TOWNSHIP OF BRICK 390-93

CONSTRUCTION PERMIT APPLICATION

Page 1

RECEIVED FEB 18 1993

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: 443 Myrtle Ave
2. Owner Name: ANN ESTATES INC Tel. (908) 840-2121
   Address PO Box 4485 BRICK
3. Principal Contractor: Same Tel. ( )
   Address
   Lic. No. or Builder Reg. No. 05546 Federal Emp. No.
4. Architect or Engineer: DCS Architect Tel. (908) 367-1100
   Address 326 Third St LAKEWOOD
5. Responsible Person in Charge of Work Bernard Berkowitz Tel. ( ) 840-2121

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1.	☑ Building/ Structural	$
2.	☑ Plumbing	
3.	☑ Electrical	
4.	☑ Fire Protection	
5.	☐ Other	
6.	☐ Other	
	TOTAL COST	$ 4,000.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☑ One-Family (R–3a)

If new construction, enter no. of dwelling units 1

If other than new construction, enter no. of dwelling units:

Before Construction:

After Construction:

Net Gain (or loss):

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	Gas
4.	☐	☐	Oil
5.	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure 20 Ft.
16. Area–Largest Floor 1392 Sq. Ft.
17. Bldg. Area–All Fls. Sq. Ft.
18. Volume of Structure 17030 Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

C.C. Form F-100 (8/83)

LDS BR 10206674

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Bernard Berkowitz TEL.(908) 540 2121

ADDRESS _____

SIGNATURE _____

BLOCK NO. _____ LOT NO. _____ SUBDIVISION _____ PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. ______

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	2/18/93	AB	2/24/93	RK	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Eng	2/23/93 Eng	[illegible]	2/17/93	[illegible]	Howe
☐	PLUMBING			2/24/93	Jon	
☐	ELECTRICAL	2-26-93	BK	2-2-93	BK	
☐	FIRE PROTECTION			2/24/93	JE	
☐	OTHER Eng	2/23/93	H Scott	app	H Scott	

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
✓	ALL CONSTRUCTION					
✓	BUILDING				7-19-93 JE	
	Footings/Foundations					
	Framing					
	Architectural					
	Other					
✓	PLUMBING				7/2/93 Jon	
✓	ELECTRICAL				6-28-93 BK	
✓	FIRE PROTECTION				7-4-93 JE	
	OTHER					

Eng ok

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired ______	
☐ Temporary Certificate of Occupancy Date Expired ______	
☑ Certificate of Occupancy No. 290	8-19-93
☐ Certificate of Continued Occupancy No. ______	
☐ Certificate of Approval No. ______	
☐ None	

C/C Howe

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 133.–
PLUMBING	110.–
ELECTRICAL	.
FIRE PROTECTION	178.
OTHER Fireplace	15.
SUBTOTAL	$ 456.
– LESS: 20% of subtotal (when plan review performed by state agency).	(46.)
D.C.A. TRAINING FEE .0006 x 17030	27.
CERTIFICATE OF OCCUPANCY	68.
OTHER	.
OTHER Fees	5.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 602.

DATE ______ Collected By ______

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

U.C.C. Form F-100*(8/83)

CERTIFICATE

Date Issued 8-19-93
Control #
Permit # 290-93

IDENTIFICATION

Block 499 Lot 1
Work Site Location 443 Myrtle Ave.

Owner in Fee Ann Estates, Inc.
Address P.O. Box 4485
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 803724
Use Group R-3 1 hour
Maximum Live Load 40+
Description of Work/Use:

Single family dwelling

Type of Warranty Plan: [ ] State [X] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XXXX☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Ciesza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 3/3/93
Control #
Permit # 290-93

IDENTIFICATION Block 499 Lot 1

Work Site Location 413 [illegible]

Contractor [illegible]

Address

Owner in Fee [illegible]

Address [illegible]

Tele. ( ) 840 2121

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:

[illegible]

[illegible] 1042 [illegible] 17.30

PAYMENTS (Office Use Only)	
Building	155
Plumbing	110
Electrical	
Fire Protection	173
Other	[illegible]
Other	46
DCA Training Fee	
Cert. of Occ.	100
Other	[illegible]
Total	602
Check No.	6219
Cash	
Collected By:	[illegible]

580007** 290*# BLOCK .00 499 # LOT .00 1 # BUILDING 155.00 PLUMBING 110.00

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 $ 16,000

[signature]

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

Nick
Cedarwood Park

Rough - Ready

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAY 3 93 0 5 2 6

FEE (Office Use Only) $

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

Block 449 Lot 1
Work Site Location 443 MYRTLE AVE
Brick N.J.
Owner in Fee ANN Estates
Address Brick
N.J
Tele. (___) 840-2121
Contractor EUREKA ELEC. SERVICE
Address P.O. Box 75, Osbornville
Brick N.J.
Tele. (___) 255-2822
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No. ___

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3-A Proposed ___
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as Dwelling Utility Co. R# 2227346
Est. Cost of Elec. Work $ 1500.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 6-28-93
Approved By: B Koelewijn

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initials
Rough	___	___	5-5-93	BKW
Temporary	___	___	5-7-93	BK
Constr. Serv.	___	___	___	___
TCO	___	___	___	___
Other	___	___	___	___
Service	___	___	6-28-93	BKW
Final	___	___	5-7-93 [illegible]	[illegible]

Temp. Cut-in-Card Date Issued ___
Final Cut-in-Card Date Issued 6-28-93 BK

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE
12		Fixtures (1)	24-
32		Receptacles (2)	
33		Switches (3)	
67		Total 1 + 2 + 3	
___	___ Kw	Range	
___	___ Kw	Oven(s)	
___	___ Kw	Surface Unit	
1	___ hp	Dishwasher	7-
___	___ hp	Garbage Disposal	
___	___ Kw	Dryer	
1-~~3~~ Ton	Kw	A/C Unit Disconnect	7-
___		Burglar Alarms	
___		Intercoms Panels	
5		Smoke Detectors	
___	___ hp	Whirlpool/spa	
___		Pool Bonding	
___	___ hp	Pool Filter Motor	
___		Pool Lights	
___	___ Kw	Water Heater(s)	
1	___ Kw	Central heat: oil, (gas) or elec.	
___	___ Kw	Baseboard Heat Units	
___		Thermostats	
___	___ hp	Heat Pump	
___	___ hp	Pump(s)	
___	___ Amp	Motor Control Center/Sub Panels	
___		Signs	
___	___	Light Standards	
___	___ hp	Motors—Fractional H.P.	
___	___ hp	Motors—All Others	
___	___ Kw	Transformers	
___	___ Kw	Generators	
100	___ Amp	Service Entrance	33-
___	___	Other	

Paid [ ] Check # 8174
Collected by: ___

Administrative Surcharge	$ ___
Minimum Fee	$ ___
DCA Training Fee	$ ___
TOTAL FEE	$ 95.00

U.C.C. Form F-1208 RPP

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

nick
Cedarwood Park

Rough - Ready

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

MAY 2 93 0 5 2 6 9

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

Block 449 Lot 1
Work Site Location 443 Myrtle Ave
Brick N.J.
Owner in Fee Ann Estates
Address Brick
N.J
Tele. (___) 840-2121
Contractor Eureka Elec. Service
Address P.O. Box 75 Osbornville
Brick N.J.
Tele. (___) 255-2822
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No. ___

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3-A Proposed ___
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as Dwelling Utility Co. R# 2227346
Est. Cost of Elec. Work $ 1500.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 6-28-93
Approved By: Bkrelwzy

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough	___	___	5-5-93	
Temporary	___	___	5-7-93	
Constr. Serv.	___	___	___	___
TCO	___	___	___	___
Other	___	___	___	___
Service	___	___	6-28-93	
Final	___	___	5-7-93	

Temp. Cut-in-Card Date Issued 5-7-93
Final Cut-in-Card Date Issued 6-28-93

P.P.

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.

JUN 29 1993

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
12		Fixtures (1)	44-
32		Receptacles (2)	
23		Switches (3)	
67		Total 1 + 2 + 3	
___	___ Kw	Range	
___	___ Kw	Oven(s)	
___	___ Kw	Surface Unit	
1	___ hp	Dishwasher	1-
___	___ hp	Garbage Disposal	
___	___ Kw	Dryer	
1-~~3 Ton~~	___ Kw	A/C Unit Disconnect	1-
___		Burglar Alarms	
___		Intercoms Panels	
5		Smoke Detectors	
___	___ hp	Whirlpool/spa	
___		Pool Bonding	
___	___ hp	Pool Filter Motor	
___		Pool Lights	
___	___ Kw	Water Heater(s)	
1	___ Kw	Central heat: oil, (gas) or elec.	
___	___ Kw	Baseboard Heat Units	
___		Thermostats	
___	___ hp	Heat Pump	
___	___ hp	Pump(s)	
___	___ Amp	Motor Control Center/Sub Panels	
___		Signs	
___	___	Light Standards	
___	___ hp	Motors—Fractional H.P.	
___	___ hp	Motors—All Others	
___	___ Kw	Transformers	
___	___ Kw	Generators	
100	___ Amp	Service Entrance	33-
___	___	Other	

Paid [ ] Check # 8174
Collected by: ___

Administrative Surcharge	$ ___
Minimum Fee	$ ___
DCA Training Fee	$ ___
TOTAL FEE	$ 95.00

U.C.C. Form F-1208 RPF

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/3/93
Date Issued
Control #
Permit # 290-93

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

Block ANN ESTATES INC Lot BL 499. ~~5~~ Lot 1
Work Site Location 443 Myrtle Ave
Owner in Fee ANN ESTATES INC
Address PO Box 4485
Brick NJ 08723
Tele. (908) 840 2121
Contractor Haack Plumbing & Heating, Inc.
Address 201 Lincoln Avenue
Pine Beach, N.J. 08741
Tele. (908) 244-1682
Lic. No. ~~22-2063414~~ 4768
Federal Emp. No. 22-2063414 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓
Building Sewer Size 4"
Water Service Size 3/4
Estimated Cost of Plumbing Work $ 35000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2-24-93
Approved by: Jam

SUBCODE APPROVAL:
[X] CO [ ] ~~CCO~~ [ ] CA
Approved by: D Metcalf
Date: 7/2/93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			4-30-93	JW
Water				
Sewer				
Fixtures			7/2/93	DM
Gas Equipment			4-30-93	JW
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.

D. Haack
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

3/9 Metcalf

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10 —
	Urinal/Bidet	
1	Bath Tub	5 —
2	Lavatory	10 —
	Shower	
	Floor Drain	
1	Sink	5 —
1	Dishwasher	5 —
	Drinking Fountain	
1	Washing Machine	5 —
2	Hose Bibb	10 —
1	Gas Piping	15 —
	Fuel Oil Piping	
1	Water Heater	5 —
1	~~Steam Boiler~~ FURN	15 —
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	15 —
1	Sewer Connection	
1	Water Service Connection	
4	Gas Service Connection	
	Active Solar System	
2	Other VENT	10 —

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 110

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/3/93
Date Issued
Control #
Permit # 290-93

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

Block 499 Lot 1
Work Site Location 443 Myrtle Ave

Owner in Fee Avon ESTATES Inc
Address PO Box 4485
Buck NJ 08723
Tele. (908) 840 2121
Contractor
Address Same

Tele. ( )
Lic. No. 05546
Federal Emp. No. or Social Security No.

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.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			7/14/93	
Mechanical			7/14/93	
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors Battery Back up DC	5	46
Heat Detectors		
TOTAL		
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	4	99
OTHER Fire place	1	33
Administrative Surcharge		$
Paid [ ] Check # Minimum Fee		$
Collected by TOTAL FEE		$ 178

U.C.C. Form F-140A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/3/93
Control #
Permit # 290-93

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

Block 499 Lot 1
Work Site Location 443 Myrtle Ave

Owner in Fee AGW ESTATES Inc
Address PO Box 4485
BRICK NJ 08723
Tele. (908) 840 2121
Contractor
Address Same

Tele. ( )
Lic. No. or Bldrs. Reg. No. 05546
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[X] CO [ ] CCO [ ] CA		
Date: 7-19-93		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			3/23/93	JC
Foundation			3/29/93	JC
Slab				
Frame			5/11/93	RC
Insulation			5/12/93	RC
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 20+ Ft.
Area—Largest Floor 1292 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure 17060 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 350000
2. Alteration $
3. Total (1+2) $ 350000

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

DESCRIPTION OF WORK

2 Story Colonial - New Construction
1½ Baths
1 Car Garage
Crawl Space

TYPE OF WORK:
[X] 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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/3/93
Date Issued
Control #
Permit # 290-93

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

Block Myrtle Terrace Lot BL 499.01 Lot 1
Work Site Location 443 Myrtle Ave
Owner in Fee Ann Estates Inc
Address PO Box 448
Brick NJ 08723
Tele. (908) 840 2121
Contractor Haack Plumbing & Heating, Inc.
Address 201 Lincoln Avenue
Pine Beach, N.J. 08741
Tele. (908) 244-1682
Lic. No. ~~22-2068444~~ 4765
Federal Emp. No. 22-2063414 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ 3500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 3-24-93
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.

Signature-Contractor-Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10.-
	Urinal/Bidet	
1	Bath Tub	5.-
2	Lavatory	10.-
	Shower	
	Floor Drain	
1	Sink	5.-
1	Dishwasher	5.-
	Drinking Fountain	
1	Washing Machine	5.-
2	Hose Bibb	10.-
1	Gas Piping	15.-
	Fuel Oil Piping	
1	Water Heater	5.-
1	~~Steam Boiler~~ FURN	15.-
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	15.-
1	Sewer Connection	
1	Water Service Connection	
4	Gas Service Connection	
	Active Solar System	
2	Other VENT	10.-

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 110

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/3/93
Date Issued
Control #
Permit # 290 93

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

Block 449 Lot 1
Work Site Location 443 Myotte Ave

Owner in Fee Aun ESTATES Inc
Address PO Box 4425
Beach NJ 08723
Tele. (908) 840 2121
Contractor
Address Same

Tele. ( )
Lic. No. 05546
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Utility Room Combustible air
Total Est. Cost of Fire Prot. Work $ 500 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[✓] Fire Plans Approved
Date: 2-24-93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors Re Utility Room Bkup	5	46
Heat Detectors		
TOTAL		
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	4	99
OTHER Fire place	1	33
Administrative Surcharge		$
Minimum Fee		$
TOTAL FEE		$ 178

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/3/93
Control #
Permit # 290 93

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

Block 449 Lot 1
Work Site Location 443 Myrtle Ave

Owner in Fee AQUA ESTATES Inc
Address PO Box 4485
BRICK NJ 08723
Tele. (908) 840 2121
Contractor
Address Same

Tele. ( )
Lic. No. or Bldrs. Reg. No. 05546
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] 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				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 20+ Ft.
Area—Largest Floor 1292 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure 17050 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 35000
2. Alteration $
3. Total (1+2) $ 35000

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

DESCRIPTION OF WORK

2 Story Colonial - New Construction
1½ Baths
1 Car Garage
Crawl Space

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

Brick - Cedarwood Pkl

Route - Kirk

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAY 3930052669

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

Block 449 Lot 1
Work Site Location 443 Myrtle Ave
Brick N.J.
Owner In Fee Ann Estates
Address Brick
N.J.
Tele. (___) 840-2121
Contractor Eureka Elec. Service
Address P.O. Box 75 Osbornville
Brick N.J.
Tele. (___) 255-2822
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No. ___

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3-A Proposed ___
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as Dwelling Utility Co. B# 2227346
Est. Cost of Elec. Work $ 1500.00

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued ___
Final Cut-in-Card Date Issued ___

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
12		Fixtures (1)	
32		Receptacles (2)	
23		Switches (3)	
67		Total 1 + 2 + 3	44-
___	___ Kw	Range	___
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
1	___ hp	Dishwasher	7-
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	___
1-3 Ton	Kw	A/C Unit	7-
___		Burglar Alarms	___
___		Intercoms Panels	___
5		Smoke Detectors	___
___	___ hp	Whirlpool/spa	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
___	___ Kw	Water Heater(s)	___
1	___ Kw	Central heat:	
		oil, (gas) or elec.	___
___	___ Kw	Baseboard Heat Units	___
___		Thermostats	___
___	___ hp	Heat Pump	___
___	___ hp	Pump(s)	___
___	___ Amp	Motor Control Center/Sub Panels	___
___		Signs	___
___	___	Light Standards	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
100	___ Amp	Service Entrance	33-
___	___	Other	___

Paid [ ] Check # 8174
Collected by: ___

Administrative Surcharge	$ ___
Minimum Fee	$ ___
DCA Training Fee	$ ___
TOTAL FEE	$ 95.00

U.C.C. Form F-1208 RPF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

SHADE TREE PERMIT

Permit # 1994

Applicant's Name AMD ESTS INC. Block 499.34

Property Address 433 MYRTLE AVE Lot 1-4

Applicant's Address PO BOX 4485 Date 3/21/93

BRICK NJ 08723

As per Shade Tree Application in conjunction with ordinance #158-A,B,C-75: filed in the Building Department, Township of Brick.

Comments: LEAVE AT LEAST 4 TREES

Fee Paid $ _____

Signed: Sterling Hulse

Sterling Hulse, Forrester
Township of Brick
Shade Tree Commission

This permit must be available on site for inspection upon demand.

(1)

COMBINED GROSS WALL THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Wall Component	Area	Resistance	A/R
Glass Double Glazed Wood	134	2	67
Glass			
Glass			
Door Thermal	42	15.49	2.71
Door			
Wall Exterior Siding	1144.34	14.9	76.8
Framing	201.94	7.14	28.28
Wall Garage Partition	183.74	15.81	11.62
Framing	32.44	7.16	4.53
Wall			
Framing			
Header or Rim Joist R-13	212.32	16.47	12.89
Exposed Basement Wall N/A			
Exposed Basement Wall			
Basement Glass			
Basement Glass			
Total	1950.78		233.83

U_o Wall = $\frac{A/R}{A} = \frac{233.83}{1950.78} = .1198$ BTU/h-ft^2-^{o}F

U_o Wall Code Limit = 0.23

X Meets Code

____ Does Not Meet Code

Comm # 760108

(2)

COMBINED GROSS ROOF/CEILING THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Roof/Ceiling Component	Area	Resistance	A/R
Non-Cathedral Roof Ceiling R-30	562	31.67	17.77
Framing	62	10.8	5.74
Cathedral Roof/Ceiling			
Total	624		23.51

U_o Roof = $\frac{A/R}{A}$ = $\frac{23.51}{624}$ = .037 BTU/h-ft^2-^{o}F

U_o Roof Code Limit = 0.05*

X ____ Meets Code

____ Does Not Meet Code

*0.08 for the cathedral portion of the roof.

Comm #760108

(3)

COMBINED GROSS FLOOR THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Floor Component	Area	Resistance	A/R
Floor	539	21.07	25.58
Framing	59	11.3	5.22
Totals	598		30.8

U_o Floor = $\frac{A/R}{A} = \frac{30.8}{598} =$ .051 BTU/h-ft^2-^{o}F

U_o Floor Code Limit = 0.08

X Meets Code

_____ Does Not Meet Code

Comm #760108

ALTERNATE METHOD: TOTAL ENVEL' PE CONFORMANCE

	A Gross Area	Total A/R	U_o Code Limit	A x U_o Limit
Wall			0.23	
Non-Cathedral Roof/Ceiling			0.05	
Cathedral Roof/Ceiling			0.08	
Floor				
	(1) Grand Total	BTU/H x °F	(2) Total	BTU/H x °F

_____ Meets Code

_____ Does Not Meet Code

If the grand total (1) of the wall, roof/ceiling and floor A/R values is equal to or less than the total (2) of the A x U_o Code Limits for the wall, roof/ceiling and floor, the Total Envelope meets the Code, even though the wall, roof/ceiling or floor may not.

If the total envelope calculation indicates that the desired construction does not meet code requirements, make changes in the structure to add insulation, reduce glass areas or use insulating glass as required to meet the code requirements.

Comm #760102

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Ann Estates PHONE NO. 840-2121 (bus.)

ADDRESS: P.O. Box 4485 _____ (home)

Brick, NJ 08723

PROPERTY IN QUESTION: ADDRESS Myrtle & Fairmont Ave.

BLOCK(S) 499 LOT(S) 1

BTMUA ACCOUNT NO. I596008 TAX MAP DRAWING NO. 35 B

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	✓	✓

CONNECTION WILL BE PROVIDED AS FOLLOWS: INITIAL SERVICE CHARGES

WATER Fairmont Ave (STREET) 3/4" 1319.00 1" 2300.00

SEWER Fairmont Ave (STREET) 1810.00

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED. _____ _____

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES. _____ _____

DATE: 2/16/93 SIGNED: Faris M. S. Siddiqui

NOTE: STATEMENT GOOD FOR ONE YEAR.

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.
6. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.

C O N T R A C T O R 'S F O R M

TO: OCEAN COUNTY CONSTRUCTION INSPECTION DEPARTMENT
ATTN: PLUMBING SUB-CODE OFFICIAL

REF: DCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

DATE: _____

THIS IS TO CERTIFY THAT I, (NAME) Harold J. Haack, Jr. T/A Haack Plumbing & Heating, Inc.

(BUSINESS ADDRESS) 201 Lincoln Avenue, Pine Beach, N.J. 08741

(TELEPHONE NUMBER) 908 244-1682

WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM IN ALL BUILDINGS WHERE WORK IS PERFORMED BY MY COMPANY.

USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PERCENT IN ACCORDANCE WITH THE ABOVE REFERENCES.

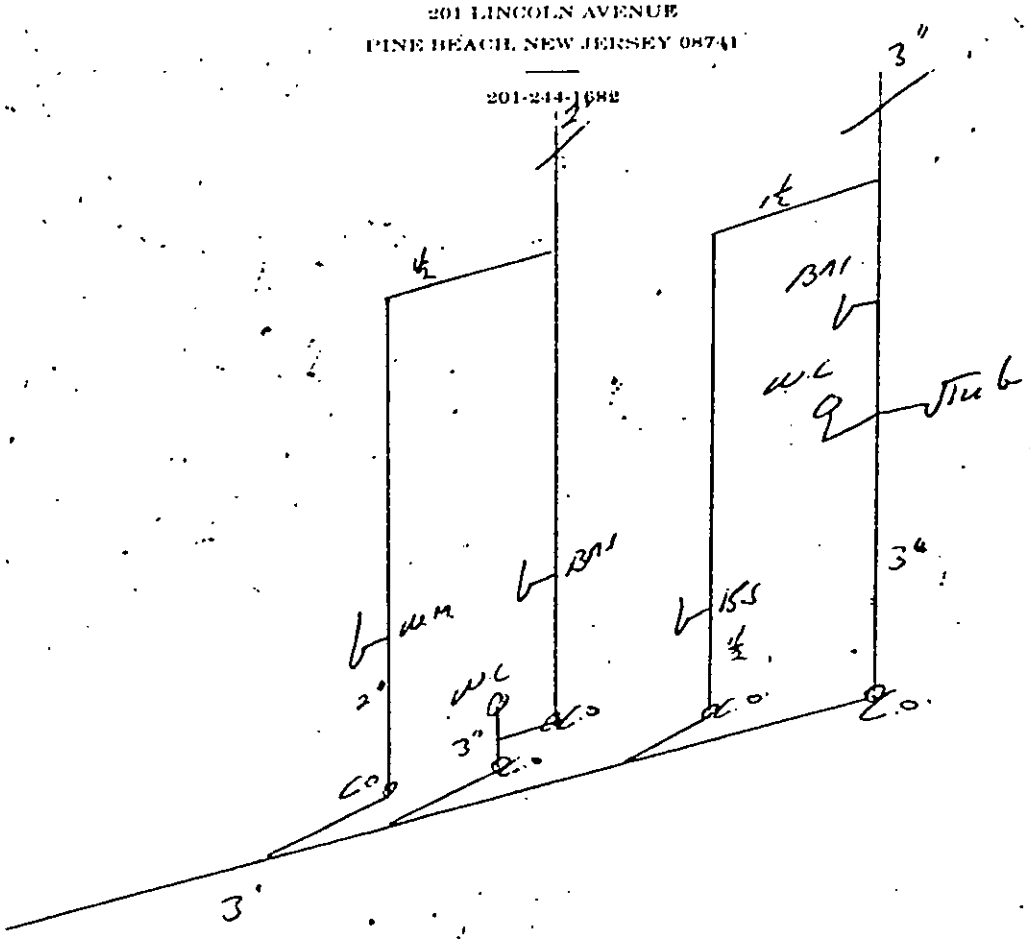
Harold J. Haack Jr.

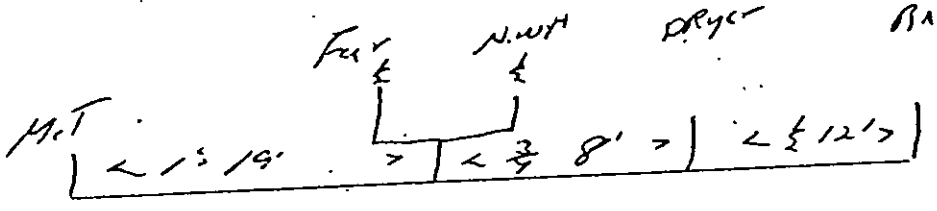
CONTRACTOR'S SIGNATURE & SEAL

1½ Bath
2 Story

HAACK PLUMBING & HEATING, INC.

201 LINCOLN AVENUE
PINE BEACH, NEW JERSEY 08741
201-244-1682





1" = 1'
3/4" = 8'
1½" = 12'
39' TOTAL

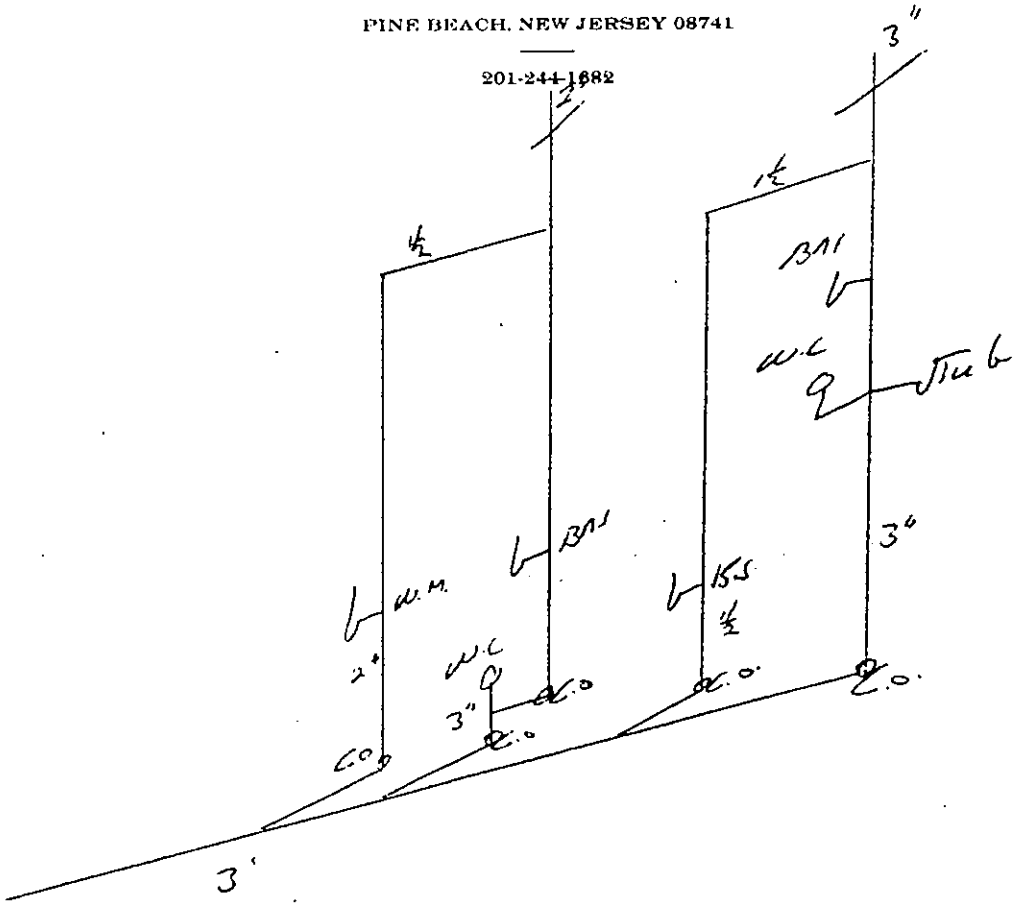
	B.T.U
Furn.	90,000
N.W.H	30,000
Dryer	30,000
Range	30,000
	180,000 TOTAL

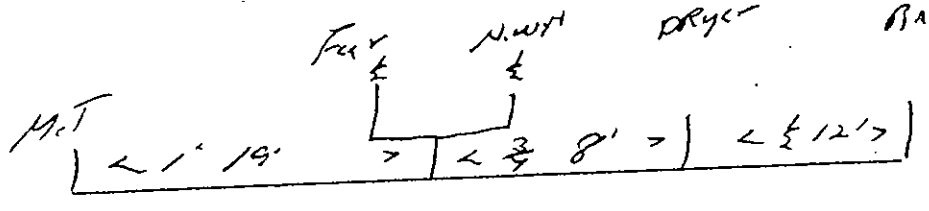
1½ BATH
2 STORY

HAACK PLUMBING & HEATING, INC.

201 LINCOLN AVENUE
PINE BEACH, NEW JERSEY 08741

201-244-1682





1' = 19'

3/5 8'

½ 12'

39' TOTAL

	B.T.U
FURN	90,000
N.W.H.	30,000
DRYER	30,000
RANGE	30,000
	180,000 TOTAL

Name of Applicant ANN ESTATES INC

Address 433 Myrtle Ave

Location

Property is Block 499 Lot(s) 1

Residential ✓ Commercial

Address if different from applicant

(MAILING) PO Box 4485 BRICK, NJ 08723

Location of trees on property: legally wooded
only necessary trees to be removed

Number of trees presently on property:

Additional information to enable the application to be properly evaluated:

Fee: ($5.00) for trees located on individual building lot.

$15.00 per acre for all other lands.

Recommendation from Shade Tree Commission:

LEAVE AT LEAST 4 TREES OTHERWISE OK

ISSUED PERMIT # 1994

2/21/93
Date

Signature of Chairman

Action by Council: Approved Denied

Date

Township Clerk

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

443 Myrtle

Office of
Division of Inspections

CHECK LIST

Called 2-24-93 WP

Re: Block 499 Lot 1

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative _____
Zoning _____
Engineering _____
Building _____
Plumbing _____
Electric _____
Fire Mech. Insp. Fire & Bld Tech Comments

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

INSPECTOR: K Shafer

DATE: 6-2-93

JOB: —

SECTION: Cedarwood Park

TYPE OF WORK: Final Eng

WEATHER: Sunny

LOCATION: 493 Myrtle Ave

TEMPERATURE: 70's

BLOCK: 499.34 LOT: 1

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	N/A	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

OK TO
6/3/93

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of

_____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

RESIDENTIAL WARRANTY CORPORATION™

5300 DERRY STREET, HARRISBURG, PA 17111-3598
NATIONWIDE 1-800-247-1812

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: ANN ESTATES INC

Purchaser(s) Name: JOANNE Lambusta

Legal Address of Home Enrolled:

1 (Lot) 449 (Block) (Development)

443 MYRTLE AVE (Street Address)

BRICK (City) OCEAN (County) NJ (State) 08723 (Zip)

RWC Enrollment No: 803724

Date: APRIL 8, 1993

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra J Smith

Form #604
Rev. 10/91

PLOT PLAN REVIEW

CHECK LIST

TOWNSHIP OF BRICK

BLOCK: 499 LOT: 1 DATE RECEIVED: _____

ADDRESS: 443 MYRTLE AVE

APPLICANT: Ann Estates PHONE: _____

CONTRACTOR: Same PHONE: _____

ADDRESS: Same SUBDIVISION: _____

TYPE OF WORK: Dwelling ZONING APPROVAL: _____

REVIEW: _____ FLOOD ZONE IDENTIFIED BY FIRM _____ ELEV. _____

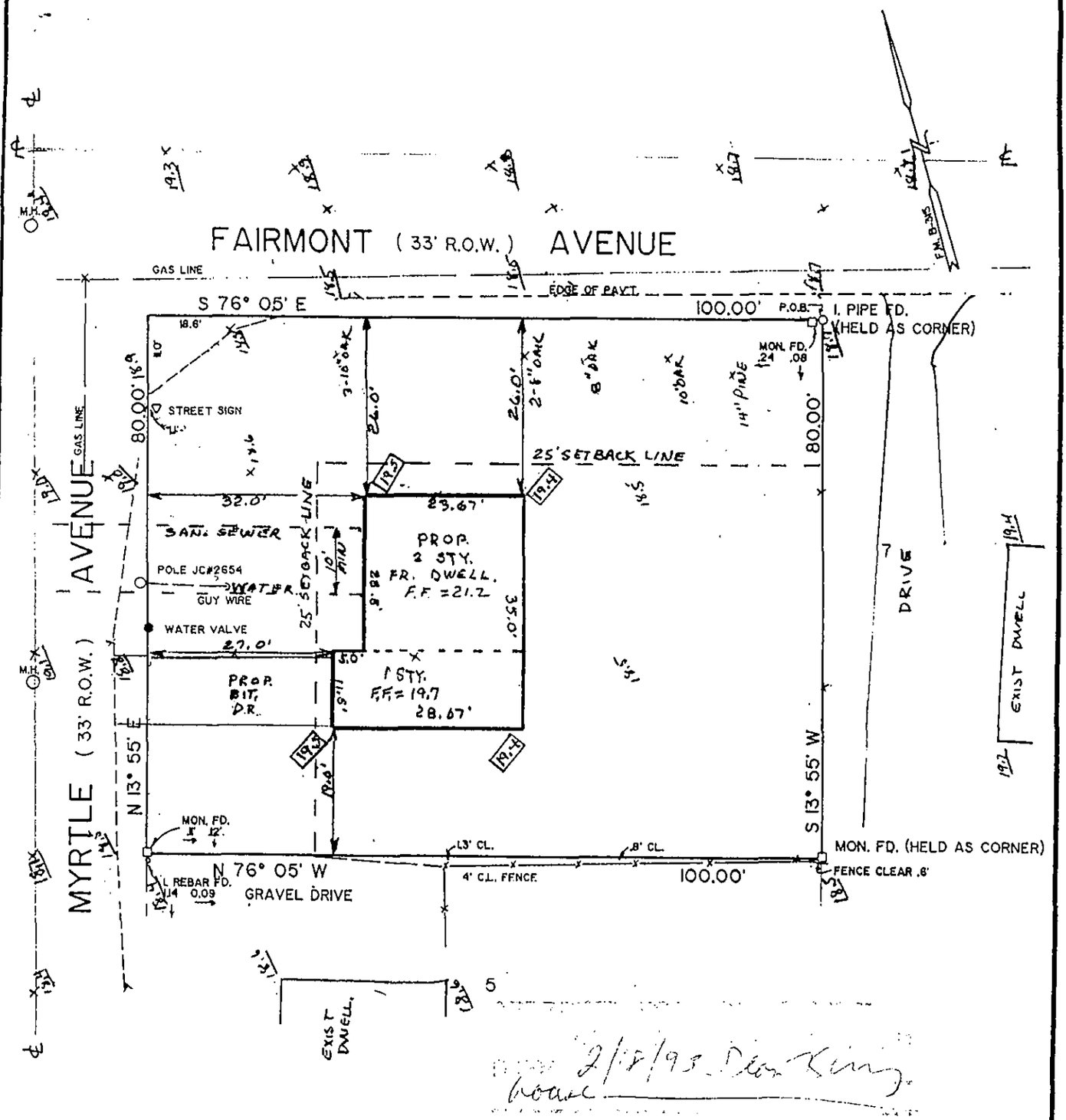
_____ PANEL # _____ MAP# _____ DATED: _____

FEMA LETTER RECEIVED: ____ YES ____ NO ____

	SHOWN	ACCEPTED	DEFICIENT	N/A
1. SITE PLAN &/OR SURVEY SIGNED & SEALED	✓			
2. DRAW TO A SCALE OF NOT LESS THAN 1"=100'				✓
3. EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)	✓			
4. SIDE PROPERTY LINES & DWELLING & PROP. CORNERS	✓			
5. STREET GUTTER, TOP CURB & CENTER LINE ELEV.	✓			
6. CONTOURS; 1' INCREMENTS/IF ELEV. FLUCTUATES 2'				✓
7. ADJACENT DWELLING CORNERS	✓			
8. PROPOSED GRADING	✓			
9. GARAGE/1ST FLOOR/CRAWLSPACE/BASEMENT ELEV.	✓			
10. LOT GRADING/FILLING & FINAL ELEVATION	✓			
11. METHOD OF DRAINING	✓			
12. FLOOD OPENINGS SIZED & PLACED				✓
13. DRIVEWAY WIDTH/TYPE & DRAINAGE	✓			
14. DIMENSIONS/ACREAGE OF PARCEL IN QUESTION	✓			

	SHOWN	ACCEPTED	DEFICIENT	N/A
15. LOCATION OF FLOODWAY BOUNDARY/HAZARD AREA				
16. FRESH WATER WETLANDS				✓
17. PARKING AREAS				✓
18. FACILITY & CONNECTIONS; WATER/SEWER/GAS/ELEC.	✓			
19. PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS				✓
20. STREETS	✓			
21. CURBING	✓			
22. DESCRIPTION OF ALTERATIONS/REL. OF WATERCOURSE				✓
23. PRIOR APPR: ARMY CORP./D.E.P./WETLANDS, ETC.				✓
24. DAM SAFETY				✓
25. SOIL CONSERVATION SERVICE				✓
26. PLANNING BOARD				✓

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE	2/23/93	[signature]	
REVISED			
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER			
REVISED			
REVISED			
REVISED			



2/18/93 Dan King

NOTES:
1. 14.0 - EXISTING ELEVATION.
2. [14.0] - PROPOSED ELEVATION.
3. ELEVATIONS BASED ON N.G.V.D.
4. PUBLIC WATER AND SEWER AVAILABLE.
5. DRIVEWAY TO BE IN ACCORDANCE WITH BRICK TOWNSHIP REGULATIONS.

THIS PLAN IS FOR THE PURPOSE OF OBTAINING A BUILDING PERMIT. DIMENSIONS AND ELEVATIONS SHOWN HEREON ARE TO BE VERIFIED BY BUILDER PRIOR TO STARTING CONSTRUCTION.

PLOT PLAN

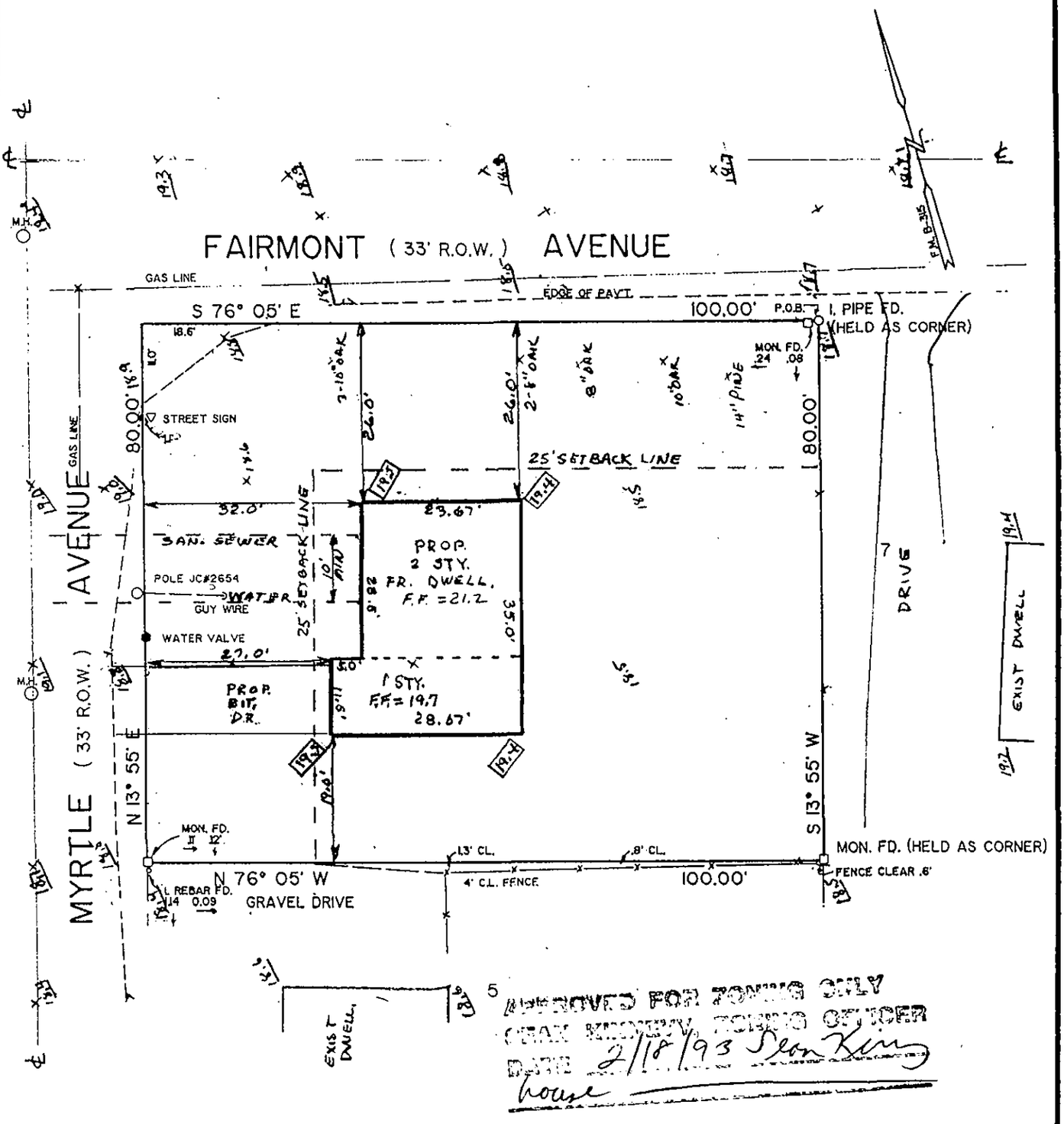
LOTS 1 - 4, BLOCK 499.34

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

2-10-93

ROBERT B. POWERS PROFESSIONAL ENGINEER & LAND SURVEYOR N.J. LIC. NO. 29463	CENTRAL JERSEY ENGINEERS, INC. 1182 Ocean Avenue Lakewood, N.J. 08701	SCALE: 1" = 20' DRAWN BY: G.V.S. CHK'D. BY: JOB NO.: 1752 - 22 DATE: MARCH 17, 1992



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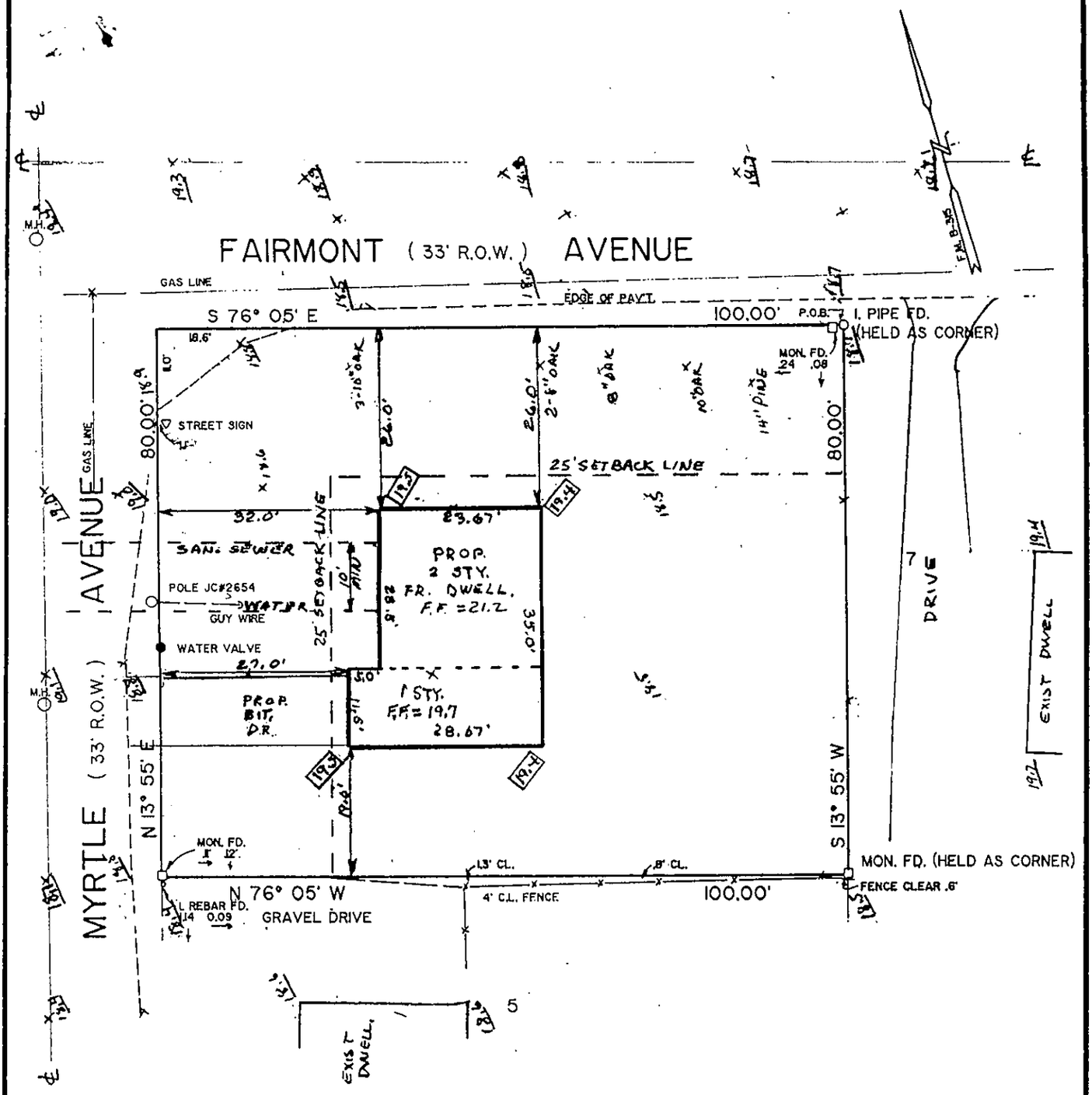

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