called 8/23/94 KG

BLOCK 825 LOT 59 ADDRESS (SITE) 1603 TICFORD BLVD PERMIT NO. 2388-94

RECEIVED
JUL 29 1994
DIV OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1603 TICFORD BLVD
2. Name of Owner in Fee: Lloyd ROGERS Tel. [redacted]
   Address 1603 TICFORD BLVD (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: SELF Tel. (____) ____
   Address SAME
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work Lloyd ROGERS Tel. (____) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building ADD	$ 58—		
2. Electrical			
3. Plumbing	40.		
4. Fire Protection	112		
5. Other ALTER	38—		
6. Subtotal	$ 248—		
7. Less 20% for State Plan Review	25—		
8. Subtotal	$ 223		
9. DCA Training Fee	$ 10 7 4		
10. Subtotal	$		
11. Cert. of Occupancy	37—		
12. Other			
13. TOTAL	$ 324-90		

VI. BUILDING/SITE CHARACTERISTICS

NEW (office use only)

1. Number of Stories 1
2. Height of Structure 20 ft.
3. Area—Largest Floor 800 sq. ft.
4. Building Area—All Floors 800 sq. ft.
5. Volume of Structure 6400 cu. ft.
6. Construction Classification ____
7. Total Land Area Disturbed 768 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

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☑ Addition	10,500
5. ☑ Alteration	5000
6. ☐ Fire Protection	
7. ☑ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	15,500

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
LM	7/29/94		8/11/94		7/25/97		
			8/18/94				
			8/10/94		7/29/97		
TMM	8/5/94		8/5/94				

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:

UCC Form F-100A

LDS BR 10514517

20K

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 7/29/94

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
☐ 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	JK	7/29/94	add.					
☐								
☐								

COMMENTS

IMPORTANT
A.B.T. - EXEMPT

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 8/25/94
Control #
Permit # 2388-94

IDENTIFICATION Block 825 Lot 59

Work Site Location 1603 Telford Blvd.

Owner in Fee Edward Rogers

Address

Tele. ( )

Contractor Self

Address

Tele. ( ) **0002**

Lic. No. or Bldrs. Reg. No. Exp. Date 2388**

Federal Emp. No. BLOCK 0.00

or Social Security No. 825 # 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Addition 800. 6400.

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 $ 15,500

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only) 59 #		
Building ADD	PAID ING	68.00
Plumbing	PAID ING	10.00
Electrical	PAID	12.00
Fire Protection	PAID ING	8.00
Other	PLAN REVI	5.00
Other	D.C.A.	4.00
DCA Training Fee		7.00
Cert. of Occ.	TOTAL	4.00
Other	CHECK	4.00
Total	BALANCE	0.00
Check No. 04	NO. 2	13:36
Cash		
Collected By:		

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

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE

Date Update Issued 7/24/97
Control #
Permit # 8/25/94
Date Permit Issued

IDENTIFICATION Block 825 Lot 59
Work Site Location 1603 Fairfield Blvd
Owner in Fee L. Rogers
Address Same
Tele. (____)

Contractor Self 2388-94
Address
Tele. ( ) BLDG 0.00
Lic. No. or Bldrs. Reg No. 825 #
Federal Emp. No. LOT 0.00
or Social Security No. 59 #

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Expired date to make Application Current for & final insp.

Estimated Cost of Work $

J Cumazzo
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
	BUILDING	35.00
Building 35	TOTAL	35.00
Electrical	CHECK	35.00
Plumbing 07/24/97 NO. 5 0002A005	CHANGE	0.00
Fire Protection		14:59
Elevator Devices		
Other		
DCA Training Fee		
Cert. of Occ.		
Other		
Total 35		
Check No. # 1565		
Cash		
Collected By:		

U.C.C. Form F-1908

1 WHITE – INSPECTOR COPY 2 CANARY – OFFICE COPY 3 PINK - OFFICE COPY 4 GOLD – APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/25/94
Date Issued
Control #
Permit # 2388-94

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

Block 825 Lot 89
Work Site Location 1603 Tilford Road
BRICK
Owner in Fee
Address SAME
[redacted]
Tele.
Contractor
Address SAME
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8/17/94	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			8/18/94	
Foundation			8/27/94	
Slab				
Frame			8-18-95	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 20 Ft.
Area—Largest Floor 800 Sq. Ft.
Total Bldg. Area/All Floors 800 Sq. Ft.
Volume of Structure 6400 Cu. Ft.
Total Land Area Disturbed 768 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $15,500
3. Total (1+2) $ 15,500

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.

Lloyd Rogers
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADDITION: ENLARGE MASTER BEDROOM, ADD MASTER BATH, ADD MASTER CLOSET, ADD FAMILY ROOM, NEW ROOF, NEW VINYL SIDING, NEW FRONT DOOR & PORCH, NEW ANDERSON WINDOWS

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[X] Roofing
[X] Siding
[X] Other Replacement windows
[ ] 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

Furniture in Addition
99.99% Complete —

Cedar Siding Not Used

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/24/97
Date Issued 8/25/94
Control #
Permit # Update 2388-94

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

Block 525 Lot 59
Work Site Location 2603 Telford Blvd
Owner in Fee L. Rogers
Address same
Tele. ( )
Contractor Self
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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

D. TECHNICAL SITE DATA Expired date

DESCRIPTION OF WORK
To make 1994 application Current for final insp

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	7-24-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-25-97
Approved By: FM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			7-25-97	FM

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (6' or over)
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other
- [ ] Other

[ ] Demolition

(Office Use Only)
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. Alteration $
3. Total (1+2) $

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/25/94
Date Issued
Control #
Permit # 2388-94

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

Block 825 Lot 59
Work Site Location 1603 Tilford Blvd 1603
BRICK NJ. 08724
Owner in Fee SAME
Address
Tele. [redacted]
Cont
Address SAME

Tele. ( ) SAME
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R.3 Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

Reloade Gets Meter

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8/19/94
Approved by: JG

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved by: JOHN
Date: 7-25-97

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	8-7-95		8-17-95	JG
Water				
Sewer				
Fixtures			7-29-97	JOHN
Gas ~~Equipment~~ Test			8-11-95	JOHN
Gas Final				
Solar				
TCO Final	1-6-96			

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.)

Adds. "Now"

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
1	Shower	5
	Floor Drain	
1	Sink	5
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	~~5~~
✓	Gas Piping	25
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
1	Hot Water Boiler	~~15~~
	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

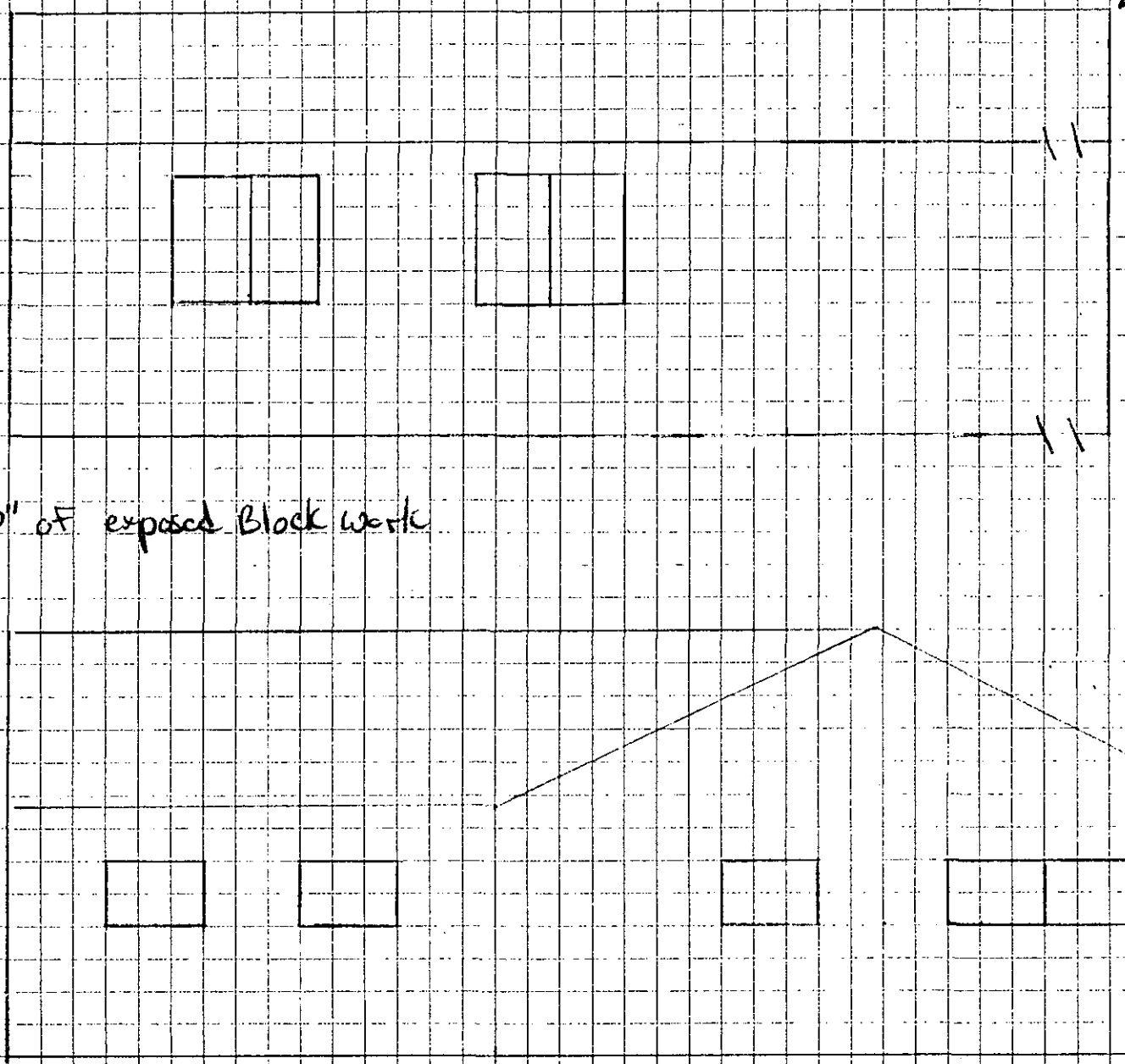
Administrative Surcharge $ 50-
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

Check heating Unit 8/17/94

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

8-7-97- Vent tied in below flood level of fixtures

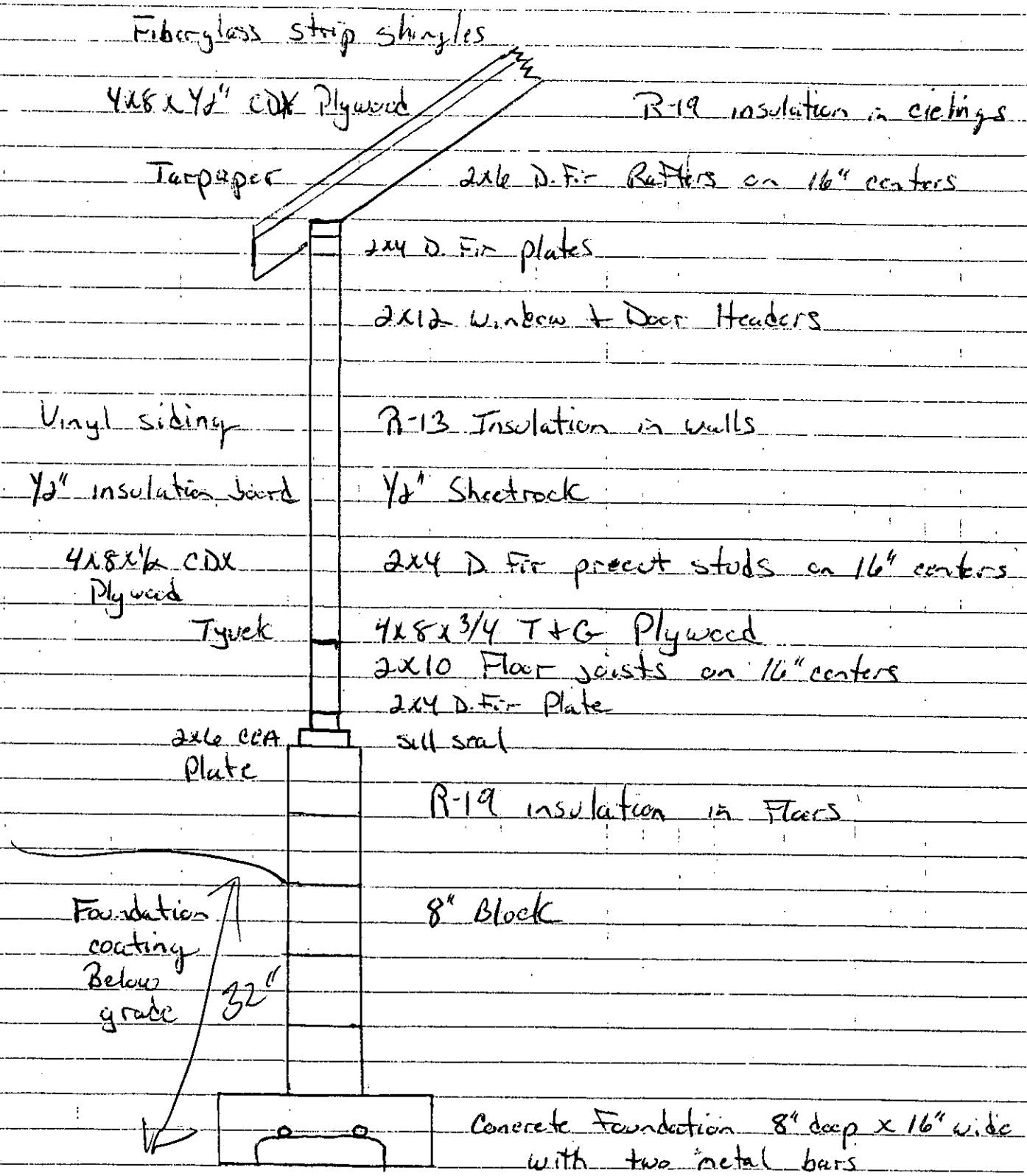
1-6-96- NO Entry - left note



LLOYD ROGERS
1603 TILFORD BLVD
BRICK NJ. 08724
452-8357

Block 825 Lot 59

LLOYD ROGERS Block 885 Lot 59
1603 Tilford Blvd
BRICK NJ 08724
908-458-8353



Floyd Rogers
1603 Tilford Blvd
Brick NJ 08724
458-6212

Block 825
Lot 59

3/16 scale

Existing living room

Existing kitchen

Existing Bathroom

Andersen CW24 Window

Master Bedroom

Andersen CW24 Window

Andersen AN41

Andersen AN41

Andersen AN41

Linen cl

closet

Storage / closet

W/in closet

M/Bath

Andersen AN41

Andersen AN41

Andersen AN41

Family room

Andersen AP421

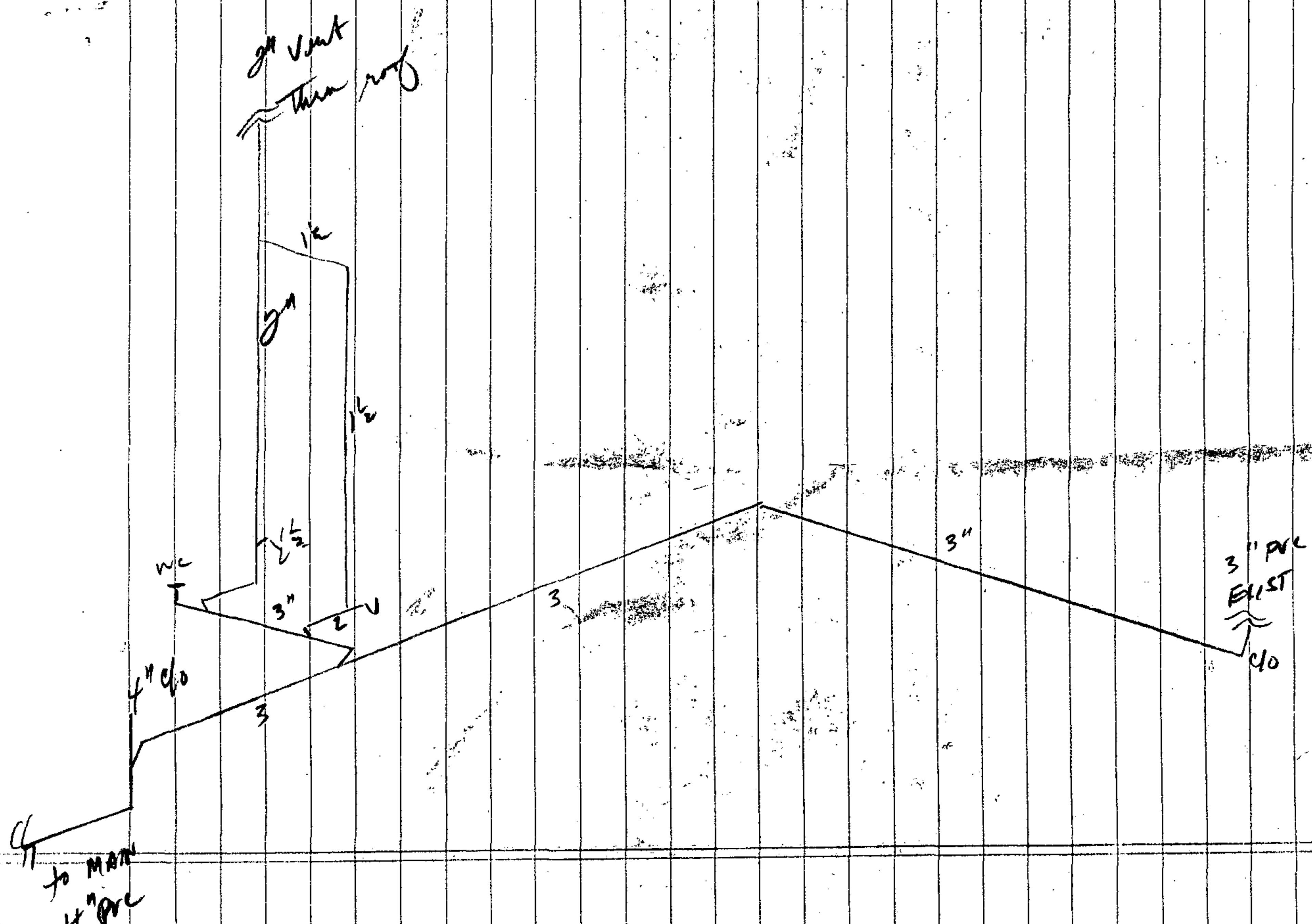
Andersen AP43

Andersen AP421

Andersen AP43

Andersen AP421

Andersen PS6B


2" Vent
Thru roof
1½
2"
1½
1½
WC
3"
2
V
4" C/O
3
3
3"
3" PVC
EXIST
C/O
to MAIN
4" PVC

2388-94

6/1/94

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 Lloyd Rogers of 1603 Tilford Blvd
(Name - Please print) (Address)

Block: 825 Lot: 59

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

Phone No. 458-8353

Lloyd Rogers
Signed by Applicant

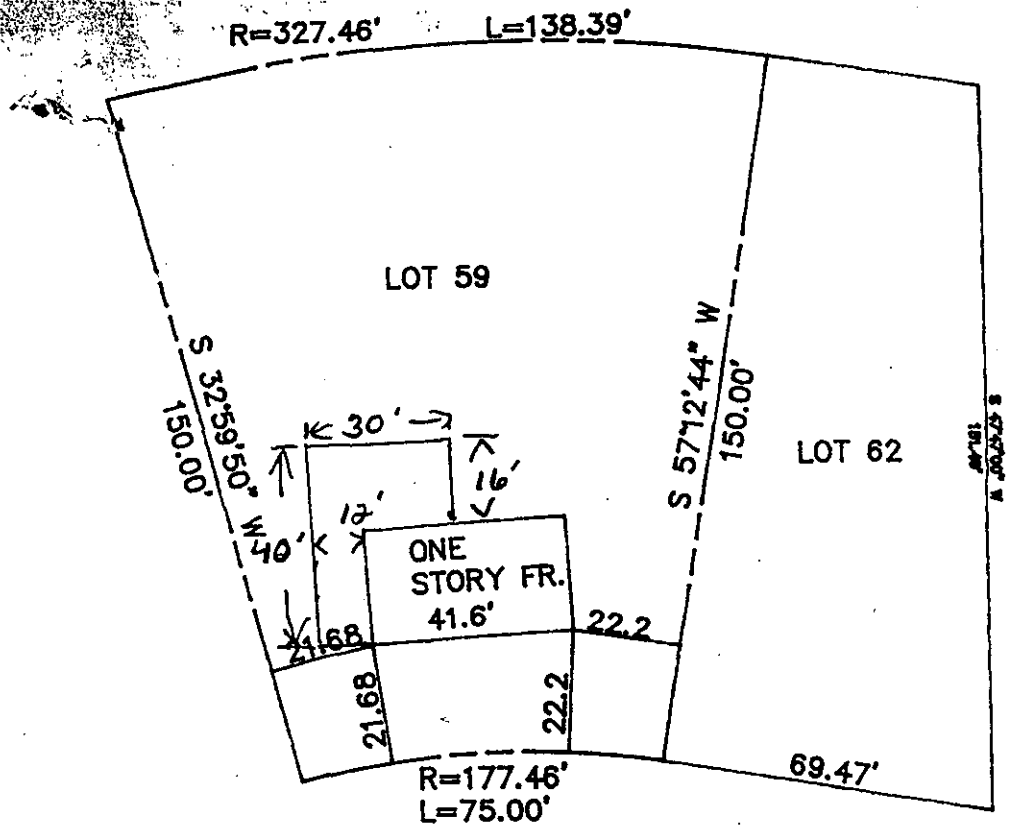
1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

Approved ☑ Date: 8/5/94 By _____

Rejected ☐ Date: _____ By _____

Remarks: _____



FORGE POND ROAD

TILFORD ROAD

NOTE:
SURVEY IS FOR THE PURPOSE OF DEFINING
BUILDING OFFSETS ONLY. OTHER STRUCTURES ARE NOT SHOWN.

THERE APPEARS TO BE AN ERROR IN THE FILE MAP
THAT MAY CAUSE A CHANGE IN THE LOT GEOMETRY.

REV.

STEVEN E. ZIMMERMAN
PROFESSIONAL LAND SURVEYOR,
PROFESSIONAL PLANNER
P.L.S.#27515, P.P.#4446
33 CURTIS AVE., MANASQUAN, N.J. 08736

12/12/93

PLAN OF SURVEY

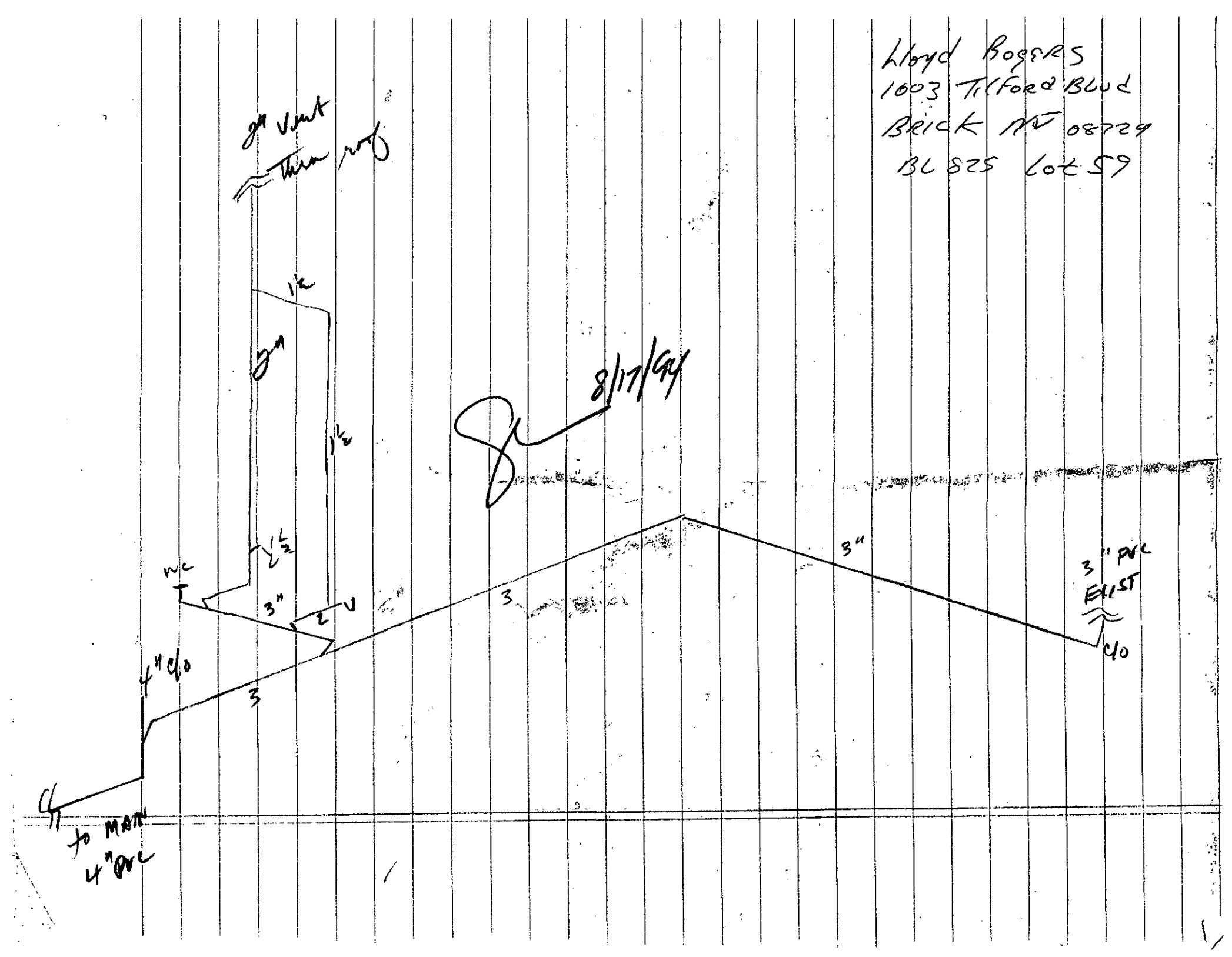
LOT 59, BLOCK 8245

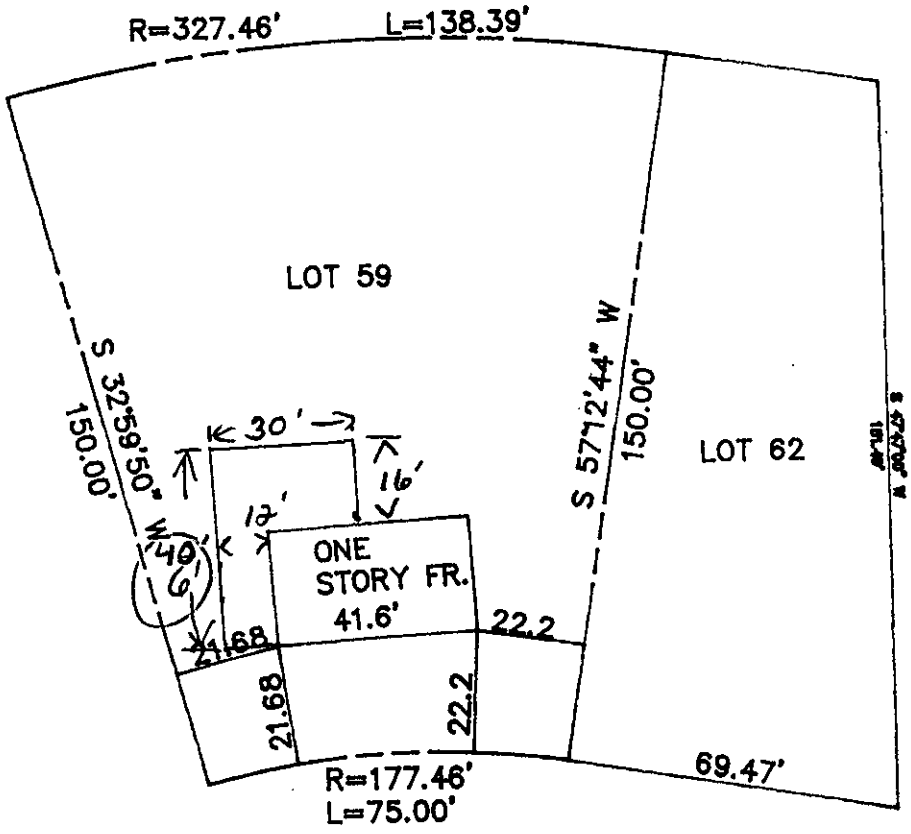
SITUATED WITHIN:

BRICK TOWNSHIP, OCEAN COUNTY,
NEW JERSEY

DWN.	DATE	FLD.BK.	CKD.	FILE.	DWG.#	COM.FILE	SCALE
S.E.Z.	12/12/93	23			93085	93085	1"=20'

Lloyd Rogers
1003 Telford Blvd
Brick NJ 08724
BL 825 Lot 59





FORGE POND ROAD

TILFORD ROAD

NOTE:
SURVEY IS FOR THE PURPOSE OF DEFINING
BUILDING OFFSETS ONLY. OTHER STRUCTURES ARE NOT SHOWN.

THERE APPEARS TO BE AN ERROR IN THE FILE MAP
THAT MAY CAUSE A CHANGE IN THE LOT GEOMETRY.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE 2/29/94 Sean Kinney
addition

REV.

STEVEN E. ZIMMERMAN
PROFESSIONAL LAND SURVEYOR,
PROFESSIONAL PLANNER
P.L.S.#27515, P.P.#4446
33 CURTIS AVE., MANASQUAN, N.J. 08736

12/12/93

PLAN OF SURVEY

LOT 59, BLOCK 8245

SITUATED WITHIN:

BRICK TOWNSHIP, OCEAN COUNTY,
NEW JERSEY

DWN.	DATE	FLD.BK.	CKD.	FILE.	DWG.#	COM.FILE	SCALE
S.E.Z.	12/12/93	23			93085	93085	1"=20'

Boiler Input Cap. - 105000 BTU\hr

D.O.E Heating Cap. 86000 BTU/HR

Lloyd Rogers
1603 Ti Ford Blvd
Brick NJ. 08724
Blk 825 Lot 59

DICKSON SUPPLY COMPANY * HEATLOSS CALCULATION PROGRAM VER. 2.30
1 UNION AVENUE * Hot Water Baseboard or Radiant Heat
BRIELLE, NJ 08730 *
* PH: 201-528-9300 FAX: 201-528-7213

Data compiled by THE TECHNICAL SERVICES DEPARTMENT of Dickson Supply Company. Contact if you have any questions about these calculations.

-=* DISCLAIMER *=-

** EVERY EFFORT IS MADE TO INSURE THE ACCURACY OF THIS REPORT **
Neither DICKSON SUPPLY COMPANY nor those responsible for its preparation make any representation or guarantee, or assume or accept any responsibility or liability with respect thereto.

Job Preparation Information

Heatloss Dated ....[7/20/94
Job Name .....[ROGERS
Job Location .....[BRICK
Contractor .....[NEIL SLATTERY
Quote Prepared By .[TGS
Job Notes .....[

-=[ROOM INFORMATION]=-

M.#	Room Name	Fac.	Set#	H x W x L	BTU Loss	Ft. of Rad.
1	FAMILY		1	10 X 16 X 28	24637.20	44.79
	Note:					
TTLS					24637.20	44.79

PLEASE NOTE: Calculations are based on 550 BTU's per foot @ 180 F.

-=[DIMENSIONAL DATA]=-

M.#	Sq. Ft. Net Wall	Sq. Ft. Glass	Sq. Ft. Exp.Ceil.	Sq. Ft. Exp.Flr.	Cu. Ft. Volume	Sq. Ft. Liv.Area
1	452	148	448	448	4480	448
OTALS	452	148	448	448	4480	448

-=[BTU HEATLOSS DATA]=-

M.#	Wall Loss	Glass	Ceiling	Floor	Infil.	Ttl BTU
1	3164.00	6734.00	3449.60	2822.40	8467.20	24637.20
TLS	3164.00	6734.00	3449.60	2822.40	8467.20	24637.20
of Ttl	0.13	0.27	0.14	0.11	0.34	1.00

@ THE AVERAGE BTU PER SQ.FT. OF LIVING SPACE IS 54.99
@ THE AVERAGE BTU PER CU.FT. OF LIVING SPACE IS 5.50

-=[FACTOR SETS USED FOR CALCULATION]=-

actor #	Wall	Glass	Ceiling	Floor	Infilt.

EXIST HEAT

65' x 580 BTU = 37700

\+ 2460

62300

Boiler 105 BTU

Michelle Wednesday 4:00 10th

TOWNSHIP OF BRICK

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

PLAN REVIEW # _____

PLAN REVIEW

DATE _____

Name Rogers

Address 1663 Telford Blvd.

Block 825 Lot 59

TOWNSHIP OF BRICK
PLAN REVIEW RECORD

INITIAL		DATE
_____	BUILDING SUBCODE	_____
_____	ELECTRICAL SUBCODE	_____
_____	PLUMBING SUBCODE	_____
_____	FIRE PROTECTION SUBCODE	_____

NO.	DESCRIPTION	CODE SECTION NUMBER	DEPT. CHECK OFF
1	Fill out Fire Tech Card S.D. & appl		
	called 8/2		