BLOCK 825 LOT 47 ADDRESS (SITE) _____ PERMIT NO. 2203-92

Called 10/21/92

RECEIVED
OCT 13 1992
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1615 Tilford Blvd. Brick N.J.
2. Name of Owner In Fee: WILLIAM ~~G. IRELAND~~ Tel. (____) _____
   Address 1615 TILFORD BLVD (street) BRICK (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: MAROUSIS Enterprises Inc. Tel. (908) 458-5808
   Address 1659 RT 88 Brick N.J.
   License No. OR, if new home, Builder Reg. No. 02126 Exp. Date 7-31-93
   Federal Emp. No. 22 1298944 Social Security No. [redacted]
5. Architect or Engineer PETER PUSKULDJIAN Tel. (908) 308-0443
   Address 5 Cambridge Rd. Freehold N.J. 07728
6. Responsible Person In Charge of Work PETER MAROUSIS Tel. (908) 458-5808

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 22 -		
2. Electrical			
3. Plumbing	25 -	X	
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 93 -		
7. Less 20% for State Plan Review	9 -		
8. Subtotal	$		
9. DCA Training Fee	4 -		
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 126 -		

VI. BUILDING/SITE CHARACTERISTICS

(Office use only)

1. Number of Stories		1 ow
2. Height of Structure	ft.	
3. Area—Largest Floor	sq. ft.	
4. Building Area—All Floors	153 - sq. ft.	
5. Volume of Structure	2400 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. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

addition

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	8,100.00
5. ☐ Alteration	
6. ☒ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	8,100

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval / Rejection	Re-viewer
WH	10/13/92		10/21/92		12/3/92	
			10/21/92			
			10/16/92		12-18-92 12/14/92	
asm	app.		10-15-92			

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

LDS BR 10208569

U.C.C. Form F-100A

2 of

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.

X Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	SK	10/10/92	add.						
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

Date Issued 10/22/92
Control #
Permit # 2203-92

IDENTIFICATION Block 825 Lot 47

Work Site Location 1615 Tilford Blvd

Owner in Fee Wm Ireland

Address 1615 Tilford Blvd

Tele. (____) ________

Contractor Massaro Ent.

Address ________

Tele. (____) ________

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

Federal Emp. No. ________

or Social Security No. ________

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER ________

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Addition

153 —

240 —

PAYMENTS (Office Use Only)	
Building	82 —
Plumbing	25 —
Electrical	
Fire Protection	46 —
Other	
Other	
DCA Training Fee	4
Cert. of Occ.	20
Other	
Total	106
Check No.	41373
Cash	
Collected By:	

2203## BLOCK 825 # LOT 47 # BUILDING PLUMBING FIRE C/O

0.00 0.00 32.00 25.00 46.00 9.00 4.00 20.00

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 $ 8100 —

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/22/92
Date Issued
Control #
Permit # 2203-92

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

Block 825 Lot 47
Work Site Location 1615 TILFORD Rd
BRICK N.J.
Owner in Fee WILLIAM G. IRELAND
Address 1615 TILFORD BLVD
BRICK N.J. 08723
Tele. ( )
Contractor MAROUSIS ENTERPRISES, INC.
Address 1659 Rt 88
BRICK N.J.
Tele. (908) 458-5808
Lic. No. or Bldrs. Reg. No. 02126
Federal Emp. No. 221258944 or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	10/21/92	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/22/92
Approved By: J. Chudler

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			9/27/92	
Foundation			11/6/92	
Slab				
Frame			11/24/92	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

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

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

C. CERTIFICATION IN LIEU OF OATH

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

X _____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK -

Addition 1st floor

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

(Office Use Only)
FEE
$ _____

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/22/92
Date Issued
Control #
Permit # 2203-92

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

Block 825 Lot 47
Work Site Location 1615 TILFORD RD
BRICK N.J.
Owner in Fee WILLIAM G. IRELAND
Address 1615 TILFORD BLVD
BRICK N.J. 08723
Tele. ( )
Contractor [illegible] ENTERPRISES, INC.
Address 1159 RT 88
BRICK N.J.
Tele. (908) 458-8808
Lic. No. or Bldrs. Reg. No. 02106
Federal Emp. No. 221-58-544 or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:	Dates (Month/Day)			
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

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

C. CERTIFICATION IN LIEU OF OATH

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

X _____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK -

Addition 1st floor

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

(Office Use Only)
FEE
$ _____

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

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

10 NOV 1992

CK No: 7997

$40.00

PERMIT NO: 2203-12

DATE: 22 OCT, 92

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

NOV 19 92 0 1 4 8 3 8

Brick

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

Block 825 Lot 47
Work Site Location 1615 TILFORD BLVD.
BRICK N. J. 08724
Owner in Fee WM. FREELAND
Address SAME.

Tele. (908) 458-5509
Contractor BASS ELECTRIC
Address 1561 BURNSVILLE ROAD.
BRICK N.J. 08724
Tele. (908) 899-1750
Lic. No. 2991
Federal Emp. No. 21-0719435 or Social Security No. —

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as DWELLING Utility Co. _____
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 12-16-92
Approved by: B. Cadmus

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			11-20-92	BLC #24
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-16-92	BLC #24

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 12-16-92
Line Dept. PP.

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. Harry J. Bassinder
Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

R.W. READY. "SOMEONE ALWAYS HOME."

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ _____
Paid [ ] Check # 7997 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 40.00

RF

U.C.C. Form F-120A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/22/92
Date Issued
Control #
Permit # 2203-92

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

Block 825 Lot 47
Work Site Location 1615 TILFORD RD. BRICK N.J. 08723
Owner In Fee WILLIAM G. IRELAND
Address 1615 TILFORD BLVD BRICK N.J. 08723
Tele. ( )
Contractor MARousis Enterprises INC.
Address 1654 21st BRICK N.J.
Tele. (908) 458-5808
Lic. No. 02126
Federal Emp. No. 22 1298944 or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 10/21/92
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test	12-21-92			
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. (owner)

[signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work added

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	AC DC Interconnected 3	46
Heat Detectors	1 Each Bedroom	
TOTAL	1 Each Level Battery Back up	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 46
Collected by _____ TOTAL FEE $ 46

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/22/92
Date Issued
Control #
Permit # 2203-92

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

Block 825 Lot 47
Work Site Location 1615 Tilford Blvd
Owner in Fee WILLIAM G. IRELAND
Address 1615 TILFORD BLVD
BRICK N.J. 08723
Tele. ( )
Contractor PINELAND PLBG & HTG INC
Address 807 MANTOLOKING RD
BRICKTOWN NJ
Tele. (908) 477 0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present 1 Fam Res Proposed
Building Sewer Size Existing 4"
Water Service Size " 3/4
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by:
Date: 12-28-92

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			11/16/92	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

William R Dwyer
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NEW FIXTURES

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

Administrative Surcharge $ 25-
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/22/92
Date Issued
Control #
Permit # 2203-92

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

Block 825 Lot 47
Work Site Location
Owner in Fee WILLIAM G. IRELAND
Address 1615 TILFORD BLVD
BRICK N.J. 08723
Tele. ( )
Contractor Pineland Plbg & Htg Inc.
Address 807 Manasquan Rd
Brielle NJ
Tele. (908) 477 0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present 1 Fam Res Proposed
Building Sewer Size Existing 4"
Water Service Size " 3/4
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

William R. Dwyer
Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

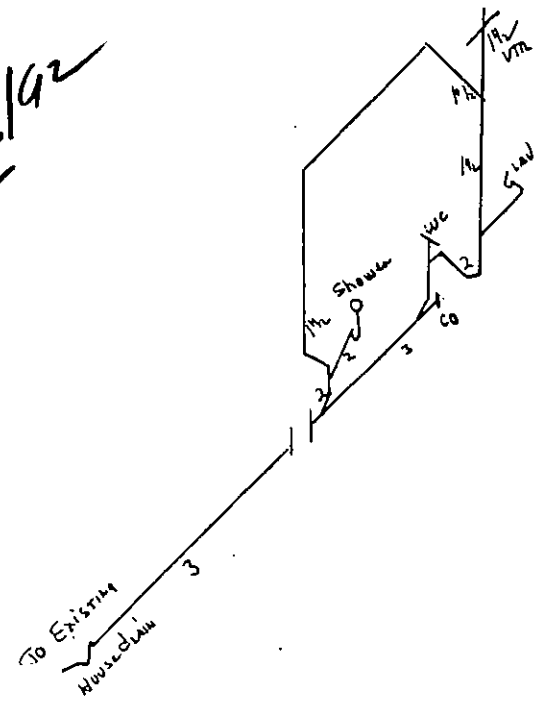
D. TECHNICAL SITE DATA (List all fixtures.) NEW FIXTURES

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

Administrative Surcharge $ 25
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

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

10/16/92



Fixtures including new Bath -

2 - Toilets
2 - Lav Sinks
1 - Tub
1 - Shower
1 - K. Sink
1 - Washing mach.

Furnace - 100,000 BTU's

William G. Freund
1615 Tilford Blvd
Brick, N.J.

TOWNSHIP OF BRICK

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

Department of Engineering

Jerome J. Tansey, P.E., P.P.
Municipal Engineer
(201) 477-3000, Ext. 273

Richard E. Garnett, L.S., P.P.
Municipal Surveyor/Planner
(201) 477-3000, Ext. 277
Fax (201) 920-4850

TO: Municipal Engineer DATE: _____

I William G. Ireland of 1615 Tilford Blvd
(Name - Please print) (Address)

Block: 825 Lot: 47

Request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Phone No. _____ _____
Signed by Applicant

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

NOTE: Any excavations to be removed from the Township requires a mining permit.

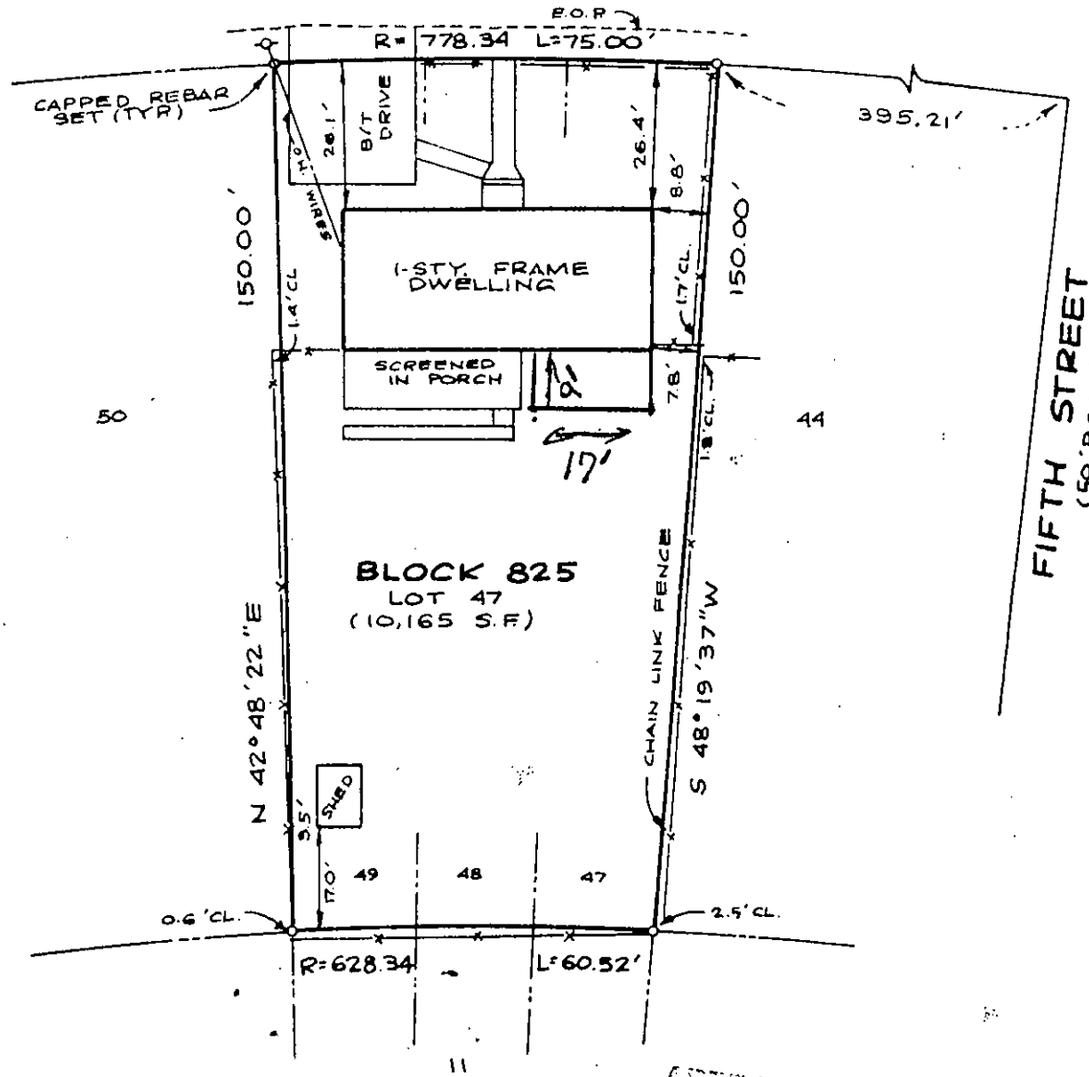
Approved ☑ Date: 10/15/92 By _____

Rejected ☐ Date: _____ By _____

Remarks: _____

FILED MAP

TILFORD BOULEVARD
(50' R.O.W.)



NOTES:

PROPERTY IS ALSO KNOWN AS LOTS 47, 48 AND 49, IN BLOCK 15 AS SHOWN ON A FILED MAP ENTITLED "LAURELTON PARK" FILED IN THE O.C.C.O. ON SEPT. 25, 1929 AS MAP NO. A-328.

DB 4535 PG. 68

APPROVED FOR FILING ONLY
SEAN KILEY, PLANNING OFFICER
DATE 10/15/92
addition

SURVEY OF
LOT 47, BLOCK 825
IN THE TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

10/6/92
EDWIN J. HALE P.L.S. No. 35842 DATE

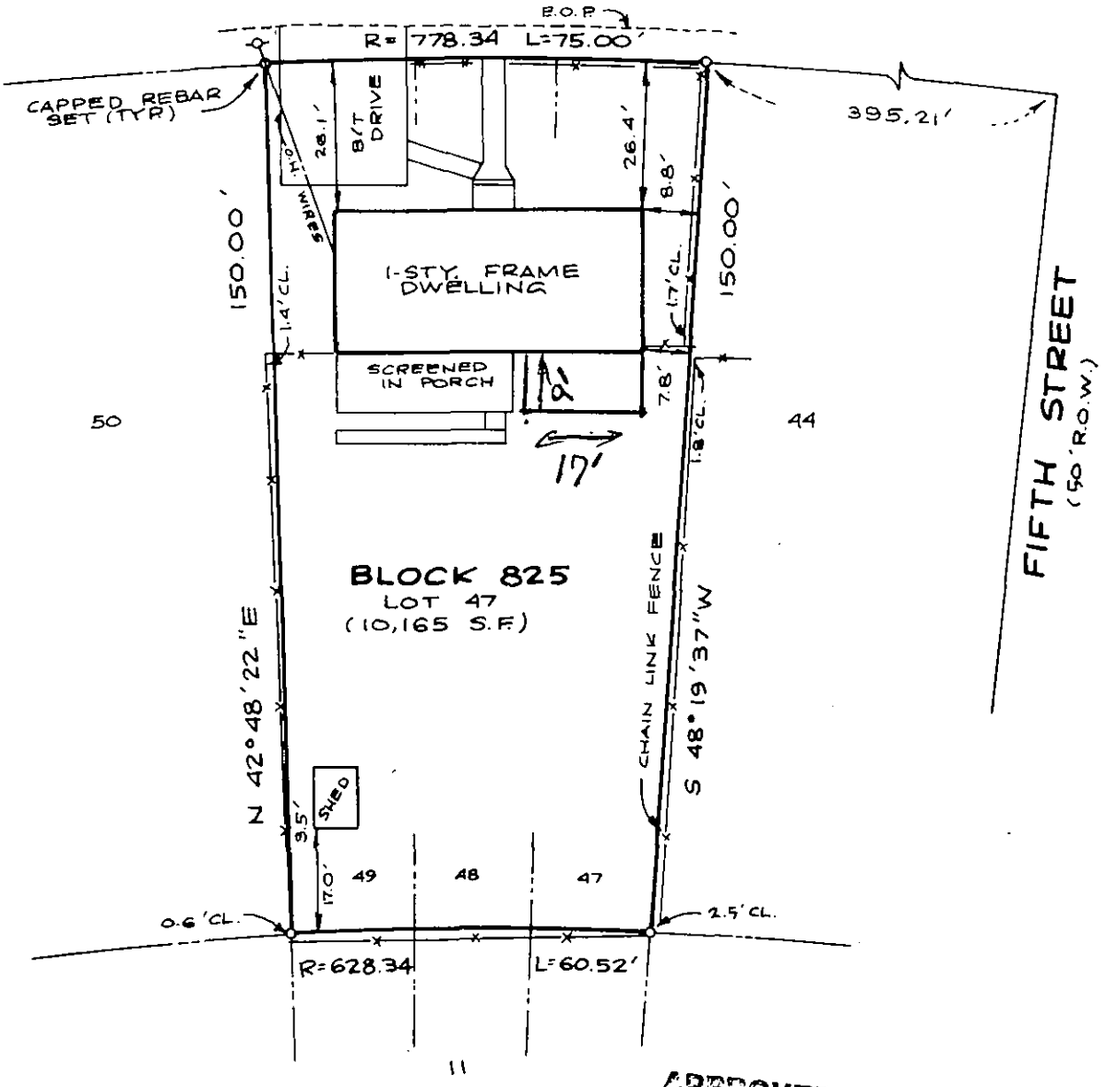
The Schoor DePalma & Canger Group Inc.
McSWEENEY & DREWES
Consulting and Municipal Engineers
201/840-1700
1466 Route Eighty Eight West, Brick, NJ 08724

DATE	REVISIONS	ORDER NO.

SCALE	DATE	DRAWN BY	CHK'D BY	FILE NO.	FIELD BK.
1"=30'	OCT. 6, 1992	EJH	E.J.H.	92104A	639

FILED MAP

TILFORD BOULEVARD
(50' R.O.W.)



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE 10/10/92
addition

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DB 4535 PG. 68

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LOT 47, BLOCK 825
IN THE TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

10/6/92
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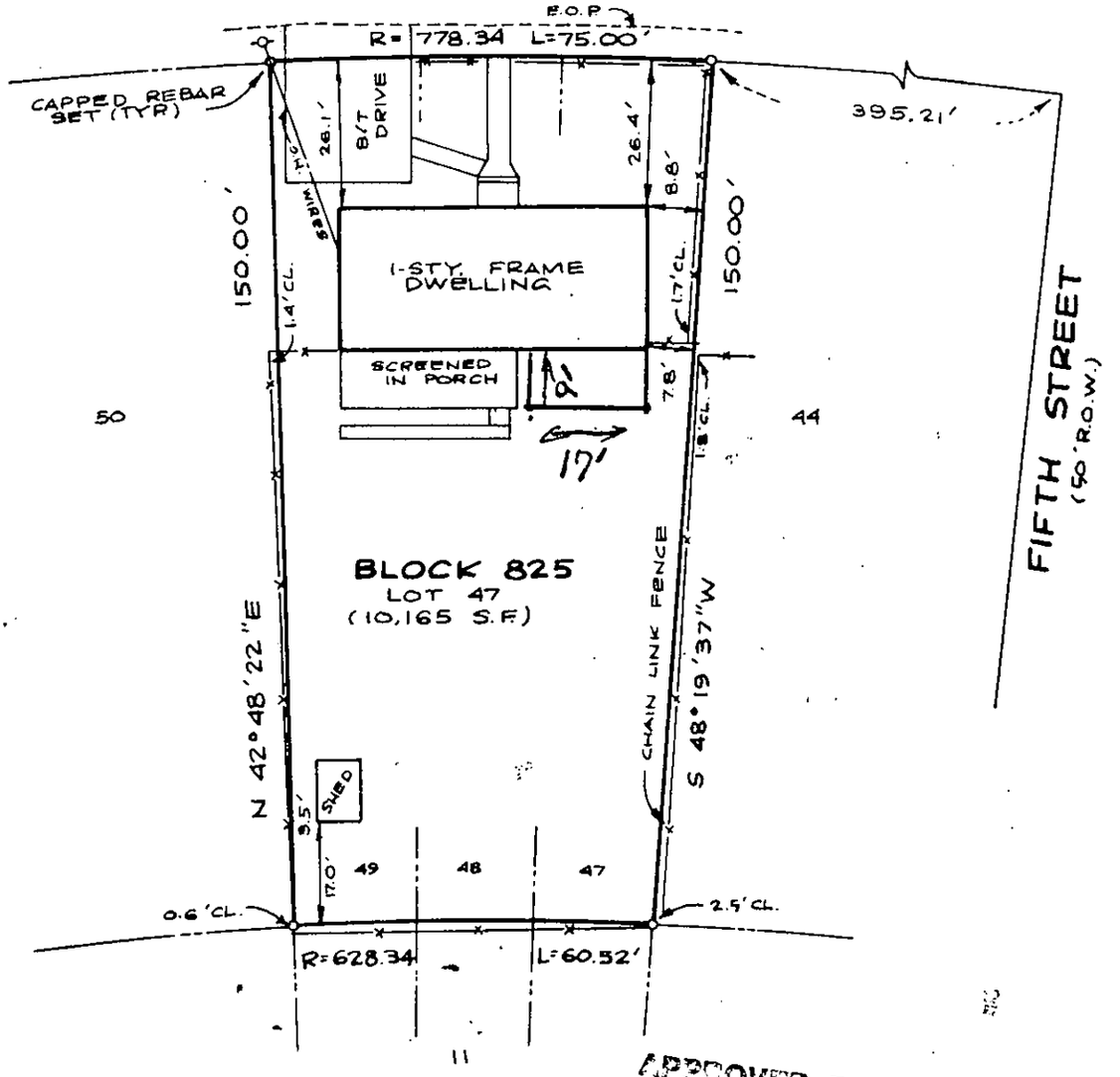
R.S. KNAPP CO

FILED MAP

TILFORD BOULEVARD
(50' R.O.W.)



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DATE 10/10/92
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SURVEY OF
LOT 47, BLOCK 825

IN THE TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

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