



# CONSTRUCTION PERMIT APPLICATION

C84.09

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 1731 Forge Pond Rd.

2. Name of Owner in Fee: Edda Barry Tel. [REDACTED]  
Address 1731 Forge Pond Rd. Brick street municipality zip code

3. Ownership in Fee: Public ☒ Private ☐

4. Principal Contractor: T. Miller Contracting Tel. (232) 899-9298  
Address 1228 Williams St., RT Pleasant, N.J. 08242  
License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Federal Employee No. 03-0477323 FAX: (232) 714-1976

5. Architect or Engineer: Kevin C. Sommons Assoc. Tel. (232) 450-8880  
Address 257 Maple Ave. Red Bank, N.J. 07701

6. Responsible Person in Charge of Work: Thomas Miller  
Tel. (232) 899-9298 FAX (232) 714-1976  
014-1980

**V. FEE SUMMARY** (for office use only)

|                                   |        | Update | Update |
|-----------------------------------|--------|--------|--------|
| 1. Building                       | \$ 310 |        |        |
| 2. Electrical                     | 40     |        |        |
| 3. Plumbing                       | 50     | 60     |        |
| 4. Fire Protection                | 35     | 46     |        |
| 5. Elevator Devices               |        |        |        |
| 6. Subtotal                       | \$     |        |        |
| 7. Less 20% for State Plan Review |        |        |        |
| 8. Subtotal                       | \$     |        |        |
| 9. DCA Training Fee               | \$     |        |        |
| 10. Subtotal                      |        |        |        |
| 11. Cert. of Occupancy            |        |        |        |
| 12. Other                         |        |        |        |
| 13. TOTAL                         | \$ 459 | 106    |        |

**VI. BUILDING/SITE CHARACTERISTICS**

- (office use only)
- Number of Stories exposed Basement + 1
  - Height of Structure 18 ft.
  - Area — Largest Floor 530 sq. ft.
  - New Building Area \_\_\_\_\_ sq. ft.
  - Volume of New Structure \_\_\_\_\_ cu. ft.
  - Construction Classification \_\_\_\_\_
  - Total Land Area Disturbed \_\_\_\_\_ sq. ft.
  - Flood Hazard Zone \_\_\_\_\_
  - Base Flood Elevation \_\_\_\_\_ ft.
  - Wetlands ☐ yes ☐ no
  - Max. Live Load \_\_\_\_\_
  - Max. Occupancy Load \_\_\_\_\_

Building alterations  
replace existing bath

**II. PROPOSED WORK**

|                                                     | Est. Cost | Plans Rec'd (by)                    | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates | Re-viewer |
|-----------------------------------------------------|-----------|-------------------------------------|------------|----------------|---------------|-----------|--------------------|-----------|
|                                                     |           |                                     |            |                |               |           | Approval           | Rejection |
| 1. <input checked="" type="checkbox"/> Minor Work   | 12,000    | <input checked="" type="checkbox"/> | 12/5/03    |                | 12-22-03      | 13        | 4/7/04             | OK        |
| 2. <input type="checkbox"/> New Building            |           |                                     |            |                |               |           |                    |           |
| 3. <input type="checkbox"/> Addition                |           |                                     |            |                |               |           |                    |           |
| 4. <input type="checkbox"/> Alteration              |           |                                     |            |                |               |           |                    |           |
| 5. <input type="checkbox"/> Fire Protection         |           |                                     |            |                | 12-5-3        | 13        | 3/31/04            | OK        |
| 6. <input checked="" type="checkbox"/> Plumbing     | 2,000     |                                     |            |                | 12-18/03      | 13        | 4/18/04            | OK        |
| 7. <input checked="" type="checkbox"/> Electrical   | 3,500     |                                     |            |                | 12-17-03      | 13        | 4/26/04            | OK        |
| 8. <input type="checkbox"/> Elevator Devices        |           |                                     |            |                |               |           |                    |           |
| 9. <input type="checkbox"/> Asbestos Abat. Subch. 8 |           |                                     |            |                |               |           |                    |           |
| 10. <input type="checkbox"/> Lead Hazard Abatement  |           |                                     |            |                |               |           |                    |           |
| 11. <input type="checkbox"/> Demolition             |           |                                     |            |                |               |           |                    |           |
| <b>TOTAL COSTS</b>                                  | 17,500    |                                     |            |                |               |           |                    |           |

**OPTIONAL** (for office use only)

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL**

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☐ One-Family (R-3) BOCA
- ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction 1

After Construction 1

Net Gain or Loss \_\_\_\_\_

**B. NON-RESIDENTIAL**

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

**III. DO YOU WANT:** (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

Called 12/23/03

**CERTIFICATION IN LIEU OF OATH**

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building                      C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical                      C.4. ☐ Plumbing

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. AGENT SECTION** (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the 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 T. Miller Contracting - Thomas Miller

Address 1228 Withers St.

Pt. Pleasant, N.J. 08412

Telephone (732) 899-9298

Signature Thomas Miller

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

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)                 | LOCAL APPROVAL    |            | COUNTY APPROVAL   |            | REGIONAL APPROVAL |            | STATE APPROVAL    |            | COMMENTS |
|----------------------------------------------------------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|----------|
|                                                                      | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date |          |
| <input type="checkbox"/> Zoning Officer                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                                |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |

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

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

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

|                                                               | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---------------------------------------------------------------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Compliance  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Compliance            | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy             | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Approval              | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Lead Abatement Clearance Certificate | No. _____   | _____        | _____         | _____        |



401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS  
TOWNSHIP OF ARIEL

NOT NECESSARY;  
CONSTRUCTION  
PERMIT.

Date Issued 12/29/2003  
Control #  
Part # 03-5607

IDENTIFICATION

DATE 9-7

BY SA [redacted]

REASON FOR REQUEST [redacted]

DATE 1-14-10

BY SA [redacted]

REASON FOR REQUEST [redacted]

[illegible]

7-10-68  
7-11-68  
7-12-68  
7-13-68  
7-14-68  
7-15-68  
7-16-68  
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7-26-68  
7-27-68  
7-28-68  
7-29-68  
7-30-68

- |              |                     |                         |                      |
|--------------|---------------------|-------------------------|----------------------|
| 101 BUILDING | 101 ELEVATOR        | 101 ELECTRICAL          | 101 ELEVATOR DEVICES |
| 102 ELEVATOR | 102 FIRE PROTECTION | 102 ACCESSORY EQUIPMENT | 102 OTHER            |

— 21 —

# DECLARATION OF

REMOVE E-157 TO FITTING AND BATH

CHARGE 3-28 OFFER TO : 564

RECEIVED SEP 25 1964

NOTE: If construction of the test is not possible within 1 year of date of issuance of the permit, the permittee shall submit a report to the Administrator explaining the reasons for non-compliance and the anticipated date of completion of the test.

10-11-68

CONSTRUCTION OFFICE

SECRET

SEAFARERS OFFICE [01]

|                       |     |
|-----------------------|-----|
| Building              | 31  |
| Electrical            | 4   |
| Plumbing              | 5   |
| Pipe Protection       | 1   |
| Electrofit Devices    | 0   |
| Other                 |     |
| Est. State Permit Fee | 2   |
| Total, of Discrepancy | 0   |
| Other                 |     |
| Total                 | 45  |
| Check by              | 210 |
| Cash                  |     |
| Collected by          | MP  |

12/29/03 11:16AM 000000#6118  
X#02 SERV.002

|          |          |
|----------|----------|
| #5607    | \$310.00 |
| BUILDING |          |
| ELECTRIC | \$40.00  |
| PLUMBING | \$50.00  |
| FIRE     | \$35.00  |
| DCA      | \$24.00  |
| CHECK    |          |
|          | \$459.00 |

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

Update Issued 02/09/2004  
Control #  
Permit # 03-56074A  
Permit Issued 12/29/2003

WEC NEW JERSEY  
PERMIT UPDATE

IDENTIFICATION Block 049 Lot 19 Quai

Work Site Location 1731 FORGE POND RD  
PLES/FIOE

Owner in Fee BERRY  
Address SAME  
BRICK, NJ 08724-

Telephone

Contractor RAY BELANGER PLUMBING  
Address 1284 WHITESVILLE RD  
WALL, NJ  
Telephone (732)241-3366  
Lic. No. or Bids. Reg. No. 5808  
Federal Exp. No. 22-3316489

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT  
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION  
[ ] ELEVATOR SERVICES [ ] ASBESTOS ABATEMENT [ ] OTHER  
(Subchapter B only)

DESCRIPTION OF WORK:  
WATER HTR/CAS STOVE

Estimated Cost of Work \$ 250

*[Signature]*  
Construction Official 02/09/2004

U.L.C. F150 (rev. 3/96) NJ DECARS 5.24E

Date

| PAYMENTS (Office Use Only) |      |
|----------------------------|------|
| Building                   | 0    |
| Electrical                 | 0    |
| Plumbing                   | 40   |
| Fire Protection            | 46   |
| Elevator Devices           | 0    |
| Other                      |      |
| DCA State Permit Fee       | 0    |
| Cart. of Occupancy         | 0    |
| Other                      |      |
| Total                      | 106  |
| Check No.                  | 2220 |
| Cash                       |      |
| Collected By               | JR   |

02/09/04 1:22PM 000000#6777  
XX06 SERV.006  
#035607  
PLUMBING \$60.00  
FIRE \$46.00  
CHECK \$106.00

Date Received 12/05/2003  
Date Issued 12/29/03  
Control # C84-09  
Permit # 03-5607

Date Received 12/05/2003  
Date Issued 12/29/03  
Control # C84-09  
Permit # 03-5607

U.S. FILE (REV. 3/30)

1-17-04 Home Arch certify Beam building 6" on arch and  
Vertical Rods in wall Bedrock C.H. only 6" #6 with  
No Street rock (existing) JKA

2-18-04 INS ok Penoma Above JKA

4/7/04 ToK per Arch letter attached JKA

4-10-04 Penoma Const. Detas per handrail on place

Permit # 080-484  
Control # 080-484  
Date Issued 12/02/03  
Date Received 12/02/03

TECHNICAL SECTION  
SUBCODE  
BUILDING  
UCC NEW JERSEY

INSPECTION  
DIVISION OF INSPECTIONS  
CHAMBERS BRIDGE RD  
TOA CHAMBERS  
DIVISION

INSPECTION



NJ UCCARS 5.24E  
TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
BUILDING  
SUBCODE  
TECHNICAL SECTION

Date Received 12/05/2003  
Date Issued 12/14/03  
Control # C84-09  
Permit # 03-5607

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

Block 849 Lot 19 Qual  
Work Site Location 1731 FORGE POND RD  
INTERIOR ALTER

Owner in Fee BARRY  
Address SAME  
BRICK, NJ 08724-

Tele [REDACTED]  
Contractor T MILLER CONTRACTING  
Address 1228 WILLIAM STREET  
PT PLEASANT, NJ 08742-

Tele (732) 899-9298 Fax ( )  
Lic. No. of Bldgs. Reg. No.  
Federal Emp. No. 03-0477373

JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                 | Date     | Initial | INSPECTIONS | Dates (Month/Day)                |
|---------------------------------------------------------------------------------------------|----------|---------|-------------|----------------------------------|
| <input checked="" type="checkbox"/> No Plans Req.                                           |          |         | Type        | Failure Failure Approval Initial |
| <input checked="" type="checkbox"/> All                                                     | 12/20/03 | TFB     | Footings    |                                  |
| <input type="checkbox"/> Footing                                                            |          |         | Foundation  |                                  |
| <input type="checkbox"/> Foundation                                                         |          |         | Slab        |                                  |
| <input type="checkbox"/> Frame                                                              |          |         | Barrierfree |                                  |
| <input type="checkbox"/> Other                                                              |          |         | Insulation  |                                  |
| Joint Plan Review Required:                                                                 |          |         | Finishes    |                                  |
| <input type="checkbox"/> Elect <input type="checkbox"/> Plumb <input type="checkbox"/> Fire |          |         | Energy      |                                  |
| SUBCODE APPROVAL <input type="checkbox"/> Elev                                              |          |         | Mechanical  |                                  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA        |          |         | TCO         |                                  |
| Date:                                                                                       |          |         | Other       |                                  |
| Approved by:                                                                                |          |         | Final       |                                  |
|                                                                                             |          |         | Barrierfree |                                  |

B. BUILDING CHARACTERISTICS

| Use Group                 | Present   | Proposed  | R-5 |
|---------------------------|-----------|-----------|-----|
| Const. Class              | Present   | Proposed  |     |
| No. of Stories            | 0         | 0         |     |
| Height of Structure       | 0 Ft.     | 0 Ft.     |     |
| Area Largest Floor        | 0 Sq. Ft. | 0 Sq. Ft. |     |
| New Bldg. Area/All Floors | 0 Sq. Ft. | 0 Sq. Ft. |     |
| Volume of New Structure   | 0 Cu. Ft. | 0 Cu. Ft. |     |
| Total Land Area Disturbed | 0 Sq. Ft. | 0 Sq. Ft. |     |

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

RENOVATE EXISTING KITCHEN AND BATH  
CHANGE 3-2X8 GIRDER TO I BEAM  
INSTALL 2X4 WALL INSIDE BLOCK WALLS OF LOWER LEVEL. INSULATE/SHEETROCK

| TYPE OF WORK                                             | FEE (Office Use Only) |
|----------------------------------------------------------|-----------------------|
| <input type="checkbox"/> New Building                    | \$ 0                  |
| <input type="checkbox"/> Addition                        | \$ 0                  |
| <input checked="" type="checkbox"/> Alteration           | \$ 310                |
| <input type="checkbox"/> Roofing                         | \$ 0                  |
| <input type="checkbox"/> Siding                          | \$ 0                  |
| <input type="checkbox"/> Fence                           | \$ 0                  |
| <input type="checkbox"/> Sign                            | \$ 0                  |
| <input type="checkbox"/> Pool                            | \$ 0                  |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 | \$ 0                  |
| <input type="checkbox"/> Lead Haz. Abatement NJAC 5:17   | \$ 0                  |
| <input type="checkbox"/> Other                           | \$ 0                  |
| <input type="checkbox"/> Demolition                      | \$ 0                  |

|                                         |                               |
|-----------------------------------------|-------------------------------|
| Est. Cost of Bldg. Work:                |                               |
| 1. New Bldg. \$                         | 0                             |
| 2. Alteration \$                        | 12,000                        |
| 3. Total (1+2) \$                       | 12,000                        |
| Industrialized Building:                |                               |
| <input type="checkbox"/> State Approved |                               |
| <input type="checkbox"/> HUD            |                               |
| Paid <input type="checkbox"/> Check \$  | Administrative Surcharge \$ 0 |
| Collected by:                           | Minimum Fee \$ 0              |
|                                         | TOTAL FEE \$ 310              |
|                                         | DCA State Permit Fee \$ 16    |

NJ UCCARS 5.24E  
TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
BUILDING  
SUBCODE  
TECHNICAL SECTION

Date Received 12/05/2003  
Date Issued 12/18/03  
Control # C84-09  
Permit # 03-5607

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

Block 849 Lot 19 Qual  
Work Site Location 1731 FORGE POND RD  
INTERIOR ALTER

Owner in Fee BARRY

Address SAME

BRICK, NJ 08724-

Tele. [REDACTED]

Contractor T MILLER CONTRACTING

Address 1228 WILLIAM STREET

PT PLEASANT, NJ 08742-

Tele. (732) 899-9298 Fax ( )

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 03-047373

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req.

☒ All

☒ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present

Constr. Class Present

No. of Stories

Height of Structure

Area Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Proposed R-5

Proposed

0

0 Ft.

0 Sq. Ft.

0 Sq. Ft.

0 Cu. Ft.

0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$

3. Total (1+2) \$

12,000

12,000

Industrialized Building:

[ ] State Approved

[ ] HUD

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

RENOVATE EXISTING KITCHEN AND BATH  
CHANGE 3-2X8 GIRDER TO 1 BEAM  
INSTALL 2X4 WALL INSIDE BLOCK WALLS OF LOWER LEVEL. INSULATE/SHEETROCK

TYPE OF WORK

[ ] New Building

[ ] Addition

[X] Alteration

[ ] Roofing

[ ] Siding

[ ] Fence

[ ] Sign

[ ] Pool

[ ] Asbestos Abatement Subchapter 8

[ ] Lead Haz. Abatement NJAC 5:17

[ ] Other

Other

[ ] Demolition

FEE (Office Use Only)

\$

0

0

310

0

0

0

0

0

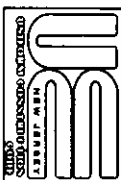
0

0

0

Paid [ ] Check \$ Administrative Surcharge \$  
Minimum Fee \$  
TOTAL FEE \$  
DCA State Permit Fee \$

U.C.C. F110 (rev. 3/96)



# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received  
Date Issued  
Control #  
Permit #

12-29-03  
03-5207

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

Block 849 Lot 19-23  
Work Site Location 1731 Forest Road RD  
Brick, N.J. 08723  
Owner in Fee/Occupant \_\_\_\_\_  
Address 1731 Forest Road RD  
Brick, N.J. 08723  
Tele. ( ) \_\_\_\_\_  
Contractor Allen M. Cherbak Inc.  
Address 66 Curtis Ave  
Mountainview, N.J. 08736  
Tele. ( ) 223-8852 Fax ( ) \_\_\_\_\_  
Lic. No. 4695  
Federal Emp. No. \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_  
Building Occupied as Dwelling Utility Co. TEPA  
Est. Cost of Elec. Work \$2,500.00

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                          | Date | Initial | INSPECTIONS | Type: | Failure | Failure | Approval | Initial |
|--------------------------------------------------------------------------------------|------|---------|-------------|-------|---------|---------|----------|---------|
| <input type="checkbox"/> No Plans Required                                           |      |         |             |       |         |         |          |         |
| Joint Plan Review Required:                                                          |      |         |             |       |         |         |          |         |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  |      |         |             |       |         |         |          |         |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |      |         |             |       |         |         |          |         |
| <input checked="" type="checkbox"/> Elec. Plans Approved                             |      |         |             |       |         |         |          |         |
| Date: <u>12-17-03</u>                                                                |      |         |             |       |         |         |          |         |
| Approved by: <u>[Signature]</u>                                                      |      |         |             |       |         |         |          |         |
| SUBCODE APPROVAL                                                                     |      |         |             |       |         |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |      |         |             |       |         |         |          |         |
| Date: _____                                                                          |      |         |             |       |         |         |          |         |
| Approved by: <u>[Signature]</u>                                                      |      |         |             |       |         |         |          |         |

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

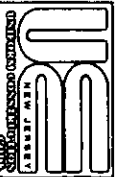
☒ Licensed Electrical Contractor ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

| QTY. | SIZE | ITEMS                          |
|------|------|--------------------------------|
| 13   |      | Lighting Fixtures              |
| 19   |      | Receptacles                    |
| 8    |      | Switches                       |
| 5    |      | Detectors                      |
|      |      | Light Poles                    |
|      |      | Motors—Fract. HP               |
|      |      | Emergency & Exit Lights        |
|      |      | Communications Points          |
|      |      | Alarm Devices/F.A.C. Panel     |
| 45   |      | TOTAL NUMBERS                  |
|      |      | Pool Permit/with UW Lights     |
|      |      | Storable Pool/Spa/Hot Tub      |
|      |      | KV Elec. Range/Receptacle      |
|      |      | KV Oven/Surface Unit           |
|      |      | KV Elec. Water Heater          |
|      |      | KV Elec. Dryer/Receptacle      |
|      |      | KV Dishwasher                  |
| 1    | 12   | HP Garbage Disposal            |
|      |      | KV Central A/C Unit            |
|      |      | HP/KV Space Heater/Air Handler |
|      |      | KV Baseboard Heat              |
|      |      | HP Motors 1/4 HP               |
|      |      | KV Transformer/Generator       |
|      |      | AMP Service                    |
|      |      | AMP Subpanels                  |
|      |      | AMP Motor Control Center       |
|      |      | KV Elec. Sign/Outline Light    |

FEE (Office Use Only)

|                          |    |
|--------------------------|----|
| Administrative Surcharge | \$ |
| Minimum Fee              | \$ |
| DCA Training Fee         | \$ |
| TOTAL FEE                | \$ |



ELECTRICAL  
SUBCODE  
TECHNICAL SECTION

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

Block 849 Lot 19-23

Work Site Location 1731 Forge Pond Rd.

Owner In Fee/Occupant Brick, N.J. 08723

Address 1731 Forge Pond Rd.

Brick, N.J. 08723

Tele. ( ) Allen M. Clerik Inc.

Contractor Allen M. Clerik Inc.

Address 66 Cuyetis Ave.

Minnsquan, N.J. 08736

Tele. ( 732 ) 223-0052 Fax ( )

Lic. No. 4695

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwellings Utility Co. TECO

Est. Cost of Elec. Work \$ 8,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 12/20/03

Approved by: AW

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 3/26/04

Approved by: AW

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant



Date Received  
Date Issued  
Control #  
Permit #

12-24-03  
03-52601

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

1/3 Lighting Fixtures

1/9 Receptacles

8 Switches

5 Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

45

1

1.2

1

1

1

1

1

1

1

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FEE (Office Use Only)

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NJ UCCARS 5.24E  
TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
FIRE PROTECTION  
SUBCODE  
TECHNICAL SECTION

Date Received 12/05/2003  
Date Issued 12/24/03  
Control # C84-09  
Permit # 03-52007

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

Block 849 lot 19

Work Site Location 1731 FORGE POND RD

INTERIOR ALTER

Owner in Fee BERRY

Address SAME

BRICK NJ 08724-

Tele

Contractor ALLEN M CIERPIK INC

Address 66 CURTIS AVE

MANASQUAN, NJ 08736-

Tele (732) 223-0052

Lic. No. or Bldg's. Reg. No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr Class Present Proposed

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar

[ ] Other

Location:

Total Est Cost of Fire Prot Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Plumb [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved By:

SUBCODE APPROVAL

[ ] CO [ ] CCO

Date:

Approved By:

INSPECTIONS

Type

Alarm Sys

Suppr Test

Standpipe

Fire Pump

PreEng Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Failure Failure Approval Initial

3/3/04

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [ ] Flammable Liquid [ ] Combust Liquid

[ ] LPG [ ] LNG Capacity 0 Fuel

Alarm Systems [ ] Flow Interconnected NUMBER

[ ] System

Alarm Devices (smoke, heat, pulls, water/flow)

Supervisory Devices (tamper, low/high air)

Signalling Devices (horn/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump 0 GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-Engineered Systems

Wet Chemical

Dry Chemical

CO2 Suppression

Foam Suppression

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas [ ] or Oil [ ] Fired Appliances

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

FEE (Office Use Only)

12-5-03

each level bedroom

each level bedroom

each level bedroom

each level bedroom

each level bedroom

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Call 2/6  
NJ UCCARS 5.24E  
TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
FIRE PROTECTION  
SUBCODE  
TECHNICAL SECTION

Date Received 02/06/2004  
Date Issued 01/01/1954  
Control 0 2-8-04  
Permit 0 03-5607+A

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

Block 849 Lot 19 Qual  
Work Site Location 1731 FORGE POND RD

PLG/FIRE

Owner in Fee BERRY

Address SAME

NRIC NJ 08724-

Tele.

Contractor F MILLER CONTRACTING

Address 1228 WILLIAM STREET

PT PLEASANT, NJ 08742-

Tele. (732) 899-9298

Lic. No. or Bldg. Reg. No.

Federal Emp. No. 03-0477313

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5  
Constr Class Present Proposed  
Heating Systems [ ] New [ ] Existing [ ] HVAC  
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar  
[ ] Other  
Location:  
Total Est Cost of Fire Prot Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Plumb [ ] Elevator

[ ] Fire Plans Approved

Date: 2-5-04

Approved By:

SUBCODE APPROVAL

[ ] CO [ ] CGO [ ] CA

Date:

Approved By:

INSPECTIONS

Type

Alarm Sys

Suppr Fest

Standpipe

Fire Pump

Prefing Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Failure Failure Approval Initial

Storage Tanks

Type: [ ] Flammable Liquid [ ] Combust Liquid

[ ] LPG [ ] LNG Capacity 0 Fuel

Alarm Systems [ ] 110V Interconnected NUMBER

[ ] System

Alarm Devices (smoke, heat, pull, water/flood)

Supervisory Devices (tamper, low/high air)

Signalling Devices (horn/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump 0 GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-Engineered Systems

Wet Chemical

Dry Chemical

CO2 Suppression

Foam Suppression

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas [X] or Oil [ ] Fired Appliances

Other

Other

Other

Other

Other

Other

Other

Other

FEE (Office Use Only)

Paid [ ] Check # Administrative Surcharge \$  
Collected by: TOTAL FEE \$  
DCA State Permit Fee \$

Signature

Call 29  
NJ UCCARS 5.24E  
TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
FIRE PROTECTION  
SUBCODE  
TECHNICAL SECTION

Date Received 02/06/2004  
Date Issued 01/01/1954  
Control # 2-2-01  
Permit # 03-5607+A

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

Block 849 Lot 19 Qual  
Work Site Location 1731 FORGE POND RD  
PLG/FIRE

Owner in Fee BERRY  
Address SAME 08724-

Tele. [REDACTED]  
Contractor T HUBER CONTRACTING

Address 1228 WILLIAM STREET  
PT PLEASANT, NJ 08742-

Tele. (732) 899-9298  
Lic. No. or Bldgs. Reg. No.

Federal Exp. No. 03-047373

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5  
Constr Class Present Proposed  
Heating Systems [ ] New [ ] Existing [ ] HVAC  
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar  
[ ] Other  
Location:  
Total Est Cost of Fire Prot Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW  
[ ] No Plans Required  
Joint Plan Review Required:  
Type Alarm Sys  
Suppr Test  
Standpipe  
Fire Pump  
Prebng Sys  
Mechanical  
Smoke Ctl  
FCO  
Final  
Other

INSPECTIONS  
Dates (Month/Day)  
Failure Failure Approval Initial

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

Date:  
Approved By:

C. CERTIFICATION IN LIEU OF OATH  
I hereby certify that I am the (agent of) owner of record and an authorized  
to make this application.

Signature

D. TECHNICAL SITE DATA

Description of Work:  
Water Supply Source  
Method of Alarm/Suppr Sys Superv

Storage Tanks  
Type: [ ] Flammable Liquid [ ] Combust Liquid  
[ ] LPG [ ] LNG Capacity 0 Fuel  
Alarm Systems [ ] 110V Interconnected NUMBER  
[ ] System

Alarm Devices (smoke, heat, pulls, water/flow)  
Supervisory Devices (tamper, low/high air)  
Signalling Devices (horn/strobes, bells)  
Other Devices  
TOTAL

Suppression Systems  
Fire Pump 0 GPM Type  
Dry Pipe/Alarm Valves  
Pre-action Valves  
Sprinkler Heads (Dry and Wet)  
Standpipes  
Pre-Engineered Systems  
Wet Chemical  
Dry Chemical  
CO2 Suppression  
Foam Suppression  
Halon Suppression  
Other

Kitchen Hood Exhaust System  
Smoke Control System  
Gas (X) or Oil [ ] Fired Appliances  
Other  
Other

Administrative Surcharge \$  
Paid [ ] Check \$  
Collected by: TOTAL FEE \$  
DCA State Permit Fee \$

Minimum Fee \$  
45  
0

U.C.C. 7140 (rev. 3/96)

Date Received 12/05/2003  
Date Issued 12/29/03  
Control # C84-09  
Permit # 02-51007

Date Received 12/05/2003  
Date Issued 12/29/03  
Control # C84-09  
Permit # 02-51007

[illegible]

**Abstract**

FEE (Office Use Only)

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

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114 *Current Affairs*

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|-----------------------|----|---|
| <b>Minimum Fee</b>    | \$ | 0 |
| <b>ive sul chidye</b> | \$ | 0 |

Permit Fee \$ 0

U.C.C. F140 (Rev. 3/96)



NJ UCCARS 5.24E  
TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
FIRE PROTECTION  
SUBCODE  
TECHNICAL SECTION

Date Received 12/05/2003  
Date Issued 12/29/03  
Control # CB4-09  
Permit # 03-5001

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

Block 849 Lot 19  
Work Site Location 1731 FORGE POUD RD  
INTERIOR ALTER

Owner in Fee BARRY  
Address SAME  
BRICK, NJ 08724-

Tele [REDACTED]  
Contractor ALLEN R CIERPIK INC  
Address 66 CURTIS AVE  
HANSQUAN, NJ 08736-

Tele (332) 223-0052  
Lic. No. or Bldgs. Reg. No.  
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5  
Const Class Present Proposed  
Heating Systems [ ] New [ ] Existing [ ] HVAC  
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar  
[ ] Other  
Location:  
Total Est Cost of Fire Prot Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW  
[ ] No Plans Required  
Joint Plan Review Required:  
[ ] Bldg [ ] Elect  
[ ] Plumb [ ] Elevator  
[ ] Fire Plans Approved  
Date:

INSPECTIONS  
Type Alarm Sys  
Suppr Test  
Standpipe  
Fire Pump  
PreEng Sys  
Mechanical  
Smoke Ctl  
TCO  
Final  
Other

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

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 Alarm/Suppr Sys Superv

Storage Tanks  
Type: [ ] Flammable liquid [ ] Combust liquid  
[ ] LPG [ ] LNG Capacity 0 Fuel  
Alarm Systems [ ] 110V Interconnected NUMBER  
[ ] System

Alarm Devices (smoke, heat, pull, water/flood)  
Supervisory Devices (tamper, low/high air)  
Signalling Devices (horn/strobes, bells)  
Other Devices  
TOTAL  
Suppression Systems  
Fire Pump 0 GPM Type  
Dry Pipe/Alarm Valves  
Pre-action Valves  
Sprinkler Heads (Dry and Wet)  
Standpipes  
Pre-Engineered Systems  
Wet Chemical  
Dry Chemical  
CO2 Suppression  
Foam Suppression  
Halon Suppression  
Other

Kitchen Hood Exhaust System  
Smoke Control System  
Gas [ ] or Oil [ ] Fired Appliances  
Other  
Other

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

**TOWNSHIP OF BRICK**  
**401 CHAMBERS BRIDGE RD**  
**DIVISION OF INSPECTIONS**

**UCC NEW JERSEY**  
**PLUMBING**  
**SUBCODE**  
**TECHNICAL SECTION**

Date Received 02/06/2004  
 Date Issued 04/01/1954  
 Control # 2-9-04  
 Permit # 03-5607+A

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 849 Lot 19 Qual  
 Work Site Location 1731 FORGE POND RD

PLG/FIRE

Owner in Fee BUREY

Address SAME

BRICK, NJ 08724-

Tele [REDACTED]

Contractor RAY BELANGER PLUMBING

Address 1284 WHITESVILLE RD

WALL, NJ

Tele (732)341-3366

Lic. No. or Bids. Reg. No. 5808

Federal Emp. No. 22-3316489

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed B-5  
 Building Sewer Size [ ] Public Sewer [ ] Private Septic  
 Water Sewer Size [ ] Public Water [ ] Private Well  
 Estimated Cost of Plumbing Work \$ 200

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW**

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bidg [ ] Elect

[ ] Fire [ ] Elevator

[ ] Plumb. Plans Approved

Date: 2/6/04

Approved By: [Signature]

**SUBCODE APPROVAL**

[ ] CO [ ] CCO [ ] CA

Approved By: [Signature]

Date: 4-8-04

**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

NO.

FIXTURE/EQUIPMENT

PER (Office Use Only)

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Paid [ ] Check #  
 Collected by:

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

\$ 0  
 \$ 0  
 \$ 60  
 \$ 0

**TOWNSHIP OF BRICK**  
**401 CHAMBERS BRIDGE RD**  
**DIVISION OF INSPECTIONS**

**UCC NEW JERSEY**  
**PLUMBING**  
**SUBCODE**  
**TECHNICAL SECTION**

Date Received 12/05/2003  
 Date Issued 12/04/03  
 Control # C84-09 035607  
 Permit #

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

Block 849 Lot 19 Quad  
 Work Site Location 1731 FORGE POND RD

INTERIOR ALTER

Owner in Fee BARRY

Address SAME

BRICK, NJ 08724-

Tele. [REDACTED]

Contractor HAY BELANGER PLUMBING

Address 1284 WHITESVILLE RD

WALL, NJ

Tele. (732) 341-3366

Lic. No. of Bldgs. Reg. No. 5808

Federal Emp. No. 22-3316489

**B. PLUMBING CHARACTERISTICS**

Use Group Present

Proposed R-5

Building Sewer Size

[ ] Public Sewer

[ ] Private Septic

Water Sewer Size

[ ] Public Water

[ ] Private Well

Estimated Cost of Plumbing Work \$ 2,000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Fire [ ] Elevator

[ ] Plumb. Plans Approved

Date: 12/18/03

Approved by: [Signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Approved by: [Signature]

Date: 4-8-04

**INSPECTIONS**

Type

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCO

Dates (Month/Day)

Failure Failure Approval Initial

2/11/04 2/12/04

1/23/04 1/24/04

12/04/04 4/6/04

4/6/04

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

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

10

Urinal / Bidet

0

Bath Tub

10

Lavatory

10

Shower

0

Floor Drain

0

Sink

10

Dishwasher

0

Drinking Fountain

0

Washing Machine

10

Hose Bib

0

Water Heater

0

Fuel Oil Piping

0

Gas Piping

0

Steam Boiler

0

Hot Water Boiler

0

Sewer Pump

0

Interceptor / Separator

0

Backflow Preventer

0

Greasetrap

0

Sewer Connection

0

Water Service Connection

0

Stacks

0

Other

0

Other

0

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$

DCA State Permit Fee \$

Paid [ ] Check \$

Collected by: [Signature]

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$

DCA State Permit Fee \$

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

*Approved - H.I.T.*  
*Barry - Fixtures*  
*W. Paul G.A.*



TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
PLUMBING  
SUBCODE  
TECHNICAL SECTION

Date Received 02/06/2004  
Date Issued 01/01/1994  
Control # 2-4-04  
Permit # 03-5607+A

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

Block 849 Lot 19 Qual

Work Site Location 1731 FORGE POND RD

PLG/FIRE

Owner in Fee BERRY

Address SAME

Phone 9724-

Contractor RAY BELANGER PLUMBING

Address 1284 WHITESVILLE RD

HALL, NJ

Phone (732)341-3366

Lic. No. or Bids. Reg. No. 5808

Federal Emp. No. 22-3316489

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B-5

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work \$ 200

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and as authorized

to make this application and perform the work listed on this application.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Blg [ ] Elect

[ ] Fire [ ] Elevator

[ ] Plumb. Plans Approved

Date: 2/6/14

Approved By: [Signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Approved By: FCO

Date:

INSPECTIONS

Type Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Pictures

Gas Equip.

Gas Piping

Solar

FCO

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal / Bidet

Bath Tub

Laundry

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Rose Bid

Water Heater

Fuel Oil Piping 30'

Gas Piping 125'

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

FEE (Office Use Only)

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TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONSUCC NEW JERSEY  
PLUMBING  
SUBCODE  
TECHNICAL SECTIONDate Received 02/06/2004  
Date Issued 01/01/1954  
Control # 2-9-0-1  
Permit # 03-5607+AA. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING  
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

D. TECHNICAL SITE DATA (List all fixtures.)

Block 849 Lot 19  
Work Site Location 1731 FORGE POND RD  
PLG/FIRE

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Owner in Fee BERRY

Address SAME

BRICK, NJ 08724-

Contractor RAY BELANGER PLUMBING

Address 1284 WHITESTILLER RD

HALT, NJ

Phone (732) 341-3366

Lic. No. of Bldgs. Reg. No. 5808

Federal Exp. No. 22-3316489

B. PLUMBING CHARACTERISTICS

Use Group Present

Building Sewer Size

Water Sewer Size

Estimated Cost of Plumbing Work \$ 200

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

U.C.C. P130 (rev. 3/96)

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Fire [ ] Elevator

[ ] Plumb. Plans Approved

Date: 2/6/04

Approved By: [Signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Approved By: [Signature]

Date: [Signature]

FEE (Office Use Only)

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 60

DCA State Permit Fee \$ 0



PLUMBING  
SUBCODE  
TECHNICAL SECTION



Date Received  
Date Issued  
Control #  
Permit #

update 03-2007 4A

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

Block 649 Lot 19-23  
Work Site Location 1231 Treadle Road

Owner in Fee Eddie Barry  
Address 1231 Treadle Road  
Brick N.J.

CC [Redacted]  
Address 1231 Treadle Road  
Brick N.J.

Tele. ( 202 ) 341-3366 Fax (     )    

Lic. No. 5808  
Federal Emp. No. 22-3316987

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed      
Building Sewer Size     Public Sewer     Private Septic      
Water Service Size     Public Water     Private Well      
Est. Cost of Plumbing Work \$ 2700

JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                          |  | INSPECTIONS   |         | Dates (Month/Day) |          |
|--------------------------------------------------------------------------------------|--|---------------|---------|-------------------|----------|
|                                                                                      |  | Type:         | Failure | Failure           | Approval |
| <input type="checkbox"/> No Plans Required                                           |  | Slab          |         |                   |          |
| <input type="checkbox"/> Joint Plan Review Required:                                 |  | Rough         |         |                   |          |
| <input type="checkbox"/> Building <input type="checkbox"/> Electric                  |  | Water         |         |                   |          |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |  | Sewer         |         |                   |          |
| <input type="checkbox"/> Plumbing Plans Approved                                     |  | Fixtures      |         |                   |          |
| Date: <u>   </u>                                                                     |  | Gas Equipment |         |                   |          |
| Approved by: <u>   </u>                                                              |  | Gas Piping    |         |                   |          |
| SUBCODE APPROVAL                                                                     |  | Solar         |         |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |  | TCO           |         |                   |          |
| Date: <u>   </u>                                                                     |  |               |         |                   |          |
| Approved by: <u>   </u>                                                              |  |               |         |                   |          |

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's Seal  
[Signature]

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

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

NO.     FIXTURE/EQUIPMENT

| NO. | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|-----|--------------------------|-----------------------|
|     | Water Closet             | \$ <u>   </u>         |
|     | Urinal/Bidet             | \$ <u>   </u>         |
|     | Bath Tub                 | \$ <u>   </u>         |
|     | Lavatory                 | \$ <u>   </u>         |
|     | Shower                   | \$ <u>   </u>         |
|     | Floor Drain              | \$ <u>   </u>         |
|     | Sink                     | \$ <u>   </u>         |
|     | Dishwasher               | \$ <u>   </u>         |
|     | Drinking Fountain        | \$ <u>   </u>         |
|     | Washing Machine          | \$ <u>   </u>         |
|     | Hose Bibb                | \$ <u>   </u>         |
|     | Water Heater             | \$ <u>   </u>         |
|     | Fuel Oil Piping          | \$ <u>   </u>         |
|     | Gas Piping               | \$ <u>   </u>         |
|     | Steam Boiler             | \$ <u>   </u>         |
|     | Hot Water Boiler         | \$ <u>   </u>         |
|     | Sewer Pump               | \$ <u>   </u>         |
|     | Interceptor/Separator    | \$ <u>   </u>         |
|     | Backflow Preventer       | \$ <u>   </u>         |
|     | Greasetrap               | \$ <u>   </u>         |
|     | Sewer Connection         | \$ <u>   </u>         |
|     | Water Service Connection | \$ <u>   </u>         |
|     | Stacks                   | \$ <u>   </u>         |
|     | Other <u>   </u>         | \$ <u>   </u>         |
|     | Other <u>   </u>         | \$ <u>   </u>         |
|     | Other <u>   </u>         | \$ <u>   </u>         |

|                          |               |
|--------------------------|---------------|
| Administrative Surcharge | \$ <u>   </u> |
| Minimum Fee              | \$ <u>   </u> |
| DCA Training Fee         | \$ <u>   </u> |
| TOTAL FEE                | \$ <u>   </u> |

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONSUCC NEW JERSEY  
PLUMBING  
SUBCODE  
TECHNICAL SECTIONDate Received 12/05/2003  
Date Issued 12/04/03  
Control # CB4-09  
Permit # 035607A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING  
CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 849 Lot 19 Qual

Work Site Location 1731 FORGE POND RD

INTERIOR ALTER

Owner in Fee BARRY

Address SAME

BRICK, NJ 08724-

Tele. [REDACTED]

Contractor NAI DELANGER PLUMBING

Address 1284 WHITESVILLE RD

WALL, NJ

Tele. (732) 341-3366

Lic. No. of Bldgs. Reg. No. 5808

Federal Emp. No. 22-3316489

## B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work \$ 2,000

## JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Fire [ ] Elevator

[ ] Plumb. Plans Approved

Date: 12/18/03

Approved by: [Signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Approved By:

Date:

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) |
|-----|--------------------------|-----------------------|
| 1   | Water Closet             | 10                    |
| 0   | Urinal / Bidet           | 0                     |
| 1   | Bath Tub                 | 10                    |
| 1   | Lavatory                 | 10                    |
| 0   | Shower                   | 0                     |
| 0   | Floor Drain              | 0                     |
| 1   | Sink                     | 10                    |
| 0   | Dishwasher               | 0                     |
| 0   | Drinking Fountain        | 0                     |
| 1   | Washing Machine          | 10                    |
| 0   | Hose Bib                 | 0                     |
| 0   | Water Heater             | 0                     |
| 0   | Fuel Oil Piping          | 0                     |
| 0   | Gas Piping               | 0                     |
| 0   | Steam Boiler             | 0                     |
| 0   | Hot Water Boiler         | 0                     |
| 0   | Sewer Pump               | 0                     |
| 0   | Interceptor / Separator  | 0                     |
| 0   | Backflow Preventer       | 0                     |
| 0   | Greasetrap               | 0                     |
| 0   | Sewer Connection         | 0                     |
| 0   | Water Service Connection | 0                     |
| 0   | Stacks                   | 0                     |
| 0   | Other                    | 0                     |
| 0   | Other                    | 0                     |

Paid [ ] Check \$ Administrative Surcharge \$ 0  
Minimum Fee \$ 0  
Collected by: TOTAL FEE \$ 50  
DCA State Permit Fee \$ 3APPLC - H.I.T.  
Permit - Fixtures



**TOWNSHIP OF BRICK**  
**401 CHAMBERS BRIDGE RD**  
**DIVISION OF INSPECTIONS**

**UCC NEW JERSEY**  
**PLUMBING**  
**SUBCODE**  
**TECHNICAL SECTION**

Date Received 12/05/2003  
 Date Issued 12/09/03  
 Control # C84-09  
 Permit # 035607

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

Block 849 Lot 19 Qual  
 Work Site Location 1731 FORGE POND RD  
 INTERIOR ALTER

Owner in Fee BARRY  
 Address SAME  
 Address 1284 WHITESVILLE RD  
 Address 1284 WHITESVILLE RD  
 Address 1284 WHITESVILLE RD

Tele. 732-341-3366  
 Tele. 732-341-3366  
 Tele. 732-341-3366  
 Tele. 732-341-3366

Lic. No. of Bldgs. Reg. No. 5808  
 Federal Emp. No. 22-3318489

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed R-5  
 Building Sewer Size [ ] Public Sewer [ ] Private Septic  
 Water Sewer Size [ ] Public Water [ ] Private Well  
 Estimated Cost of Plumbing Work \$ 2,000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW  
 [ ] No Plans Required  
 Joint Plan Review Required:  
 [ ] Bldg [ ] Elect  
 [ ] Fire [ ] Elevator  
 [ ] Plumb. Plans Approved

Date: 12/18/03  
 Approved By: [Signature]  
 SUBCODE APPROVAL  
 [ ] CO [ ] CCO [ ] CA  
 Approved By: TCO

INSPECTIONS  
 Type Failure Failure Approval Initial  
 Slab  
 Rough  
 Water  
 Sewer  
 Fixtures  
 Gas Equip.  
 Gas Piping  
 Solar  
 TCO

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

| NO. | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|-----|--------------------------|-----------------------|
| 1   | Water Closet             | 10                    |
| 0   | Urinal / Bidet           | 0                     |
| 1   | Bath Tub                 | 10                    |
| 1   | Lavatory                 | 10                    |
| 0   | Shower                   | 0                     |
| 0   | Floor Drain              | 0                     |
| 1   | Sink                     | 10                    |
| 0   | Dishwasher               | 0                     |
| 0   | Drinking Fountain        | 0                     |
| 1   | Washing Machine          | 10                    |
| 0   | Hose Bib                 | 0                     |
| 0   | Water Heater             | 0                     |
| 0   | Fuel Oil Piping          | 0                     |
| 0   | Gas Piping               | 0                     |
| 0   | Steam Boiler             | 0                     |
| 0   | Hot Water Boiler         | 0                     |
| 0   | Sewer Pump               | 0                     |
| 0   | Interceptor / Separator  | 0                     |
| 0   | Backflow Preventer       | 0                     |
| 0   | Greasetrap               | 0                     |
| 0   | Sewer Connection         | 0                     |
| 0   | Water Service Connection | 0                     |
| 0   | Stacks                   | 0                     |
| 0   | Other                    | 0                     |
| 0   | Other                    | 0                     |

Administrative Surcharge \$ 0  
 Minimum Fee \$ 0  
 TOTAL FEE \$ 50  
 DCA State Permit Fee \$ 3

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

APPROVE - H.I.T.  
 WITH - FIXTURES

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

**TOWNSHIP OF BRICK**

**Debris Form**

Work Site Address: 1731 Forge Pond Rd.

Block: 849 Lot: 19 → 23

Contractor: T. Miller Contracting

Contractor's Address: 1228 William St., Pt. Pleasant, N.J. 08742

Type of Construction (minor, new home): Minor

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

Party responsible for removal: Thomas Miller

Dumpster size: 10 yd.

Destination of debris: Ocean County land fill

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

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Thomas Miller  
Signature

12/3/2003  
Date

Thomas Miller  
Print Name

# Township of Brick

Counter Form  
(PLEASE PRINT)

Site Location: 1731 Forge Pond Rd, Brick  
 Block: 849 Lot: 19 → 23  
 Owner's Name: Edda Burry  
 Owner's Mailing Address: 1731 Forge Pond Rd.  
Brick, N.J.  
 Phone: [REDACTED]

## BUILDING

Contractor: T. Miller Contracting  
 Address: 1228 William Street  
Mt. Pleasant, N.J. 08742  
 Phone#: 732-899-9298, Cell 732-614-1990  
 Lis # \_\_\_\_\_  
 Federal Emp # or SSN 03-0472323

### Technical Data

Description of Work:

Renovate existing kitchen + bath  
Change 3-2x8 girder To I beam  
Install 2x4 wall inside block walls  
of lower level. Insulate, sheetrock,  
paint, Trim.

### Type of Work

☐ New Building ☐ Siding  
☐ Addition ☐ Fence  
☒ Alteration ☐ Pool  
☐ Roofing ☐ Demolition  
☐ Asbestos Abatement ☐ Sign \_\_\_\_\_ sq ft  
☐ Fireplace wd/gas

### Building Characteristics

Use Group Present: ☒ Proposed: \_\_\_\_\_  
 No of Stories: 2  
 Height of Structure: 18'  
 Area of the largest floor: 530  
 Area of New Structure: \_\_\_\_\_  
 Volume of New Structure: \_\_\_\_\_  
 Total Land Disturbed: \_\_\_\_\_

Cost of Alteration: \$ \_\_\_\_\_

Cost of New Building: \$ \_\_\_\_\_

Cost of Site Work \$ 12,000

Total Cost of New Building Work: \$ 16,500

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

Signature: Thomas Miller

Please Print Name Thomas Miller

## ELECTRICAL

Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Lis #: \_\_\_\_\_  
 Federal Emp # or SSN \_\_\_\_\_

### Technical Data

| Item                    | Quantity |
|-------------------------|----------|
| Lighting Fixtures       | _____    |
| Receptacles             | _____    |
| Switches                | _____    |
| Detectors               | _____    |
| Light Poles             | _____    |
| Motors w/ Fract. HP     | _____    |
| Emergency & Exit Lights | _____    |
| Communication Points    | _____    |
| Alarm Devices/FAC Panel | _____    |
| Total                   | _____    |

Pool (Receptacles, Switches, Lights, Motor 1HP ) \_\_\_\_\_  
 Spa/Hot Tub/Storable Pool \_\_\_\_\_  
 Electric Range \_\_\_\_\_ KW  
 Oven/Surface Unit \_\_\_\_\_ KW  
 Electric Water Heater \_\_\_\_\_ KW  
 Electric Dryer \_\_\_\_\_ KW  
 Dishwasher \_\_\_\_\_ KW  
 Garbage Disposal \_\_\_\_\_ HP  
 A/C Unit—Central Air \_\_\_\_\_ KW  
 Space Heater/Air Handler \_\_\_\_\_ KW  
 Baseboard Heating \_\_\_\_\_ KW  
 Motors 1+ HP \_\_\_\_\_  
 Transformer/Generator \_\_\_\_\_ KW  
 Light Stander \_\_\_\_\_ AMP  
 Service \_\_\_\_\_ AMP  
 Subpanel \_\_\_\_\_ AMP  
 Motor Control Center \_\_\_\_\_ AMP  
 Sign/Outline Light \_\_\_\_\_ KW  
 Furnace \_\_\_\_\_  
 Steam Boiler \_\_\_\_\_  
 Other: \_\_\_\_\_

Estimated Cost of Electrical Work: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Please Print Name \_\_\_\_\_

CONTRACTOR'S SEAL

Counter Form  
PLEASE PRINT

PLUMBING

Contractor: RAY BELANGER PLUMBING  
Address: 1234 WATERSVILLE RD  
TOMS RIVER NJ 08755  
Phone #: 341-3366  
Lis #: 5806  
Federal Emp # or SSN 22-3316489

**Technical Data**

| Fixtures                           | Quantity          |
|------------------------------------|-------------------|
| Water Closets (Toilet)             | <u>1 existing</u> |
| Urinals/Bidets                     |                   |
| Bath Tub (w/or w/out shower head)  | <u>1 existing</u> |
| Lavatory (BR Sink)                 | <u>1 existing</u> |
| Shower                             |                   |
| Floor Drain                        |                   |
| Sink                               | <u>existing</u>   |
| Dishwasher                         |                   |
| Drinking Fountain                  |                   |
| Washing Machine                    | <u>1 existing</u> |
| Hose Bib                           |                   |
| Gas Piping                         |                   |
| Fuel Oil Piping                    |                   |
| Water Heater                       |                   |
| Steam Boiler                       |                   |
| Hot Water Boiler                   |                   |
| Sewer Pump                         |                   |
| Interceptor/Separator              |                   |
| Backflow Preventer                 |                   |
| Greasetrap                         |                   |
| Air Conditioner (Condensate Drain) |                   |
| Septic Tank Closure                |                   |
| Sewer Service Connection           |                   |
| Water Service Connection           |                   |
| Active Solar System                |                   |
| Auxiliary Meter                    |                   |
| Sprinkler Heads                    |                   |
| Sump Pump                          |                   |
| Pool Heater                        |                   |
| Other:                             |                   |

RE-MODEL KITCHEN  
REPLACE BATHROOM FIXTURES

Estimated Cost of Plumbing Work 2000

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

Signature: [Signature]  
Please Print Name: RAYMOND BELANGER

**CONTRACTOR'S SEAL**

FIRE

Contractor: Clerpic  
Address: 606 Curtis Ave  
Manassquan NJ 08736  
Phone #: \_\_\_\_\_  
Lis #: \_\_\_\_\_  
Federal Emp # or SSN \_\_\_\_\_

**Technical Data**

Description of Work:

Heating Type: Gas Oil Electric Solar  
Heating System is New Existing  
Location of Furnace/Boiler: \_\_\_\_\_  
Water Supply Source \_\_\_\_\_  
Method of Valve Supervision \_\_\_\_\_  
Local Alarm Supervision \_\_\_\_\_  
Central Supervision: \_\_\_\_\_  
Proprietary Supervision: \_\_\_\_\_

| Flammable Storage Tanks   | capacity | fuel |
|---------------------------|----------|------|
| Combustible Storage Tanks | capacity | fuel |
| LPG Storage Tanks         | capacity | fuel |

| Item                | Quantity           |
|---------------------|--------------------|
| Wet Sprinkler Heads |                    |
| Dry Sprinkler Heads |                    |
| Total               |                    |
| Smoke Detectors     | <u>5 (see eka)</u> |
| Heat Detectors      |                    |
| Total               |                    |

Stand Pipes \_\_\_\_\_  
Kitchen Hood Exhaust System \_\_\_\_\_

**Pre-Engineered Systems:**

CO2 Suppression \_\_\_\_\_  
Halon Suppression \_\_\_\_\_  
Foam Suppression \_\_\_\_\_  
Dry Chemical \_\_\_\_\_  
Wet Chemical \_\_\_\_\_

**Gas/ Oil Fired Appliances:**

Gas Stove \_\_\_\_\_  
Gas Dryer \_\_\_\_\_  
Furnace (Gas or Oil) \_\_\_\_\_  
Gas Fireplace \_\_\_\_\_  
Gas Logs \_\_\_\_\_  
Total Appliances \_\_\_\_\_

Wood Burning Stove \_\_\_\_\_  
Wood Fireplace \_\_\_\_\_  
Other: \_\_\_\_\_

Estimated Cost of Fire Work \_\_\_\_\_

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

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

National Fire Code  
Plan Review Record  
Township of Brick

Date: 12-9-83

Site Address: 1731 Forge Road, NJ

Reviewed By: Ken Bizer

CORRECTION LIST  
Description

No.

1) Need plan showing S.D. locations to verify installed  
to code.

1 - basement

1 - each bedroom

1 - w/10 of bedrooms.

501/10

12-9-83  
Thomas Miller  
(732) 899-9098  
(732) 614-1580

Party Called and Phone #: \_\_\_\_\_

Resubmitted on: \_\_\_\_\_ By: \_\_\_\_\_

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

| CORRECTION LIST |                                                                                                                                         |              |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------|
| No.             | DESCRIPTION                                                                                                                             | Code Section |
| ①               | Design USING W3F IS UNORTHODOX<br>+ LOADS BOTTOM Flange.<br>spoke TO Birdsall's Engineer +<br>THIS IS NOT ACCEPTABLE TO<br>RICH MALONEY |              |
|                 | 12-19-07<br>spoke to Tom Miller<br>at 3:00                                                                                              |              |
|                 | Called Bolder @ 10:00<br>left message                                                                                                   |              |



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**BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.**  
**4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60478-5795**

# STRUCTURAL DESIGN FOR BEAM REINFORCEMENT

FOR

1731 FORGE POND ROAD  
BRICK, NJ

October 20, 2003

Kevin C. Sommons Associates, Inc.  
257 Maple Ave.  
Red Bank, NJ 07701  
TEL: 732-450-8880  
FAX: 732-450-8141

KEVIN C. SOMMONS  
10.20.03

OK  
12-22-03

|             | Brick Township |      |    |
|-------------|----------------|------|----|
| Plan Review | Class          | Date | By |
| Zoning      |                |      |    |
| Plumbing    |                |      |    |
| Brick       |                |      |    |
| F           |                |      |    |
| E           |                |      |    |



EDDA BURY  
1731. FORCE POND ROAD - 0300-127 KCS  
BRICK NJ

10-20-03

### ◆ BEAM REDESIGN TO CLEARSPAN HOUSE

SPAN = ± 22'-7 1/2"

LOADING - DL = 10 PSF (8.5') = 85  
LL = 40 PSF (8.5') = 340

BEAM OPTIONS =

STEEL - W8X31 + PL.

PROVIDE MASONRY PIER AND  
FOOTING TO SUPPORT BEAM.

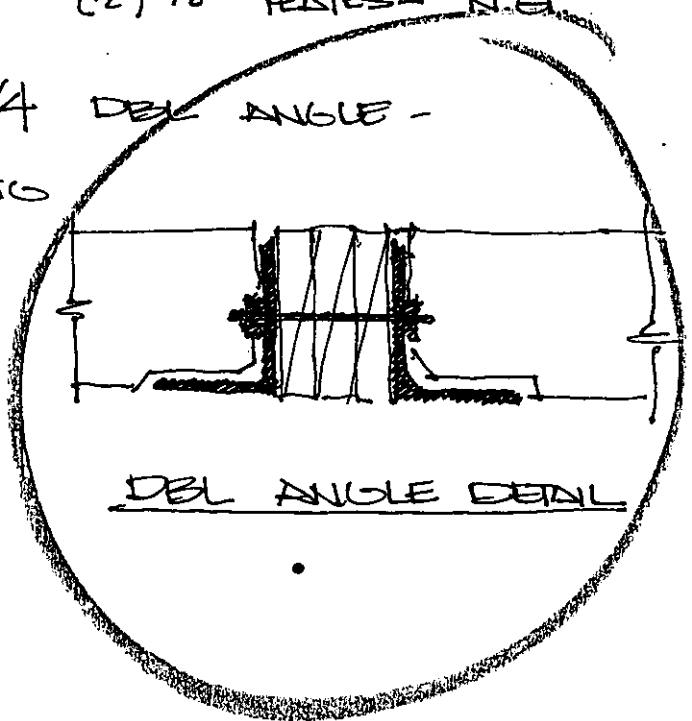
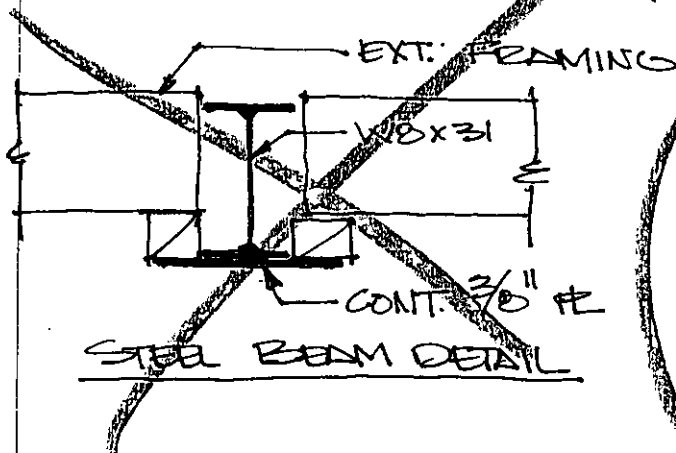
REACTION = 4,820 lb.

FTG. = 4820/2000 = 2.41 FT<sup>2</sup> ⇒ 1.55' SQUARE.

STEEL PLATE REINF. - (2) 1/2" PLATES - N.G.

TRY (2) ANGLES -

∟ 8X6X3/4 DBL ANGLE -



|             | Brick Township<br>Class | Date | By |
|-------------|-------------------------|------|----|
| Plan Review |                         |      |    |
| Zoning      |                         |      |    |
| Plumbing    |                         |      |    |
| Electric    |                         |      |    |
| Fire        |                         |      |    |
| Engineering |                         |      |    |

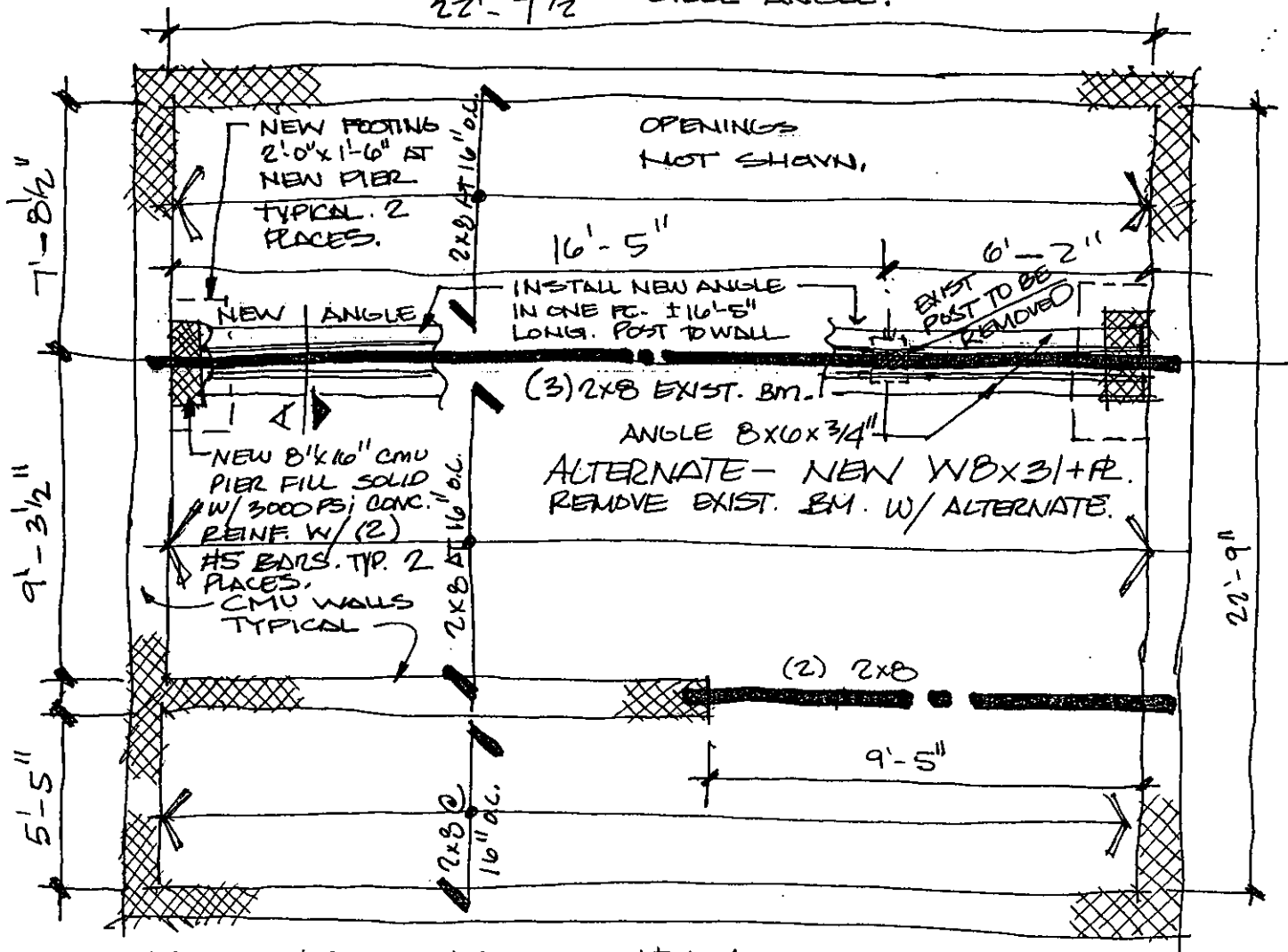
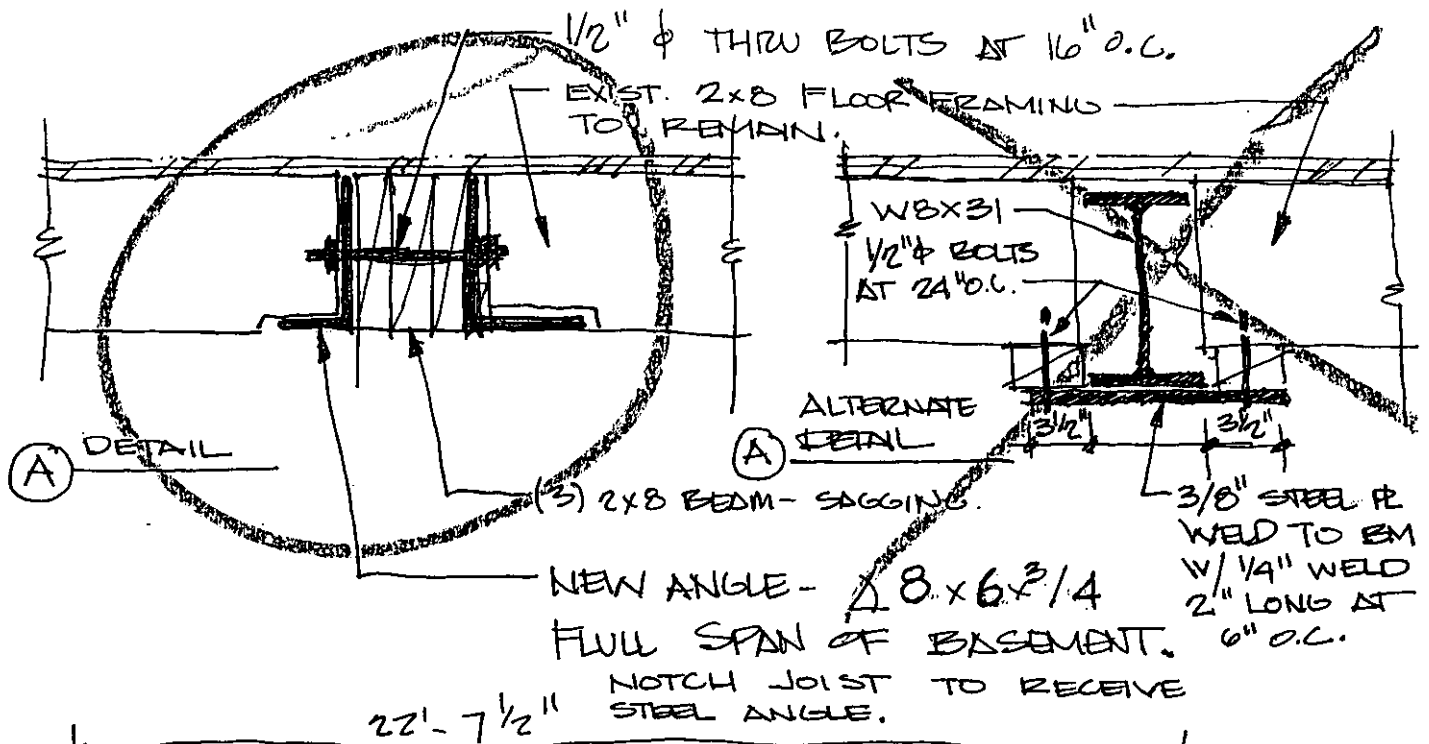
Job #  
Date: 1:16PM, 20 OCT 03

[illegible]

|             | Brick Township<br>Class | Date | By |
|-------------|-------------------------|------|----|
| Plan Review |                         |      |    |
| Zoning      |                         |      |    |
| Plumbing    |                         |      |    |
| Building    |                         |      |    |
| F           |                         |      |    |

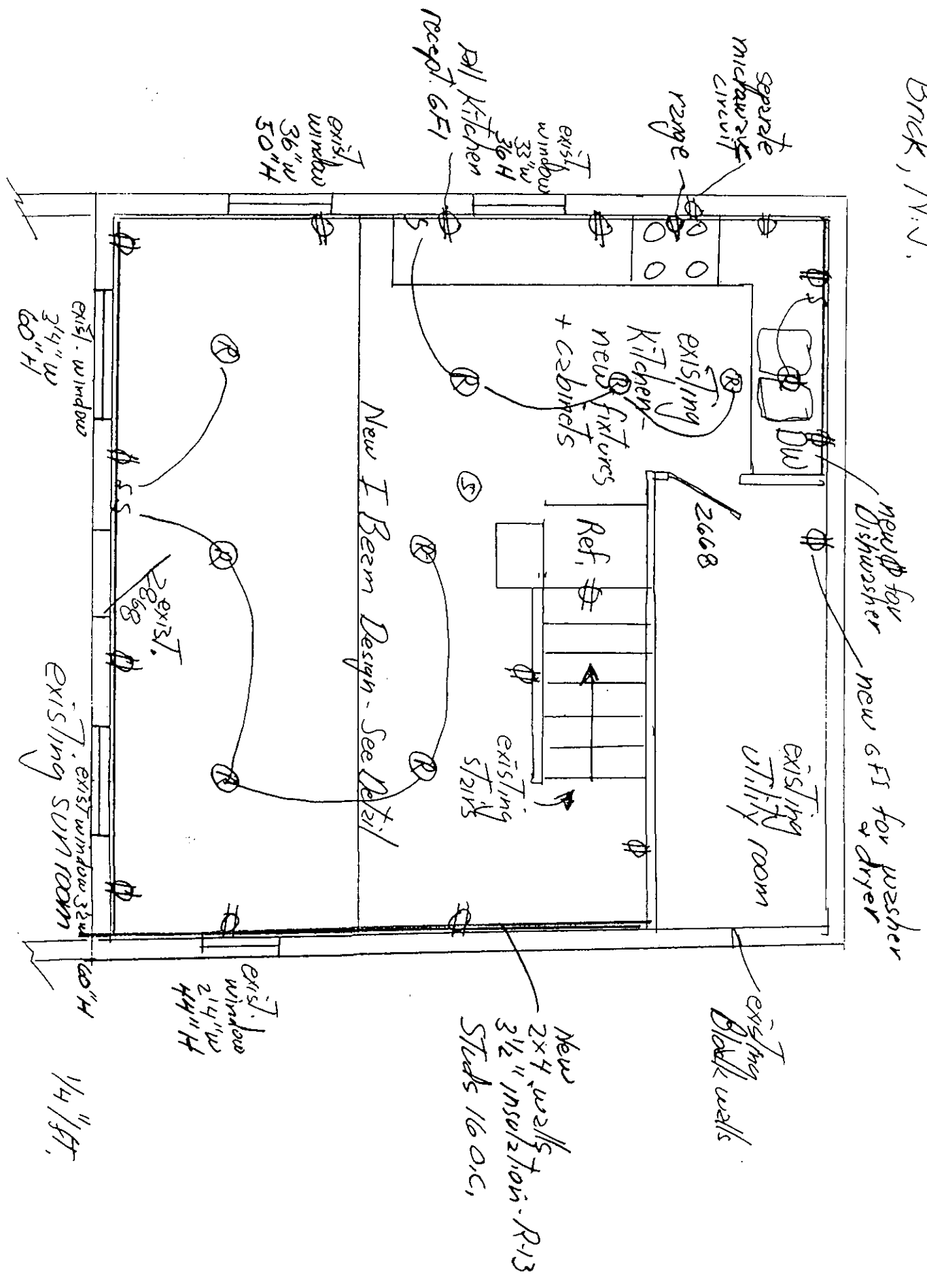
1731 FORGE POND ROAD  
BRICK, NJ  
EBA BERRY  
9-23-03

KSi



FIRST FLOOR FRAMING PLAN

Block 849 lot 19 → 23  
 1731 Forge Pond Rd.  
 Brick, N.J.



12/703

|             | Brick Township<br>Class | Date | By |
|-------------|-------------------------|------|----|
| Plan Review |                         |      |    |
| Zoning      |                         |      |    |
| Plumbing    |                         |      |    |
| Electrical  |                         |      |    |
| Fire        |                         |      |    |
| Engineering |                         |      |    |

# STRUCTURAL DESIGN FOR BEAM REINFORCEMENT

FOR

1731 FORGE POND ROAD  
BRICK, NJ

October 20, 2003

Kevin C. Sommons Associates, Inc.  
257 Maple Ave.  
Red Bank, NJ 07701  
TEL: 732-450-8880  
FAX: 732-450-8141

  
10.20.03





ADD BURY  
1731 FORGE POND ROAD - 0300-127 KCS  
BRICK NJ

10-20-03

### BEAM REDESIGN TO CLEARSPAN HOUSE

SPAN =  $\pm 22'-7\frac{1}{2}"$

LOADING -  $DL = 10 \text{ PSF} (8.5') = 85$   
 $LL = 40 \text{ PSF} (8.5') = 340$

BEAM OPTIONS =

STEEL -  $W8 \times 31 + \#$ .

PROVIDE MASONRY PIER AND  
FOOTING TO SUPPORT BEAM.

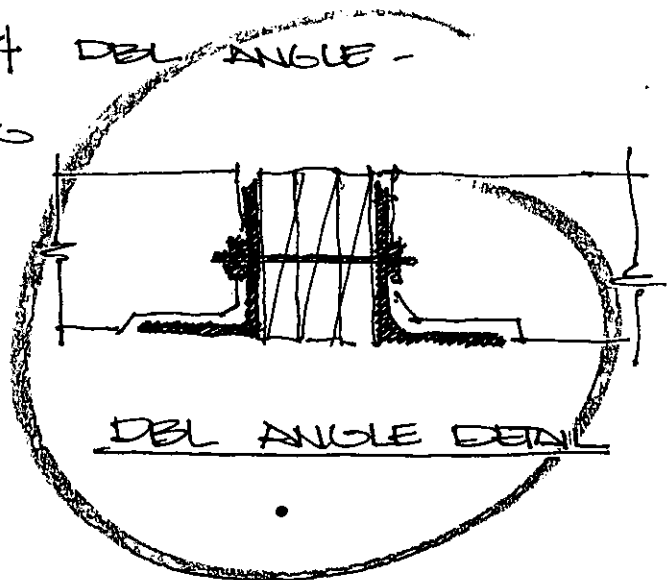
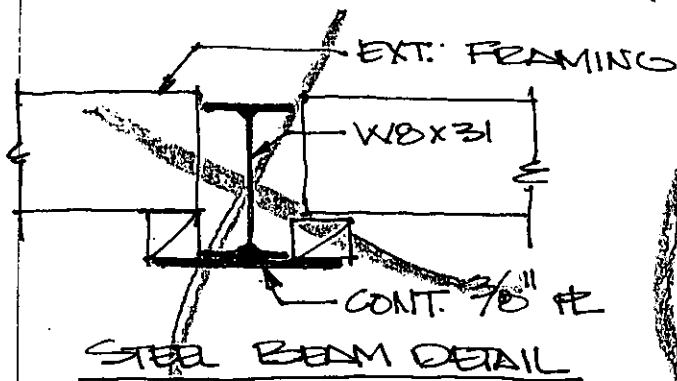
REACTION = 4,820 lb.

FTG. =  $4820 / 2000 = 2.41 \text{ FT}^2 \Rightarrow 1.55' \text{ SQUARE}$ .

STEEL PLATE REINF. - (2)  $\frac{1}{2}"$  PLATES - N.G.

TRY (2) ANGLES -

$\angle L 8 \times 6 \times \frac{3}{4}$  DBL ANGLE -

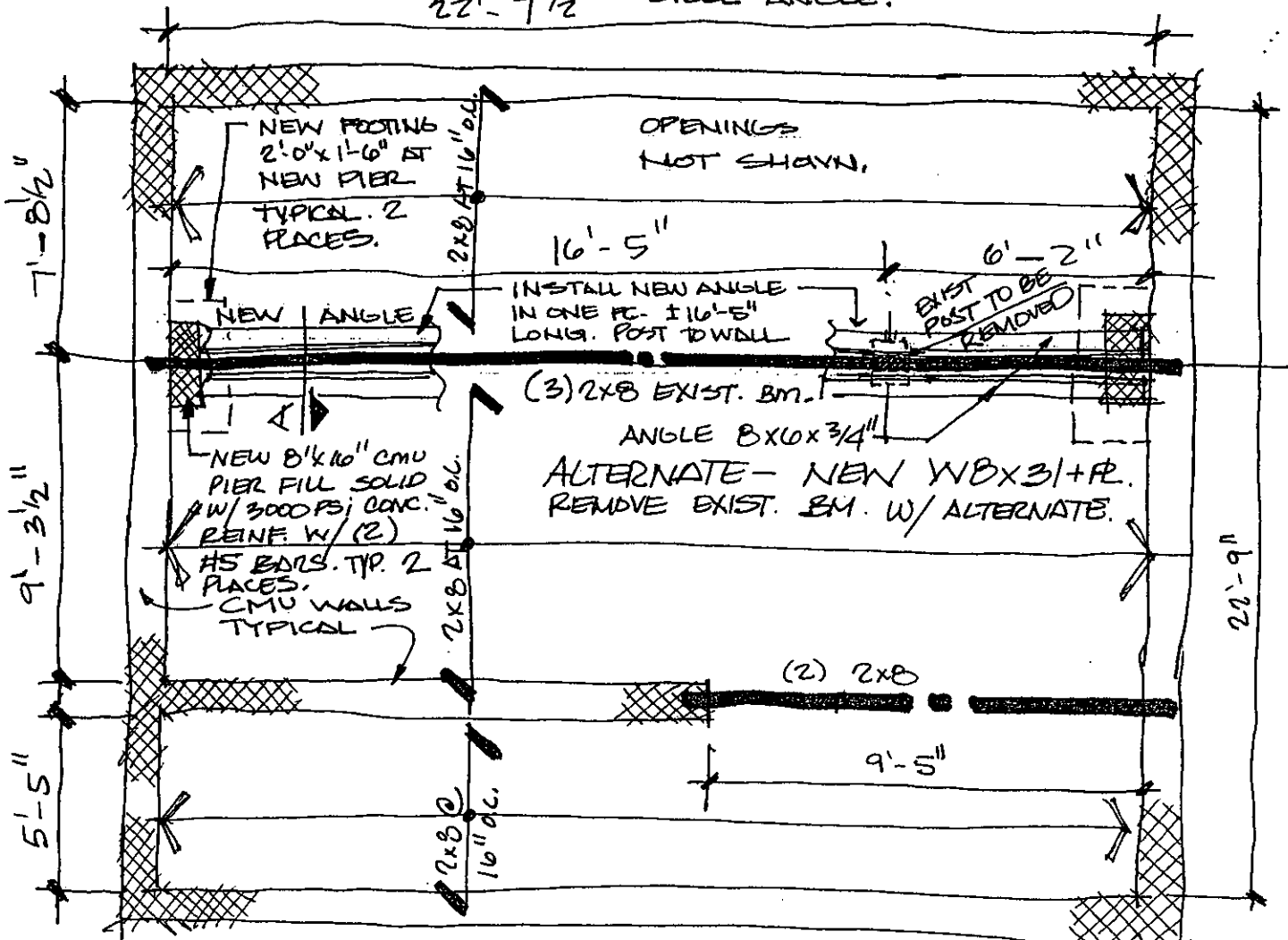
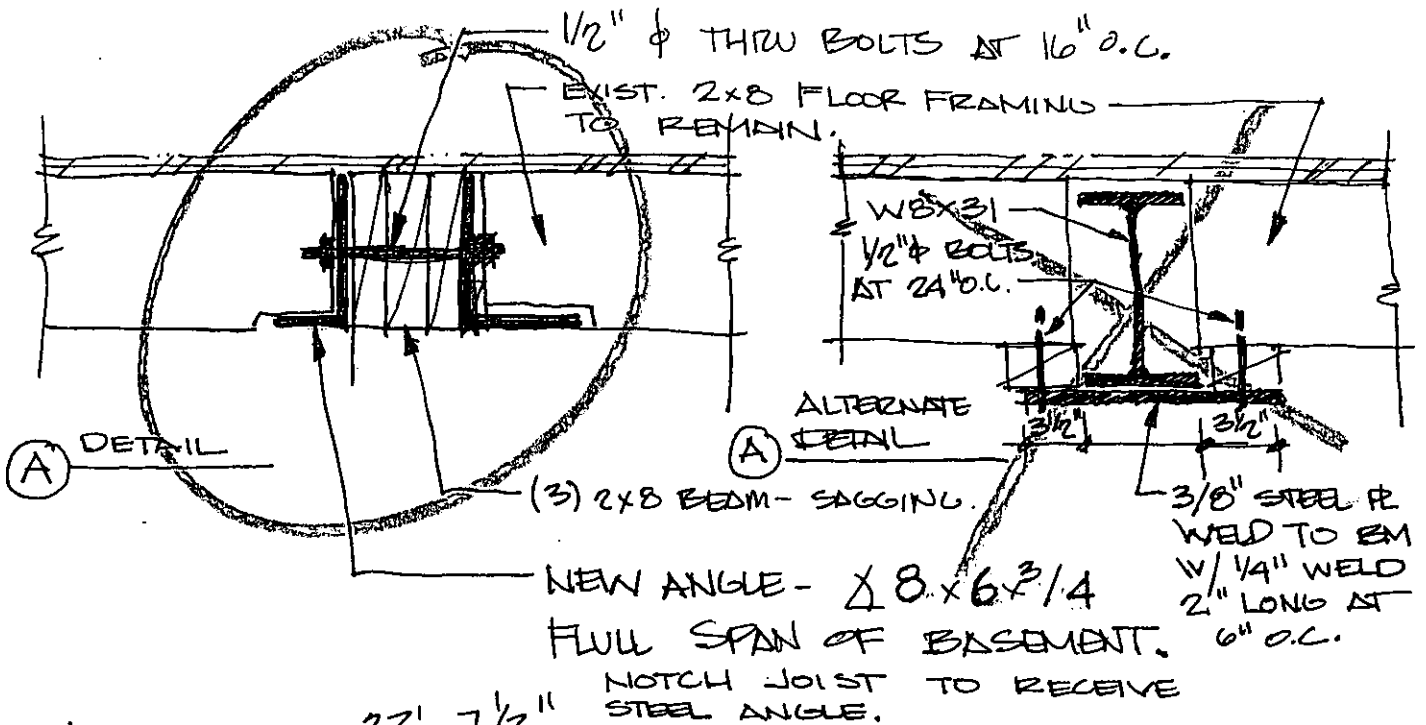




|               | Brick Township<br>Clats | Date | By |
|---------------|-------------------------|------|----|
| Plan Review   |                         |      |    |
| Zoning        |                         |      |    |
| Plumbing      |                         |      |    |
| Electric      |                         |      |    |
| Fire          |                         |      |    |
| Environmental |                         |      |    |

1731 FORGE POND ROAD  
BRICK, NJ  
EPA BERRY  
9-23-03

KSi



FIRST FLOOR FRAMING PLAN

Counter Form  
PLEASE PRINT

PLUMBING

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Lis #: \_\_\_\_\_  
Federal Emp # or SSN \_\_\_\_\_

**Technical Data**

**Quantity**

Fixtures  
Water Closets (Toilet) \_\_\_\_\_  
Urinals/Bidets \_\_\_\_\_  
Bath Tub (w/or w/out shower head) \_\_\_\_\_  
Lavatory (BR Sink) \_\_\_\_\_  
Shower \_\_\_\_\_  
Floor Drain \_\_\_\_\_  
Sink \_\_\_\_\_  
Dishwasher \_\_\_\_\_  
Drinking Fountain \_\_\_\_\_  
Washing Machine \_\_\_\_\_  
Hose Bib \_\_\_\_\_  
Gas Piping \_\_\_\_\_  
Fuel Oil Piping \_\_\_\_\_  
Water Heater \_\_\_\_\_  
Steam Boiler \_\_\_\_\_  
Hot Water Boiler \_\_\_\_\_  
Sewer Pump \_\_\_\_\_  
Interceptor/Separator \_\_\_\_\_  
Backflow Preventer \_\_\_\_\_  
Greasetrap \_\_\_\_\_  
Air Conditioner (Condensate Drain) \_\_\_\_\_  
Septic Tank Closure \_\_\_\_\_  
Sewer Service Connection \_\_\_\_\_  
Water Service Connection \_\_\_\_\_  
Active Solar System \_\_\_\_\_  
Auxiliary Meter \_\_\_\_\_  
Sprinkler Heads \_\_\_\_\_  
Sump Pump \_\_\_\_\_  
Pool Heater \_\_\_\_\_  
Other: \_\_\_\_\_

Estimated Cost of Plumbing Work \_\_\_\_\_

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

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**CONTRACTOR'S SEAL**

FIRE

Contractor: T. Miller Contracting  
Address: 1228 William St.  
Princeton, N.J.  
Phone #: 32-899-9298  
Lis #: \_\_\_\_\_  
Federal Emp # or SSN 03-0472323

**Technical Data**

**Description of Work:**

Heating Type: Gas Oil Electric Solar  
Heating System is New Existing  
Location of Furnace/Boiler: \_\_\_\_\_  
Water Supply Source \_\_\_\_\_  
Method of Valve Supervision \_\_\_\_\_  
Local Alarm Supervision \_\_\_\_\_  
Central Supervision: \_\_\_\_\_  
Proprietary Supervision: \_\_\_\_\_

Flammable Storage Tanks \_\_\_\_\_ capacity \_\_\_\_\_ fuel  
Combustible Storage Tanks \_\_\_\_\_ capacity \_\_\_\_\_ fuel  
LPG Storage Tanks \_\_\_\_\_ capacity \_\_\_\_\_ fuel

| Item                | Quantity |
|---------------------|----------|
| Wet Sprinkler Heads | _____    |
| Dry Sprinkler Heads | _____    |
| Total               | _____    |

Smoke Detectors \_\_\_\_\_  
Heat Detectors \_\_\_\_\_  
Total \_\_\_\_\_

Stand Pipes \_\_\_\_\_  
Kitchen Hood Exhaust System \_\_\_\_\_

**Pre-Engineered Systems:**  
CO2 Suppression \_\_\_\_\_  
Halon Suppression \_\_\_\_\_  
Foam Suppression \_\_\_\_\_  
Dry Chemical \_\_\_\_\_  
Wet Chemical \_\_\_\_\_

**Gas/ Oil Fired Appliances:**  
Gas Stove \_\_\_\_\_  
Gas Dryer \_\_\_\_\_  
Furnace (Gas or Oil) \_\_\_\_\_  
Gas Fireplace \_\_\_\_\_  
Gas Logs \_\_\_\_\_  
Total Appliances \_\_\_\_\_

Wood Burning Stove \_\_\_\_\_  
Wood Fireplace \_\_\_\_\_  
Other: \_\_\_\_\_

Estimated Cost of Fire Work \$ 50

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

Signature: Thomas Miller

Print Name: Thomas Miller

update 03-560744

Township of Brick  
Counter Form  
(PLEASE PRINT)

Site Location: 1731 Forge Pond Rd.  
Block: 849 Lot: 19  
Owner's Name: Burru  
Owner's Mailing Address: Same  
Phone: [REDACTED]

**BUILDING**

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Lis # \_\_\_\_\_  
Federal Emp # or SSN \_\_\_\_\_

**Technical Data**

Description of Work: \_\_\_\_\_

**Type of Work**

|                                             |                                           |
|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> New Building       | <input type="checkbox"/> Siding           |
| <input type="checkbox"/> Addition           | <input type="checkbox"/> Fence            |
| <input type="checkbox"/> Alteration         | <input type="checkbox"/> Pool             |
| <input type="checkbox"/> Roofing            | <input type="checkbox"/> Demolition       |
| <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> Sign _____ sq ft |
| <input type="checkbox"/> Fireplace wd/gas   |                                           |

**Building Characteristics**

Use Group Present: \_\_\_\_\_ Proposed: \_\_\_\_\_  
No of Stories: \_\_\_\_\_  
Height of Structure: \_\_\_\_\_  
Area of the largest floor: \_\_\_\_\_  
Area of New Structure: \_\_\_\_\_  
Volume of New Structure: \_\_\_\_\_  
Total Land Disturbed: \_\_\_\_\_  
Cost of Alteration: \$ \_\_\_\_\_  
Cost of New Building: \$ \_\_\_\_\_  
Cost of Site Work \$ \_\_\_\_\_  
Total Cost of New Building Work: \$ \_\_\_\_\_

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

Signature: \_\_\_\_\_  
Please Print Name \_\_\_\_\_

**ELECTRICAL**

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Lis #: \_\_\_\_\_  
Federal Emp # or SSN \_\_\_\_\_

**Technical Data**

| Item                    | Quantity |
|-------------------------|----------|
| Lighting Fixtures       | _____    |
| Receptacles             | _____    |
| Switches                | _____    |
| Detectors               | _____    |
| Light Poles             | _____    |
| Motors w/ Fract. HP     | _____    |
| Emergency & Exit Lights | _____    |
| Communication Points    | _____    |
| Alarm Devices/FAC Panel | _____    |
| Total                   | _____    |

Pool (Receptacles, Switches, Lights, Motor 1HP ) \_\_\_\_\_  
Spa/Hot Tub/Storable Pool \_\_\_\_\_  
Electric Range \_\_\_\_\_ KW  
Oven/Surface Unit \_\_\_\_\_ KW  
Electric Water Heater \_\_\_\_\_ KW  
Electric Dryer \_\_\_\_\_ KW  
Dishwasher \_\_\_\_\_ KW  
Garbage Disposal \_\_\_\_\_ HP  
A/C Unit -Central Air \_\_\_\_\_ KW  
Space Heater/Air Handler \_\_\_\_\_ KW  
Baseboard Heating \_\_\_\_\_ KW  
Motors 1+ HP \_\_\_\_\_  
Transformer/Generator \_\_\_\_\_ KW  
Light Stander \_\_\_\_\_ AMP  
Service \_\_\_\_\_ AMP  
Subpanel \_\_\_\_\_ AMP  
Motor Control Center \_\_\_\_\_ AMP  
Sign/Outline Light \_\_\_\_\_ KW  
Furnace \_\_\_\_\_  
Steam Boiler \_\_\_\_\_  
Other: \_\_\_\_\_

Estimated Cost of Electrical Work: \_\_\_\_\_

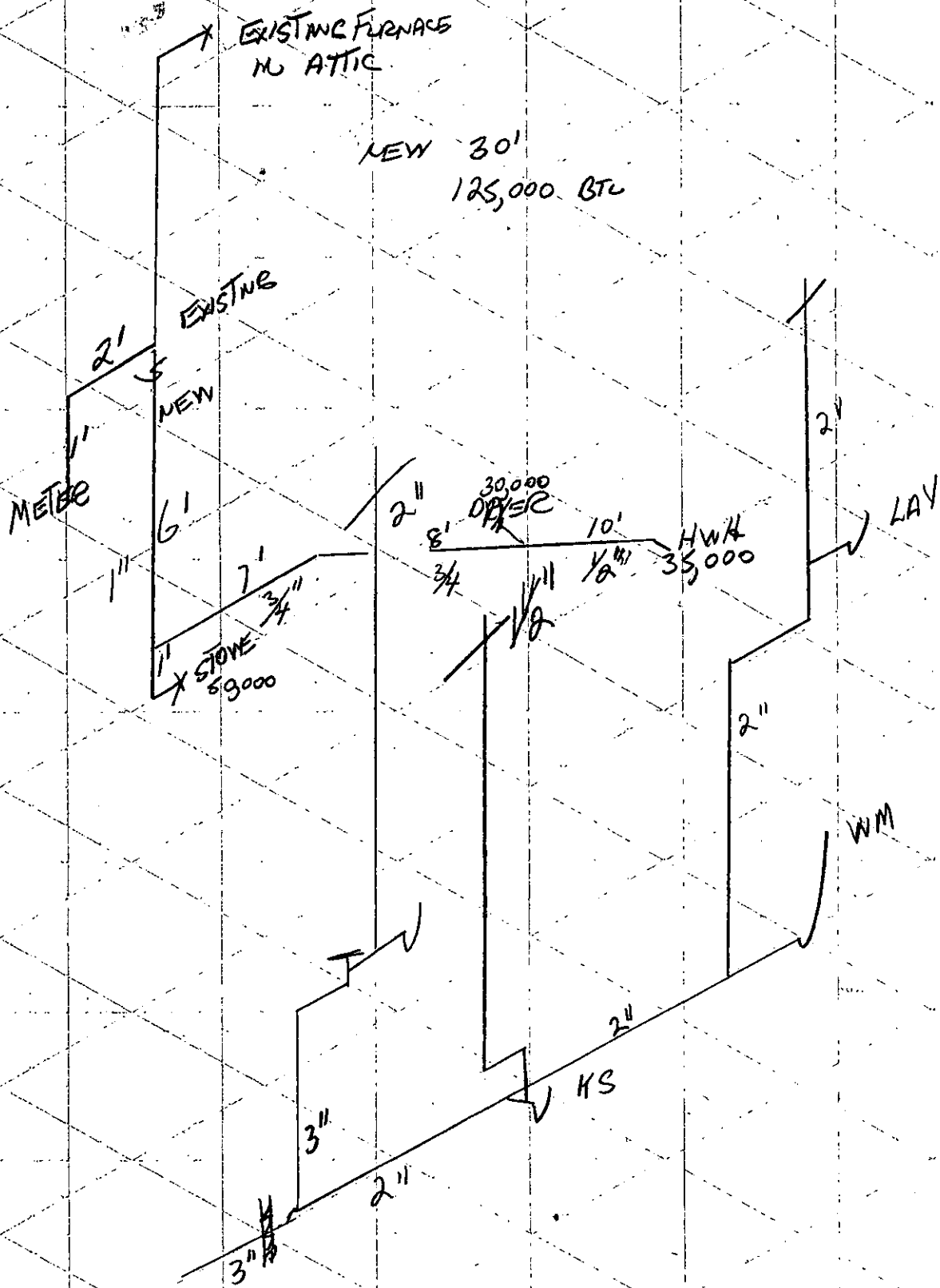
I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: \_\_\_\_\_  
Please Print Name \_\_\_\_\_

**CONTRACTOR'S SEAL**

BLM 849 LOT 19-23  
1731 FORGE POND RD.

03-5607



2/6/04

*[Signature]*

**Kevin C. Sommons**

Associates, Inc.

*Structural Consultant*

www.ksi-pe.com



## ENGINEERING REPORT

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March 4, 2004

Re: Structural Review of new steel beam to support first floor framing  
1731 Forge Pond Road  
Brick, NJ

Dear Sirs,

Pursuant to your request we performed a site visit to the above referenced project on Wednesday, February 25, 2004 to review the installation of the new steel beam to support the second floor framing. It is our understanding the weld connection between the steel plate and the steel beam was questioned by the building inspector.

The weld between the steel plate and steel beam bottom flange was specified to be 1/4inch fillet weld with a length of 2inches long spaced at 6inches on center. This is also known as a stitch weld. We reviewed the stitch weld in the field and found the length of the welds to be 3inches and the spacing of the welds to be 3inches on center staggered. The actual weld pattern provides adequate strength to support the code loading and we take no exception to the field welds. We have attached the digital photos taken at the site during our site visit.

Sincerely,

  
Kevin C. Sommons, PE  
Principal

pjs





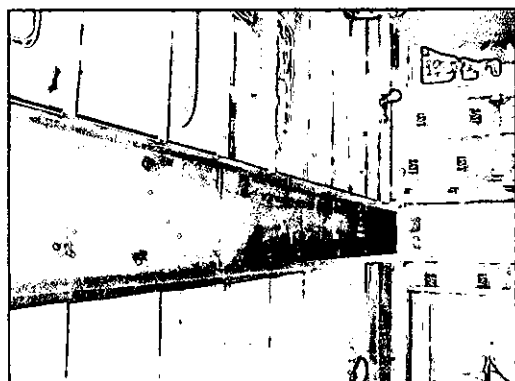
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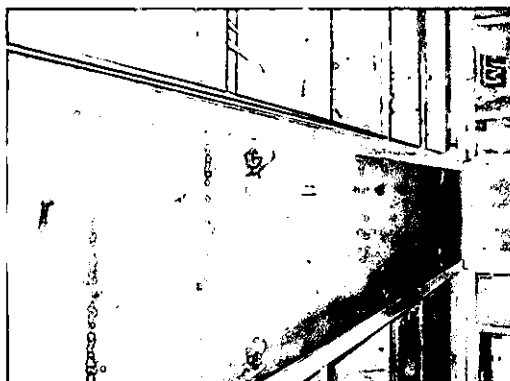
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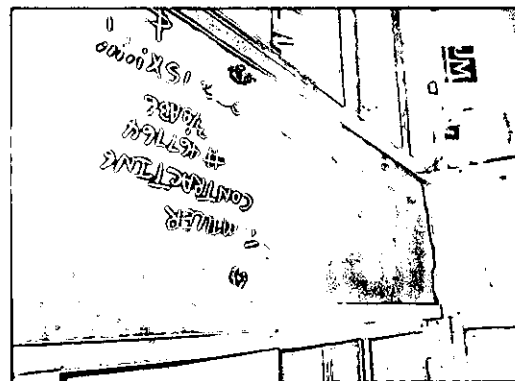
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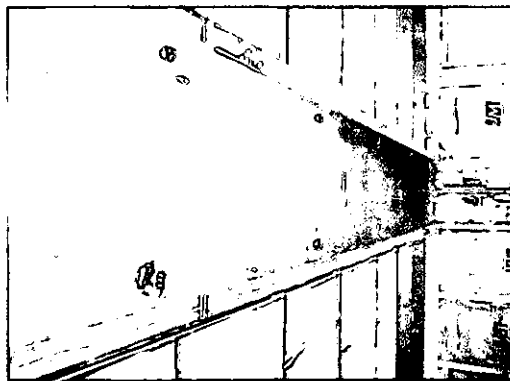
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03-5007

# FRAMING CHECKLIST

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

## A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

☐ BOLTS

☐ SPACING

☐ SIZE

☐ STRAPS

☐ SPACING (PER MANUFACTURER'S SPECS)

☐ SIZE
2. SILL PLATES:

☐ SIZE

☐ GRADE, SPECIES

☐ TREATMENT

☐ LAPS

☐ SILL SEALER

☐ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)

☐ TERMITE PROTECTION
3. BEAM POCKETS:

☐ BEARING/SHIMS

☐ TERMITE PROTECTION OR CLEARANCE
4. COLUMNS:

☐ SIZED PER PLAN

☐ ATTACHMENT/PLATES

☐ SPACING/LOCATION

☐ PAINT/COATING

## B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> FLOOR

☐ SIZE

☐ GRADE, SPECIES

☐ SINGLE OR DOUBLE

☐ PRE-ENGINEERED PER MANUF'S SPECS

☐ CANTILEVERS AS PER DESIGN
2. GIRDERS AND BEAMS:

☐ SIZED PER PLAN

☐ TYPE

☐ GRADE, SPECIES

☐ LOCATION AND RELATION TO THE PLAN

☐ NAILING

☐ ATTACHMENT SCHEDULE

☐ BEARING

☐ LAPING
3. FLOOR JOIST:

1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> FLOOR

☐ SIZED PER PLAN

☐ GRADE, SPECIES

☐ PRE-ENGINEERED COMPONENTS AS SPECIFIED

☐ BEARING

☐ NAILING

☐ BRIDGING

☐ CUTTING AND NOTCHING (AS PER CODE)

☐ POINT LOADS - SUPPORTED AS PER PLAN

☐ SPAN HANGERS

☐ HEADERS

☐ FRAMED OPENINGS
4. FLOORING, SHEATHING, OR DECKING:

1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> FLOOR

MATERIAL

☐ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

☐ EDGE BLOCKING (IF REQUIRED)

☐ GAPPING

☐ LAYOUT

5. STAIR ATTACHMENT:

1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> FLOOR

☐ BEARING

☐ NAILING
- 4/24/03

[illegible]

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

☐ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

☐ GAPPING

☐ LAYOUT

☐ CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

☐ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

☐ BLOCKING, EDGE (IF REQUIRED)

☐ CLIPS (IF REQUIRED)

☐ GAPPING

☐ LAYOUT

SHEATHING, FRT - ROOF

☐ FOUR FEET FROM FIREWALL

☐ NONCORROSIVE FASTENERS