called 8/20/96 asf

BLOCK 825 LOT 1 ADDRESS (SITE) 1642 Forge Pond Rd PERMIT NO. 2293-96

RECEIVED
AUG 13 1996
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1642 Forge Pond Rd Brick, NJ 08723
2. Name of Owner in Fee: Elaine Robinson Tel. ([redacted]
   Address Same (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Point Bay Fuel, Inc. Tel. ( ) 349-5059
   Address 11 Irons St Toms River, NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-1817388 Social Security No. _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Val Selepouchin Tel. ( ) 349-5059

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		35	
4. Fire Protection		35	
5. Elevator Devices			
6. Subtotal	$	70	
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		2	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	129	

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

Oil to oil / Replacement

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	1393.00
7. ☒ Plumbing	1394.00
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	2787.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			8/14/96				
			8/15/96				

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

LDS BR 10209865

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature ______________________ Date ____________

II. AGENT SECTION

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

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

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

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

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

(X) Check if contractor.

Agent Name Point Bay Fuel, Inc.

11 Irons St

Address Toms River, NJ 08753

349-5059

Telephone ( )

Signature V. Sitepouchi Date ____________

OFFICE DATE RECEIVED: _____

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 9/4/96
Control #
Permit # 2293-96

IDENTIFICATION Block 825 Lot 1

Work Site Location 1642 FORGE POND RD

Owner in Fee Elaine Robinson

Address [illegible]

Tele. ( )

Contractor Point Bay Fuel

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. **0002** Exp. Date 2293**

Federal Emp. No.

or Social Security No. BLOCK 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

repl. oil furnace

PAYMENTS (Office Use Only)		
Building	1 #	0.00
Plumbing	35. PLUMBING	5.00
Electrical	ELEC	5.00
Fire Protection	35 FIRE PROT	2.00
Other	TOTAL	2.00
Other	CHECK	2.00
DCA Training Fee	2 QUANTITY	0.00
Cert. of Occ.	NO S 00126005	4:29
Other		
Total	72.	
Check No.	925705	
Cash		
Collected By:		

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

Estimated Cost of Work $ 2787

Roy Kaminski
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-4-96
Control #
Permit # 2293-96

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

Block 825 Lot 1
Work Site Location 1642 Forge Pond Rd
Brick, NJ
Owner in Fee Elaine Robinson
Address Same
[redacted]
Tele. ( ) [redacted]
Contractor Point Bay Fuel, Inc.
Address 11 Irons St
Toms River, NJ 08753
Tele. ( ) 349-5059
Lic. No.
Federal Emp. No. 22-1817388 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [X] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Underground oil
Total Est. Cost of Fire Prot. Work $ 1393.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 9/4/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

W Schumacher
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
~~Boiler~~ Oil Fired Appliance Replace oil boiler		35
OTHER		

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

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9-4-96
Control #
Permit # 2293-96

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

Block 825 Lot 1
Work Site Location 1642 Forge Pond Rd
Brick, NJ
Owner in Fee Elaine Robinson
Address Same
[redacted]
Tele. ( ) [redacted]
Contractor John Mooney
Address PO Box 4793
Toms River, NJ 08753
Tele. ( ) 905-8779
Lic. No. 317
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 1394.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-19-96
Approved by: DP

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
1	Hot Water Boiler Rdplace oil boiler	35
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

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

U.C.C. Form F-130B

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

POINT BAY FUEL, INC.

HEATING AND COOLING

11 Irons Street, Toms River, N.J. 08753

Toms River	(908) 349-5059
Lakewood	(908) 367-2400
Pt. Pleasant	(908) 892-0034
Fax	(908) 349-1788

Call Pt. Bay Fuel For Prompt
and Efficient Service
24 Hrs - 365 Days
349-5059

DATE: 8/15/96

SEND TO: Dan Newman

FAX #: 262-8954

COMPANY: Brick twp

FROM: W. Delmar **PAGES:** 2

As per your request ☑ **For your information** ☐

Call upon Receipt ☐ **For your Approval** ☐

COMMENTS:

Literature for 1642 Forge Pond Rd

Please call _____ immediately at (908) 349-5059 if this transmittal is not complete.

SERIES WB/WV BOILER SPECS

STANDARD EQUIPMENT

- Cast Iron Sections—Factory Tested and Assembled with Steel Push Nipples
- Deluxe Insulated Enameled Steel Jacket
- Drain Cock
- Thermometer
- Target Wall
- Top Cleanout with Flue Brush
- Built-In Air Elimination Baffle

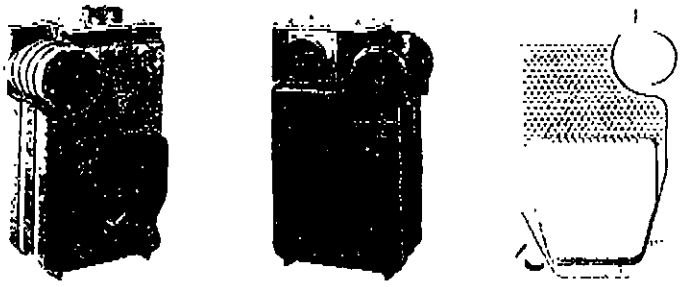
Water
- 30 PSI Pressure Relief Valve
- Aquastat (WU Models)
- Circulator (WPC/WPCT Models)
- Aquastat Relay or Triple Aquastat Relay (WPC/WPCT Models)

Steam
- 15 PSI Safety Valve
- Gauge Glass
- Probe LWCO (SP & SPT Models)
- Pressure Gauge
- Pressuretrol (SU, SP & SPT Models)

OPTIONAL EQUIPMENT

- Draft Regulator
- Two-Stage Pump
- Tankless Water Heater

WV-Top Flue Outlet | WB-Rear Flue Outlet | Cast Iron Section



NOTE: WB/WV-WPC boiler designations do not allow for a tankless coil opening unless specified.

WPC Models include Circulator and Aquastat Relay
WPCT Models include Circulator, Triple Aquastat Relay and Tankless Water Heater w/Flow Control Valve
WPCO Models include Circulator Less Tankless Coil

PRODUCT SELECTION GUIDE

Example:

WB – 03 – WPCT

- WB – Series (Specify WB or WV)
- 03 – Sects.
- WPCT – W = Water Less Burner; WU = Water w/Burner; WPC = Water Package w/Burner & Circulator; WPCT = Water Package w/Burner, Circulator & Tankless; WPCO = Water Package w/Burner and Circulator Less Tankless Coil

S = Steam Knockdown
SP = Steam Package
SU = Steam w/Burner
SPT = Steam Package w/Burner & Tankless

THE PEERLESS WARRANTY SUMMARY*

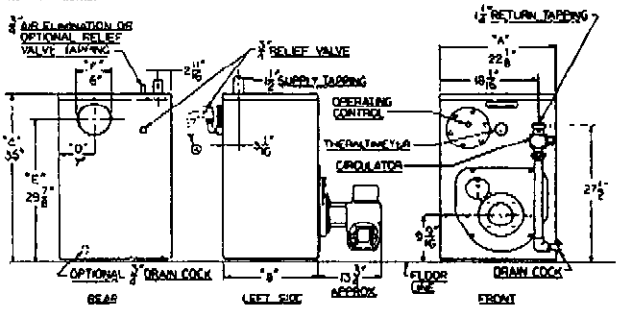
This warranty covers:
—the entire boiler, one year from date of installation.
—cast iron sections, lifetime for water; 10 yrs for steam.

Optional 5 year Parts and Labor contracts are also available.

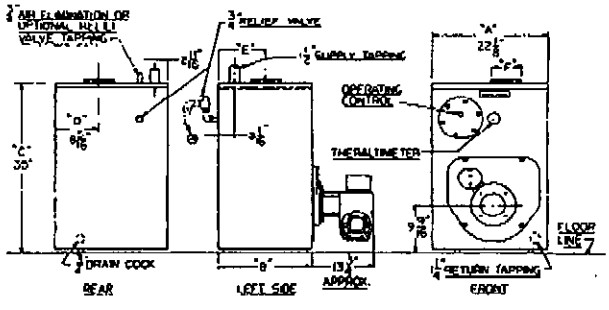
*Before purchase contact your installing contractor for complete warranty information.

BOILER DIMENSIONS

Boiler Model Number	Burner Firing Rate GPH	Jacket			WB – Rear Flue Outlet		WV – Top Flue Outlet		Flue Size "F"	Chimney Size
		Width "A"	Depth "B"	Top to Floor "C"	Right of Jacket to c/l of Flue "D"	Floor to c/l of Flue "E"	Right of Jacket to c/l of Flue "D"	Rear of Jacket to c/l of Flue "E"		
WB/WV-03	0.60/0.85/1.10	22⅛"	14⅛"	35"	7"	29⅞"	8 3/16"	7 1/16"	6"	8" x 8" x 15'
WB/WV-04	0.95/1.25/1.50	22⅛"	18⅛"	35"	7"	29⅞"	8 3/16"	9 1/16"	6"	8" x 8" x 15'
WV-05	1.75/2.00	22⅛"	22⅛"	35"	—	—	8 3/16"	11 1/16"	7"	8" x 8" x 15'



WV Top Flue Outlets



WB – Rear Flue Outlets

CAUTION: Pipe the discharge of relief valve to prevent injury in the event of pressure relief. Suggest discharge to be piped to drain. Pipe full size of outlet.

CARTON DIMENSIONS AND SHIPPING WEIGHTS

Boiler Model Number	Length WPC-WPCT	Width WPC-WPCT	Height WPC-WPCT	Approx. Shipping Weight (lbs.)			
				Knockdown		Package	
				W	WU	WPC	WPCT
WB/WV-03	35"	28½"	40½"	470	485	560	575
WB/WV-04	43"	28½"	40½"	590	605	665	680
WV-05	43"	28½"	40½"	710	725	770	785

THE PEERLESS HEATER CO.
Spring & Schaeffer Streets
Boyertown, PA 19512
Phone: (610) 367-2153 • FAX: (610) 369-3284
DIVISION OF PEERLESS INDUSTRIES, INC.

Castings Certified by EAFCO, Inc.
Boyertown, PA 19512

BLOCK 825

LOT 1

DATE 8-14-96

PLUMBING & MECHANICAL CHECK LIST

CAHED
8-14-96

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER