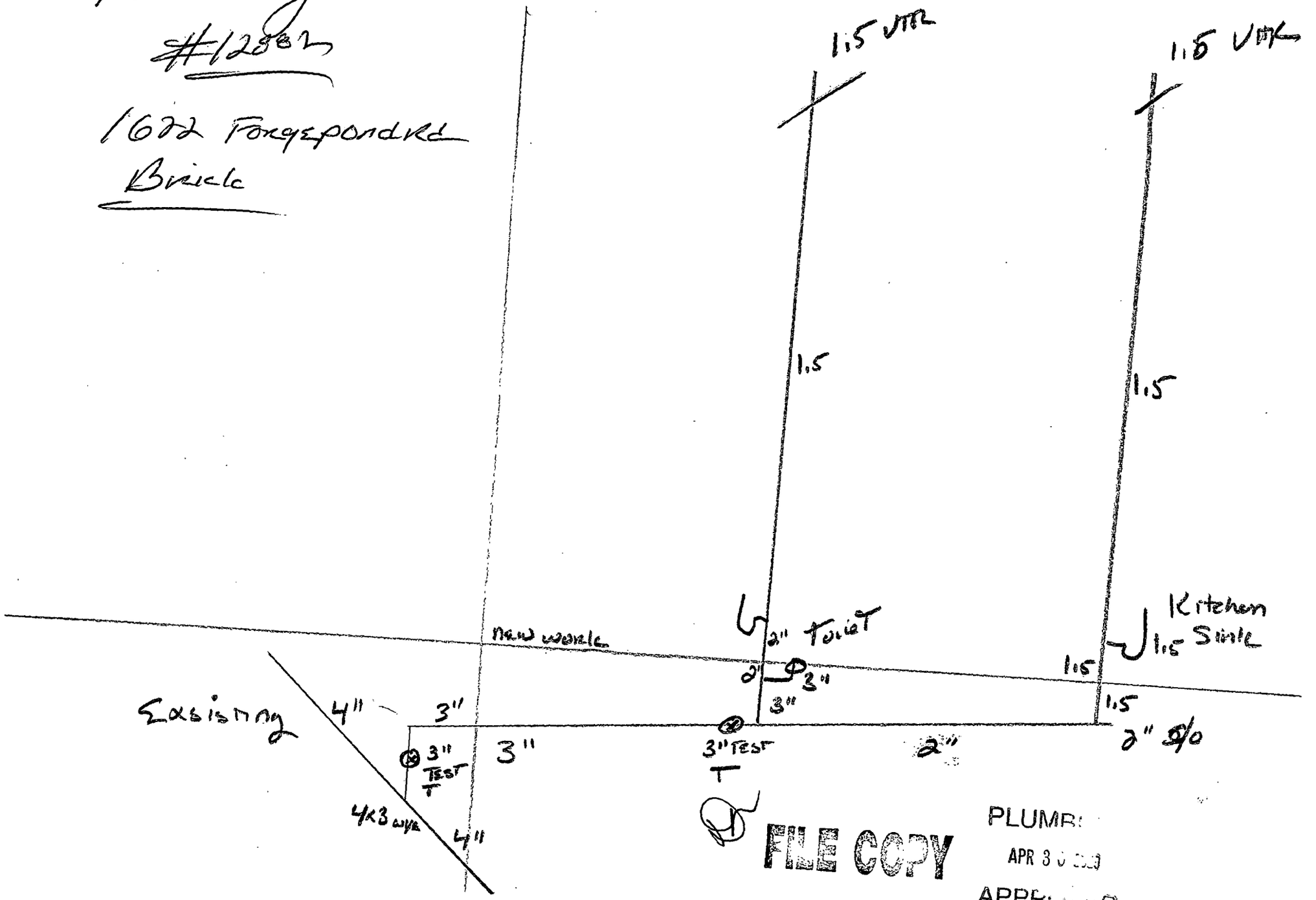
Block # 825
Lot # 20

Kenneth M Jones.

#12582

1622 Foxespondrd

Brick



FILE COPY

PLUMB

APR 3 0

APPROVED

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

4/27/20
Faxed
Number
Cu

Subcode Official Review

Date: Monday, April 27, 2020

To: MOICH, MICHAEL & MURRAY, MELINDA
1622 FORGE POND RD
BRICK, NJ 08724

RE: Plumbing Subcode
Block: 825 Lot: 20 Qual:
1622 FORGE POND RD
Permit Number: 19-3176+A Control Number: C-19-004129+A
Last Submit Date: Friday, April 24, 2020

Dear MOICH, MICHAEL & MURRAY, MELINDA,

The following comments were made during the Plan Review process:
The Gas sketch does not demonstrate code compliance
SIZING OF GAS PIPE IRC 2015 G2413.4(1) (402.4(2) Longest Length Method
The pipe size of each section of gas piping shall be determined using the longest length of piping from the point of delivery to the most remote outlet and the load of the section.

The gas sketch shows the longest run from the meter to the stove is approximately 78 feet. At that length for the longest run, the maximum CFH on a 1" line is 220 CFH. The line feeding the condensing WH/Boiler plus the dryer has a 240 CFH demand. Also the maximum on a 1/2 line is 52 CFH. The sketch shows 60 CFH demand.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

RESUBMIT MFF
SUBCODES Plumbing
DATES 4/30/2020

DAVID B. HARTDORN, A.I.A.
ARCHITECT & PLANNER L.L.C.
EST. 1986
dbh-design.com

FILE COPY

04-01-20

Mr. & Mrs. Moich
1622 Forge Pond Road
Brick, New Jersey
08723

Re: Res Chk Compliance Certificate

Mr. & Mrs. Moich,

Enclosed is a Res Chk based upon plans prepared by homeowner. The wall assembly insulation that was required is R-15 batt wall insulation between the 2"x 4" studs and a minimum of R-5 continuous rigid insulation board as selected on the exterior wall assembly.

Upon your review should you have any comments or questions please contact my office. Thank you.

Amount: $100.00 (paid)

DBH/llh

Sincerely,

David B. Hartdorn, R.A.

FILE COPY

(732) 899-1608 (732) 714-1606 --- FAX 332 DEERFOOT LANE, BRICK N.J. 08724

FILE COPY

REScheck Software Version 4.6.5

Compliance Certificate

Project Moich Residential Addition

Energy Code:	**2015 IECC**
Location:	**Point Pleasant (Ocean), New Jersey**
Construction Type:	**Single-family**
Project Type:	**Addition**
Orientation:	**Unspecified**
Climate Zone:	**4 (5294 HDD)**
Permit Date:	
Permit Number:	

Construction Site:
1622 Forge Pond Road
Brick, NJ 08723

Owner/Agent:

Designer/Contractor:

Compliance: Passes using UA trade-off

Compliance: **3.1% Better Than Code** Maximum UA: **163** Your UA: **158** Maximum SHGC: **0.40** Your SHGC: **0.28**

The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules.
It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

Envelope Assemblies

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
Wall 1: Wood Frame, 16" o.c. Orientation: Unspecified	1,024	15.0	5.0	0.053	50
Window 1: Wood Frame:Triple Pane with Low-E SHGC: 0.28 Orientation: Unspecified	74			0.300	22
Door 1: Glass SHGC: 0.28 Orientation: Unspecified	16			0.300	5
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	1,024	21.0	0.0	0.044	45
Ceiling 1: Flat Ceiling or Scissor Truss	1,024	30.0	0.0	0.035	36

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2015 IECC requirements in REScheck Version 4.6.5 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

DAVID HARTDORN ARCHITECT — Name - Title

Signature

04-01-20 — Date

FILE COPY

REScheck Software Version 4.6.5

Inspection Checklist

Energy Code: 2015 IECC

Requirements: 0.0% were addressed directly in the REScheck software

Text in the "Comments/Assumptions" column is provided by the user in the REScheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.

Section # & Req.ID	Pre-Inspection/Plan Review	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
103.1, 103.2 [PR1][1]	Construction drawings and documentation demonstrate energy code compliance for the building envelope. Thermal envelope represented on construction documents.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
103.1, 103.2, 403.7 [PR3][1]	Construction drawings and documentation demonstrate energy code compliance for lighting and mechanical systems. Systems serving multiple dwelling units must demonstrate compliance with the IECC Commercial Provisions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
302.1, 403.7 [PR2][2]	Heating and cooling equipment is sized per ACCA Manual S based on loads calculated per ACCA Manual J or other methods approved by the code official.	Heating: Btu/hr____ Cooling: Btu/hr____	Heating: Btu/hr____ Cooling: Btu/hr____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Foundation Inspection	Complies?	Comments/Assumptions
303.2.1 [FO11]²	A protective covering is installed to protect exposed exterior insulation and extends a minimum of 6 in. below grade.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.9 [FO12]²	Snow- and ice-melting system controls installed.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Framing / Rough-In Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1, 402.3.1, 402.3.3, 402.5 [FR2][1]	Glazing U-factor (area-weighted average).	U-____	U-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.1.3 [FR4][1]	U-factors of fenestration products are determined in accordance with the NFRC test procedure or taken from the default table.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.1.1 [FR23][1]	Air barrier and thermal barrier installed per manufacturer's instructions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.3 [FR20][1]	Fenestration that is not site built is listed and labeled as meeting AAMA /WDMA/CSA 101/I.S.2/A440 or has infiltration rates per NFRC 400 that do not exceed code limits.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.5 [FR16][2]	IC-rated recessed lighting fixtures sealed at housing/interior finish and labeled to indicate ≤2.0 cfm leakage at 75 Pa.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.1 [FR12][1]	Supply and return ducts in attics insulated ≥= R-8 where duct is ≥= 3 inches in diameter and ≥= R-6 where ≤ 3 inches. Supply and return ducts in other portions of the building insulated ≥= R-6 for diameter ≥= 3 inches and R-4.2 for ≤ 3 inches in diameter.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.5 [FR15][3]	Building cavities are not used as ducts or plenums.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.4 [FR17][2]	HVAC piping conveying fluids above 105 ºF or chilled fluids below 55 ºF are insulated to ≥R-3.	R-____	R-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.4.1 [FR24][1]	Protection of insulation on HVAC piping.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.3 [FR18][2]	Hot water pipes are insulated to ≥R-3.	R-____	R-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.6 [FR19][2]	Automatic or gravity dampers are installed on all outdoor air intakes and exhausts.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Insulation Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
303.1 [IN13][2]	All installed insulation is labeled or the installed R-values provided.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.1.1, 402.2.6 [IN1][1]	Floor insulation R-value.	R-____ ☐ Wood ☐ Steel	R-____ ☐ Wood ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.2, 402.2.7 [IN2][1]	Floor insulation installed per manufacturer's instructions and in substantial contact with the underside of the subfloor, or floor framing cavity insulation is in contact with the top side of sheathing, or continuous insulation is installed on the underside of floor framing and extends from the bottom to the top of all perimeter floor framing members.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.1.1, 402.2.5, 402.2.6 [IN3][1]	Wall insulation R-value. If this is a mass wall with at least ½ of the wall insulation on the wall exterior, the exterior insulation requirement applies (FR10).	R-____ ☐ Wood ☐ Mass ☐ Steel	R-____ ☐ Wood ☐ Mass ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.2 [IN4][1]	Wall insulation is installed per manufacturer's instructions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1, 402.2.1, 402.2.2, 402.2.6 [FI1][1]	Ceiling insulation R-value.	R-____ ☐ Wood ☐ Steel	R-____ ☐ Wood ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values.*
303.1.1.1, 303.2 [FI2][1]	Ceiling insulation installed per manufacturer's instructions. Blown insulation marked every 300 ft².			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.2.3 [FI22][2]	Vented attics with air permeable insulation include baffle adjacent to soffit and eave vents that extends over insulation.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.2.4 [FI3][1]	Attic access hatch and door insulation ≥R-value of the adjacent assembly.	R-____	R-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.1.2 [FI17][1]	Blower door test @ 50 Pa. ≤=5 ach in Climate Zones 1-2, and ≤=3 ach in Climate Zones 3-8.	ACH 50 =____	ACH 50 =____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.4 [FI4][1]	Duct tightness test result of ≤=4 cfm/100 ft2 across the system or ≤=3 cfm/100 ft2 without air handler @ 25 Pa. For rough-in tests, verification may need to occur during Framing Inspection.	____ cfm/100 ft²	____ cfm/100 ft²	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.3 [FI27][1]	Ducts are pressure tested to determine air leakage with either: Rough-in test: Total leakage measured with a pressure differential of 0.1 inch w.g. across the system including the manufacturer's air handler enclosure if installed at time of test. Postconstruction test: Total leakage measured with a pressure differential of 0.1 inch w.g. across the entire system including the manufacturer's air handler enclosure.	____ cfm/100 ft²	____ cfm/100 ft²	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.2.1 [FI24][1]	Air handler leakage designated by manufacturer at ≤=2% of design air flow.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.1.1 [FI9][2]	Programmable thermostats installed for control of primary heating and cooling systems and initially set by manufacturer to code specifications.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.1.2 [FI10][2]	Heat pump thermostat installed on heat pumps.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1 [FI11][2]	Circulating service hot water systems have automatic or accessible manual controls.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
403.6.1 [FI25][2]	All mechanical ventilation system fans not part of tested and listed HVAC equipment meet efficacy and air flow limits.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.2 [FI26][2]	Hot water boilers supplying heat through one- or two-pipe heating systems have outdoor setback control to lower boiler water temperature based on outdoor temperature.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1.1 [FI28][2]	Heated water circulation systems have a circulation pump. The system return pipe is a dedicated return pipe or a cold water supply pipe. Gravity and thermos-syphon circulation systems are not present. Controls for circulating hot water system pumps start the pump with signal for hot water demand within the occupancy. Controls automatically turn off the pump when water is in circulation loop is at set-point temperature and no demand for hot water exists.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1.2 [FI29][2]	Electric heat trace systems comply with IEEE 515.1 or UL 515. Controls automatically adjust the energy input to the heat tracing to maintain the desired water temperature in the piping.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.2 [FI30][2]	Water distribution systems that have recirculation pumps that pump water from a heated water supply pipe back to the heated water source through a cold water supply pipe have a demand recirculation water system. Pumps have controls that manage operation of the pump and limit the temperature of the water entering the cold water piping to 104ºF.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.4 [FI31][2]	Drain water heat recovery units tested in accordance with CSA B55.1. Potable water-side pressure loss of drain water heat recovery units ≤ 3 psi for individual units connected to one or two showers. Potable water-side pressure loss of drain water heat recovery units ≤ 2 psi for individual units connected to three or more showers.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
404.1 [FI6][1]	75% of lamps in permanent fixtures or 75% of permanent fixtures have high efficacy lamps. Does not apply to low-voltage lighting.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
404.1.1 [FI23][3]	Fuel gas lighting systems have no continuous pilot light.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
401.3 [FI7][2]	Compliance certificate posted.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
303.3 [FI18][3]	Manufacturer manuals for mechanical and water heating systems have been provided.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

2015 IECC Energy Efficiency Certificate

Insulation Rating	R-Value
Above-Grade Wall	20.00
Below-Grade Wall	0.00
Floor	21.00
Ceiling / Roof	30.00
Ductwork (unconditioned spaces):	_____

Glass & Door Rating	U-Factor	SHGC
Window	0.30	0.28
Door	0.30	0.28

Heating & Cooling Equipment	Efficiency
Heating System:_____	_____
Cooling System:_____	_____
Water Heater:_____	_____

Name: _____ Date:_____

Comments

19-3176

SOLID WASTE ORIGIN AND DISPOSAL (O&D) FORM

A. Transporter Section: *To be completed by the Transporter PRIOR to transport to the disposal site (Instructions on Reverse)*

1. Name of Registered Transporter: M. MARCIANO RECYCLING Phone No. 732 899 5336
2. NJDEP Registration No.: 18963
3. Type of Transporter Registration: (Check One) ☐ A-901 Licensed ☐ Registered self-generator ☐ Registration Exempt
4. Waste Self- Generated: (Check One) ☐ YES ☐ NO
5. Name of LESSOR if the solid waste vehicle is leased:

6. Decal No.	Type	License Plate No.	Capacity	Leased – Yes or No
0165	Cab or Single Unit	X M158 B	YDS	NO
	Container	N/A	YDS	NO
	Trailer		YDS	NO

7. A. Waste Types (Please circle)
ID 10 ID 13 ID 13C ID 23
ID 25 ID 27 ID 27A ID 27I
Other:

B. Source Separated Recyclables: (Please circle)
Paper / Corrugated / Glass / Metal / Plastics
Concrete / Asphalt / Wood / Yard Material
Other:

8. Transporter to complete waste origin information: ON DUMP TICKET

Municipality (ies)	County(ies)	State	% of Total Load
		N.J.	100%

* *Sending Facility: (If solid waste is transported from a solid waste intermodal, transfer, or mater recovery facility, list the facility name in the Municipality column, ID # in the County column and the State in which the sending facility is located in the State column.)*

9. Date Waste Collected: /19

10. Transporter's Certification: I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE:

MICHAEL MARCIANO — Michael Marciano — /19

PRINT DRIVER'S NAME — SIGNATURE — DATE

B. Disposal Destinations:

11. Final Disposal Facility Name & State (Transporter Completes 11 & 12): X MAZZA TINTON FALLS MON. CTY. NJ 195599

12. Non Hazardous Manifest # or Bill of Lading # or Pull Ticket #:

13. In State weigh location (Weigh master completes 13 through 16): MAZZA TINTON FALLS MON. CTY. NJ 195599

14. GROSS WT.: NET WT. *(IN STATE DISPOSAL ONLY)*: 15. SCALE TICKET No. *(IN STATE DISPOSAL ONLY)*:

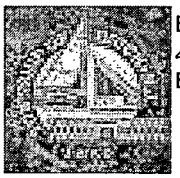
16. Weigh master's Certification: *I CERTIFY THAT THIS FORM HAS BEEN COMPLETED BY THE REGISTERED TRANSPORTER IDENTIFIED ABOVE, AND THAT THE GROSS WEIGHT FIGURE IS TRU ACCURATE FOR LOADS GOING OUT OF STATE.*

SIGNATURE: DATE: #

C. In State Disposal Facility Section: *(To be completed by facility operator for loads disposed of in State only)*

17. New Jersey Receiving Facility Operator Certification: *I CERTIFY THAT THIS FORM HAS BEEN COMPLETED BY THE REGISTERED TRANSPORTER IDENTIFIED ABOVE, AND THAT THE WASTE AS IDEN BY THE TRANSPORTER IS PERMITTED TO BE DISPOSED OF AT THIS FACILITY.*

Receiving Facility Permit or ID#.: 195599 DATE [redacted] TIME : OPERATOR'S STAMP OR SIGNATURE



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Administrative Plan Review

Control Number: C-19-004129+A
Permit Number: 19-3176+A
Tube Number:
Application Date: 04/06/2020
Permit Issue Date:
Received Date: 04/10/2020
Result: Fail
Result Date: 04/10/2020

Work Site Location: 1622 FORGE POND RD Brick Township, NJ
Block: 825 Lot: 20 Qualifier:
Owner: MOICH, MICHAEL & MURRAY, MELINDA
Owner Address: 1622 FORGE POND RD BRICK NJ 08724
Telephone: [redacted]
Agent: MOICH, MICHAEL & MURRAY, MELINDA
Agent Address: 1622 FORGE POND RD BRICK NJ 08724
Telephone: [redacted]
Contractor:
Contractor Address:
Telephone:
Engineer:
Engineer Address:
Telephone:
Architect:
Architect Address:
Telephone:

Plan Review Comments: 4-10-20 - This application cannot be issued until the Fire Subcode Technical Section has been signed. MFF

Plan Review Subcode Notes

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

emailed to:
mindymurray66
@gmail.com.
04/24/20 ~4:00P.M.

Subcode Official Review

Date: Wednesday, December 18, 2019

To: MOICH, MICHAEL & MURRAY, MELINDA
1622 FORGE POND RD
BRICK, NJ 08724

RE: Building Subcode
Block: 825 Lot: 20 Qual:
1622 FORGE POND RD
Permit Number: Control Number: C-19-004129
Last Submit Date: Monday, December 16, 2019

Dear MOICH, MICHAEL & MURRAY, MELINDA,

Your request is hereby denied based upon the following infractions.

1) Please submit a complete section view of framing from foundation to roof, showing size and species of lumber being, sheathing ,vapor barrier and finishes.

2) Crawl space access is required min. of 16" x 24"

3) Please show bathroom exhaust fan run to outdoors along with dryer vent and combustion air requirements.

4) Please show center girder size and attachment to piers and pilasters.

RESUBMIT Cer
SUBCODES B
DATES 4/27/20

Sincerely,

John Pinkava, Subcode Official

CC:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Friday, April 24, 2020

To: MOICH, MICHAEL & MURRAY, MELINDA
1622 FORGE POND RD
BRICK, NJ 08724

RE: Building Subcode
Block: 825 Lot: 20 Qual:
1622 FORGE POND RD
Permit Number: 19-3176+A Control Number: C-19-004129+A
Last Submit Date: Monday, April 20, 2020

Dear MOICH, MICHAEL & MURRAY, MELINDA,

Your request is hereby denied based upon the following infractions.

1) Need all items from original rejection notice.

Sincerely,

John Pinkava, Subcode Official

CC:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, December 18, 2019

To: MOICH, MICHAEL & MURRAY, MELINDA
1622 FORGE POND RD
BRICK, NJ 08724

RE: Building Subcode
Block: 825 Lot: 20 Qual:
1622 FORGE POND RD
Permit Number: Control Number: C-19-004129
Last Submit Date: Monday, December 16, 2019

Dear MOICH, MICHAEL & MURRAY, MELINDA,

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1) Please submit a complete section view of framing from foundation to roof, showing size and species of lumber being, sheathing ,vapor barrier and finishes.

2) Crawl space access is required min. of 16" x 24"

3) Please show bathroom exhaust fan run to outdoors along with dryer vent and combustion air requirements.

4) Please show center girder size and attachment to piers and pilasters.

Sincerely,

John Pinkava, Subcode Official

CC:

Plan Review Comments are for
Update + A - Balance of Bldg Subcode

Partial Release For Footings / Foundation ONLY

Good morning,

1) all is on these plans - Dugles fir Lumber, Tyvek, all sizes on pg. 2 vinyl siding

2) 24x32 on print

3) on plans ξ line is squggly

4) on plans shows pg 3 - 3-2x12 ~~Girder~~ Toe nailed to sill + flashing

Thank you so much

Melinda Murray Moich
732-237-5243

FOUNDATION LOCATION

DATE: 1/30/2020

BLOCK: 825 LOT: 20, 21, 22, 23, 24

ADDRESS: 1622 Forge Pond Road Brick NJ 08724

CONTACT PERSON: Michael or Melinda Moich

PHONE # [redacted]

ADD'N

PASSED: 01/31/20 KM

FAILED: _____

COMMENTS: _____

PLEASE GIVE TO INSPECTION DESK TO SCHEDULE INSPECTION.

THANK YOU

For office use only

Intake Clerk: _____

Moick

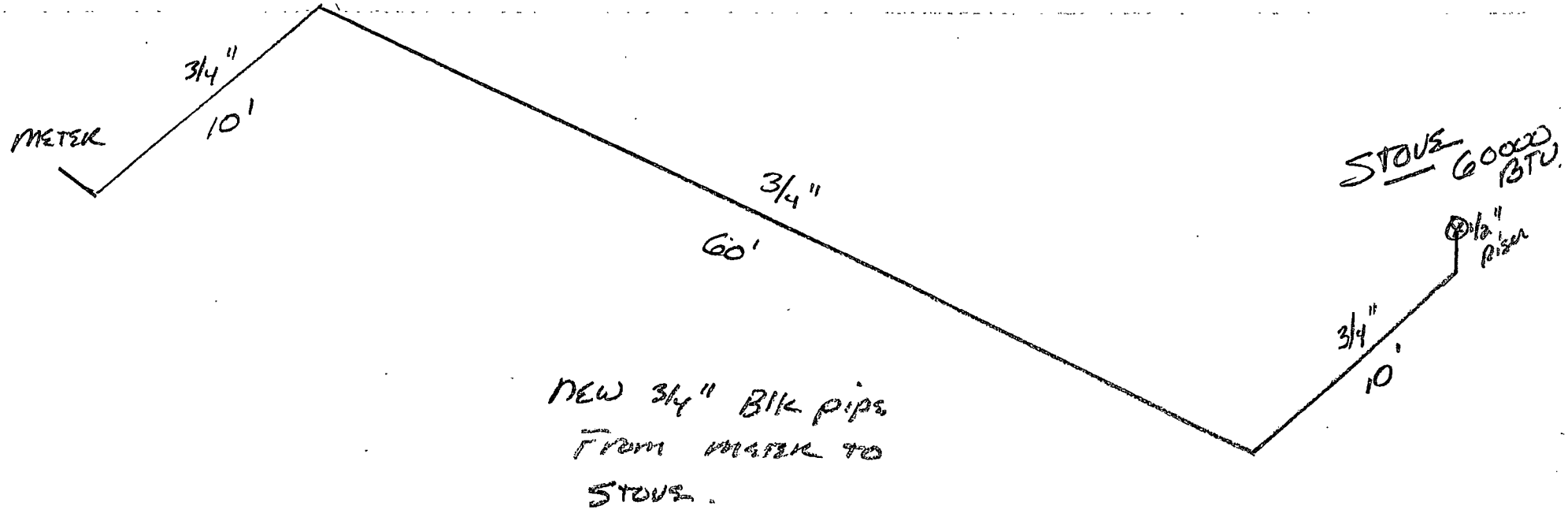
1622 Forge pond rd

Kenneth M Jones.

#12882

60000 BTU

@ 80 FEET



New 3/4" Blk pipe
From meter to
stove.

Block # 825

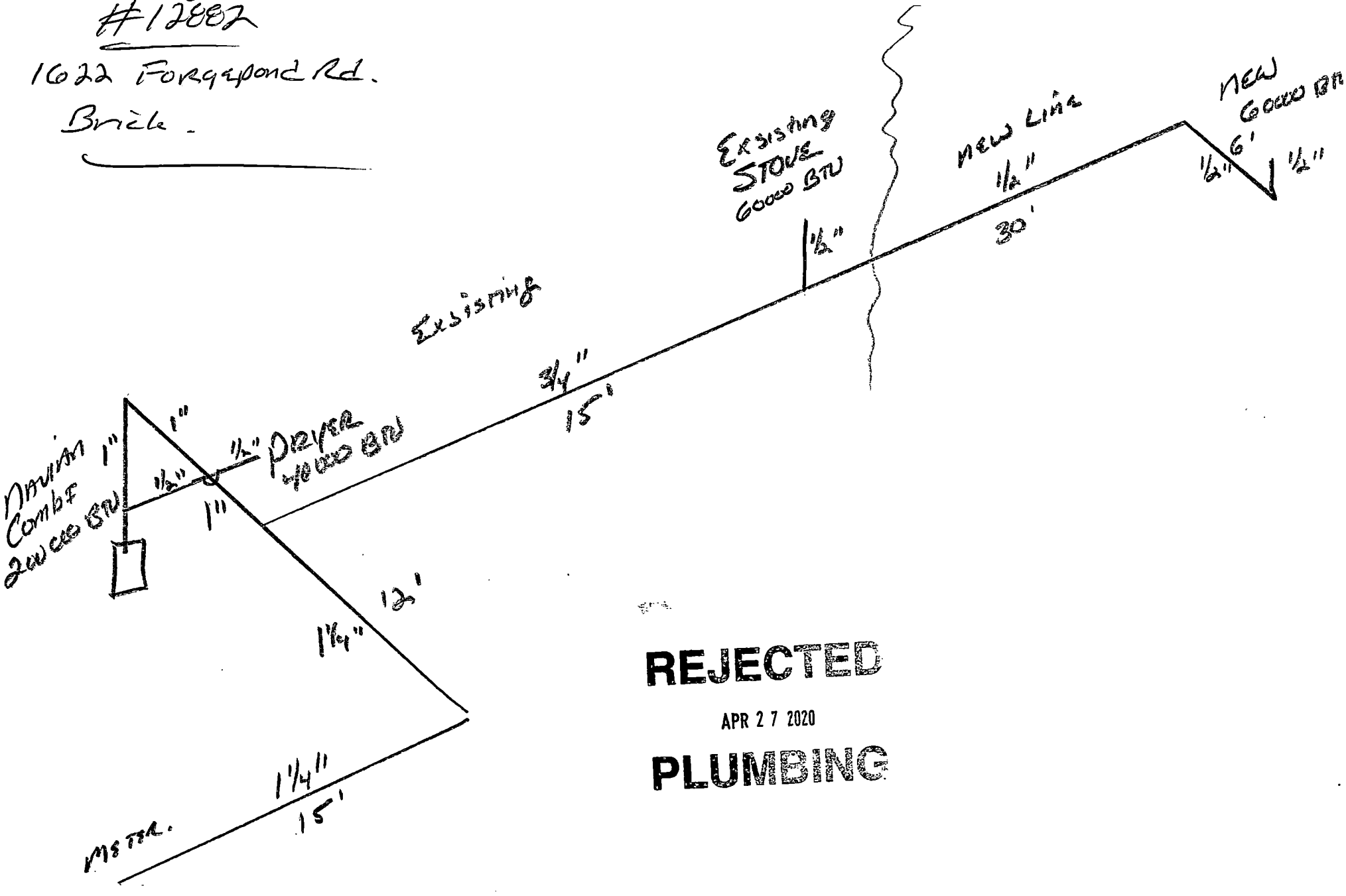
Lot # 20

Kenneth M Jones

#12882

1622 Forrestpond Rd.

Brick



REJECTED

APR 2 7 2020

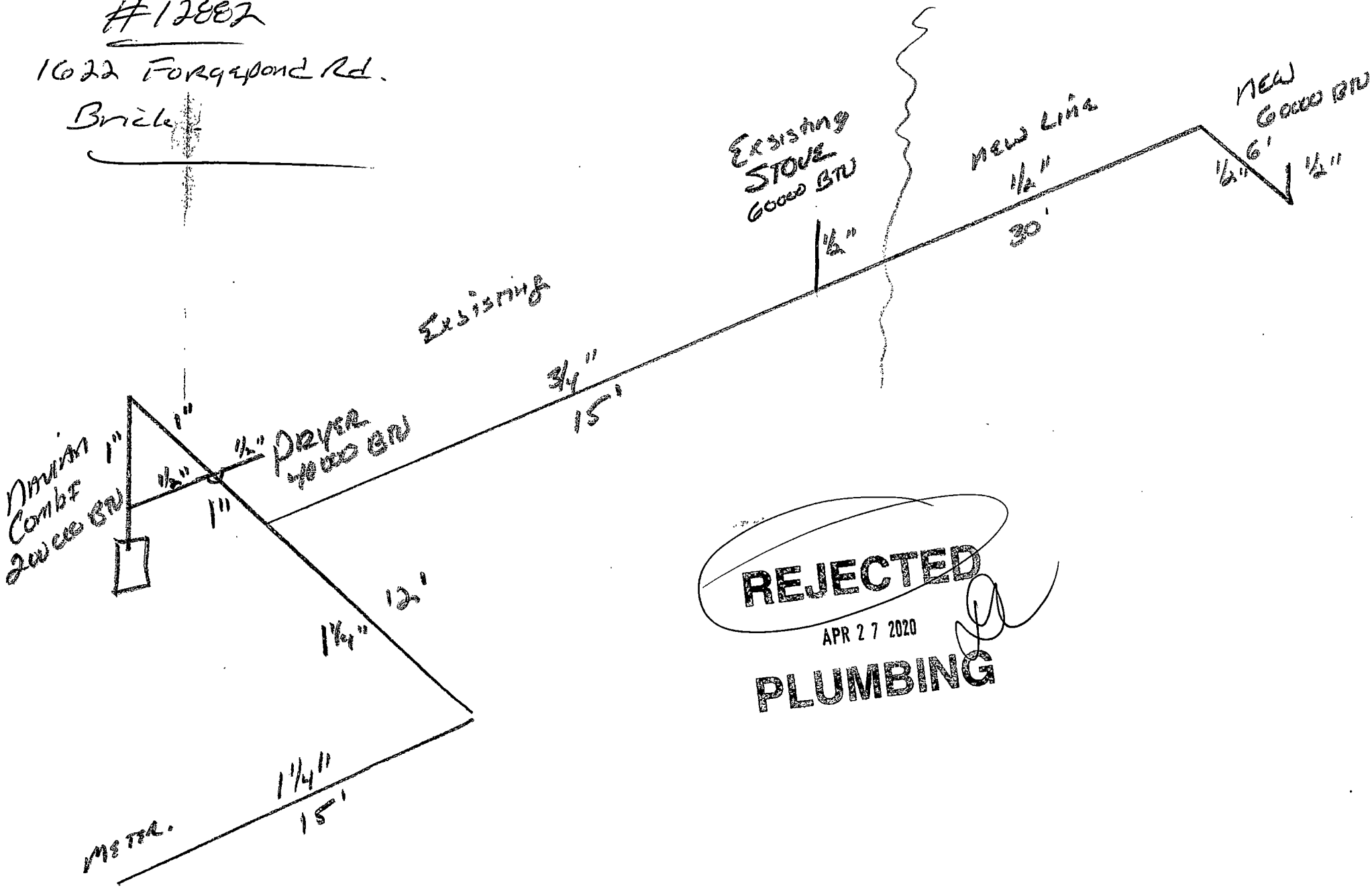
PLUMBING

Kenneth M Jones

#12882

1622 Forgepond Rd.

Brick



REJECTED

APR 27 2020

PLUMBING

TOWNSHIP OF BRICK

LIST OF EXISTING PLUMBING FIXTURES

BLOCK: 825 **LOT:** 20

ADDRESS: 1622 Forgetmenot RD

OWNER: Michael Moick

2	WATER CLOSET (TOILET)
1	URINAL/BIDET
2	BATH TUB
2	LAVATORY (BATHROOM SINKS)
	SHOWER
2	SINK (KITCHEN)
1	DISHWASHER
1	WASHING MACHINE
3	HOSE BIBS (TOWNSHIP WATER ONLY)
0	MOP SINK

ONLY FILLOUT ABOVE IF YOU ARE ADDING PLUMBING TO YOUR ADDITION

CONSTRUCTION PERMIT

Date Issued 12/20/19
Control # C-19-004129
Permit # 19-3176

IDENTIFICATION Block: 825 Lot: 20 Qualifier
Work Site Location: 1622 FORGE POND RD Brick Township, NJ
Owner in Fee MOICH, MICHAEL & MURRAY, MELINDA
1622 FORGE POND RD BRICK NJ 08724
Telephone: [redacted]

Contractor MOICH, MICHAEL & MURRAY, MELINDA
Address 1622 FORGE POND RD BRICK NJ 08724
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RESIDENTIAL ADDITION ..PARTIAL RELEASE - FOOTING & FOUNDATION ONLY

PAYMENTS (Office Use Only)

Building	$288
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$21
CO Fee	$29.00
Other	$200
Total	$538
Check No.	
Cash	$0
Credit	$0
Collected By	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $4,000

Construction Official 12/20/19 Date

U.C.C. F170
equiv (rev 1/04)
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.

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK CH

PERMIT # RW-19-00451

BLOCK 825 **LOT** 20 **ADDRESS** 1622 Forge Pond Rd.

IDENTIFICATION:

1. WORK SITE ADDRESS 1622 Forge Pond Road
2. APPLICANT Michael Moich
3. NAME OF OWNER IN FEE Michael Moich
   ADDRESS 1622 Forge Pond Road
   PHON [redacted] EMAIL N/A
4. PRINCIPAL CONTRACTOR same
   ADDRESS
   PHONE EMAIL
5. ARCHITECT OR ENGINEER
   ADDRESS
   PHONE EMAIL
6. RESPONSIBLE PERSON FOR WORK Michael Moich
   ADDRESS 1622 Forge Pond Road
   PHONE [redacted] MAIL N/A

FEE SUMMARY:

APPLICATION FEE	$ 200
REVIEW FEE	$
INSPECTION FEE	$
OTHER	$
BOND(S)	$
TOTAL	$ 200

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS
DRAINAGE EASEMENTS
UTILITY EASEMENTS
CONSERVATION EASEMENTS
FEMA REQUIREMENTS
D.E.P. PERMITS

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER
APPROVED DATE

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL
☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING
☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE
☐ DESCRIPTION

ENGINEERING REVIEW:

DATE RECEIVED 12/16/2019 DATE REJECTED DATE APPROVED 12/[illegible]/2019 INITIALS [illegible]

Brick Township
Community Development and Land Use
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041 Fax(732) 262-2941

Application Date: 11/14/2019
Application Number: ZA-19-01371
Permit Number:
Project Number:
Fee: $75

Denial of Application

Date: 11/21/2019

To: MOICH, MICHAEL & MURRAY, MELINDA
1622 FORGE POND RD
BRICK, NJ 08724

CC: App Tele:(732) 237-5243

RE: 1622 FORGE POND RD
Block: 825 Lot: 20 Qual: Zone: R-10

Dear MOICH, MICHAEL & MURRAY, MELINDA,
Your request is hereby denied based upon the following requirements:

Two sets of plans that show the full scope of the work including the labeling all existing and proposed areas of the home.

Sincerely,

Christopher J. Romano, Zoning Officer

Township of Brick

ENGINEERING PLOT PLAN REIVEW
CHECKLIST

BLOCK 825 LOT 20 DATE RECEIVED _____

PROPERTY ADDRESS 1622 Forge Pond Road

APPLICANT Michael Moich PHON [redacted]

ADDRESS 1622 Forge Pond Road

CONTRACTOR Self PHONE _____

ADDRESS _____

TYPE OF WORK _____ ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES_____ NO _____

	THE FOLLOWING IS FOR OFFICE USE ONLY:	YES	NO	N/A
1	PLANS/DETAILS SIGNED & SEALED			
2	SCALE NOT LESS THAN 1"=50'			
3	EXISTING ELEVATIONS (NGVD IN FLOOD ZONE)			
4	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES			
5	STREET, GUTTER, CURB & CENTER LINE ELEVATIONS			
6	CONTOURS 1' INCREMENTS			
7	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			
8	PROPOSED GRADING & ELEVATIONS			
9	GARAGE FLOOR/CRAWL SPACE/BASEMENT ELEVATION			
10	PROPOSED DWELLING DIMENSIONS & CORNER ELEVATIONS			
11	METHOD OF DRAINAGE			
12	NORTH ARROW			
13	DRIVEWAY WIDTH & TYPE			
14	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES			
15	PROPERTY ADDRESS/BLOCK & LOT NUMBER			
16	SIDEWALK/CURB & APRONS			
17	PARKING AREAS			
18	UTILITY & CONNECTIONS: WATER, SEWER, GAS, ELECTRIC			
19	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES & SIGNS			
20	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH			
21	LIMITS OF CLEARING			
22	BASEMENT/DEDICATIONS/ENVIRONMENTAL CONSTAINTS			
23	PRIOR APPROVALS: ARMY CORP/NJ DEP/SOIL EROSION, ECT.			
24	EXISTING STRUCTURES			
25	RETAINING WALL/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____

_____

_____

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1622 Forgepond RD

BLOCK: 825 **LOT:** 20

CONTRACTOR: Michael Moich

CONTRACTOR'S ADDRESS: 1622 Forgepond RD

Type of Construction(minor, new home): ADDITION

Type of Debris (shingles, siding, wood, etc.): Shingles, siding, wood

Party responsible for removal: Marciano Recycling

Dumpster Size: 20 yard

Destination of Debris: MAZZA

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Michael Moich
Signature

___/___/___
Date

Michael Moich
Print Name

Township of Brick

ADDITION

REVISED 03/08/17

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for an addition with new area and volume of structure	Yes ___	NO ___
2. Zoning Application completely filled out (All Sections)	Yes ___	NO ___
3. Engineering Form completely filled out (All Sections)	Yes ___	NO ___
4. Four true size SEALED Plot Plans with Topography	Yes ___	NO ___
5. Bldg/Plmg/Electrical/Fire/Mechanical Subcode Techs completed. (Plumbing & Electric must be sealed if applicable)	Yes ___	NO ___
6. Separate Addition/Alteration cost. (If Addition/New Bldg. – cost for new bldg --- If Addition & Alteration – must separate costs)	Yes ___	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes.** Architectural Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath.	Yes ___	NO ___
8. If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes ___	NO ___
9. 2nd Story Additions require engineer certification for foundation if the plans are not architectuals.	Yes ___	NO ___
10. Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes ___	NO ___
11. Manufacturer brochures indicating specs and installation requirements (Furnace, Boiler, A/C, Fireplace)	Yes ___	NO ___
12. Two gas pipe drawings if applicable – BTU's – Length and size of pipe	Yes ___	NO ___
13. Drain Waste Vent schematic if adding or changing plumbing	Yes ___	NO ___
14. List of Existing Plumbing Fixtures – (if adding new fixtures)	Yes ___	NO ___
15. Completed debris form	Yes ___	NO ___
16. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes ___	NO ___
17. Detail of existing & proposed smoke & carbon monoxide detectors	Yes ___	NO ___
18. Detail of Electrical Locations (Receptacles, Switches, Detectors, Etc)	Yes ___	NO ___
19. Heat Loss Calculation	Yes ___	NO ___

Township of Brick

ADDITION

REVISED 11/21/17

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for an addition with new area and volume of structure	Yes ✓	NO ___
2. Zoning Application completely filled out (All Sections)	Yes ___	NO ___
3. Engineering Form completely filled out (All Sections)	Yes ___	NO ___
4. Four true size SEALED Plot Plans with Topography	Yes ___	NO ___
5. Bldg/Plmg/Electrical/Fire/Mechanical Subcode Techs completed. (Plumbing, Electric & Mechanical must be sealed if applicable)	Yes ___	NO ___
6. Separate Addition/Alteration cost. (If Addition/New Bldg. – cost for new bldg --- If Addition & Alteration – must separate costs)	Yes ___	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes.** Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must have the address, block & lot and be signed by the homeowner as well as the Oath.	Yes ___	NO ___
8. If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes ___	NO ___
9. 2nd Story Additions require engineer certification for foundation if the plans are not from a design professional.	Yes ___	NO ___
10. Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes ___	NO ___
11. Manufacturer brochures indicating specs and installation requirements (Furnace, Boiler, A/C, Fireplace)	Yes ___	NO ___
12. Two (2) gas pipe drawings if applicable – BTU's – Length and size of pipe	Yes ___	NO ___
13. Two (2) Drain Waste Vent schematic if adding or changing plumbing	Yes ___	NO ___
14. List of Existing Plumbing Fixtures – (if adding new fixtures)	Yes ___	NO ___
15. Completed debris form	Yes ___	NO ___
16. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes ___	NO ___
17. Detail of existing & proposed smoke & carbon monoxide detectors	Yes ___	NO ___
18. Detail of Electrical Locations (Receptacles, Switches, Detectors, Etc)	Yes ___	NO ___
19. Heat Loss Calculation	Yes ___	NO ___

BLOCK 825 LOT 20 QUALIFICATION CODE ADDRESS (SITE) 1622 Forge Pond Rd PERMIT NO. 19-3176

window types

Rice Wheels Energy Code Compliance

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1622 Forge Pond Rd Brick NJ 08724
2. Name of Owner in Fee: Michael Moich & Melinda Murray
   Tel. [redacted] e-mail
   Address 1622 Forge Pond Rd Brick NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Self Tel. [redacted]
   Address 1622 Forge Pond Rd Brick NJ e-mail
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Michael Moich & Melinda Murray
   Tel [redacted] FAX: ( ) ____

V. FEE SUMMARY (for office use only)

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

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. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☑ Building	5000								
☑ Electrical	3200								
☑ Plumbing	2500								
☑ Fire Protection	350								
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ____
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

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

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

D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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 _____

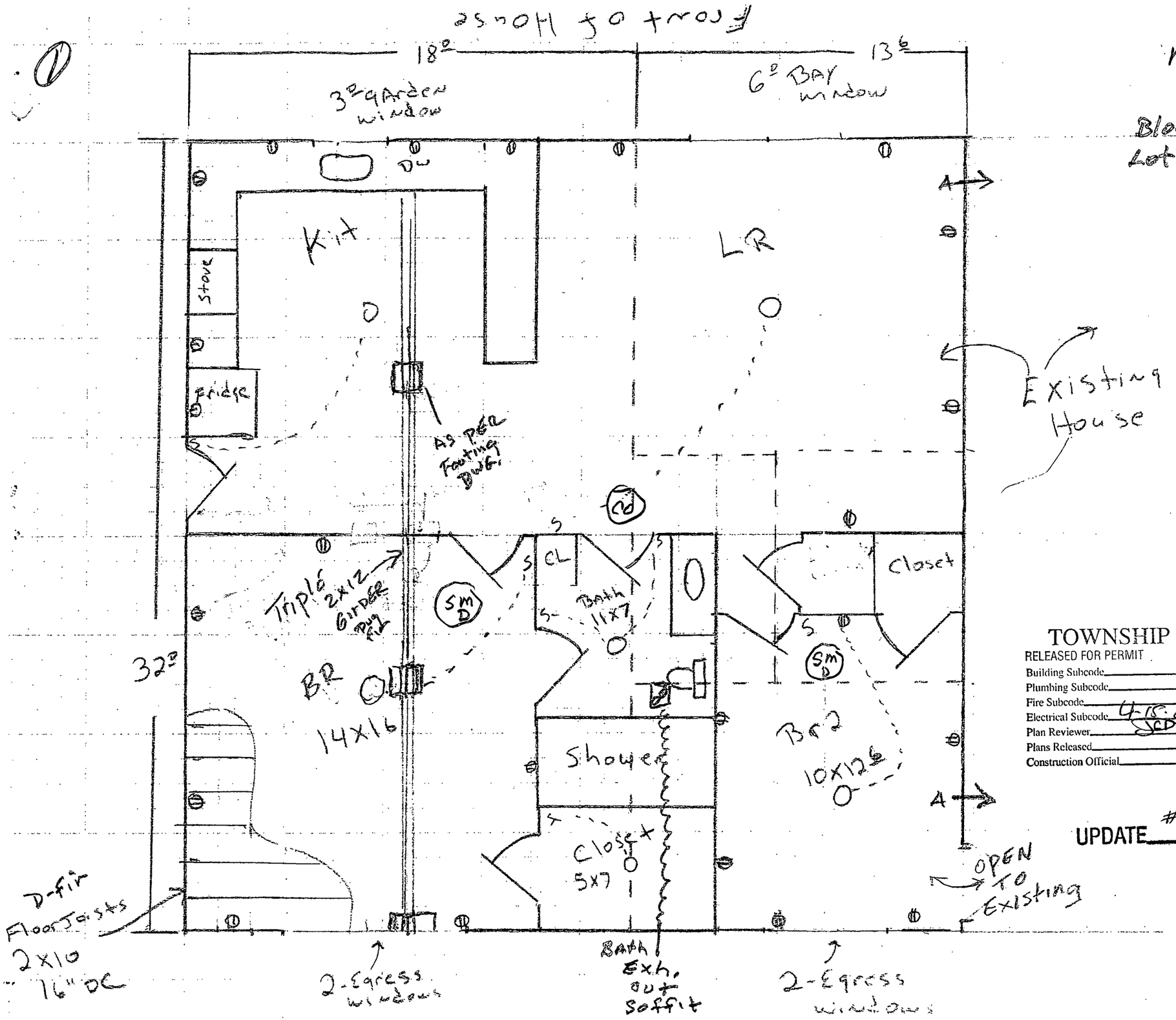
Address _____

_____

Telephone (_____) _____

Signature _____

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



M. Moich
1622 Forge Pond RD
Brick
Block 825
Lot 20

---- Existing walls To be removed

All Doors to be 36"

Vaulted Ceiling in Addition existing Roof Beam to be Packed out

Walls - R 15 insulation

Floors - R 21 insulation

Ceiling - R 30 Insulation

2x10 Roof Rafters D-Fir

SCALE 1" = 4'

Triple 2x12 Girder

Bath Ex. out to soffit

2x10 Floor Joists D-Fir

Crawl Space Access 24x32. To Existing Space

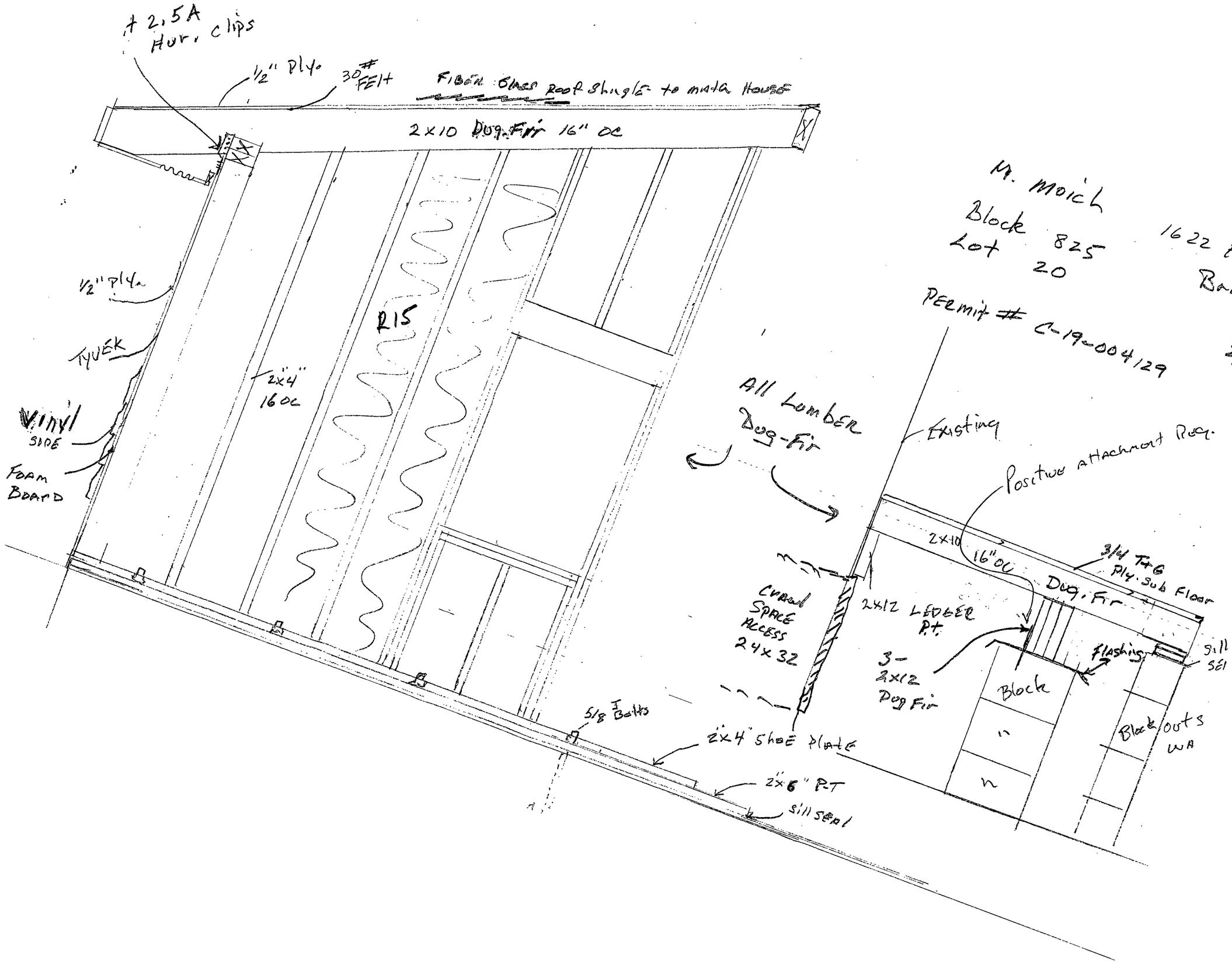
TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		4-15-2020
Plan Reviewer	SED	4.28.20
Plans Released		
Construction Official		

UPDATE #19-3176+A

FILE COPY

(2)



M. Moick

Block 825

Lot 20

1622 Forge Pond RD

Brick

Permit # C-19-004129

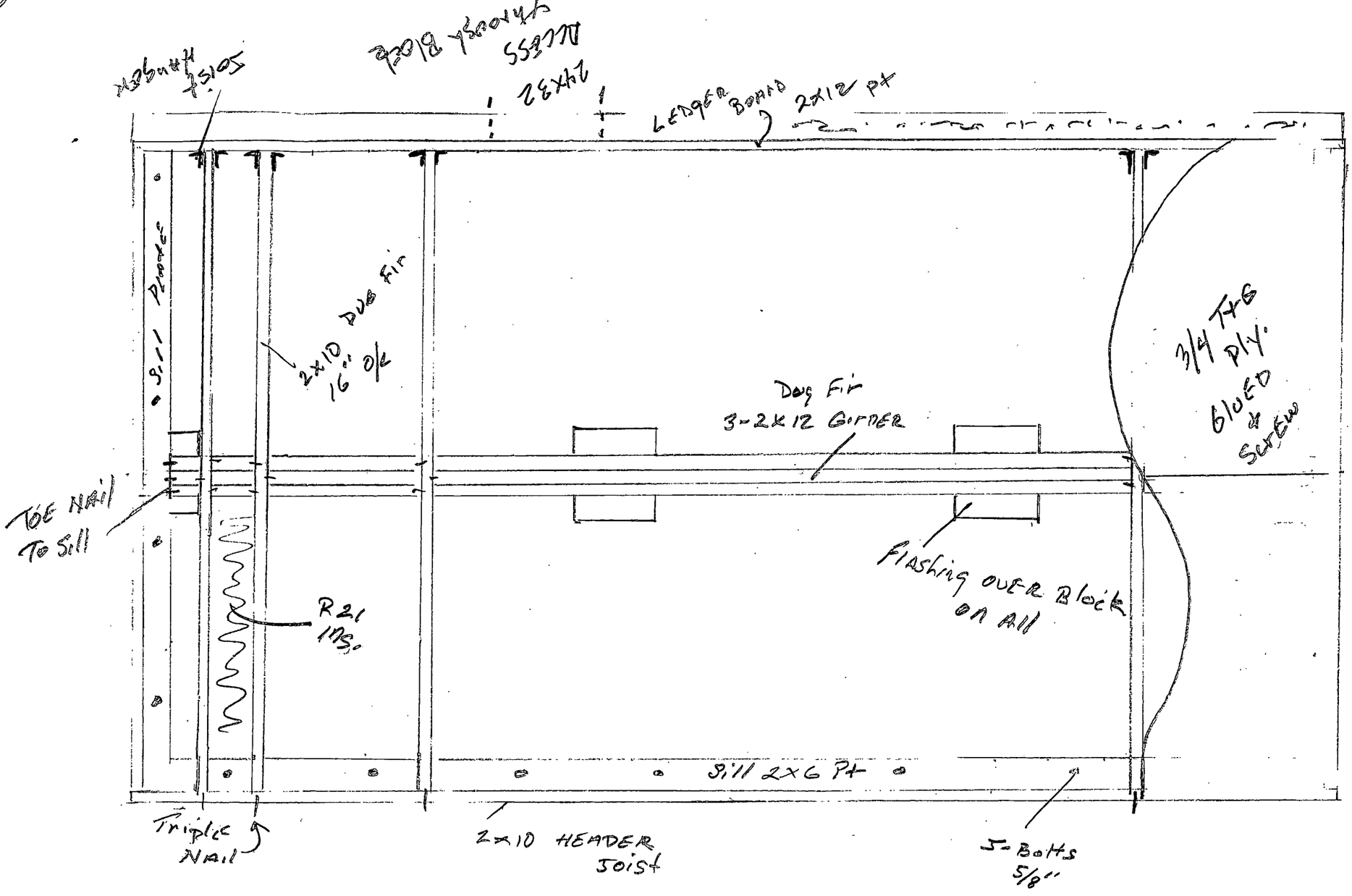
2/16/20

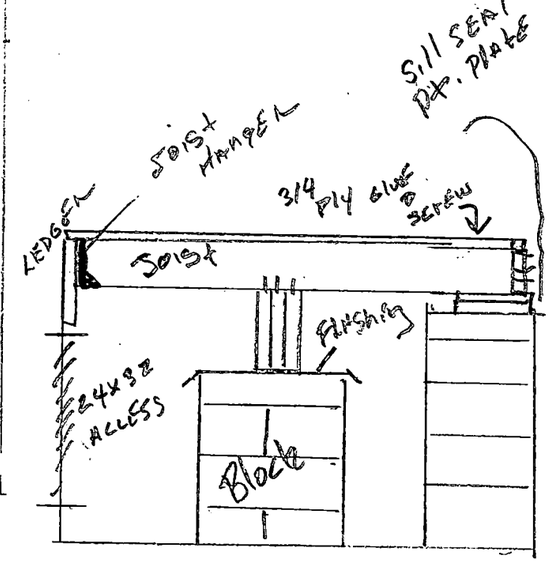
(3)

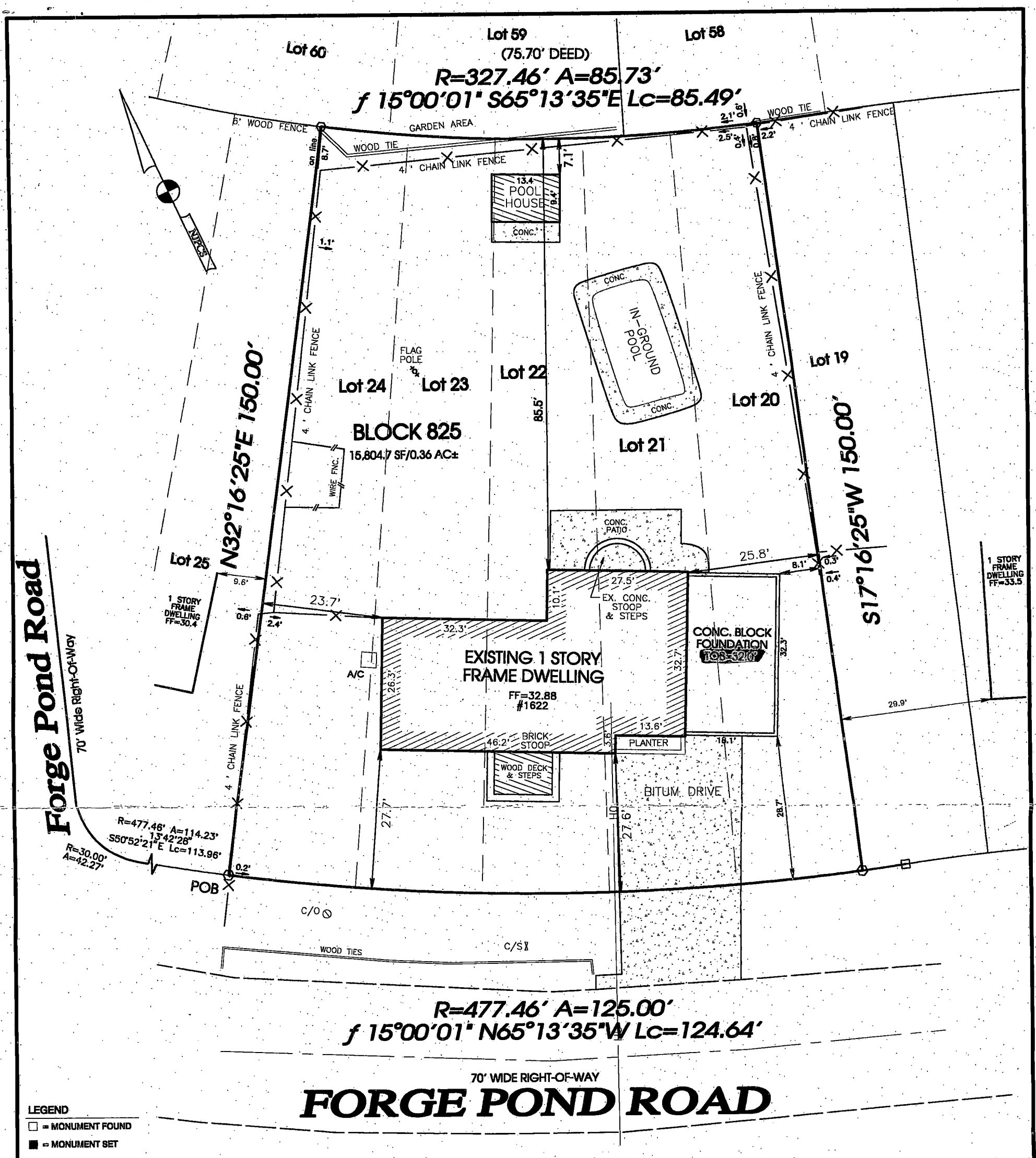
M. Moich
1622 Forge Pond RD
Brick

Block # 825
Lot # 20

4/23/20







LEGEND

- □ = MONUMENT FOUND
- ■ = MONUMENT SET
- ○ = CAPPED PIN FOUND
- ● = CAPPED PIN SET
- ○ = IRON PIPE FOUND
- ✲ = STONE FOUND
- ⌘ = NAIL FOUND
- × = NAIL SET
- OH = OVERHEAD WIRES
- ⌕ = UTILITY POLE
- ⌾ = FIRE HYDRANT
- POB = POINT OF BEGINNING

PREPARED FOR:

MICHAEL MOICH & MELINDA MURRAY, H/W

DEED DESCRIPTION:

BEING KNOWN AS LOTS 20, 21, 22, 23 & 24, BLOCK 15 AS SHOWN ON AMENDED MAP OF LAURELTON PARK WATERFRONT SECTION, BRICK TOWNSHIP, OCEAN COUNTY, FILED IN THE OCEAN COUNTY CLERKS OFFICE ON MAY 13, 1947 AS MAP F-179

- NO ATTEMPT HAS BEEN MADE TO MAKE A TIDELANDS DETERMINATION ON THIS PROPERTY
- NO ATTEMPT HAS BEEN MADE TO MAKE A WETLANDS DETERMINATION ON THIS PROPERTY
- THIS SURVEY IS A REPRESENTATION OF CONDITIONS EXISTING ON THE PROPERTY OR IN DOCUMENTATION SUPPLIED AT TIME OF SURVEY EXCEPT SUCH EASEMENTS AND ENCROACHMENTS IF ANY THAT MAY BE LOCATED BELOW THE SURFACE OF THE LAND OR ON THE SURFACE OF THE LAND BUT NOT VISIBLE OR ANY OTHER PERTINENT FACTS WHICH AN ACCURATE TITLE SEARCH MAY DISCLOSE.
- THIS SURVEY IS MADE ONLY TO NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OR TO DELINEATE PROPERTY FOR NAMED PARTIES.
- NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY OR TO ANY OTHER PERSON NOT LISTED EITHER DIRECTLY OR INDIRECTLY.
- UNAUTHORIZED ALTERATION OR ADDITION TO A SURVEY MAP BEARING A LICENSED LAND SURVEYORS SEAL IS ILLEGAL AND PUNISHABLE BY LAW.

AS-BUILT FOUNDATION LOCATION

BLOCK 825 LOTS 20, 21, 22, 23 & 24

BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

JOB No.:	2012-0190	TAX MAP SHEET No.:	45.02
DRAWN BY:	KRH	DEED BOOK / PAGE:	15127/320
CHECKED BY:	JFP2	UNITS:	USSF
SCALE:	1"=20'	VERTICAL DATUM:	NAVD 1988
CONDITIONS AS OF:	01/28/2020	HORIZONTAL DATUM:	NJSPCS NAD 1983

1/29/2020

JAY F. PIERSON, L.S., P.P.

NEW JERSEY PROFESSIONAL LAND SURVEYOR 27492

NEW JERSEY PROFESSIONAL PLANNER 02525

East Coast Engineering, Inc.

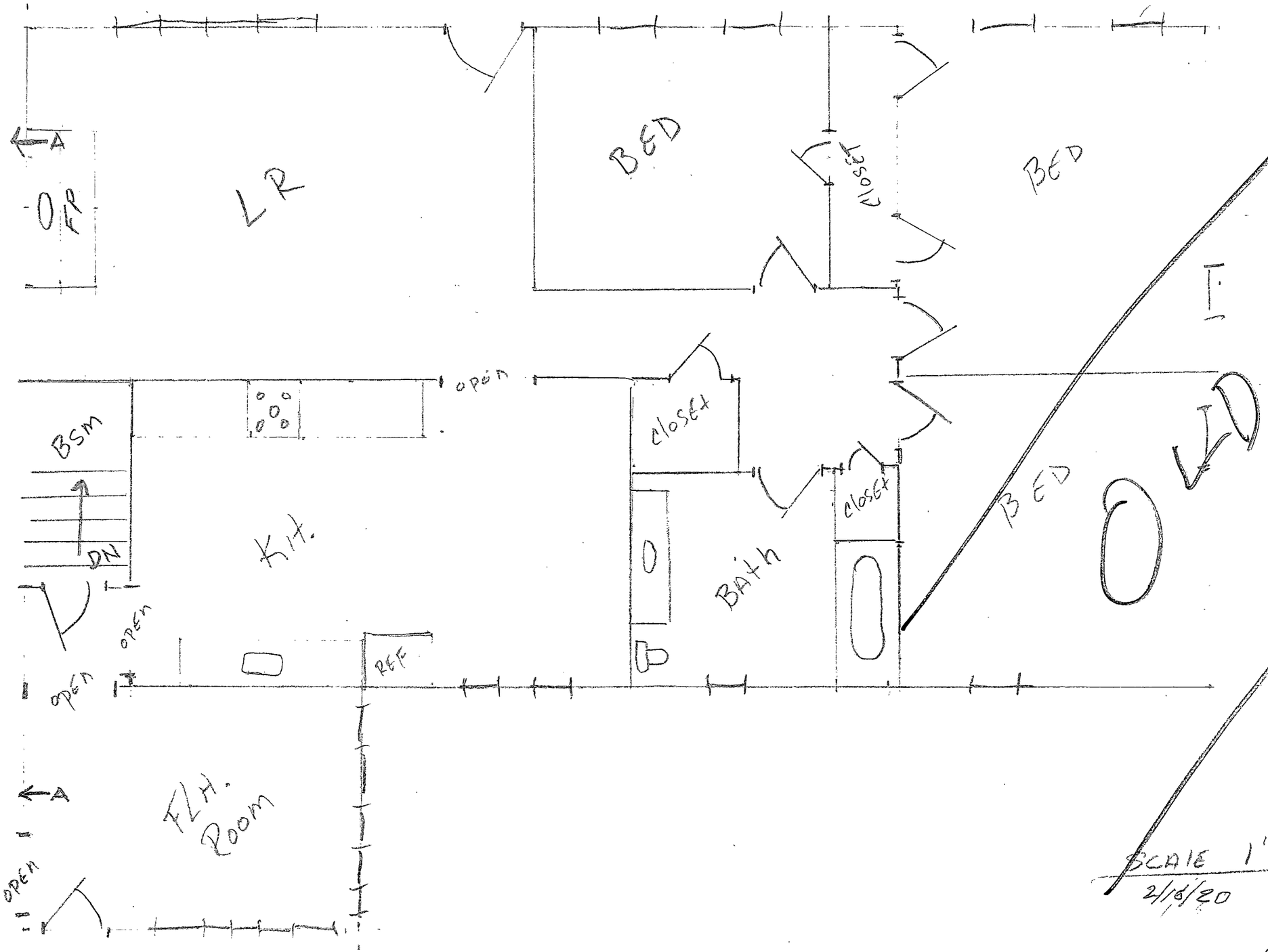
JAY F. PIERSON, PLS, PP
ROBERT J. HARRINGTON, PE
JASON M. MARCIANO, PE, PP

ENGINEERING LAND SURVEYING PLANNING GPS

(732) 244-3030 VOICE 508 MAIN STREET
(609) 693-2600 VOICE TOMS RIVER, NJ 08753
(732) 244-3044 FAX www.eceinc.net

CERTIFICATE OF AUTHORIZATION No. 24GA27935600

Front



FILE COPY

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		4-15-2020
Plan Reviewer		
Plans Released		
Construction Official		

UPDATE #19-3176+A

FILE COPY

SCALE 1" = 4'
2/16/20 mm

FILE COPY

Melinda Murray
MRlinda Murray
1628 Forge Pond Rd Brick NJ 08724 p. 1

25'-0" from property

18'-0"

13'-6"

3' bay garden window

6' BAY window

DW

Kit

LR

stove

fridge

AS PER Footing Dwg.

Existing House

Triple 2x12 Girder splices over BR supports

CL

Bath 11x7

SD

Closet

32'-0"

14x16

Shower

BR 2

10x12'-6"

Closet 5x7

OPEN TO Existing

D-fir Floor Joists 2x10 16" OC

2-Egress windows

Exh. out soffit

2-Egress windows

---- Existing walls To be removed

All Doors to be 36"

Vaulted Ceiling in Addition

Existing Roof Beams to be Packed out

Walls - R 15 insulation

Floors - R 21 insulation

Ceiling - R 30 Insulation

2x10 Roof rafters D-Fir

SCALE 1" = 4'

Triple 2x12 Girder

Bath Ex. out to soffit

Melinda Murray
Melinda Murray
1622 Forge Port Rd
Brick NJ 08724