BLOCK 825 LOT 38 QUALIFICATION CODE _____ ADDRESS (SITE) 1625 Tilford Blvd PERMIT NO. 06-2807

CONSTRUCTION PERMIT APPLICATION

C06-10276D

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

I. IDENTIFICATION

1. Proposed Work Site at: 1625 Tilford Blvd.
2. Name of Owner in Fee: Michal Kania Tel. [redacted]
   Address 1625 Tilford Blvd (street) (municipality) (zip code)
3. Ownership in fee: Public _____ Private V
4. Principal Contractor: self Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

enclose carport

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	40		
2. Electrical		223		
3. Plumbing		40		
4. Fire Protection		90		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review		1		
8. Subtotal	$			
9. State Permit Fee Surcharge				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZIA + EP		60		
13. TOTAL	$	271		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	8 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		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☒ b. Alteration			6/14/06	Affordable Housing 2/12/07					
☐ c. Renovation					08/23/06	KRK	1/29/07		
☐ d. Reconstruction							1/24/07		
5. ☐ Fire Protection					7/14/06				
6. ☑ Plumbing					8/15/06		10/30/06		
7. ☐ Electrical					8/15/06	WG	12/14/06		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EWC	7/12/06		7/12/06				
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

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

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS BR-B 10327451

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 Midhat Kamia 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. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final *Date*	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			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							X	X	
☐ 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. _____	_____	_____	_____	_____

IMPORTANT P/ prelim 7/11/06 Ltr

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

FOR OFFICE USE ONLY

ANY BUILDING QUESTIONS
CALL 732-262-1027

Constituent Contact Report

Date	Comments	Initials

☒ Zoning Application deemed complete Initialed: LD Date: 6/19/06

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 08/23/2006
Control # C-06-102760
Permit # 06-2807

IDENTIFICATION Block: 825 Lot: 38 Qualifier

Work Site Location: 1625 TILFORD BLVD Brick Township, NJ

Owner in Fee KANIA, MICHAEL
Address 1625 TILFORD BLVD BRICK NJ 08724
Telephone:

Contractor KANIA, MICHAEL
Address 1625 TILFORD BLVD BRICK NJ 08724
Telephone:
Lic. No. or 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:

ENCLOSE CARPORT

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,600

Construction Official Date

PAYMENTS (Office Use Only)

Building	$40
Electrical	$40
Plumbing	$40
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$60
Total	$271
Check No.	223
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/23/06
Permit # 06-2807

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

Block 325 Lot 38 Qualification Code
Work Site Location 1625 Filford Blvd BRICK NJ 08724
Owner in Fee Michael Kania
Address 1625 Filford Blvd
Tel. ( )
Contractor self
Address
Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature Michael Kania

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

enclose carport
add fireplace
with insulation

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	08/23/06	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			* 9/6/06	MV
~~Footing Bonding~~			9/13/06	MV
Foundation				
~~Slab~~ OD	* 9/19/06	MV	* 9/25/06	MV
~~Frame~~ * 10/27/06	MV			
Truss Sys./Bracing				
Barrier-Free				
Insulation + Frame			12/1/06	MV
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ SH * 10/5/06	MV		10/11/06	MV
Mechanical				
TCO				
Other				
Final			1/29/07	MV
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

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

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

9/6/06 w~ Foot App—
*Foot sits on unbalanced F/I
foot approved as per F.M. directive

9/19/06 w~ OD Rej—
① Vapor barrier Req—
② Ok to insulate / Chk. at Floor insul insp—
10/5/06 w~ SL Rej—
① Not enough nails edges and fields—

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 102760

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1625 Tilford

DATE REVIEWED: 7-12-06

REVIEWED BY: FM

CONTACT CALLED/FAXED: 552-5807 @ 3.00 left Message

✓ (1) No Model Energy Code Details (Res check)

✓ (2) Poor Plans Submitted, No Details

✓ (A) Floor insulation?

✓ (B) Wall Framing member sizes - Floor Joist?

✓ (C) Headers over Windows & Doors

✓ (D) How will 1 side of Floor Joist Be Supported?

Re-submit - O.L.

Frank/plan review template

ELECTRICAL SUBCODE
TECHNICAL SECTION

Control #
Date Issued 8/23/06
Permit # 06-2807

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

Block 865 Lot 38 Qualification Code

Work Site Location 11625 Tilford Blvd. Brick, NJ 08724

Owner in Fee Kania

Address Same

Tel ( )

Contractor

Address H/O

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100 -

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 Michael Kania

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

D. TECHNICAL SITE DATA

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

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

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: 8 15 06
Approved by: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12.14.06
Approved by: VM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			12 7 06	VM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12.14.06	VM
Barrier-Free				

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/23/06
Permit # 06-2807

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

Block 825 Lot 38 Qualification Code _____

Work Site Location 1625 Tilford Blvd

HK

Owner in Fee self Michal Kania

Address 1625 Tilford Blvd

Brick NJ 08724

Tel (_____) _____

Contractor self

Address _____

Tel (_____) _____ FAX (_____) _____

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

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

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

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

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

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] *Fire Plans Approved*

Date: 8/23/06

Approved by: RSU

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 12/4/07

Approved by: _____

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System			12407	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12407	
Other			12407	

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. Michal Kania

Applicant's Signature/Contractor's Signature

[ ] *Certified Contractor* [ ] *Exempt Applicant*

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: combo GDLD

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [✓] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

Bldg Elect (Fire) Plumbing (Please mark subcode)

CONTROL NUMBER 102760

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 162 Tilford

DATE REVIEWED: 2-14-06

REVIEWED BY: Ron Pizzar

CONTACT CALLED/FAXED: 552-5807 Mike.

1) need electric smoke det. hallway by bedrooms

Spoke w/ wife.

Frank/plan review template

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/23/06
Permit # 06-2807

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

Block 825 Lot 38 Qualification Code
Work Site Location 1625 Tilford Blvd. Brick, NJ 08724
Owner in Fee Konia
Address Same
Tel ( ) FAX ( )
Contractor H/O
Address
Tel ( ) FAX ( )
Contractor License No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 100-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8/15/06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-30-06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			9/26/06	
Gas Equipment				
Gas Piping			10/2/06	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Michael Kania
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	"D"
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping 90' about 1¼-250,000	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

Township of Brick
Zoning Permit

Approved: Monday, June 26, 2006 **Number:** 817

Block 825 **Lot** 38 **Zone:** R-7.5

Property Address: 1625 Tilford Blvd.

Applicant: Michael Kania

Property Owner: Michael Kania

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Enclose carport to enlarge living room, 11.7' x 16.2'.

Conditions: Same footprint and height.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

RECEIVED
JUN 22 2006

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 825 LOT 38 QUALIFIER ____

PROPERTY ADDRESS 1625 Tilford Blvd

PERSONAL NAME OF APPLICANT Michal Kania

BUSINESS NAME OF APPLICANT ____

MAILING ADDRESS OF APPLICANT 1625 Tilford Blvd Brick, NJ 08724

PROPERTY OWNER'S FULL NAME Michal Kania

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) ____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) ____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) ____ Height ____
☐ Addition - Height ____
☐ Alteration
☐ Porch or deck - Height ____
☐ Shed - Height ____
☐ Fence - Type ____ Height ____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Enclosing a car port to make kitchen larger & family room with fireplace

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a 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.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Michal Kania Date ____

Reviewed by Zoning Office ____ Date 05/22/06 ( ) Approved ( ) Denied
6/26/06 ok

March 2003

6/19/06

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 1625 Tilford Blvd

Block: 825 Lot: 38

Contractor: self

Contractor's Address: same

Type of Construction (minor, new home): _____

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

Party responsible for removal: self

Dumpster size: _____

Destination of debris: _____

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

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 that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Michał Kania
Signature

Date

MICHAL KANIA
Print Name

Permit #
Permit Date

RES*check* Software Version 3.7.3
Compliance Certificate

Project Title: 1625 Tilford
Report Date: 08/23/06
Data filename: Untitled.rck

Energy Code:	**New Jersey Energy Subcode**
Location:	**Ocean County, New Jersey**
Construction Type:	**Single Family**
Glazing Area Percentage:	**0%**
Heating Degree Days:	**5000**

Construction Site:
1625 Tilford
Brick, NJ 08723

Owner/Agent:

Designer/Contractor:

Compliance: **Passes** Maximum UA: **50** Your Home UA: **20** -> **60.0% Better Than Code (UA)**

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss:	204	30.0	30.0		3
Wall 1: Wood Frame, 16" o.c.:	240	13.0	13.0		12
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space:	204	19.0	19.0		5
Furnace 1: Forced Hot Air: 78 AFUE					
Air Conditioner 1: Electric Central Air: 13 SEER					

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 New Jersey Energy Subcode requirements in RES*check* Version 3.7.3 and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Builder/Designer _____ Company Name _____ Date

Project Notes:
Enclose carport to become living space

OFFICE COPY

08/23/06 KM

Michael Maria

16'.2"

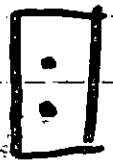
11'.7"

Walls to be remove

ELECTRICAL PLAN
OF ENCLOSURE

 → smoke detector

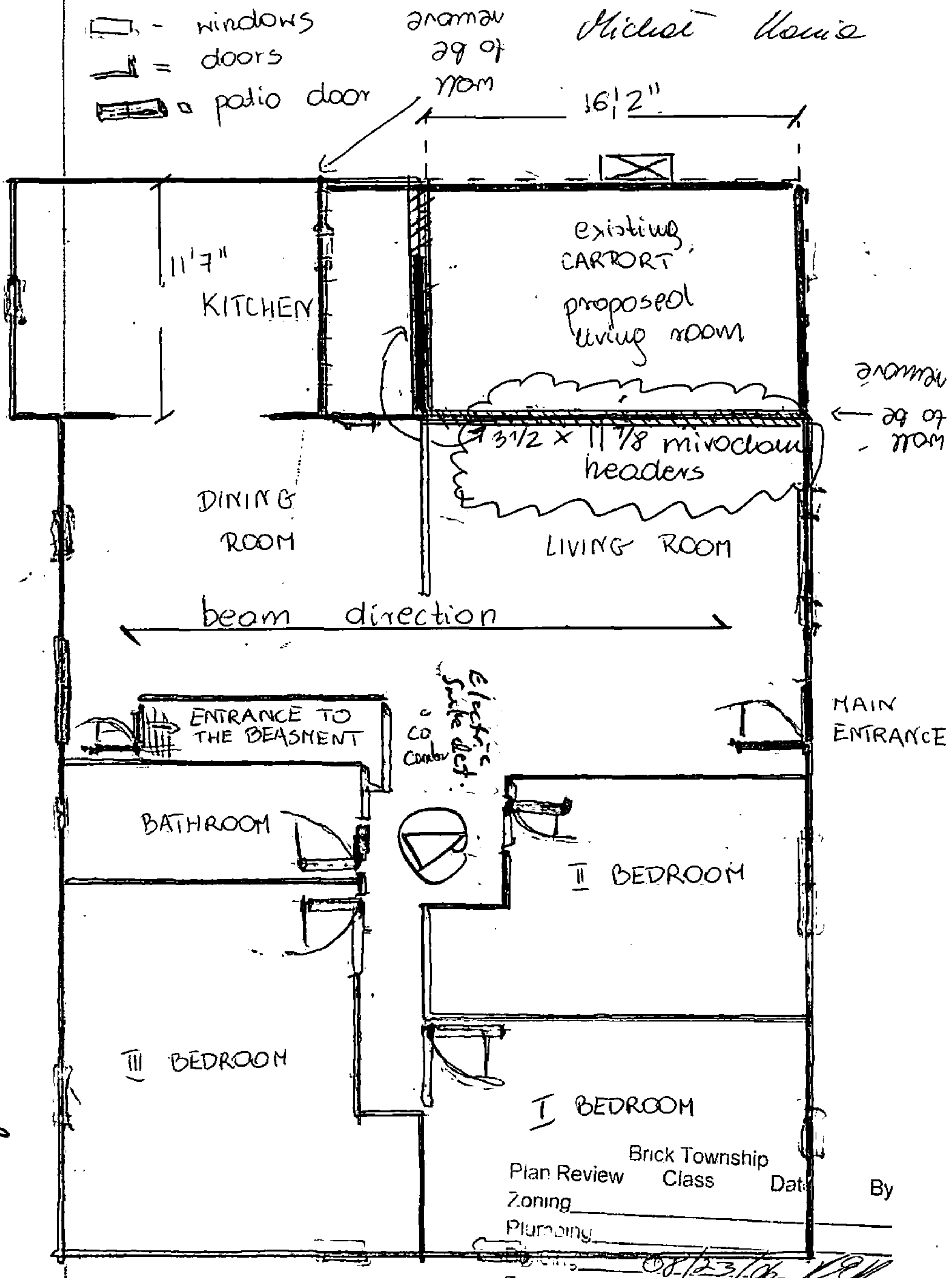
 → halogens

 → outlet

 → light switch

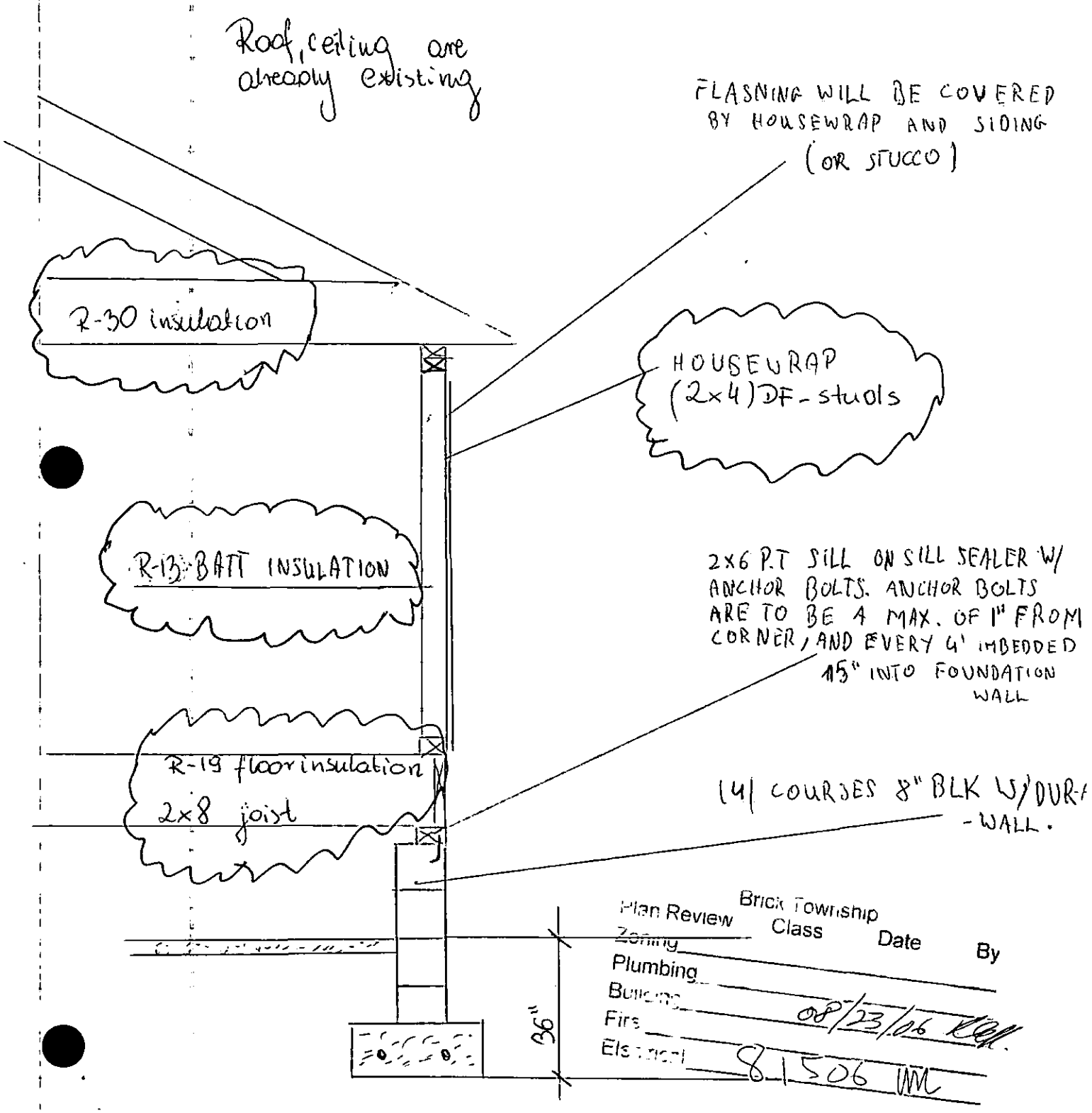
Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		08/23/06	
Fire			
Electrical		9.15.06	



Brick Township
Plan Review Class Date By
Zoning
Plumbing
Building 08/23/06
Fire
Electrical 8 15 06

Michael Louis

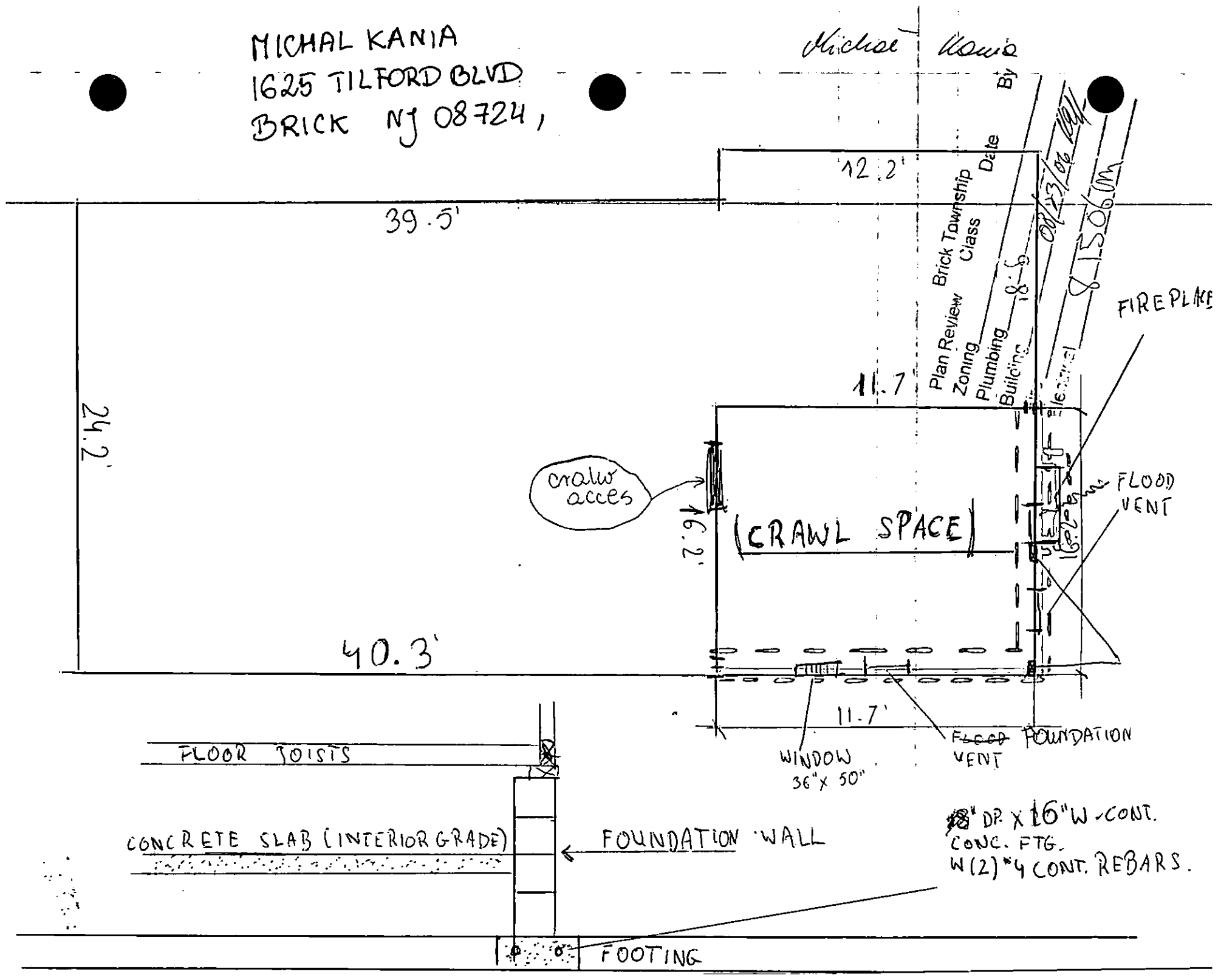


Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		08/23/06	KM
Fire			
Electrical		8-15-06	WM

MICHAL KANIA
1625 TILFORD BLVD
BRICK NJ 08724,

Michael Kania



Floor Plan

01/23/06

R-19 insulation

6 x 2 - green wood

Floor will be supported with simpson metal joist hangers

16'2"

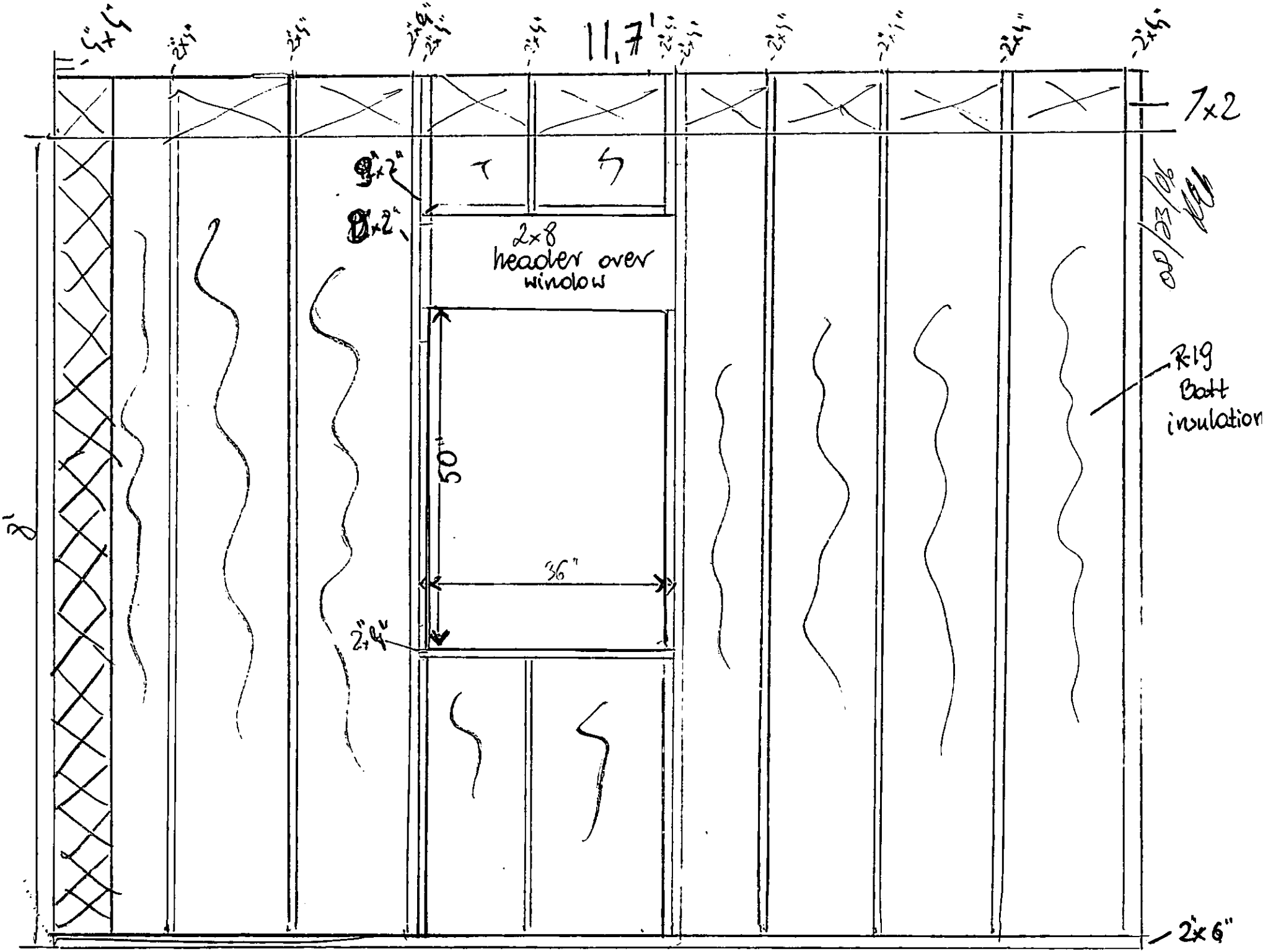
2'

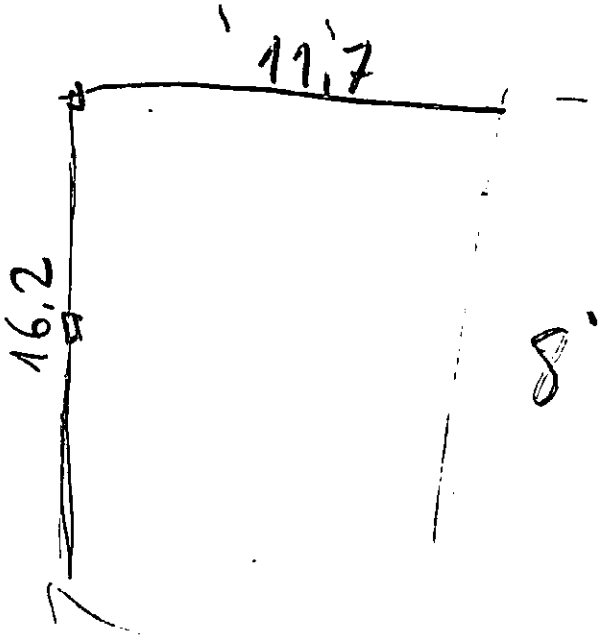
4'

floor joists 4x2

11'7"

4x2


11.7'
7x2
2x8
header over
window
50"
36"
2x4"
R-19
Batt
insulation
2x6"
8'


11,7
16,2
8

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK: *825.00* LOT: *38*
SITE ADDRESS: *1625 Tilford Blvd.*
CONTROL #: *06-102760* WORK TYPE: *Enclose Carport*
APPLICANT: *Michal Kania* PHONE # [redacted]
APPLICANT ADDRESS *1625 Tilford Blvd.* CITY/STATE/ZIP: *Brick, NJ 08724*

MANDATORY DEVELOPER FEES

_X__ Residential is 1% Business Name:
___ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value: Residential $ *7,920.00*
Commercial

07/05/2006
Date

The final equalized assessed value at the above referenced site is: Residential $ *10,600.00*
Commercial

01/31/2007
Date

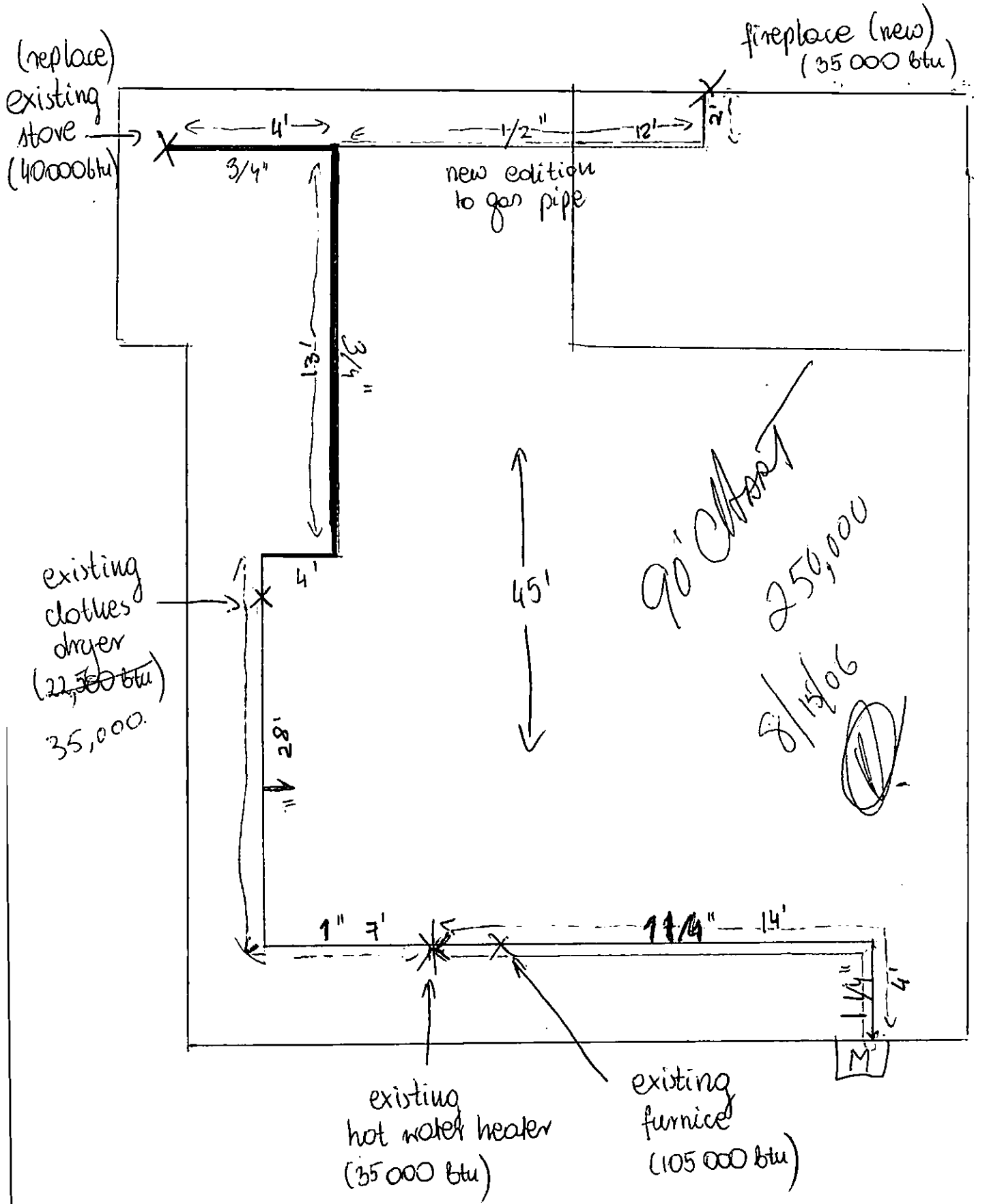
Prel. Fee (Res)		Final Fee (Res)	$ *26.80*
Prel. Fee (Comm)	$ -	Final Fee (Comm)	$ -
Waiver Fee(Res. Only)	$ *79.20*		
Check #	*212*	Check #	*257*
Date Paid	*07/11/2006*	Date Paid	*02/12/2007*

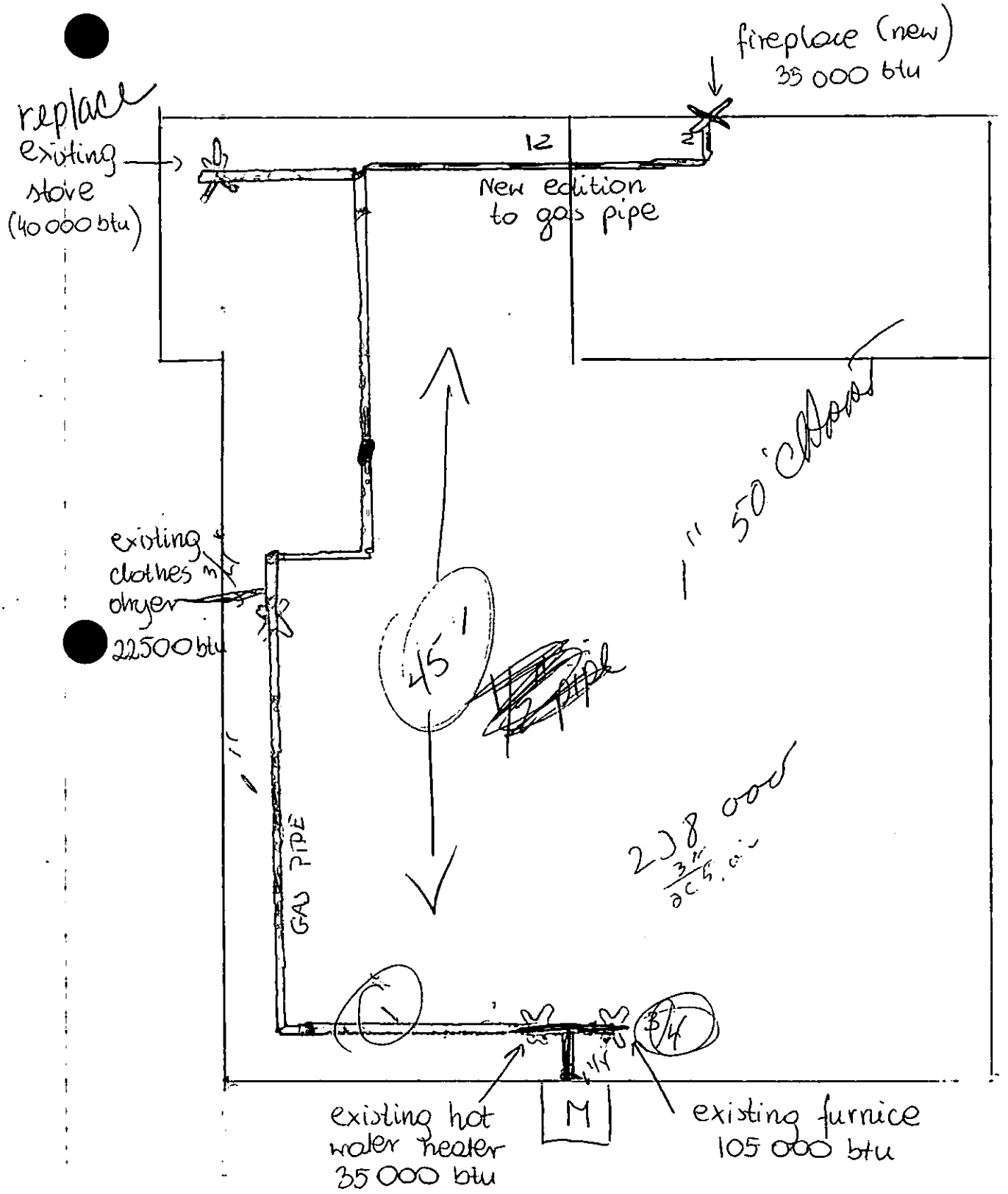
Total Fee Paid (Res) $ *106.00*
Total Fee Paid (Com) $ -

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Authorized Signature – Township of Brick

GAS SKETCH


(replace) existing stove (40000btu)
fireplace (new) (35 000 btu)
4'
1/2"
12'
2'
3/4"
new edition to gas pipe
13'
3/4"
existing clothes dryer (22,500 btu)
35,000.
4'
45'
28'
90' Offset
250,000
8/15/06
1" 7'
1 1/4" 14'
1 1/4"
4'
M
existing hot water heater (35 000 btu)
existing furnace (105 000 btu)



PLAN OF GAS PIPES IN THE BASEMENT

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

********PLEASE READ AND SIGN********

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: MICHAL KANIA

SIGNATURE: Michal Kania DATE: _____

BLOCK: 825 LOT: 38 ADDRESS: 1625 Tilford Blvd

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: _____

PLOT PLAN EXEMPT FORM

Block: 825 Lot: 38

Property Address: 1625 Tilford Blvd

I, Michal Kania (name) of 1625 Tilford Blvd (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Michal Kania
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 7/12/06 Signed: _____

Rejected on: _____ Signed: _____

Comments:

Vent Free Fireplace Systems

LIFETIME MONESSEN LIMITED WARRANTY

MCFS36, DFS32, DFS3224, DFS36 and DFS42 Vent Free Gas Fireplace Systems

The Monessen Vent Free Gas Fireplace Systems provide outstanding design flexibility with the most desired product features, for either a recessed or against the wall installation.

- Full size DFS fireplace system with 32", 36" and 42" hearth openings
- DFS system features realistic emberblaze ceramic fiber logs with glowing embers and dancing yellow flames
- MCFS 36" fireplace system with a 20" depth features realistic kentucky stack log set (shown above)
- Large selection of field installed options including decorative faces in several finishes
- Factory or field installed weathered firebrick
- Includes fixed screen, integrated burner assembly, concealed controls, black louvers, flex connector and junction box
- New air duct design allows blower operation with radiant face plates
- No venting required, all the heat stays in your home
- Control options:
  - DFS: Variable Manual, Thermostat, Remote-Ready Millivolt and Variable Hi/Lo
  - MCFS: Remote-Ready Millivolt
- CSA Design Certified

Heat with Personality.

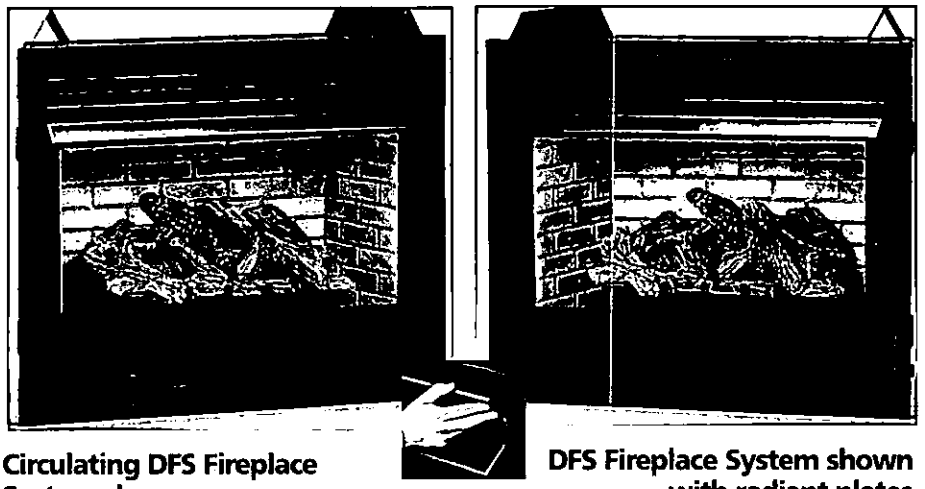
MONESSEN HEARTH SYSTEMS

NEW AIR DUCT DESIGN ALLOWS BLOWER OPERATION WITH RADIANT FACE PLATES

2-IN-1 FLEXIBLE FACE™
Converts from Circulating to Radiant in Seconds!

DFS and MCFS Systems

- Out-of-the-box ready for a circulating installation
- Radiant plates included for easy field conversion
- New air duct design allows blower operations with radiant face plates



Circulating DFS Fireplace System shown

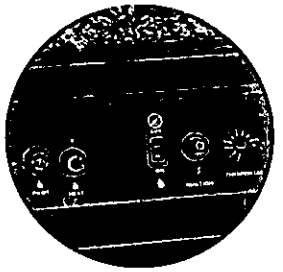
DFS Fireplace System shown with radiant plates

The VENT•FREE ADVANTAGE

Vent-free gas appliances continue to be the sensible choice when looking for a supplemental heating source. Since no outside venting is required, all the heat stays in your home and the high heating efficiency provides comfortable warmth for only pennies an hour. And since vent-free appliances do not require electricity to operate, they are an excellent heat source during power outages. Vent free gas appliances are environmentally clean, safe, and operate within industry indoor air quality standards as well as being design certified by CSA.

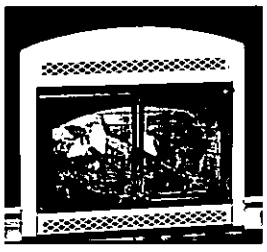
DFS and MCFS Vent Free Gas Fireplace Systems

- New air duct design allows blower operation with radiant face plate
- The DFS vent-free gas fireplace system features full size height and width builder dimensions, yet is only 16 inches deep for those slim-profile installations.
- Monessen's unique 2-IN-1 FLEXIBLE-FACE SYSTEM field converts from a circulating to a radiant system in seconds, providing the ultimate in installation and design flexibility, and only three sizes are required for virtually any installation need.
- Features a fixed safety screen, concealed controls and a modular burner system.
- Smartline designer accessories allow flexibility in customizing your fireplace through a variety of factory or field installed options.
- There are no hot pull screens to open or close, no unsightly controls or unattractive punched louvers.

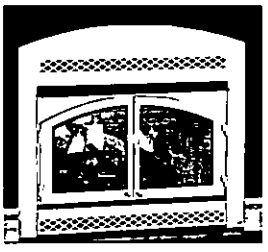


MCFS System Control Panel

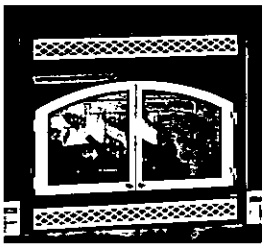
FACING OPTIONS



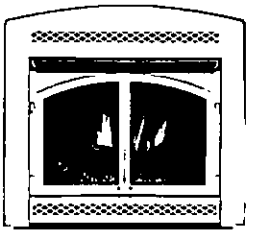
DFS shown with Brushed Pewter Arched Front, Black Door Frame and Black Fire Screen Doors



DFS shown with Brushed Pewter Arched Front, Brushed Pewter Door Frame and Brushed Pewter Fire Screen Doors



DFS shown with Gold Filigree Panels, Black Door Frame and Gold Fire Screen Doors



MCFS shown with Gold Arched Front, Gold Door Frame and Gold Fire Screen Doors

MCFS shown with Black Arched Front, Pewter Door Frame and Black Fire Screen Doors

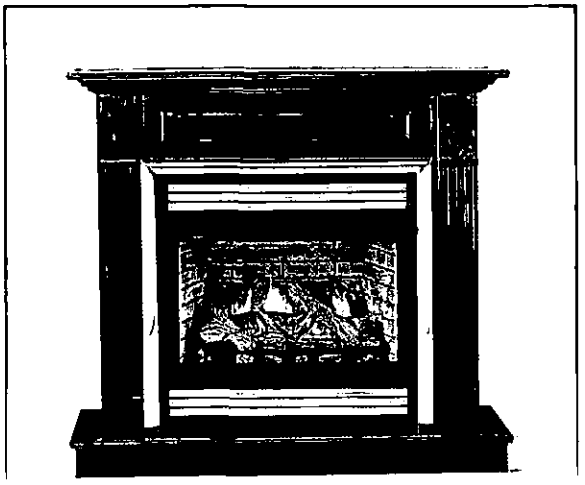
OPTIONAL ACCESSORIES

DFS Fireplace System
32" and 36" HARDWOOD WALL AND CORNER SURROUNDS AND HEARTHS ADD MORE DESIGN FLEXIBILITY AND VALUE

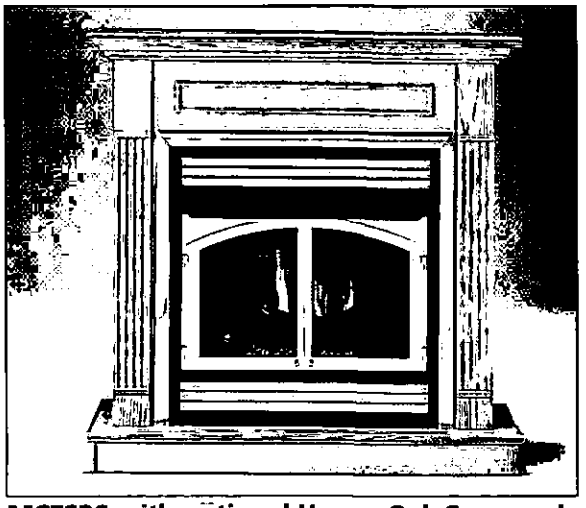
Available in:
- Finished Honey Oak
- Finished Dark Cherry
- Unfinished Oak
- Unfinished birch

MCFS Fireplace System
36" HARDWOOD WALL SURROUNDS AND HEARTHS ADD MORE DESIGN FLEXIBILITY AND VALUE

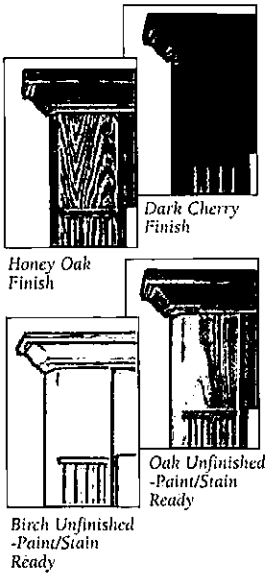
Available in:
- Finished Honey Oak
- Finished Dark Cherry



DFS3224 with optional Dark Cherry Surround and Hearth, brass louvers and brass trim

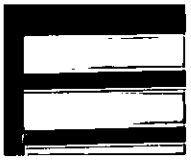


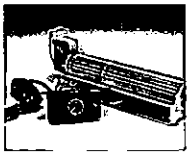
MCFS36 with optional Honey Oak Surround and Hearth, brass louvers, gold door frame, gold fire screen doors and brass trim



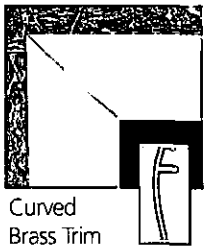
FACTORY INSTALLED OPTIONS
ALSO AVAILABLE AS FIELD INSTALLED ACCESSORIES

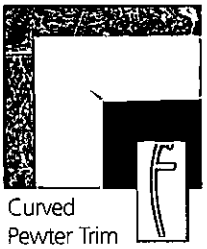

Weathered Firebrick

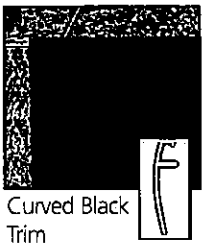

Brass Louvers

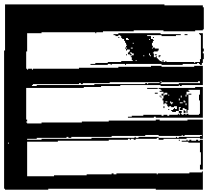

Variable Thermostat Controlled Forced Air Blower

FIELD INSTALLED ACCESSORIES


Curved Brass Trim


Curved Pewter Trim


Curved Black Trim


Pewter Louvers

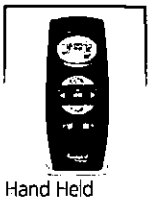

Decorative Ceramic Fiber Embers

OPTIONAL ACCESSORIES FOR REMOTE CONTROL MODELS


On/Off Hand Held Remote Control with Receiver.

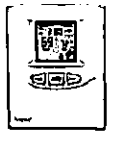
On/Off Thermostat Remote Control with Receiver.


Hand Held On/Off Remote Control. Standard or Hi/Lo Flame Adjustable Operation.


Hand Held Thermostat Remote Control with Receiver. Standard or Hi/Lo Flame Adjustable Operation.

Thermostat Remote Control with 3-Speed Blower Control with Receiver.

Touch Light™ Table Top/Wall Mount TLM On/Off and TLT Thermostat Remote Control with Receiver.


7-Day Programmable On/Off Wireless Wall Thermostat with Receiver.

SPECIFICATIONS

Product Specifications

Model	Width		Height		Depth		Manual Control BTU (x1000)		Millivolt Control BTU (x1000)		Thermostat Control BTU (x1000)		Hi/Lo Control BTU (x1000)		Opening Height	Radiant or Circulating	Cert.
	Actual	Framing	Actual	Framing	Actual	Framing	NG	LP	NG	LP	NG	LP	NG	LP			
MCFS36	41"	41-1/4"	43"	43-1/2"	20-1/2"	21"	–	–	20-36	20-36	–	–	–	–	26"	Both	CSA
DFS32	37"	37-1/4"	37-1/2"	37-3/4"	16"	16"	18-28	18-28	18-28	20-28	18-28	20-28	18-28	21-28	20-1/2"	Both	CSA
DFS3224	37"	37-1/4"	37-1/2"	37-3/4"	16"	16"	20-38	20-38	25-38	30-38	25-38	30-38	20-38	22-38	20-1/2"	Both	CSA
DFS36	41"	41-1/4"	37-1/2"	37-3/4"	16"	16"	20-38	20-38	25-38	30-38	25-38	30-38	20-38	22-38	20-1/2"	Both	CSA
DFS42	47"	47-1/4"	37-1/2"	37-3/4"	16"	16"	20-38	20-38	25-38	30-38	25-38	30-38	20-38	22-38	20-1/2"	Both	CSA

Hardwood Surround Dimensions

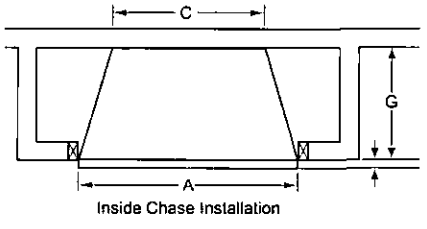
	32" Wall Surround	32" Wall Hearth	36" Wall Surround	36" Wall Hearth	*36" Wall Surround	*36" Wall Hearth
Width of mantel	50-1/2"	58"	54-3/8"	61-1/4"	58"	64-1/2"
Height w/o hearth	48"	5"	48-1/4"	5"	53"	5"
Depth	17-1/4"	21-3/8"	21-3/4"	25-1/2"	22"	25-1/2"
Opening width	38"	–	42"	–	42"	–
Opening height	35-7/8"	–	35-3/4"	–	40-3/4"	–
Width of mantel top	58"	–	62"	–	64-1/2"	–
Depth of mantel top	21-1/8"	–	25-1/2"	–	25-1/2"	–

*MCFS36

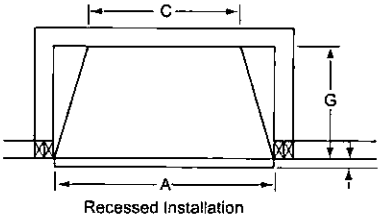
	32" Corner Surround	32" Corner Hearth	36" Corner Surround	36" Corner Hearth
Width of mantel	62-3/8"	62-3/8"	63-3/8"	63-3/8"
Height w/o hearth	48-1/4"	5"	48-1/4"	5"
Distance from corner to front center of mantel	35-1/2"	–	37-1/2"	–
Distance from corner to front edge along wall	44-1/8"	–	47"	–
Opening width	38"	–		

Vent Free Fireplace System Framing Dimensions

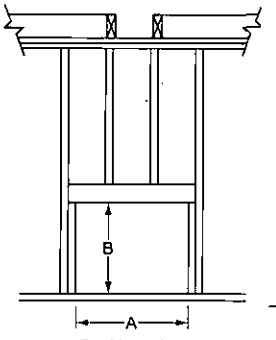
	MCFS36	DFS32/24	DFS36	DFS42
A	41-1/4"	37-1/4"	41-1/4"	47-1/4"
B	43-1/2"	37-3/4"	37-3/4"	37-3/4"
C	30-1/2"	28-3/4"	32-1/2"	38-3/4"
D	15-1/4"	14-3/8"	16-5/8"	19-3/8"
E	71-1/2"	60-3/4"	65-1/4"	70-3/4"
F	35-3/4"	30-3/8"	32-5/8"	35-3/8"
G	21"	16"	16"	16"
H	50-1/2"	43"	46-1/4"	50"



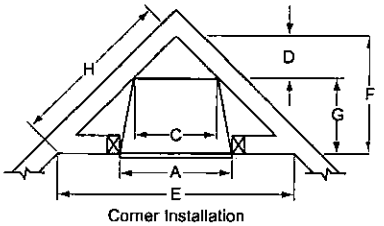
Inside Chase Installation



Recessed Installation



Stud Location



Corner Installation

REGULATORY APPROVAL
The DFS and MCFS series has been tested and approved by CSA as an unvented room heater to the latest ANS Z21.11 requirements. Approved for installation in an aftermarket manufactured (mobile) home, where not prohibited by state or local codes. This unit complies with requirements to be classified as a zero clearance unit.

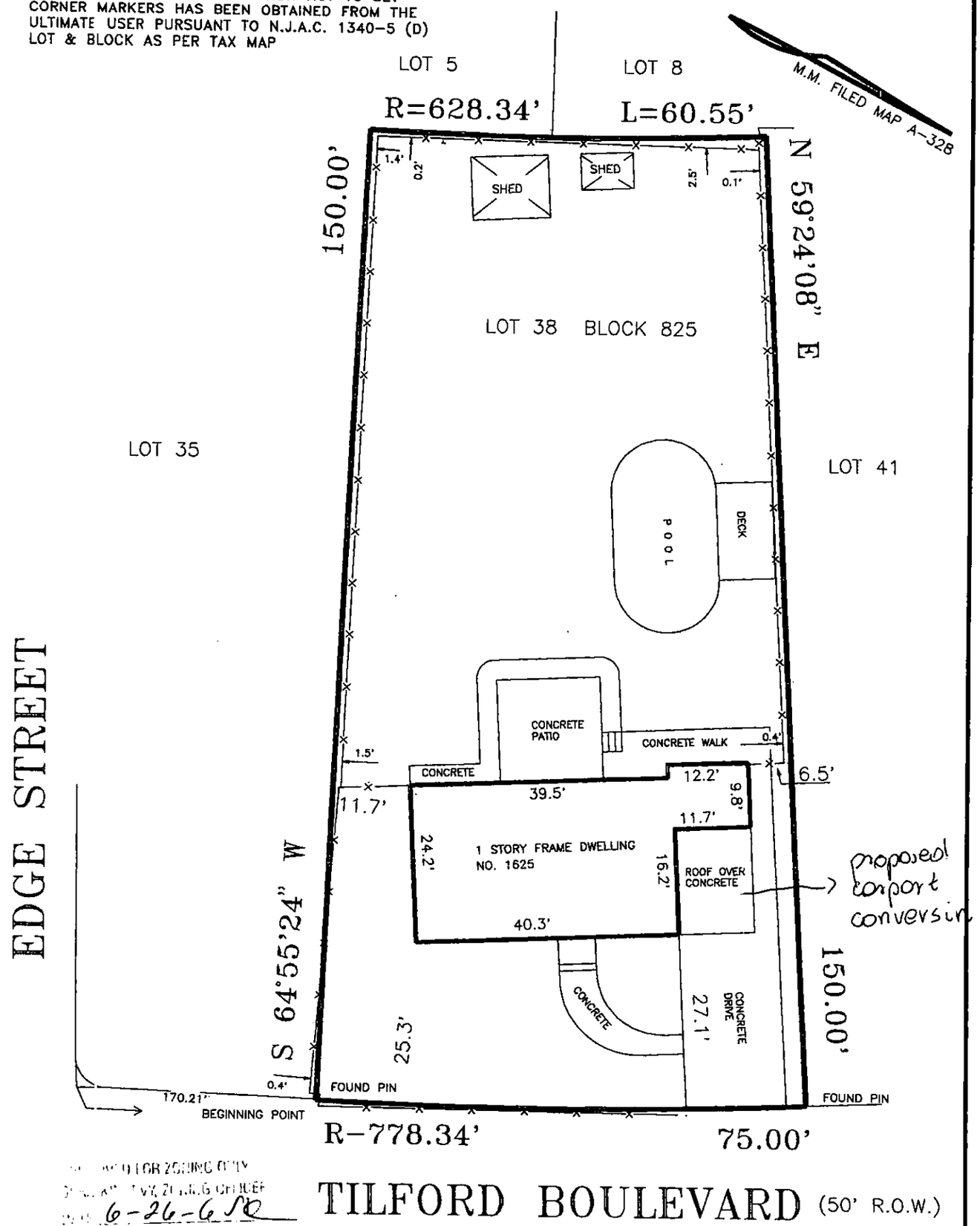
Warning:
- It is recommended that the screen be used during operation of this log set. Always ensure the screen has adequate spaces to allow for passage of combustion air to the gas log set.
- Correct installation of the ceramic fiber logs, proper location of the heater and periodic cleaning are necessary to avoid potential service problems with sooting.
- Keep small chidren and animals away from the open flame of the gas log set at all times.
- There may be a start-up odor associated with the heating of the logs. The odor should diminish in 2-3 hours of operation with the burner at its highest setting with the fan in the off position.

MONESSEN
HEARTH SYSTEMS
149 Cleveland Drive • Paris, Kentucky 40361
www.monessenhearth.com

MADE IN U.S.A.

Sold by:

NOTE: A WRITTEN WAIVER AND DIRECTION NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO N.J.A.C. 1340-5 (D)
LOT & BLOCK AS PER TAX MAP



APPROVED FOR ZONING ONLY
BRICK TOWNSHIP ZONING OFFICER
DATE 6-26-06

Being Lots 38, 39, 40 in Block 15 as shown on a certain Map entitled "Laurelton Park" and filed in the Ocean County Clerk's Office on September 25, 1929 as Map No. A-328

I hereby certify to Michael Kania (married)
First Financial Equities, Inc., its successors and/or assigns
Madison Title Agency, LLC (MTA-025335)
Michael I. Inzelbuch, Esquire

This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. Environmentally sensitive areas, if any, are not located by this survey. No attempt was made to determine if any portion of this property is claimed by the State of New Jersey as tidelands. No liability is assumed by the certifying Surveyor for the use by any party not shown in the certifications. The certification of this survey on the date shown is made solely to the named parties herein.

WALTER T. TOTH N J L S NO.21761

SURVEY OF
LOT 38 BLOCK 835
SITUATED IN
BRICK TOWNSHIP OCEAN COUNTY NEW JERSEY

DATE: JANUARY 17, 2006 SCALE: 1"=20' JOB NO. 06-8301

WALTER T. TOTH
WALTER T. TOTH & ASSOC., P.A.
PROFESSIONAL LAND SURVEYOR, PLANNERS & ENGINEERS
12 MADISON AVENUE, P.O. BOX 478, TOMS RIVER, NEW JERSEY 08754-0478
(732) 349-0090

6/19/06

TITLE NO. (MTA-025335)