

BLOCK 834

LOT 14

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.

APR 25 2000



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1651 Forge Pond Rd.

2. Name of Owner in Fee: Robert & Margaret Munch Tel. [REDACTED]
Address 609A Acacia Ave, Pt. Pleasant, NJ 08742
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: Robert & Margaret Munch Tel. [REDACTED]
Address 609A Acacia Ave, Pt. Pleasant, NJ 08742
License No. OR, if new home, Builder Reg. No. [REDACTED] Exp. Date [REDACTED]
Federal Employee No. [REDACTED] FAX: () [REDACTED]

5. Architect or Engineer Carl Feltz, Jr. Tel. (732) 892-0208
Address 1605 Bay Ave, Pt. Pleasant, NJ 08742

6. Responsible Person in Charge of Work Margaret Munch
Tel. [REDACTED] FAX (732) 864-0795

Single family frame dwelling w. basement
and two fireplaces with rear decks

DEM
12/99-4481

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 1446		
2. Electrical	163		
3. Plumbing	355		
4. Fire Protection	346		
5. Elevator Devices	FREE		
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	87		
10. Subtotal			
11. Cert. of Occupancy	231		
12. Other	30		
13. TOTAL	\$ 2658		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	30	ft.
3. Area — Largest Floor	1690	sq. ft.
4. New Building Area	3131	sq. ft.
5. Volume of New Structure	53,632	cu. ft.
6. Construction Classification		
7. Total Land Area Disturbed		sq. ft.
8. Flood Hazard Zone		
9. Base Flood Elevation		ft.
10. Wetlands	yes	
	no	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

1. ☐ Minor Work
2. ☒ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

Est. Cost

Plans

Date

Rejection

Approval

Re-

Resubmission Dates

Approval

Rejection

Re-

viewer

viewer

viewer

viewer

125,000

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

TOTAL COSTS

125,000

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

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

Robert Munch Margaret M. Munch Date 4/18/2000

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

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

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

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

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

- ☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 02/15/2001
Control #
Permit # 00-2174

Block 834 Lot 14 Qual
Work Site Location 1651 FORGE POND RD
S F DWELLING/BASE/FRPLS
Owner in Fee/Occupant MUNCH, ROBERT & MARGARET
Address 609A ACACIA AVE
PT PLEASANT, NJ 08742-
Telephone
Contractor MARGARET & ROBERT MUNCH
Address 609 A ACACIA AVE
PT PLEASANT, NJ 08742-
Telephone
Lic. No. or Fax ()
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

S F DWELLING/BASEMENT/2 GAS FIREPLACES/TWO ATTACH
CORRECTED 10-11-00*

[] CERTIFICATE OF OCCUPANCY

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

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per HJAC 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

[] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved.
If the permit was issued for minor work, this certificate was based upon that was visible at the time of inspection.

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than March 15, 2001 or the owner will be subject to fine or order to vacate:

FINAL ENGINEERING BY 3/15/01

[] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

Fee \$ 231
Paid [X] Check No. 1108
Collected by: LRT

CONSTRUCTION OFFICIAL
U.C.C. Form (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 02/15/2001
Control #
Permit # 00-2174

Block 834 Lot 14 Qual
Work Site Location 1651 FORGE POND RD
Owner in Fee/Occupant S F DWELLING/BASE/FRPLS
Address 609A ACACIA AVE
PT PLEASANT, NJ 08742-
Telephone
Contractor MARGARET & ROBERT MUNCH
Address 609 A ACACIA AVE
PT PLEASANT, NJ 08742-
Telephone
Ltc. No. or Fax ()
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

S F DWELLING/BASEMENT/2 GAS FIREPLACES/TWO ATTACH
CORRECTED 10-11-00

[] CERTIFICATE OF OCCUPANCY

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

[] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than March 15, 2001 or the owner will be subject to fine or order to vacate:

FINAL ENGINEERING BY 3/15/01

Fee \$ 231
Paid [X] Check No. 1108
Collected by: LRT

CONSTRUCTION OFFICIAL
U.C.C. #260 (rev. 3/98)

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CERTIFICATE

Date Issued 06/06/2001
Control #
Permit # 00-2174

IDENTIFICATION

Block 834 Lot 14 Quail
Work Site Location 1651 FORGE POND RD
S F DWELLING/BASE/PROPS
Owner in Fee/Occupant MUNCH, ROBERT & MARGARET
Address 609A ACACIA AVE
PT PLASANTG, NJ 08742-
Telephone
Contractor MARGARET & ROBERT MUNCH
Address 609 A ACACIA AVE
PT PLASANT NJ 08742-
Telephone
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

Home Warranty No. AFFIDAVIT
Type of Warranty Plan: [] State [X] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

[X] CERTIFICATE OF OCCUPANCY

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

[] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per BANC 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

CONSTRUCTION OFFICIAL
U.C.C. 1760 (rev. 3/96)

Fee \$ 231
Paid [X] Check No. 1108
Collected by: LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 06/06/2001
Control #
Permit # 00-2174

Block 834 Lot 14 Qual
Work Site Location 1651 FORGE POND RD
S F DWELLING/BASE/FRPLS
Owner in Fee/Occupant MUNCH, ROBERT & MARGARET
Address 609A ACACIA AVE
PT PLASANT, NJ 08742-
Telephone
Contractor MARGARET & ROBERT MUNCH
Address 609 A ACACIA AVE
PT PLASANT, NJ 08742-
Telephone
Lic. No. or Bldg. Reg. No. Fax ()
Federal Emp. No.

Home Warranty No. AFFIDAVIT
Type of Warranty Plan: [] State [X] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

[X] CERTIFICATE OF OCCUPANCY

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

[] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per HJAC 5:17, to the following extent:

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

CONSTRUCTION OFFICIAL
U.C.C. 1760 (rev. 3/96)

Fee \$ 231
Paid [X] Check No. 1108
Collected by: LRT



APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 834 Lot 14
Work Site Location 11651 Forge Pond Road
Owner in Fee Robert & Margaret Munch
Address 609a Acacia Ave.
Pt. Pleasant, NJ 08742
Tel. [REDACTED]

Contractor Owner
Address _____
Tel. (____) _____
License No. _____
Federal Employee No. _____

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP R-3 Previous R-3 Current

FINAL COST OF CONSTRUCTION: \$ 170,000.00

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: Robert Munch

OWNER/AGENT

- ☐ OWNER
☐ AGENT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 06/09/2000
Control #
Permit # 00-2174

IDENTIFICATION Block 834 Lot 14 Qual

Work Site Location 1651 FORGE POND RD
S F DWELLING/BASE/FRPLS
Owner in Fee MUNCH, ROBERT & MARGARET
Address 609A ACACIA AVE
PT PLEASANT, NJ 08742-
Telephone
Contractor MARGARET & ROBERT MUNCH
Address 609 A ACACIA AVE
PT PLEASANT, NJ 08742-
Telephone
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

- [X] BUILDING [X] PLUMBING [] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
S F DWELLING/BASEMENT/1 WOODBURNING FIREPLACE/1 GAS FIREPLACE/
ATTACHED DECK

NOTE: If construction does not commence within one (1) year of date of issuance,
or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 125,000

Construction Official

06/09/2000
Date

D.C.C./F170 (rev. 3/96)

PAVEMENTS (Office Use Only)

Building	1,446
Electrical	163
Plumbing	355
Fire Protection	346
Elevator Devices	0
Other	
DCA Training Fee	87
Cert. of Occupancy	231
Other	200
Total	2,628
Check No.	1108
Cash	
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2000
Date Issued 6/19/00
Control # C26-44
Permit # 00-2194

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-2000

Block 834 Lot 14 Qual
Work Site Location 1651 FORGE POND RD
S F DWELLING/BASE/FRPLS

Owner in Fee MUNCH, ROBERT & MARGARET
Address 609A ACACIA AVE
PT PLEASANT, NJ 08742-

Tele. _____ Fax () _____
Contractor MARGARET & ROBERT MUNCH
Address 609 A ACACIA AVE
PT PLEASANT, NJ 08742-

Lic. No. or Bldg. Reg. No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present E-3 Proposed E-3
Constr Class Present Proposed
Heating Systems [X] New [] Existing [] HVAC
Type: [X] Gas [] Oil [] Elect [] Solar
[] Other _____
Location: ATTIC & BASEMENT
Total Est Cost of Fire Prot Work \$ 1,000

Fire Alarm System
New [] Existing []
Location of Panel: _____
Fire Suppression/Standpipe Sys
New [] Existing []
Location of Main Control Valve _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Plumb [] Elevator
Fire Plans Approved
Date: 5-2-00
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CA
Date: 1-26-01
Approved By: [Signature]

INSPECTIONS
Type Alarm Sys
Failure Failure Approval Initial
1-25-01 [Signature]

Suppr Test
Standpipe
Fire Pump
PreEng Sys
Mechanical
Smoke Ctl
FCO
Final
Other [Signature]

Dates (Month/Day)
1-25-01 [Signature]

C. 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) 8
Supervisory Devices (tamper, low/high air) 0
Signalling Devices (horn/strobes, bells) 0
Other Devices 0
TOTAL 8

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

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [X] or Oil [] Fired Appliances 2
Other GAS/WOOD FRPL 81
Other 3 FURNACES 138

Administrative Surcharge \$ 0
Paid [] Check \$ Minimum Fee \$ 0
Collected by: TOTAL FEE \$ 346
DCA Training Fee \$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE

TECHNICAL SECTION

Date Received 04/25/2000
Date Issued 6/19/00
Control # C26-44
Permit # 00-2174

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

Block 834 Lot 14

Work Site Location 1651 FORGE POND RD

S F DWELLING/BASE/FREPLS

Owner in Fee MUNCH, ROBERT & MARGARET

Address 609A ACACIA AVE

PT PLEASANT, NJ 08742-

Contractor MARGARET & ROBERT MUNCH

Address 609 A ACACIA AVE

PT PLEASANT, NJ 08742-

Tele. [REDACTED] Fax [REDACTED]

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present E-3 Proposed E-3

Constr Class Present Proposed

Heating Systems [X] New [] Existing [] HVAC

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

Location: ATTIC & BASEMENT

Total Est Cost of Fire Prot Work \$ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

[X] Fire Plans Approved

Date: 5-2-00

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

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

Fire Alarm System

New [] Existing []

Location of Panel:

Fire Suppression/Standpipe Sys

New [] Existing []

Location of Main Control Valve

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 (tappers, low/high air)

Signalling Devices (horn/strobes, bells)

Other Devices

TOTAL 8

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 GAS/WOOD FRPL

Other 3 FURNACES

Administrative Surcharge \$ 0

Paid [] Check \$ Minimum Fee \$ 0

Collected by: TOTAL FEE \$ 346

BGA Training Fee \$ 0

Signature

U.C.C. 1140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2000
Date Issued 6/19/00
Control # C26-44
Permit # 00-2174

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

Block 834 Lot 14 Qual
Work Site Location 1651 FORGE POND RD
S F DWELLING/BASE/PPLES

Owner in Fee MURCH, ROBERT & MARGARET
Address 609A ACACIA AVE
PT PLEASANT, NJ 08742-

Telephone [] Fax []
Contractor MARGARET & ROBERT MURCH
Address 609 A ACACIA AVE
NJ 08742-

Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present E-3 Proposed E-3
Constr Class Present Proposed
Heating Systems [X] New [] Existing [] HVAC
Type: [X] Gas [] Oil [] Elect [] Solar
[] Other
Location: ATTIC & BASEMENT
Total Est Cost of Fire Prot Work \$ 1,000

JOBS SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Plumb [] Elevator
Fire Plans Approved
Date: 5-1-00
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: []
Approved By: []
Other []

INSPECTIONS
Type Alarm Sys.
Dates (Month/Day)
Failure Failure Approval Initial

C. CERTIFICATION IN LIXO OF DATA
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, pulls, water/flow)
Supervisory Devices (tags, low/high air)
Signalling Devices (horn/strobes, bells)
Other Devices
TOTAL 35

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 GAS/MOOD PPPL
Other 3 PYRACES

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

BCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2000
Date Issued 6/19/00
Control # C26-44
Permit # 00-2194

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

Block 834 Lot 14 Qual
Work Site Location 1651 FORGE POND RD
S F DWELLING/BASE/PPIS

Owner in Fee MUNCH, ROBERT & MARGARET
Address 609A ACACIA AVE
PT PLEASANT, NJ 08742-

Contractor JAMES PUERO PAH
Address 707 PARTIDGE RD
PT PLEASANT, NJ 08742-

Tele. [REDACTED]
Lic. No. of Bldrs. Reg. No. 5019
Federal Emp. No. 22-2862155

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 6,000

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	FEE (Office Use Only)
4	Water Closet	40
0	Urinal / Bidet	0
3	Bath Tub	30
5	Lavatory	50
1	Shower	10
0	Floor Drain	0
2	Sink	20
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Rose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	25
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 J A/C	105
0	Other	0

INSPECTIONS
Type Failure Failure Approval Initial
Slab
Rough 10-2-00
Water 10-2-01
Sewer 10-2-01
Pictures 10-2-01
Gas Equip. 10-2-01
Gas Piping 10-2-01
Solar
TCO
Date: 1-25-01

Paid [] Check \$
Collected by: \$
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$ 355
DCA Training Fee \$

6-27-00 Not Ready JRC

DIVISION OF INSPECTIONS
NOT CHANGERS BRIDGE RD
TOWNSHIP OF BRICK

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TECHNICIAN SECTION

SUBCODE

PLUMBING

PLUMBING

PERMIT #

000001 # 032-44

Date Issued

06-27-00

00-616001

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2000
Date Issued 04/19/00
Control # C26-44
Permit # 00-21174

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

Block 834 Lot 14 Qual
Work Site Location 1651 FORGE POND RD

S Y DWELLING/BASE/PPPS

Owner in Fee MUNCE, ROBERT & MARGARET

Address 609A ACACIA AVE

PT PLASANTG, NJ 08742-

Contractor JAMES PUOREPO PAH

Address 707 PARTIDGE RUN

PT PLASANTG, NJ 08742-

Tele

Lic. No. or Bldrs. Reg. No. 5019

Federal Emp. No. 22-2862155

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 6,000

C. JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved
Date: 5-11-00

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

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By: [Signature]

Date: 5-11-00

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	40
0	Urinal / Bidet	0
3	Bath Tub	30
5	Lavatory	50
1	Shower	10
0	Floor Drain	0
2	Sink	20
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
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 3 A/C	105
0	Other	0

Paid [] Check #

Collected by:

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 355
DCA Training Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2000
Date Issued 019100
Control # C26-44
Permit # 00-2194

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 834 Lot 14 Qual
Work Site Location 1651 FORGE POND RD
S P DWELLING/BASE/PEPLS

NO.

FIGURE/EQUIPMENT

FEE (Office Use Only)

Owner in Fee MURCH, ROBERT & MARGARET
Address 609A ACACIA AVE

4

Water Closet

40

PT PLUMSARTS, NJ 08742-
Tele. [REDACTED] Fax [REDACTED]

0

Urinal / Bidet

0

Contractor JAMES PUORRO PAH
Address 707 PARTRIDGE RUN
PT PLUMSARTS, NJ 08742-

3

Bath Tub

30

Lic. No. or Bidr. Reg. No. 5019
Federal Reg. No. 22-2862155

5

Lavatory

50

Use Group Present R-3 Proposed R-3
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 6,000

1

Shower

10

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Pipe [] Elevator
[] Plumb. Plans Approved
Date: 5-11-98

2

Floor Drain

0

INSPECTIONS
Type Failure Dates (Month/Day) Initial
Slab
Rough
Water
Sewer
Fixtures
Gas Equip.
Gas Piping
Solar
TCO

1

Sink

20

Approved BY: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Approved BY: [Signature]
Date: 5-11-98

0

Dishwasher

10

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.

0

Drinking Fountain

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Washing Machine

10

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Hose Bib

20

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Water Heater

35

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Fuel Oil Piping

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Gas Piping

25

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Steam Boiler

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Hot Water Boiler

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Sewer Pump

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Interceptor / Separator

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Backflow Preventer

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Greasetrap

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Sewer Connection

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Water Service Connection

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Stacks

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Other 3 A/C

105

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Other

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

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Administrative Surcharge

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Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

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TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

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Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

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Minimum Fee

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Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

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Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

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Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

TOTAL FEE

355

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

DCA Training Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Administrative Surcharge

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

0

Minimum Fee

0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

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UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTI

Date Received 04/25/2000
Date Issued 04/19/00
Control # C26-44
Permit # 00 000/1

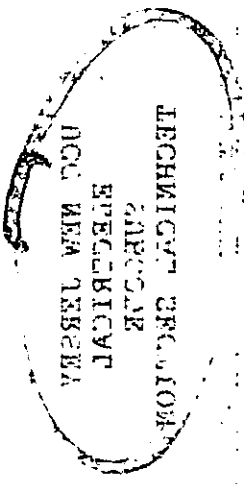
D. TECHNICAL SITE DATA

☐ Licensed Electrical Contractor ☐ Exempt Applicant

U.C.C. P120 (Rev. 3/96)

U.C.C. P120 (Rev. 3/96)

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE RD
TOMMERS OF BRICK



900 Rye Ave. panel

Permit #
Contract # CTR-44
Date Issued 6/10/54
Date Received 04/32/5000

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2000
Date Issued 019/100
Control # C26-44
Permit # 00-2194

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 834 Lot 14 Qual

Work Site Location 1651 FORGE POND RD

S P DWELLING/BASE/FRPLS

Owner in Fee MURCH, ROBERT & MARGARET

Address 609A ACACIA AVE

PT PLASANTG, NJ 08742-

Telephone () Fax ()

Contractor HYSLOP ELECTRIC

Address 249 PACIFIC AVE

BRACKWOOD, NJ 08722-

Telephone ()

Lic. No. or Hldrs. Reg. No. 9350

Federal Emp. No. 22-2961550

D. TECHNICAL SITE DATA

FEE (Office Use Only)

NO.	SIZE	ITEM	
25		lighting fixtures	
60		Receptacles	
43		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
136		TOTAL NUMBERS	60
0		Pool Permit/With DM Lights	0
0		Storable Pool/Spa/Hot Tub	0
0		KW Elect Range/Receptacle	0
0		KW Oven/Surface Unit	0
0		KW Elect Water Heater	0
0		KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
3	7	KW Central A/C Unit	27
3	3	HP/KW Space Heater/Air Handler	27
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
0	0	Other	0
0	0	Other	0

B. ELECTRICAL CHARACTERISTICS

Use/Group - Present R-3 Proposed R-3

[] Pole/Pad [] Temporary [] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 5 3 00

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS Dates (Month/Day)
Type Failure Failure Approval Initial

Rough

Temp Serv

Const Serv

TCO

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

Administrative Surcharge \$ 0

Paid [] Check # Minimum Fee \$ 0

Collected by: TOTAL FEE \$ 163

DCA Training Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2000
Date Issued 04/19/00
Control # C26-44
Permit # 00-2194

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

FEE (Office Use Only)

Block 834 Lot 14 Qual
Work Site Location 1651 FORGE POND RD
S. P. DWELLING/BASE/FRPLS

Owner In Fee HUNCH, ROBERT A MARGARET
Address 609A ACACIA AVE
PT PLASANTG, NJ 08742-

Tele. [REDACTED] Fax [REDACTED]
Contractor HYSLOP ELECTRIC
Address 249 PACIFIC AVE
BRACKWOOD, NJ 08722-

Tele. [REDACTED]
Lic. No. or Bldgs. Reg. No. 9350
Federal Emp. No. 22-2961650

B. ELECTRICAL CHARACTERISTICS
Use Group - Present R-3 Proposed R-3
[] Pole/Pad [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 3,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:

[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 5/3/00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

NO.	SIZE	ITEM	60
25		Lighting Fixtures	
60		Receptacles	
43		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
136		TOTAL NUMBERS	60
0		Pool Permit/with OW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0		KW Elect Range/Receptacle	0
0		KW Oven/Surface Unit	0
0		KW Elect Water Heater	0
0		KW Elect Dryer/Receptacle	0
1		KW Dishwasher	9
0		HP Garbage Disposal	0
0		KW Central A/C Unit	27
3		HP/KW Space Heater/Air Handler	27
0		Baseboard Heat	0
0		HP Motors 1/+ HP	0
0		KW Transformer/Generator	0
1	200	AMP Service	40
0		AMP Subpanels	0
0		AMP Motor Control Center	0
0		KW Elect Sign/Outline Light	0
0		Other	0
0		Other	0

Paid [] Check \$
Collected by: _____
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 163
DCA Training Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2000
Date Issued 6/19/00
Control # C26-44
Permit # 00-2194

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

Block 834 Lot 14 Qual

Work Site Location 1651 FORGE POND RD

S F DWELLING/BASE/PERLS

Owner in Fee MURCH, ROBERT & MARGARET

Address 609A ACACIA AVE

PT PLEASANT, NJ 08742-

Contractor MARGARET & ROBERT MURCH

Address 609 A ACACIA AVE

PT PLEASANT, NJ 08742-

Tele [REDACTED] Fax [REDACTED]

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 6/20/00

☒ Footing 6/20/00

☒ Foundation 6/20/00

☒ Frame 11/16/00

☒ Other 11/16/00

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Rlev

SCO ☐ CCO ☐ CA

Date: 6/20/00

Approved by: [Signature]

Final 2/7/00

BarrierFree

INSPECTIONS

Type

Failure

Failure Approval Initial

6/20/00

6/20/00

6/20/00

6/20/00

6/20/00

6/20/00

6/20/00

6/20/00

6/20/00

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6/20/00

6/20/00

6/20/00

6/20/00

6/20/00

6/20/00

6/20/00

6/20/00

6/20/00

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

S F DWELLING/BASEMENT/ ~~BASEMENT~~ GAS FIREPLACE

ATTACHED DECKS (S) Changed 10-11-00

SOIL BORING ON FILE

AS BUILT FOUNDATION SURVEY REQUIRED

Showing TOP OF BLOCK AT NEW
elevation RECURR

TYPE OF WORK

☒ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other DECK (S)

Other 2 PERLS

☐ Demolition

FEE (Office Use Only)

1,341

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

Office 8-15-00

FRANK verbally OK'd to begin framing ~
ARCHitects letter w/ new elevation will surface. (nm)

DIVISION OF INSPECTION
401 CHRYSLER BRIDGE RD
TOMMIST, OF BRICK

2-7- Need RATED door on closet under
STAIRS in GARAGE - secure end of
DECK railing - off FAMILY ROOM

TECHNICAL SECTION

SUBCODE
BUILDING
NCC NEW JERSEY

Revised #
Confiro # CS9-44
Date Issued 01/11/00
Date Received 04/22/00

Date Received 04/25/2000
Date Issued 6/19/00
Control # C26-44
Permit # 00-2174

Date Received 04/25/2000
Date Issued 6/19/00
Control # C26-44
Permit # 00-2174

Date Received 04/25/2000
Date Issued 6/19/00
Control # C26-44
Permit # 00-2174

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

1

2

ASBOLT Foundation Survey requires

Showing Top of 13000 at 1000
 elevation. Below
 FRR (office use only)
 TYPE OF HOBT

[X] New Building
 [] Addition
 1341
 0

[] Alteration	0
[] Roofing	0

Sliding	0
Height (exceeds 6')	0

Sign	0	sq. ft.	0
Pool			0

[]	Asbestos Abatement Subchapter 8	9
[]	Lead Haz. Abatement NJAC 5:17	0

[X] other	DECK	35
other	2 PRPS	70

☐ Denolition 0

Paid in Check #	Administrative Surcharges	\$	0
	Minimum Fee	\$	0

Collected by: _____	TOTAL FEE	\$ 1,446
DCA Training Fee		\$ 87

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

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

TECHNICAL SECTION

Date Received 01/27/2000
Date Issued 01/11/00
Control # C27-27
Permit # 00-0241

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

Block 71 834 Lot 14 Qual _____
Work Site Location 1651 FORGE POND RD

FOUNDATION REPAIR

Owner IN PEE NUNCH, ROBERT & MARGARET
Address 2146 VILLAGE RD

SEA GIRT, NO 08150-

Telephone _____

Confidential _____

Address _____

Tele. () Fax ()
Lic. No. of Bldgs. Reg. No. _____

Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req. 1-28-00 EM

☒ All 1-28-00 EM

☐ Fencing _____

☐ Foundation _____

☐ Frame _____

☐ Other _____

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CC ☐ CCU ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type Failure Failure Approval Initial

Footings _____ 5-10-00

Foundation _____ 5-10-00

Slab _____ 5-10-00

Frame _____ 5-10-00

BarrierFree _____ 5-10-00

Insulation _____ 5-10-00

Finishes _____ 5-10-00

Energy _____ 5-10-00

Mechanical _____ 5-10-00

CCU _____ 5-10-00

Other _____ 5-10-00

Final _____ 5-10-00

BarrierFree _____ 5-10-00

B. BUILDING CHARACTERISTICS

Use Group Present P-3 Proposed P-3

Constr. Class Present _____ Proposed _____

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 2,000

3. Total (1+2) \$ 2,000

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**

REPAIR EXISTING FOUNDATION W/ 3 PILASTERS ACROSS FRONT OF FOUNDATION AND ONE PILASTER ALONG SIDE FOUNDATION.

Per Engineers IDW

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Footing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other _____

☐ Demolition

FEE (Office Use Only)

3-7-00 - Rebar in wall - OK.
to Fill SOLID - need insp
on pileasters - JK

5-18 - Pileaster rebar OK JK

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/27/2000
Date Issued 2/1/00
Control # C27-27
Permit # 00-0241

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

Block ~~27-225~~ 14 Qual _____
Work Site Location 1651 FORGE POND RD

FOUNDATION REPAIR

Owner in Fee MURCH, ROBERT & MARGARET

Address 2146 VILLAGE RD

SEA GIRT, NJ 08750-

Tel _____

Contractor _____

Address _____

Tele. (____) _____ Fax (____) _____

Lic. No. of Bldgs. Reg. No. _____

Federal Emp. No. HO- _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☒ All 1-28-00 PM

☐ 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 Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ 0 Ft.

Area Largest Floor _____ 0 Sq. Ft.

New Bldg. Area/All Floors _____ 0 Sq. Ft.

Volume of New Structure _____ 0 Cu. Ft.

Total Land Area Disturbed _____ 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____ 0

2. Alteration \$ _____ 2,000

3. Total (1+2) \$ _____ 2,000

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

REPAIR EXISTING FOUNDATION W/ 3 PLASTER ACROSS FRONT OF FOUNDATION AND
ONE PLASTER ALONG SIDE FOUNDATION.

Per Engineers ID only

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence _____ 0 Height (exceeds 6')

☐ Sign _____ 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Paid ☐ Check # _____

Collected by: _____

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

TOWNSHIP OF BRICK ZONING PERMIT

Permit Approved: April 27, 2000

No.2000-0646

Block: 834 Lot 14 Zone:R-10

Property Address: 1651 Forge Pond Road

Owner:: Robert & Margaret Munch

Applicant:: Margaret Munch

Phon

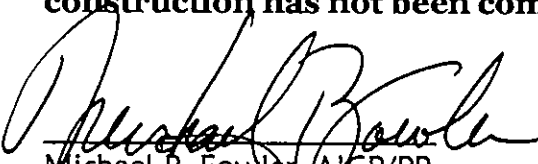
Existing Use: existing foundation

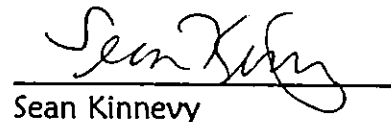
Proposed Use: single family dwelling

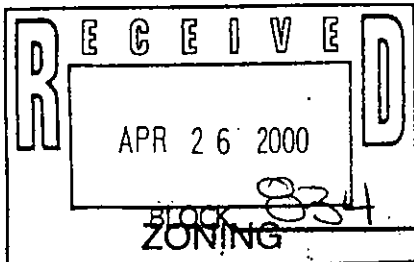
Proposed Construction: 61' 6" x 24'2", 30' high, two story single family dwelling with basement and attached garage.
10' x 15' and 10' x 6' attached decks 9' high.

Conditions: The house must be setback at least 30 feet from the front property line, 6 feet from the side property lines and 20 feet from the rear property line.

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


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 834
ZONING

LOT 14

PROPERTY ADDRESS (number and street) 1651 Forge Pond Road

NAME OF PROPERTY OWNER Robert E Margaret Munch

PERSONAL NAME OF APPLICANT Robert E Margaret Munch

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 609 N Ocacia Ave. Pt. Pleasant, NJ
08742

TELEPHONE NUMBER OF APPLICANT [REDACTED]

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (please describe, specifically additions)

Single-family residential frame dwelling
with basement

All dimensions: 6'16" Width 24'2" Length 30' Height

All dimensions: _____ Width _____ Length _____ Height

All dimensions: _____ Width _____ Length _____ Height

Deck or Garage: ☒ Attached _____ Detached ☒ Height _____

Fence: None Style _____ Material _____ Height _____

DECK ATTACHED
9' Ht.

CHECKLIST:

- ☒ All information completed above
☒ Two (2) copies of the property survey map containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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

Signature of applicant Margaret M Munch Date 4/25/00
Reviewed by Zoning Officer J Date 4/27/00 () Approved () Rejected

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Robert & Margaret Munch PHONE NO. _____ (bus.)
ADDRESS: 2146 Village Rd. _____ (home)
Sea Girt, NJ 08750

PROPERTY IN QUESTION: ADDRESS 1631 Forge Pond Rd.
BLOCK(S) 834 LOT(S) 14
BTMUA ACCOUNT NO. 1345600 TAX MAP DRAWING NO. 45B

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____
COMMERCIAL _____ MAJOR SUBDIVISION _____

1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS
REQUIRED.

WATER	SEWER
<u>X</u>	<u>X</u>

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

WATER	SEWER
<u>FORGE POND ROAD</u> (STREET)	<u>3/4" 1871.00</u>
<u>FORGE POND ROAD</u> (STREET)	<u>1" 3282.00</u>
	<u>2505.00</u>

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

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

DATE: Dec. 7, 1999

SIGNED: Tarig M. S. Sidiq
(Signature)

12/6
NOTE: STATEMENT GOOD FOR ONE YEAR.

INSPECTOR:

KShafar

DATE:

2-16-01

JOB:

SECTION:

Forge Pond

TYPE OF WORK:

Temp

WEATHER:

cloudy

LOCATION:

1651 Forge Pond

TEMPERATURE:

50°s

BLOCK: 834

LOT: 14

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	* letter attached	JP needs to review
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures		✓
7. Note on going construction in immediate area	✓	
8. Safety		✓

COMMENTS REFERENCING ITEM NUMBER:

6, 8

- Ⓐ Safety rails @ retaining walls
Ⓑ Clean up construction materials/debris.

RECOMMENDATIONS:

☒ TEMP. C.O. to consider w/ Bldg Dept. TCO / ± 30 days

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ PLANNING BOARD ENGINEER

☒ MUNICIPAL ENGINEER

I, _____, Authorized representative of

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

INSPECTOR: *R. Capeman*

DATE: *6/5/01*

JOB: SECTION:

TYPE OF WORK: *Final*

WEATHER: *Clear*

LOCATION: *1651 Forge Pond Rd*

TEMPERATURE: *70*

BLOCK: *834*

LOT: *14*

**ENGINEERING RECOMMENDATIONS FOR
CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST**

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

COMMENTS REFERENCING ITEM NUMBER:

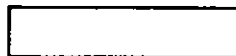
RECOMMENDATIONS:

☐ TEMP. C.O.

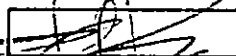
☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED



PLANNING BOARD ENGINEER



MUNICIPAL ENGINEER

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



Ernst, Ernst Lissenden

A New Jersey Corporation

Consulting Engineers, Planners & Surveyors
52 Hyers Street, P.O. Box 391 • Toms River, NJ 08754
Telephone: (732) 349-2215
Fax: (732) 349-4127

PRINCIPALS

John A. Ernst, Jr., (1909-1987)
John A. Ernst, III, P.E., C.M.E., L.S., P.P.
George C. Lissenden, Jr., (Retired)
John J. Mellon, P.E., C.M.E., P.P.

Robert J. Romano, P.E., C.M.E., P.P.
John N. Ernst, P.E., C.M.E., P.P.
Carl P. Werner, L.S., P.P.

August 15, 2000

Mr. & Mrs. Robert Munch
c/o Jeannie Benedict
716 Jersey Avenue
Spring Lake, NJ 07762

**Re: Top of Block Foundation Elevation
Block 834, Lots 14 thru 17
1651 Forge Pond Road
Brick Township, Ocean County, NJ
EE&L Project No. 99M1941**

Dear Mr. & Mrs. Munch:

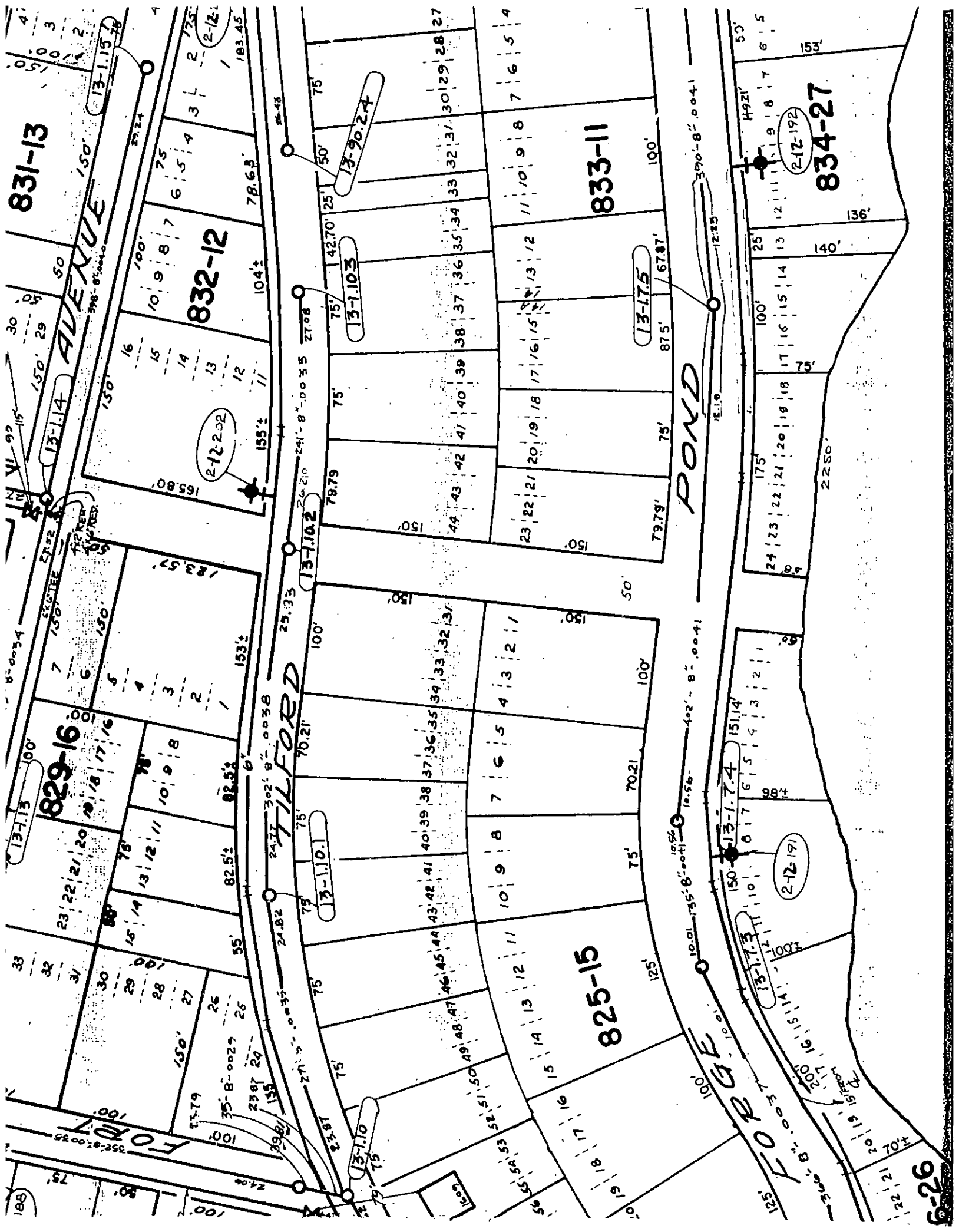
Please be advised that I have checked the elevation of the top of block at the above referenced site and find the top of block to be at elevation 28.0, which is in accordance with the plan entitled "Plot Plan and Survey Lots 14, 15, 16, 17 Block 27" dated November 11, 1999 and revised to August 14, 2000.

Very truly yours,
ERNST, ERNST & LISSENDEN

Carl P. Werner, P.L.S.
N.J. License No. 30094

CPW:cj

cc: file

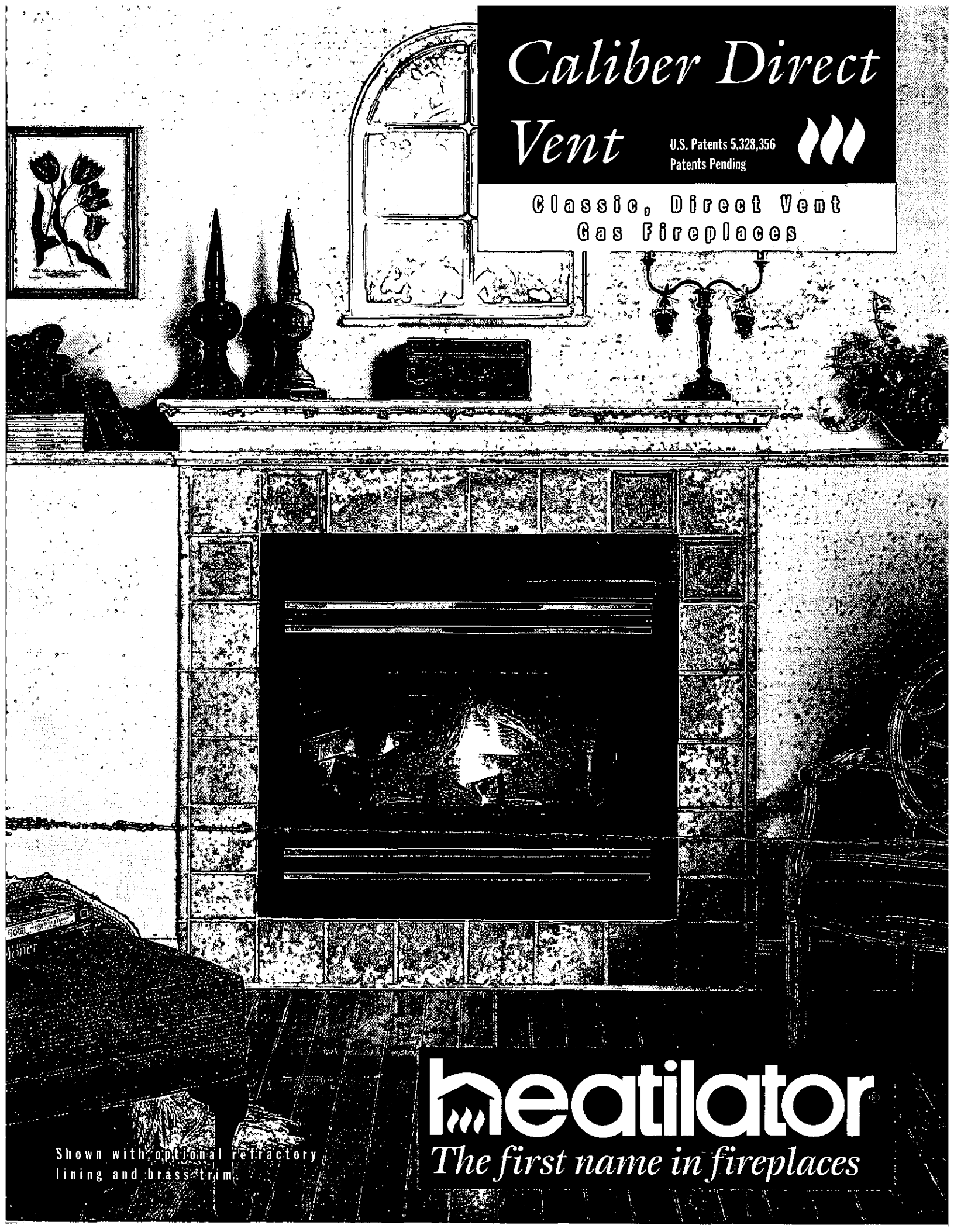


Caliber Direct Vent

U.S. Patents 5,328,356
Patents Pending



Classic, Direct Vent
Gas Fireplaces



heatilator
The first name in fireplaces

Shown with optional refractory
lining and brass trim

Models Available

Caliber 60 Direct Vent Series

GCDC60 41" wide natural gas, standing pilot
GCDC60E 41" wide natural gas, electronic ignition
GCDC60L 41" wide L.P. gas, standing pilot
GCDC60LE 41" wide L.P. gas, electronic ignition

Caliber 80 Direct Vent Series

GCDC80 47" wide natural gas, standing pilot
GCDC80E 47" wide natural gas, electronic ignition
GCDC80L 47" wide L.P. gas, standing pilot
GCDC80LE 47" wide L.P. gas, electronic ignition

Optional Accessories

Options not pictured:

FK4	125 CFM fan
FK160	160 CFM fan
BC10, BC11, BC12	Fan controls
CKVP	L.P. gas conversion kit
CKVN	Natural gas conversion kit
TK47A/B, TK48A/B	Brass Trim

RC4, RC5, RC6
ON/OFF Remote Control



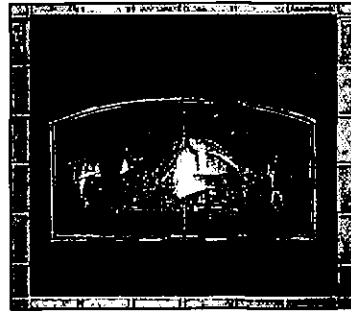
RCR-MLT
Multi-functional Remote



RCA60D, RCA80D
Refractory Lining



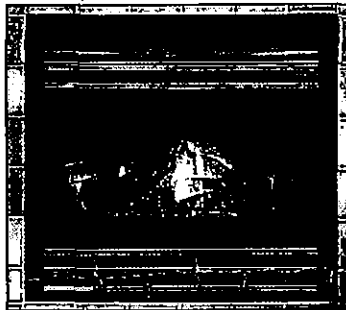
DFA36B, DFA36
Fixed Arched Glass Doors



DFN6A/B, DFC2A/B
Fixed Glass Doors



TK6CA/B/C, TK7CA/B/C
Brass Trim



TK302B, TK402B
Brass Trim

heatilator
The first name in fireplaces

Heatilator

A Division of Hearth Technologies Inc. 800/843-2848
1915 W. Saunders Street Fax 800/259-1549
Mt. Pleasant, Iowa 52641 <http://www.heatilator.com>

HEATILATOR is a registered trademark of Hearth Technologies Inc. Specifications and options are subject to change. Flame appearance may differ from that shown in product literature due to geographic and atmospheric differences, fuel type, and vent configuration.

Available From

THE WOOD STOVE &
FIREPLACE CENTER
1643 HWY. 35
OAKHURST, NJ 07755
531-1900

Caliber Direct Vent

U.S. Patents 5,328,356
Patents Pending



Classic, Direct Vent
Gas Fireplaces

heatilator
The first name in fireplaces

Shown with optional refractory
lining and brass trim.

CALIBER AESTHETICS

Framing Dimensions

ROUGH FRAMING DIMENSIONS

- Caliber 60: width - 42"; height - 38⁵/₈"; cavity depth - 23¹/₂".
- Caliber 80: width - 48"; height - 38⁵/₈"; cavity depth - 23¹/₂".

CLEARANCES TO SURROUND/COMBUSTIBLES

- Minimum window height - 40"*
- Minimum recessed shelf height - 38⁵/₈".
- Minimum mantel height - 46".
- Top of standoffs - 0"; Floor - 0"; Back and sides of fireplace - 1/2"; Ceiling - 30"

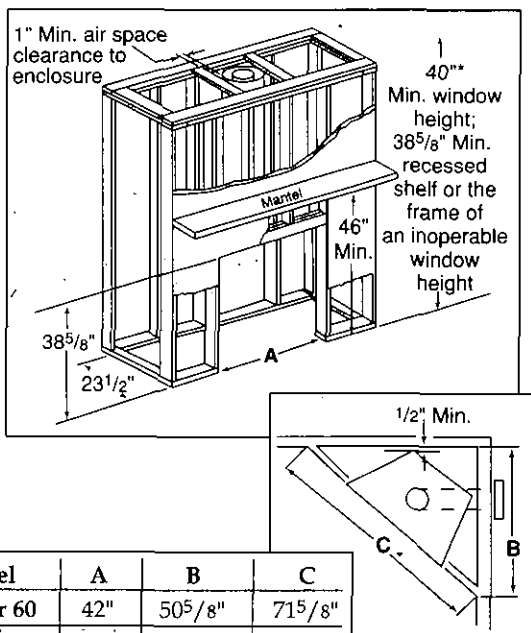
*These dimensions can only be obtained when using the rear vent system.

CERTIFICATIONS

- Certified for installation in bedrooms, bed/sitting rooms and mobile homes.
- Consult local building codes for local installations and operational guidelines.

GENERAL CONSIDERATIONS

- The rough framing dimensions shown above represent the distance from stud to stud only and do not take into consideration the addition of sheetrock/drywall.
- The top header may touch the standoffs, but the dimension shown here allows 1/8" to position the fireplace if framing is constructed prior to the placement of the unit.
- Wiring for an optional fan kit or remote control must be done prior to finishing the installation.
- For best results, do not construct the framing until the unit is in place.
- A hearth extension is not required.

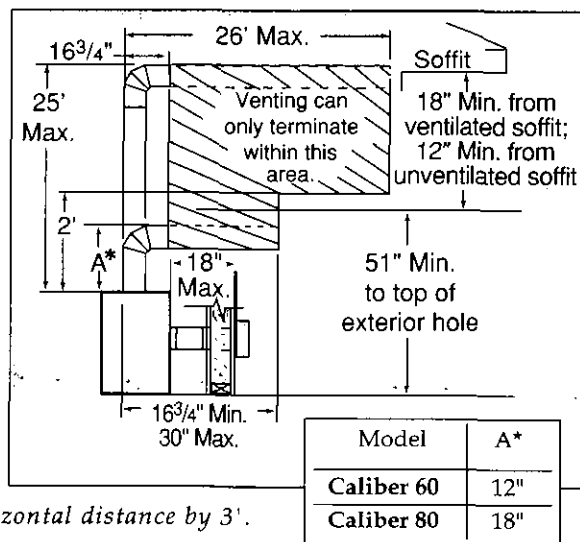


Model	A	B	C
Caliber 60	42"	50 ⁵ / ₈ "	71 ⁵ / ₈ "
Caliber 80	48"	55 ¹ / ₄ "	78 ¹ / ₈ "

Venting Specifications

HORIZONTAL TERMINATION CLEARANCES

- 3" clearance required above horizontal vent.
- 1" clearance required along bottom and sides of vent.*
- Maximum horizontal run in horizontal termination: 26'.
- Maximum vertical run in horizontal termination: 25'.
- Required rise: 1/4" for every 1' of horizontal run.
- Required vent supports: one support for every 3' of horizontal run.
- Effect of additional 90° elbows: reduces maximum horizontal distance by 3'.
- A standard horizontal termination requires the top of the termination cap have a 18" minimum clearance to a ventilated soffit and 12" minimum clearance to an unventilated soffit.



Model	A*
Caliber 60	12"
Caliber 80	18"

*The Caliber 60 may be horizontally vented directly off the top using only the starter elbow. The Caliber 80 requires a minimum 6" vent section before the starter elbow may be attached for horizontal venting off the top of the unit.

REAR VENT HORIZONTAL TERMINATION CLEARANCES

- 3" clearance required above vent on runs inside a wall (a heat shield must be installed).
- 1" clearance required along bottom and sides of vent.
- Maximum horizontal run with no vertical sections (to base of cap or outside wall: 18"
- Termination cap requires an 18" minimum clearance under a ventilated soffit and a 12" minimum clearance under an unventilated soffit.

Models Available

Caliber 60 Direct Vent Series

GCDC60 41" wide natural gas, standing pilot
GCDC60E 41" wide natural gas, electronic ignition
GCDC60L 41" wide L.P. gas, standing pilot
GCDC60LE 41" wide L.P. gas, electronic ignition

Caliber 80 Direct Vent Series

GCDC80 47" wide natural gas, standing pilot
GCDC80E 47" wide natural gas, electronic ignition
GCDC80L 47" wide L.P. gas, standing pilot
GCDC80LE 47" wide L.P. gas, electronic ignition

Optional Accessories

Options not pictured:

FK4 125 CFM fan
FK160 160 CFM fan
BC10, BC11, BC12 Fan controls
CKVP L.P. gas conversion kit
CKVN Natural gas conversion kit
TK47A/B, TK48A/B Brass Trim

RC4, RC5, RC6
ON/OFF Remote Control



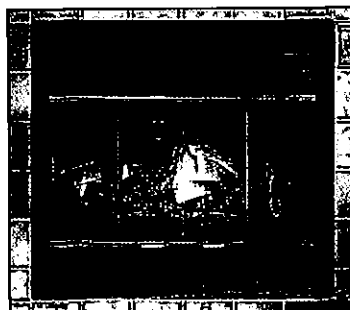
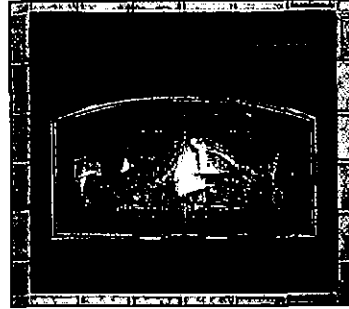
RCR-MLT
Multi-functional Remote



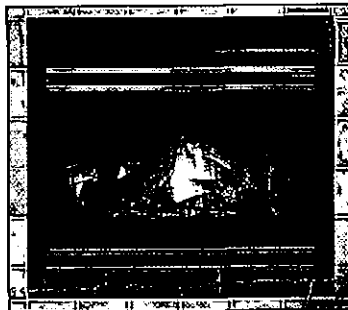
RCA60D, RCA80D
Refractory Lining



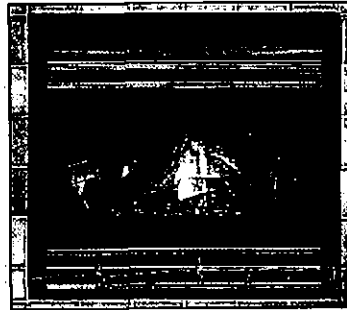
DFA36B, DFA36
Fixed Arched Glass Doors



DFN6A/B, DFC2A/B
Fixed Glass Doors



TK6CA/B/C, TK7CA/B/C
Brass Trim



TK302B, TK402B
Brass Trim

heatilator
The first name in fireplaces

Heatilator
A Division of Hearth Technologies Inc. 800/843-2848
1915 W. Saunders Street Fax 800/259-1549
Mt. Pleasant, Iowa 52641 <http://www.heatilator.com>

HEATILATOR is a registered trademark of Hearth Technologies Inc. Specifications and options are subject to change. Flame appearance may differ from that shown in product literature due to geographic and atmospheric differences, fuel type, and vent configuration.

Available From

THE WOOD STOVE &
FIREPLACE CENTER
1643 HWY. 35
OAKHURST, NJ 07755
531-1900

FL92 Peninsula Radiant Woodburning Fireplace



Optional TK54B1 trim
and GD1000B end panel

Shown with GD36B1 doors and GD1000B end panel

A bold design element to unify
or divide living space.

heatilator

This Peninsula fireplace is the centerpiece of bold, custom

Accomplish a completely unique room design with the FL92 Peninsula fireplace by Heatilator. When its three-sided, fire-viewing area is used with ordinary room partitions, remarkable results in design and character take place.

Suddenly, the room takes on a stronger feeling and a more distinctive personality. Use the FL92 to unify or emphasize the division of living areas. Choose from a variety of doors and trim to achieve countless variations of style and decor.

The HEATILATOR FL92 Peninsula fireplace can be economically installed, which means a custom look is easily attainable without a lavish construction budget.

Models Available

Model	Description
FL92	36" Radiant

Standard Features

- Three-sided viewing area creates a dramatic presentation with more than 13 square feet of glass.
- Clean face design allows you to bring finishing material up to the firebox opening for the appearance of a masonry fireplace.
- Large firebox accepts logs up to 24" long.
- Full refractory lining and safety fire screen provide a masonry fireplace appearance.
- Powder coat finish has a deep, solid luster, the look of meticulous craftsmanship, and resistance to abuse.
- A gas knockout is provided for easy installation of gas log sets.
- Damper control is easily accessible and operable.
- Outside air kit preserves indoor air quality.
- UL Listed for assurance of safety and quality.
- Heatilator 20-year Buyer Protection Plan.

Framing Dimensions

The FL92 woodburning fireplace will fit a framed opening that is 24" wide and 47½" high. The cavity depth must be no less than 40½" as shown in Figure 1.

These dimensions represent the distance from stud to stud only and do not take into consideration the addition of sheetrock/drywall.

The top header may touch the standoffs, but the dimension shown here allows ⅛" to position the fireplace if framing is constructed prior to the placement of the unit. For best results, do not construct the framing until the unit is in place.

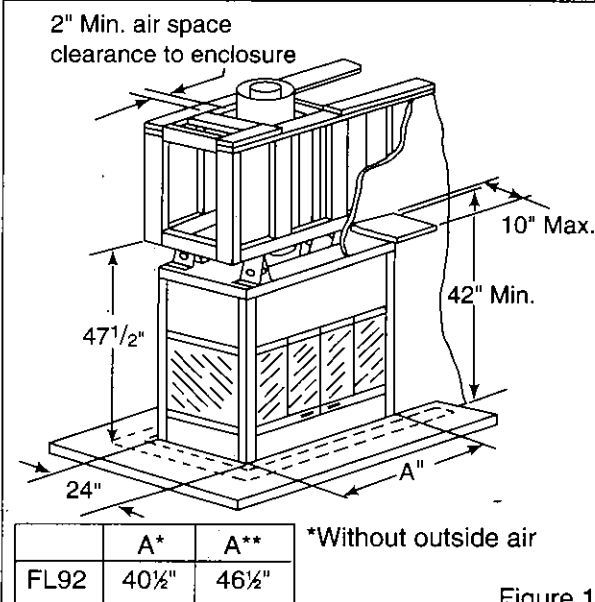


Figure 1

Product Dimensions

All dimensions in inches

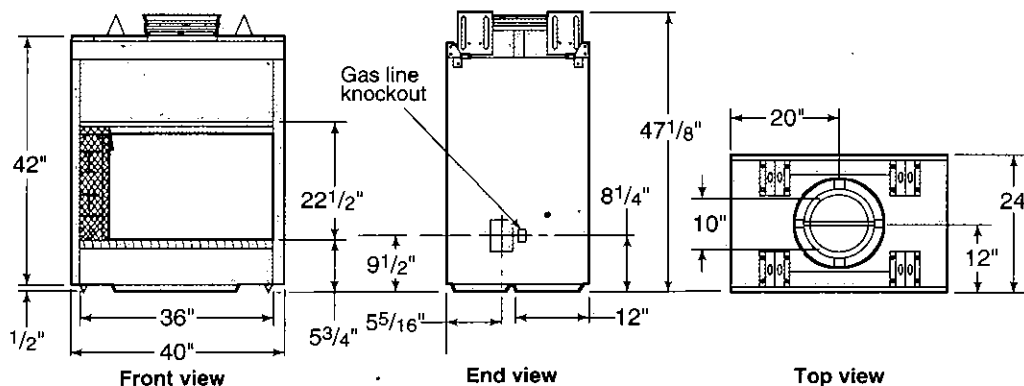


Figure 2

Placement Clearances

The FL92 woodburning fireplace can be installed directly on the floor or raised up to enhance its visual impact. The unit must be installed to meet proper clearances to combustible sidewalls. Minimum clearances from the fireplace metal to combustibles are: top of standoffs - 0"; floor - 0"; back - 1/2". The minimum clearance from fireplace glass doors to combustible material directly in front of them is 64". The minimum clearance from the fixed glass end panel to combustible material directly in front of it is 36". Figure 3 illustrates the proper clearances required.

These dimensions represent the distance from stud to stud only and do not take into consideration the addition of sheetrock/drywall.

Hearth extensions are required for this fireplace. Refer to Figure 3 for minimum hearth extension size. The area 16" directly in front of and on each side and extending 8" towards the wall from the firebox opening must be protected by a noncombustible hearth extension. Gaps must be sealed with non-combustible material.

Consult local building codes for local installation and operational guidelines.

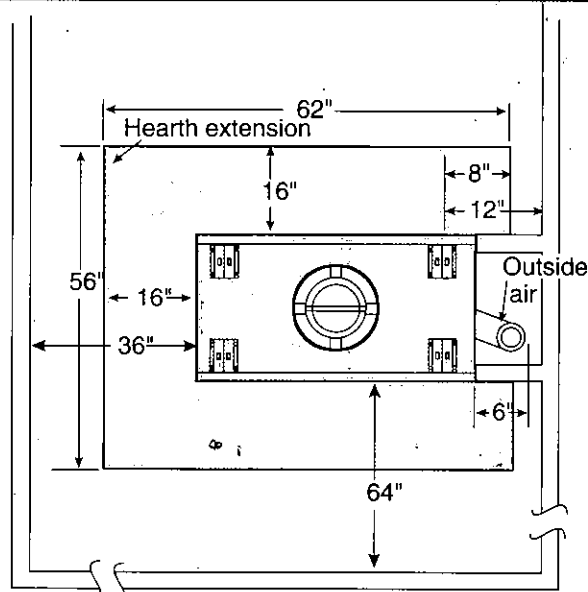


Figure 3

Venting/Chimney

Major building codes specify a minimum chimney height required for safe operation. The chimney must be a minimum of 3' above the highest point where it passes through the roof line and at least 2' higher than any structure within 10'. These guidelines are for safety purposes only and do not insure optimum operation. Consult the HEATILATOR Chimney Planning Guide for Woodburning Fireplaces (#70848A) for complete information. Only HEATILATOR brand chimney

systems are approved for use with HEATILATOR factory-built fireplaces.

This fireplace requires the use of a HEATILATOR SL400 air-cooled, snap-lock chimney system for operation.

When planning your fireplace location, the chimney routing and necessary clearances must be considered. This fireplace system has been tested to provide the flexibility in construction shown in the chart below.

*Minimum straight height	14'
*Minimum height with offset/return	16' 2"
*Maximum height	90'
Maximum chimney length between offset/returns	8'
Maximum distance between chimney stabilizers	35'
*Double offset/return minimum height	20'
Maximum unsupported chimney length between offset/returns	6'
*Maximum straight unsupported chimney height above firebox	25'

*Measurements represent the distance from the base of the unit to the flue outlet.

Finishing Materials

Noncombustible finishing material only may be applied to the black face of the unit

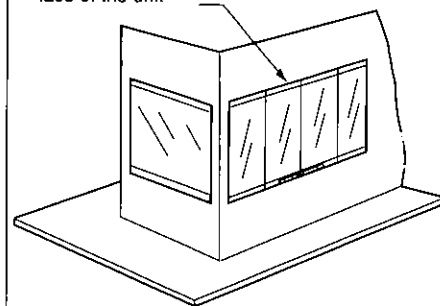


Figure 4

When finishing the FL92, combustible material may be brought up to the edge of the fireplace but must never overlap the black metal area. The black metal may be covered with non-combustible material only such as marble, tile, stone, etc. See Figure 4.

Safety Listings

Tested and listed to UL 127 Standard by Underwriters Laboratories Inc. Tested and listed to ULC S610 by Warnock Hersey for sale in Canada.

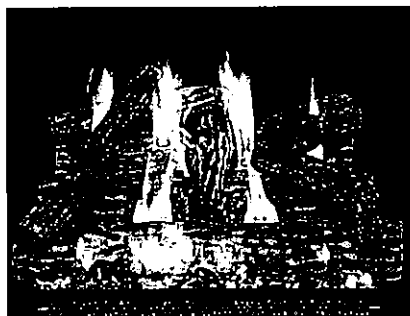
Note: This information is provided for planning purposes only. You must consult the FL92 installation instructions before attempting to install this appliance.

Options*

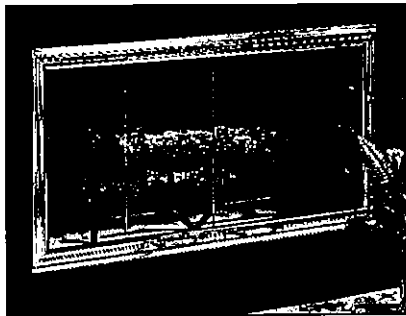
Consult your local HEATILATOR dealer for specific product information.

Model	Description
GL20	Refractory gas log set, natural or L.P. gas
DLS2	Deluxe ceramic fiber gas log set, natural or L.P. gas
C1136A/B/C	Classic bi-fold glass doors, brushed or polished brass or polished chrome
C2136A/B/C	Classic cabinet glass doors, brushed or polished brass or polished chrome
GD36A1/B1	Original bi-fold glass doors, antique or polished brass
C1000A/B/C	Classic style fixed end panel, brushed or polished brass or polished chrome
GD1000A/B	Original style fixed end panel, antique or polished brass
TK21A1/B1	Original style glass door trim for Original bi-fold doors, antique or polished brass
TK53B1	Polished brass perimeter trim
TK54B1	Original style polished brass end trim

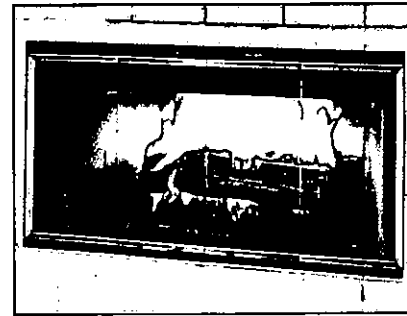
* Doors and an end panel are required for this fireplace.



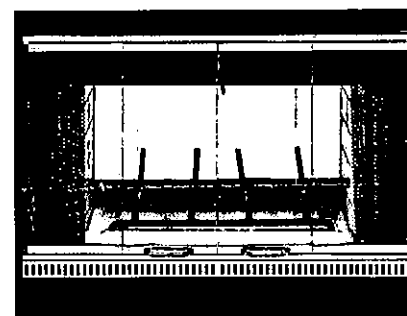
Gas log sets convert this wood-burning fireplace into a convenient gas appliance



Classic bi-fold glass doors



Original bi-fold glass doors (GD36B1) with TK21 Series trim



Original bi-fold glass doors with TK53B1 trim

Demand genuine
heatilator®
The first name in fireplaces

Heatilator Inc.
 a HON INDUSTRIES company
 1915 W. Saunders Street
 Mt. Pleasant, Iowa 52641
 800/843-2848 • FAX 800/259-1549

HEATILATOR is a registered trademark of Heatilator Inc.
 Note: Technical specifications and available options are subject to change.
 Available in Canada as model number CFL92.

Available From

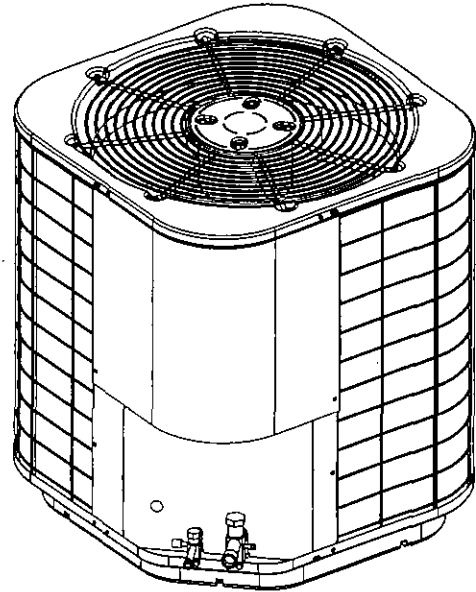
The Wood Stove & Fireplace Center
 1643 Highway 35 North
 Oakhurst, New Jersey 07755

Ph: 908-531-1900 Fax: 908-531-6404

TECHNICAL SPECIFICATIONS

S3BA-(-)(K,C)A Series High Efficiency Air Conditioner 10 SEER 1-1/2 – 5 Ton Capacity

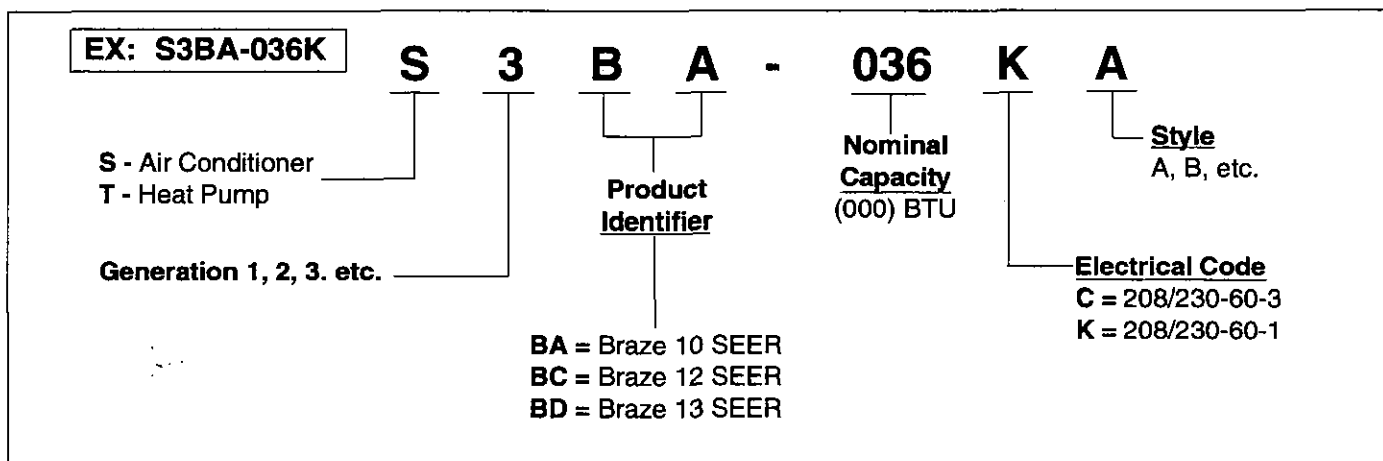
The S3BA Series of air conditioners offers exceptional performance from a small, compact package. The unit, when combined with our engineered coils or air handlers, offers a full line of quality, split system cooling equipment. Units are ideally sized for slab or rooftop mounting in single, multifamily, and light commercial applications.



FEATURES and BENEFITS

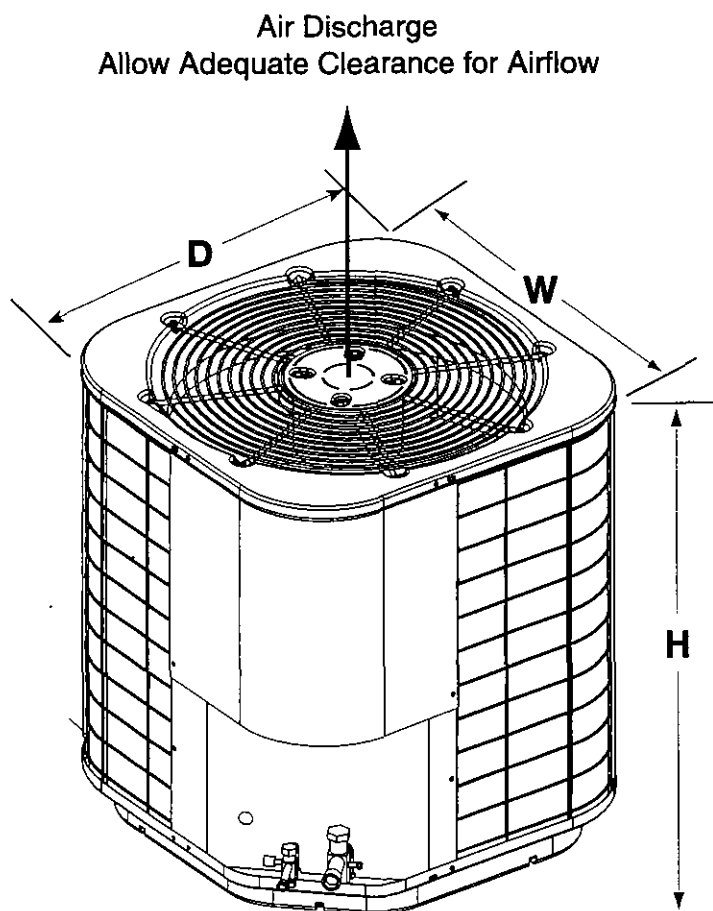
- **Designed using galvanized steel** with a polyester urethane finish. The 950 hour salt spray finish resists corrosion 50% better than comparable units.
- **Copper Tube / Aluminum Fin Coils** – Both indoor and outdoor coils are designed to optimize heat transfer, minimize size and cost, and increase durability and reliability.
- **Permanently Lubricated Motor** – A heavy duty PSC motor for long lasting reliability and quiet operation. Requires no maintenance and is completely protected from rain and snow.
- **Full Service Valves** – These brass valves are easily accessible and simplify servicing of the refrigeration system.
- **Plastic Coated Coil Guard and Mesh Hail Guard** – will never rust and protects the unit coil from being damaged by balls, lawnmowers, hail, etc.
- **Removable Top Grille Assembly** – Allows ease of service from the top without disconnecting fan motor leads.
- **One Piece Top/Orifice** – Designed for maximum airflow and quiet operation.
- **2-1/2" Pedestal Base** – The sturdy base keeps the bottom of the coil out of harms way. Secondly, the base has weep holes along the edge to allow the water from rain to flow away from the unit.
- **Five Minute Restart Time Delay** – When the unit shuts down, a five minute delay keeps the unit from restarting, eliminating the highest cause for compressor failure.
- **Easy Compressor and Control Access** – Designed to make servicing easier for the contractor, access panels are provided to all controls and the compressor from the side of the unit.
- **6 Year Limited Parts Warranty** – The best in the industry and has proven to be a major benefit to the consumer.

MODEL IDENTIFICATION CODES



DIMENSIONS OUTDOOR SECTION

Model	018	024	030	036	042	048	060
H	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2	34-1/2	34-1/2
W	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2
D	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	22-1/2	30-1/2



PHYSICAL AND ELECTRICAL SPECIFICATIONS / OUTDOOR UNITS

10 SEER — High Efficiency — Single Phase

Model No. S3BA-			018	024	030	036	042	048	060
Electrical Data	Volts-Cycles-Phase (1)		208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1
	Total Amps		9.2	10.5	14.8	15.9	18.1	23.2	26.5
	Max. Overcurrent (2)		15	20	30	30	35	50	50
	Min. Circuit Ampacity		11.4	12.9	18.2	19.7	22.4	28.6	32.7
Component Data	Coil	Area	8.3	8.3	8.3	8.3	11.5	13.2	20.2
		Rows-FPI	1-14	1-14	1-18	1-22	1-20	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC	PSC	PSC	PSC	PSC
		Amps	0.67	0.67	1.13	1.13	1.13	1.4	1.5
		HP	1/10	1/10	1/8	1/8	1/8	1/4	1/4
	Fan Blade	Dia.-#Blades	18 in. - 3	18 in. - 3	18 in. - 3	18 in. - 3	18 in. - 3	18 in. - 4	24 in. - 3
		SCFM	2100	2100	2500	2500	2500	3000	4000
	Compressor Data*	RLA	8.6	9.8	13.7	14.8	17.0	21.8	25.0
		LRA	49	56	75	96	105	131	150
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15-24 ft.	5/8" (3)	5/8" (3)	3/4"	3/4"	3/4"	7/8"	7/8"
		25-39 ft.	5/8" (3)	3/4"	3/4"	3/4"	7/8" (4)	7/8"	1-1/8" (5)
		40-75 ft.	3/4"	3/4"	3/4"	7/8" (4)	7/8" (4)	7/8"	1-1/8" (5)
Refrigerant Charge R-22 Ounces		(Outdoor unit, Indoor Unit 15' Line Set)	63	64	68	69	87	115	122
Weight Approximate (lbs.)		Net	116	118	124	128	133	162	194
		Ship	122	124	130	134	140	174	206

10 SEER — High Efficiency — Three Phase

Model No. S3BA-			036	048	060
Electrical Data	Volts-Cycles-Phase (1)		208/230-60-3	208/230-60-3	208/230-60-3
	Total Amps		11.3	14.2	16.9
	Max. Overcurrent (2)		20	30	35
	Min. Circuit Ampacity		13.9	17.4	20.8
Component Data	Coil	Area	8.3	13.2	20.2
		Rows-FPI	1-22	1-18	1-22
		Tube Dia.	3/8 O.D.	3/8 O.D.	3/8 O.D.
	Fan Motor	Type	PSC	PSC	PSC
		Amps	1.13	1.4	1.5
		HP	1/8	1/4	1/4
	Fan Blade	Dia.-#Blades	18 in. - 3	18 in. - 4	24 in. - 3
		SCFM	2500	3000	4000
	Compressor Data*	RLA	10.2	12.8	15.4
		LRA	75	91	124
Refrigerant Suction Line-Length/O.D. (Liq. Line All Lengths - 3/8"O.D.)		15-24 ft.	3/4"	7/8"	7/8"
		25-39 ft.	3/4"	7/8"	1-1/8" (5)
		40-75 ft.	7/8" (4)	7/8"	1-1/8" (5)
Refrigerant Charge R-22 Ounces		(Outdoor unit, Indoor Unit 15' Line Set)	69	115	122
Weight Approximate (lbs.)		Net	128	162	194
		Ship	134	174	206

COPPER WIRE SIZE — AWG (1% Voltage Drop)				
Supply Wire Length-Feet				Supply Circuit Ampacity
200	150	100	50	
6	8	10	14	15
4	6	8	12	20
4	6	8	10	25
4	4	6	10	30
3	4	6	8	35
3	4	6	8	40
2	3	4	6	45
2	3	4	6	50

Wire Size based on N.E.C. for 60° type copper conductors.

* Values shown are most severe and may vary slightly depending on the make of the compressor supplied.

(1) Operating Voltage Range: 198v min. — 253v max.

(2) HACR Type Circuit Breakers or Time Delay Fuse

(3) Requires 3/4" to 5/8" reducer from unit to line.

(4) Requires 7/8" to 3/4" reducer from line to unit.

(5) Requires 7/8" to 1-1/8" reducer from line to unit.

SYSTEM HEATING & COOLING CAPACITIES

10 SEER — High Efficiency — Single Phase

Outdoor Unit	With This Coil				
Model Number	Coil	Cooling Btuh	SEER	Nominal CFM	Required Orifice Size
S3BA-018KA	C3BA-024C/U-A	18,000	10	675	.051
S3BA-024KA	C3BA-030C/U-B	23,400	10	900	.060
S3BA-024KA	C3BA-024C/U-A	23,000	10	900	.060
S3BA-030KA	C3BA-030C/U-B	28,600	10	1125	.063
S3BA-030KA	C3BA-036C/U-A	29,000	10	1125	.063
S3BA-036KA	C3BA-036C/U-B	34,600	10	1350	.067
S3BA-036KA	C3BA-036C/U-A	34,000	10	1150	.067
S3BA-042KA	C3BA-042C/U-B	40,000	10	1500	.075
S3BA-048KA	C3BA-048C/U-B	46,000	10	1500	.080
S3BA-060KA	C3BA-060C/U-C	56,500	10	1800	.093

Outdoor Unit	With This Air Handler				
Model Number	Air Handler	Cooling Btuh	SEER	Nominal CFM	Required Orifice Size
S3BA-018KA	B3B(M,V)-024K-A	18,000	10	675	.051
S3BA-024KA	B3B(M,V)-024K-A	23,000	10	900	.060
S3BA-030KA	B3B(M,V)-030K-A	28,600	10	1125	.063
S3BA-036KA	B3B(M,V)-036K-B	34,600	10	1350	.067
S3BA-042KA	B3B(M,V)-042K-B	40,000	10	1500	.075
S3BA-048KA	B3B(M,V)-048K-B	46,000	10	1600	.080
S3BA-060KA	B3B(M,V)-060K-C	56,500	10	1800	.093

ACCESSORIES - Condensing Unit

Start Assist Kit - 912933

Provides additional starting torque for the compressor motor when operating with low line voltage or high operating temperatures.

Thermostat

Two thermostats are available.

917004 - Single-Stage

917005 - Two-Stage Heat / One-Stage Cool

St. Louis, MO

NORDYNE



CERTIFICATION APPLIES
ONLY WHEN THE
COMPLETE SYSTEM
IS LISTED
WITH ARI

325A-0799 (Replaces 325A-0699)

Before purchasing this appliance, read important energy cost and efficiency information available from your retailer. Specifications and illustrations subject to change without notice and without incurring obligations. Printed in U.S.A.

TECHNICAL SPECIFICATIONS

G6RK Series

High Efficiency Downflow Gas Furnace

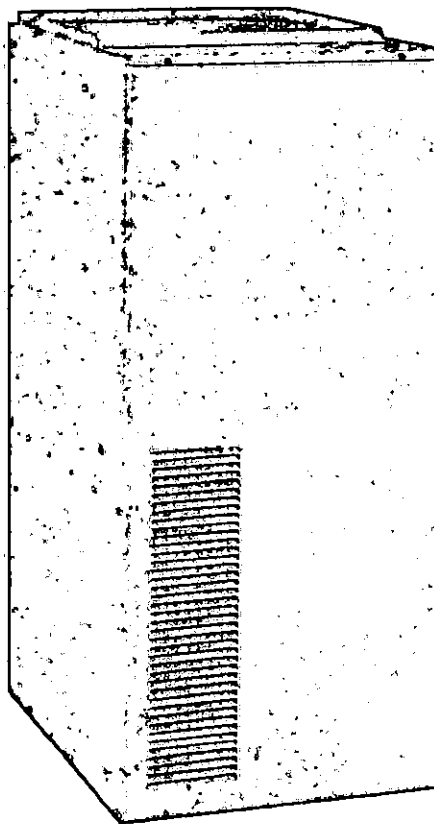
Induced Draft - 80+ AFUE

Input 60,000 - 120,000 Btuh

The high efficiency downflow gas furnace may be installed free standing in a utility room, basement, or enclosed in an alcove or closet. The extended flush jacket provides a pleasing "appliance appearance." Design certified by the American Gas Association (AGA) Laboratories and the Canadian Gas Association (CGA) Laboratories. The product is truly designed with the contractor and the consumer in mind.

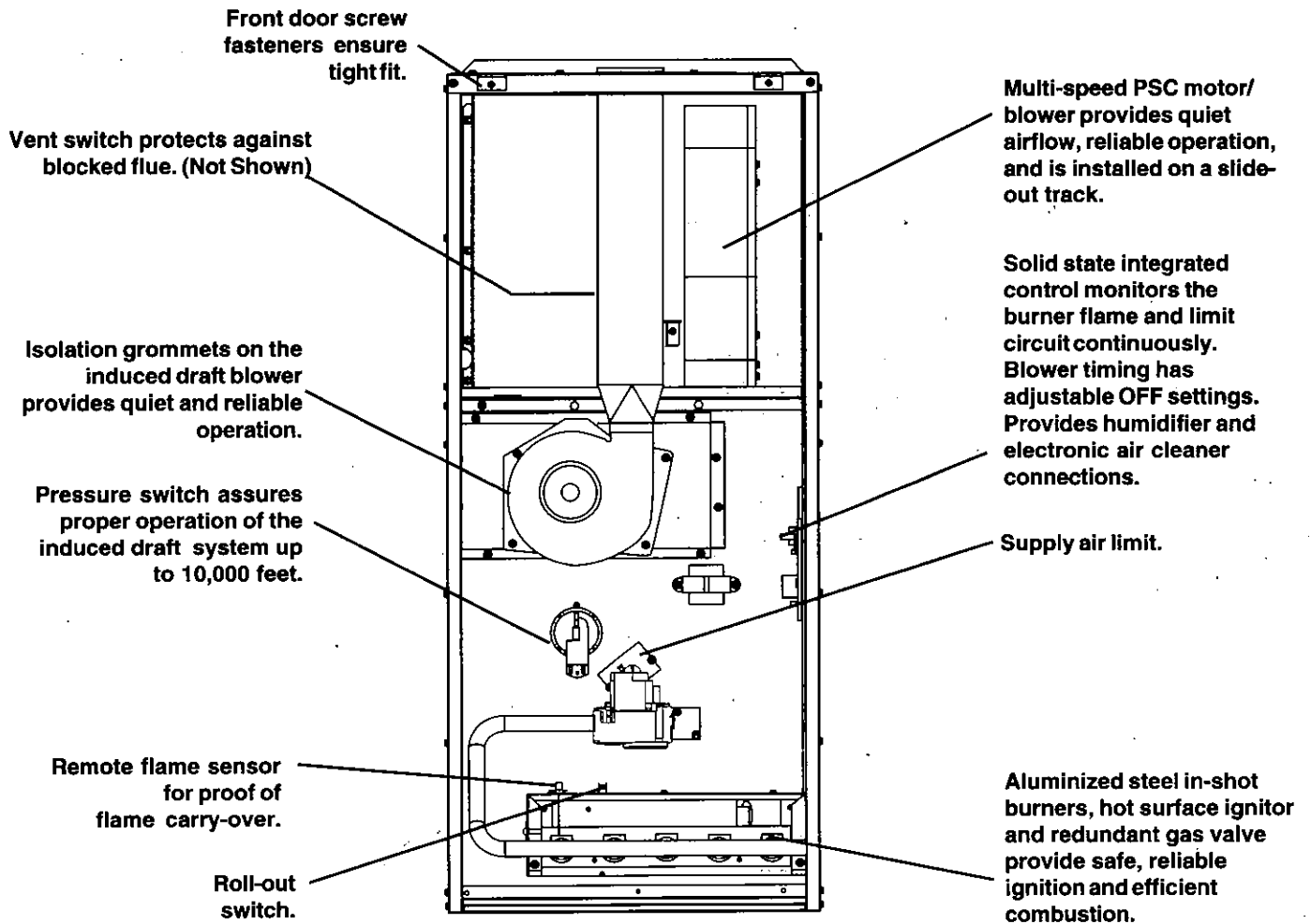
Features and Benefits

- Best warranty in the business —
 - A full 20 years on the heat exchanger
 - 6 years on all parts
- 100% fired and tested — All units and each component (both mechanical and electrical) are tested on the manufacturing line.
- Best packaging in the industry — Unique design assures product will arrive to the homeowner dent free.
- Clean and quiet operation — Due to the unique design of in-shot burners, location of inducer, return air vents, and use of insulation.
- Fixed 30-second blower delay at burner start-up assures a warm duct temperature at furnace start-up. Adjustable blower off settings (60, 120, 160 and 180 seconds).
- Fixed 30-second post purge increases life of heat exchanger.
- Dependable, shock-mounted hot surface ignitor — Innovative application of an appliance type igniter with a 20-year history of reliability, assures no call-backs because of handling.
- Color coded wire harness — Designed to fit the components, all with quick-connect fittings for ease of service and replacement.
- Approved for categories I and III venting systems — May be common, dedicated, or through-the-wall vented for maximum flexibility in installation.
- Tubular primary heat exchanger — Heavy gauge aluminized steel heat exchanger assures a long life.
- 90-second fixed cooling cycle blower-off delay (TDR) increases cooling performance when matched with a NORDYNE coil.
- Multi-speed direct drive blower — Designed to give a wide range of cooling capacities. 40VA transformer included.
- LP convertible — Simple burner orifice and regulator spring change for ease of convertibility.
- Diagnostic lights flash to identify limit failure, pressure switch failure, low flame signal and improper ground and polarization — for easy troubleshooting.
- Incorporates new integrated control board with connections for electronic air cleaner, humidifier and twinning.
- New door design enhances furnace appearance and uses screw fasteners for easier accessibility.
- 3 amp fuse protection against low voltage shorts; protects transformer and control board.
- Low voltage terminal board for easy field wiring.
- Components and Controls — Designing quality into our products means selecting manufacturers that have a reputation for delivering high quality, dependable products.



FEATURES

High Efficiency Downflow 80+ Gas Furnace



STANDARD EQUIPMENT

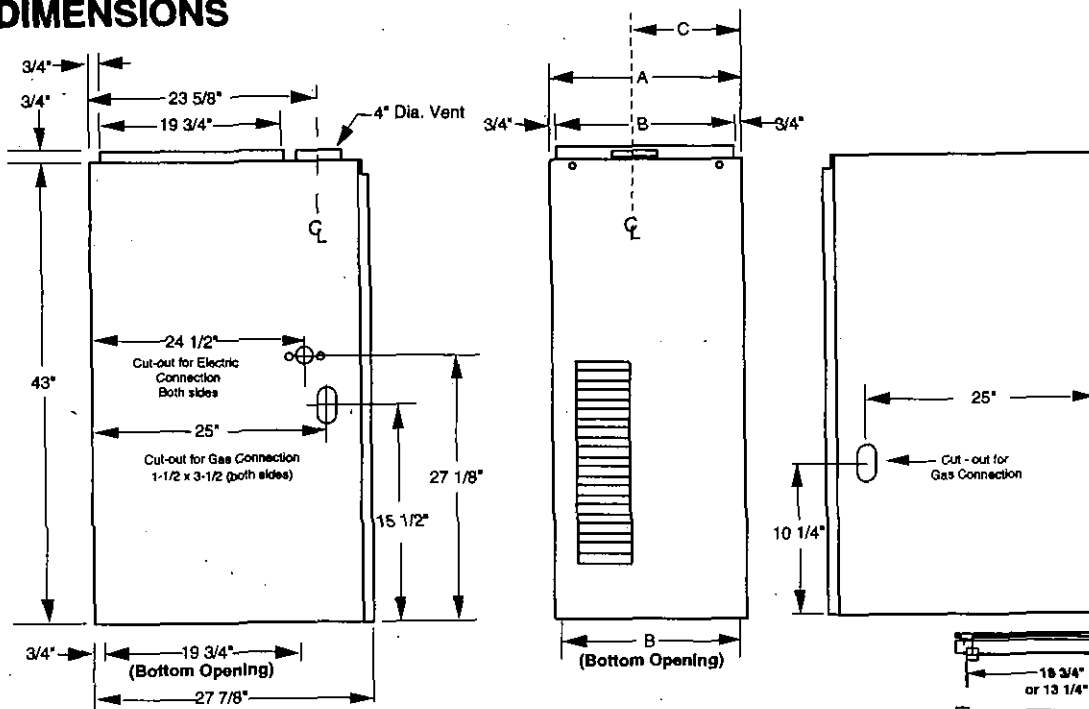
Draft inducer; pressure switch; redundant main gas control; hot-surface ignition; timed ON/OFF blower controls (TDR); 40 VA transformer for air conditioner application; limit controls; direct drive motor; all models can be converted to use L.P. (propane) gas. Factory approved kits *only* must be used and are available as an optional accessory from your distributor.

SPECIFICATIONS

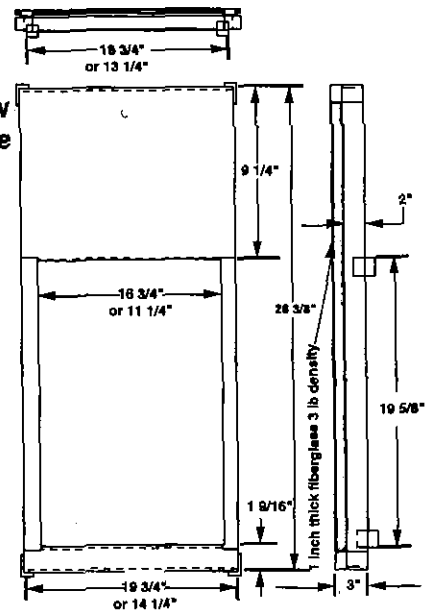
G6RK MODEL NUMBERS	-060C-12	-072C-12	-072C-16	-096C-12	-096C-16	-120C-20
Input-Btuh (a)	60,000	72,000	72,000	96,000	96,000	120,000
Heating Capacity - Btuh	48,000	58,000	58,000	77,000	77,000	96,000
AFUE	80+	80+	80+	80+	80+	80+
Blower D x W	10 x 6	10 x 6	10 x 10	10 x 8	10 x 10	11 x 10
Motor H.P. -Speed -Type	1/3 - 3 - PSC	1/3 - 3 - PSC	1/2 - 4 - PSC	1/3 - 3 - PSC	1/2 - 4 - PSC	3/4 - 4 - PSC
Motor FLA	6.0	6.0	7.9	6.0	7.9	11.1
Maximum Ext. SP - In. W.C.	0.5 [*]	0.5	0.5	0.5	0.5	0.5
Temperature Rise Range - °F	35 - 65	45 - 75	35 - 65	45 - 75	40 - 70	40 - 70
Approx. Shipping Wt. lbs.	105	115	130	150	158	170

Note: All models are 115V, 60 Hz. Gas Connections are 1/2" N.P.T. AFUE = Annual Fuel Utilization Efficiency. (a) Ratings to 2,000 feet. Over 2,000 feet, reduce 4% for each 1,000 ft. above sea level.

DIMENSIONS



Downflow Sub-Base



Model Number G6RK	Furnace Input (Btuh)	Dimensions			Shipping Weights (lbs)
		A inches	B inches	C inches	
060C-12	60,000	14 1/4	12 3/4	5 1/2	105
072C-12	72,000	14 1/4	12 3/4	5 1/2	115
072C-16	72,000	19 3/4	18 1/4	11	130
096C-12	96,000	19 3/4	18 1/4	11	150
096C-16	96,000	19 3/4	18 1/4	11	158
120C-20	120,000	19 3/4	18 1/4	11	170

BLOWER PERFORMANCE

Furnace Model No. G6RK	Motor Speed	Downflow Furnace Airflow Data External Static Pressure (inches Water Column)									
		0.1		0.2		0.3		0.4		0.5	
		CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise	CFM	Rise
060C-12	High *	1380	-	1345	-	1330	-	1260	-	1230	-
	Medium	1180	39	1145	40	1130	41	1110	42	1080	43
	Low **	830	56	810	57	805	58	795	58	780	59
072C-12	High *	1380	-	1345	-	1330	-	1260	-	1230	-
	Medium	1180	47	1145	49	1130	49	1110	50	1080	52
	Low **	830	67	810	69	805	69	795	70	780	71
072C-16	High *	1850	-	1790	-	1775	-	1755	-	1735	-
	Med-High	1460	-	1435	-	1420	-	1400	-	1380	-
	Med-Low	1210	46	1195	47	1180	47	1160	48	1140	49
	Low **	1020	55	1010	55	995	56	975	57	955	58
096C-12	High *	1475	50	1460	51	1445	51	1430	52	1410	53
	Medium **	1200	62	1195	62	1180	63	1165	64	1145	65
	Low	795	-	785	-	770	-	755	-	735	-
096C-16	High *	1950	-	1890	-	1865	-	1835	-	1805	-
	Med-High	1600	46	1580	47	1555	48	1525	49	1495	50
	Med-Low **	1375	54	1360	55	1335	56	1305	57	1275	58
	Low	1180	63	1165	64	1140	65	1110	67	1080	69
120C-20	High *	2440	-	2395	-	2385	-	2375	-	2360	-
	Med-High	1920	48	1910	48	1900	49	1890	49	1875	49
	Med-Low**	1630	57	1620	57	1610	58	1600	58	1585	59
	Low	1430	65	1425	65	1415	66	1405	66	1390	67

* Factory wired cooling speed tap.

** Minimum approved heating speed, factory wired.

High Efficiency 80+ with Honeywell VR Gas Valve		
Kit	Order Number	
U.S. High Altitude Natural Gas Conversion Kit (2,000 to 10,000 ft.)	903491	
U.S. Propane Kit (0 to 2,000 ft.)	903492	
U.S. High Altitude Propane Gas Conversion Kit (2,000 to 10,000 ft.)	903493	
Canadian High Altitude Natural Gas Conversion Kit (2,000 to 4,500 ft.)	903494	
Canadian Propane Gas Conversion Kit (0 to 4,500 ft.)	903495	
Fossil Fuel Kit	914762	
Downflow Sub-Base	A Cabinet	902974
	B Cabinet	902677
Through-the-Wall Vent Kit	903196	

VENTING

All models are approved for vertical or through-the-wall venting applications (See table below). All models may be common vented with a gas water heater. Type B gas vent materials may be used when connected to a gravity (vertical) vent system. The installation must be in accordance with the venting instructions supplied with the furnace.

THROUGH-THE-WALL VENTING

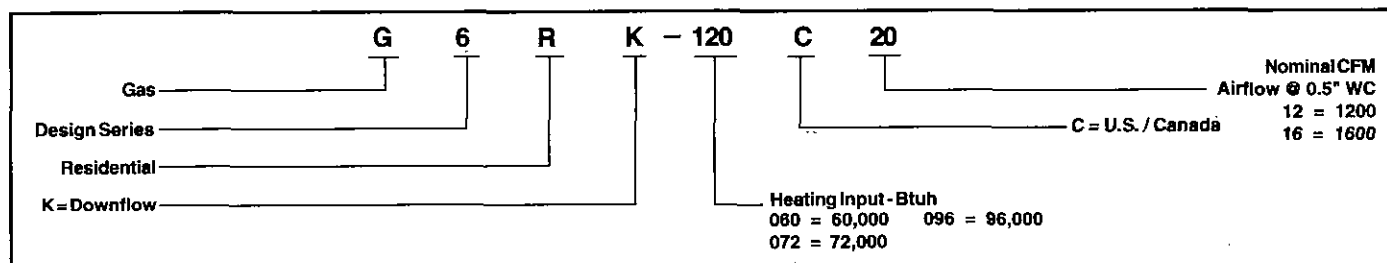
These furnaces are approved to use with 3" single wall Z-AL29-4C stainless steel vent pipe in horizontal vent applications. The pipe is available from the following manufacturers:

Z-Flex Inc. - vent brand name (**Z-VENT**)

Heat-fab Inc. - vent brand name (**Saf-T Vent**)

Flex-L International - vent brand name (**STAR-34 Vent**)

IDENTIFICATION CODE



Model	Min. Pipe Size	Reducer Needed	Flue Outlet	Max. # Elbows	Max. Ft. Vent Pipe
G6RA					
060C-12	3"	4" to 3"	4	4	35
072C-12	3"	4" to 3"	4	4	35
072C-16	3"	4" to 3"	4	4	35
096C-12	3"	4" to 3"	4	4	35
096C-16	3"	4" to 3"	4	4	35
120C-20	3"	4" to 3"	4	4	35

GENERAL TERMS OF LIMITED WARRANTY *

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the applicable periods stated below, in accordance with the terms of the warranty.

G6RK Models Warranty

Gas Heat Exchanger 10-Year Limited Warranty

Any Other Part 6-Year Limited Warranty

* For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the factory for a copy.



St. Louis, MO

NORDYNE

402A-0698 (Replaces 402A-1097)

Specifications and illustrations subject to change without notice and without incurring obligations. Before purchasing this appliance, read important energy cost and efficiency information available from your retailer. Printed in U.S.A. (06/98)

SINGLE FAMILY DWELLING CHECKLIST

- | | |
|--|---|
| 1. Construction Permit Jacket signed & completed | Yes ☒ No ☐ |
| 2. Zoning Application Completed | Yes ☒ No ☐ |
| 3. Two true size surveys- signed & sealed | Yes ☒ No ☐ |
| 4. Engineering form- checklist or major subdivision | Yes ☒ No ☐ |
| 5. Completed debris form- destination of debris | Yes ☒ No ☐ |
| 6. Shade tree application | Yes ☒ No ☐ |
| 7. BTMUA availability statement | Yes ☒ No ☐ |
| 8. Bldg, Plmg, Fire, & Electric subcode info completed | Yes ☒ No ☐ |
| 9. Gas Pipe drawing | Yes ☐ No ☐ |
| 10. Water schematic for plumbing | Yes ☐ No ☐ |
| 11. Brochures- furnace, boiler, a/c, or fireplace | Yes ☒ No ☐ |
| 12. Options | Yes ☒ No ☐ |
| Fireplace- Gas or wood (circle one) | |
| Deck- ☒ Basement or Crawl Space (circle one) | Yes ☒ No ☐ |
| 13. Two sets of plans- architecturals signed & sealed- all pages | Yes ☒ No ☐ |
| Homeowner drawings- signed by homeowner- all pages | |
| 14. Breakdown cost for each subcode on jacket & counter form | Yes ☒ No ☐ |
| 15. Separate alteration costs for decks, fireplaces & etc. N/A | Yes ☐ No ☐ |

Any information not included in package will not be accepted at the front counter

RECEIPT OF FEES

LOT: 14

INSPECTION _____

APPLICATION FOR SHADE TREE PERMIT
ORDINANCE # 158-E-99

- Telephone # 732-867-0758
1. Name of Applicant & Address Robert & Margaret Munch
609A Acacia Ave, Pt. Pleasant, N.J. 08742
Give name and address of person applying for permit. If applicant is other than owner, give and identify names and addresses of both.
2. Property is Block 834, Lot(s) 14
This information is available from your deed or tax bill.
3. Address if different from applicant 1651 Forge Pond Rd.
Give street and number if one is assigned. If there is no street number, estimate distance and direction from nearest intersection or other easily recognizable land mark.
4. Location of trees on property None existing foundation and number of trees presently on property _____.

A. FOR INDIVIDUAL BUILDING LOTS:

Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch.

Include existing buildings, driveways and other constructions in SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and A D for deciduous trees.

Note* Trees to be removed will have an X through the circle.

If removal is desired because of proposed construction of any kind, include such construction in DOTTED LINES and identify. If planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any other reason, show approximate proposed location with a DOTTED CIRCLE and specify species and approximate planting size (height and caliper).

There should be a minimum of one tree for each 2000 square foot after all tree removal and replacement. (e.g. an 80 X 100 Ft lot includes 8000 SF and would require a minimum of 4 trees).

B. FOR OTHER ACREAGE

Include copy of subdivision plot plan or equivalent outlining all wooded areas and solitary trees. Identify each (e.g. "heavily wooded mature oak with scattered Dogwood" or "sparsely wooded mixed Pitch Pine and small Oak, etc.).

Same minimum of one tree per 2000 SF as above is required.

APPLICATION FOR SHADE TREE PERMIT- Ordinance # 158-E-99

Page 2

Note*

"Tree" for the purpose of this permit means (1) any live coniferous tree 4" or more DBH (diameter breast high) (2) any deciduous tree (live) 3" or more DBH (3) any live American Holly or Dogwood 1" or more, one foot above ground and (4) any live Laurel 3" or more across root crown.

Date

4/18/2000

Name of Applicant

Robert & Margaret Munch

Address

609A Acacia Ave. Pt. Pleasant, NJ 08742

Block

8.34

Lot

14

Residential

Commercial

Address if different from applicant

1651 Forge Pond Rd.

None - existing foundation

LOCATION OF TREES ON PROPERTY

NUMBER OF TREES PRESENTLY ON PROPERTY

FEES

\$5.00 per tree (maximum \$25.00) on individual building lot

\$25.00 per acre for approved subdivisions/site plans

AMOUNT OF FEE

Reviewed by

Approved

Township Engineer

Date

Date: 5-2-00

 F_m

-1-

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Robert & Margaret Munch DATE 4/18/2000
 PROPERTY ADDRESS 1651 Forge Pond Rd. BLOCK 837 LOT 17

ZONING _____ USE GROUP _____

CONTRACTOR Self LICENSE # _____ REGISTRATION _____

WATER MAIN SIZE 6" WATER PRESSURE _____ SEWER MAIN SIZE 4"

PLUMBING FIXTURES NUMBER (sfu) WATER UNITS (dfu) DRAINAGE

1: BATHROOM GROUP 4 () 10 ()

2: KITCHEN GROUP 1 () 2 ()

3: WATER CLOSETS _____ () _____ ()

4: LAVATORY _____ () _____ ()

5: BATH TUB _____ () _____ ()

6: SHOWER STALL _____ () _____ ()

7: KITCHEN SINK 1 () 2 ()

8: SERVICE SINK _____ () _____ ()

9: LAUNDRY TRAY _____ () _____ ()

10: DISHWASHER _____ () _____ ()

11: WASHING MACHINE 1 () 4 ()

12: URINAL _____ () _____ ()

13: FLOOR DRAIN _____ () _____ ()

14: DRINK FOUNTAIN _____ () _____ ()

15: AIR COND
WATER COOLED _____ () _____ ()

16: DENTAL UNIT _____ () _____ ()

17: LAWN SPRINKLE _____ () _____ ()

18: FIRE SPRINKLE _____ () _____ ()

19: HOSE BIBS 2 () 3.5 ()

TOTAL 21.5

GALLONS PER MINUTE 17

SIZE OF SERVICE 1"

DATE

5-11-00

APPROVED



Ernst, Ernst Lissenden

A New Jersey Corporation

Consulting Engineers, Planners & Surveyors
52 Hyers Street, P.O. Box 391 • Toms River, NJ 08754
Telephone: (732) 349-2215
Fax: (732) 349-4127

PRINCIPALS

John A. Ernst, Jr., (1909-1987)
John A. Ernst, III, P.E., C.M.E., L.S., P.P.
George C. Lissenden, Jr., (Retired)
John J. Mallon, P.E., C.M.E., P.P.

Robert J. Romano, P.E., C.M.E., P.P.
John N. Ernst, P.E., C.M.E., P.P.
Carl P. Werner, L.S., P.P.

August 15, 2000

Mr. & Mrs. Robert Munch
c/o Jeannie Benedict
716 Jersey Avenue
Spring Lake, NJ 07762

**Re: Top of Block Foundation Elevation
Block 834, Lots 14 thru 17
1651 Forge Pond Road
Brick Township, Ocean County, NJ
EE&L Project No. 99M1941**

Dear Mr. & Mrs. Munch:

Please be advised that I have checked the elevation of the top of block at the above referenced site and find the top of block to be at elevation 28.0, which is in accordance with the plan entitled "Plot Plan and Survey Lots 14, 15, 16, 17 Block 27" dated November 11, 1999 and revised to August 14, 2000.

Very truly yours,
ERNST, ERNST & LISSENDEN

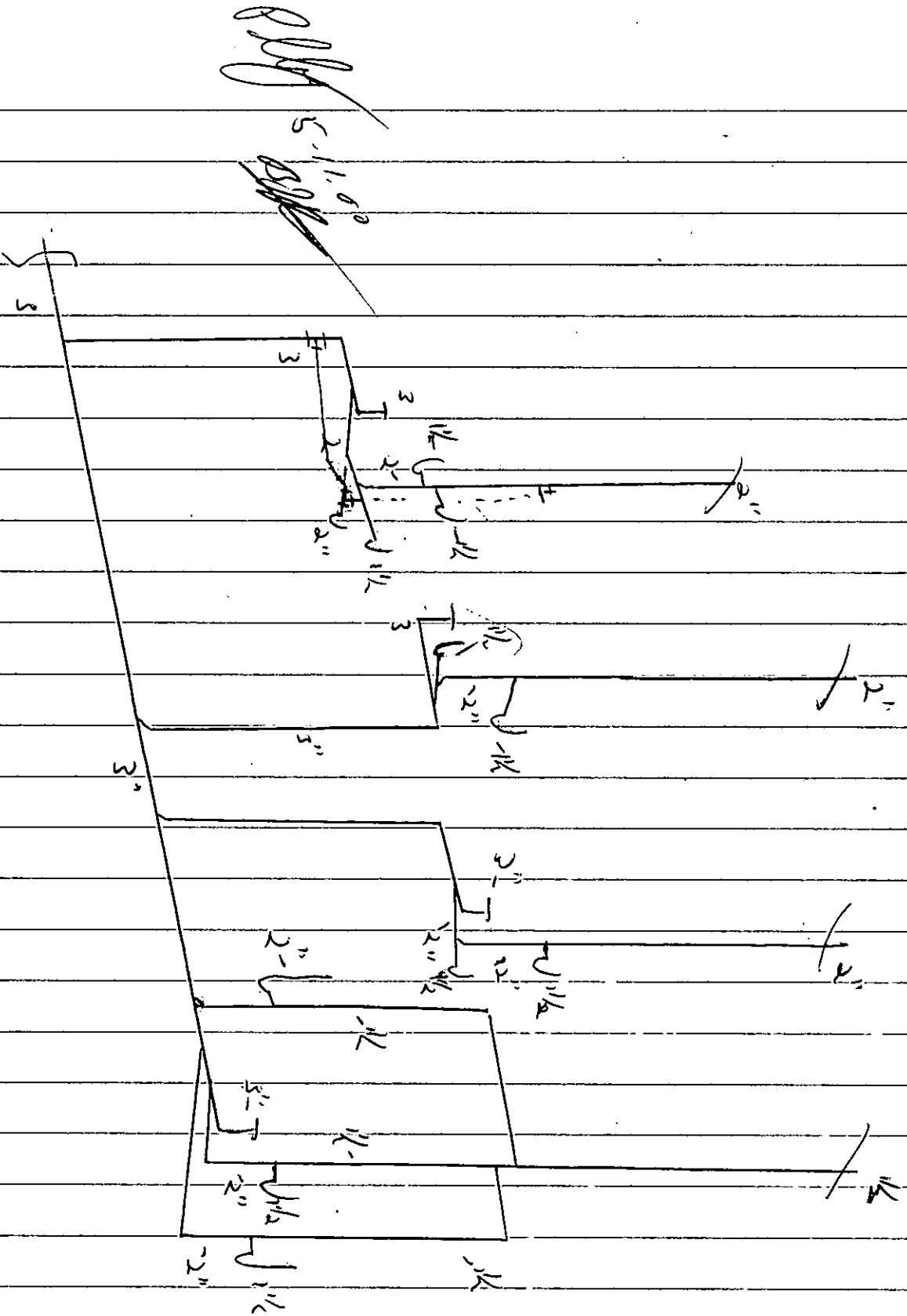
Carl P. Werner, P.L.S.
N.J. License No. 30094

CPW:cj

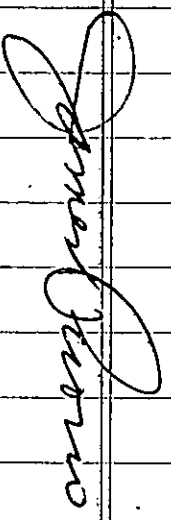
cc: file

Block 837

John Brown



3802



Certificate of Occupancy Single Family Dwelling

Location 1651 Forge Pond Rd Block 834 Lot 14

Final Inspections needed as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Report of Compliance, Ocean County Soil
8. Home Owners Warranty (HOW) or Affidavit by Owner

Certificate of Approval Additions and Alterations

Final inspections on all the Technical Sections that were paid for Building, Plumbing, Fire, and Electrical.

Report of Compliance from Ocean County Soils needed when; more than 5000 square feet are disturbed, almost always when more than 1 house is constructed as in Major and Minor Subdivisions. Affordable Housing when applicable. Stamped in Red when review is needed.

	FINALS	FINALS	FINALS
Building.	Approved.	2-15-01	OK
Plumbing.	Approved.	1/29/01	OK
Fire.	Approved.	1/26/01	OK
Electric.	Approved.	2/1/01	OK
Ctf of Comp BTMUA.	Approved.	2-13-01	OK
HOW Affidavit.	Approved.	2-9-01	OK
Engineering	Approved.	TCO 30 Days 3/15/01	OK
Soil.	Approved.	N-A	
Affordable Housing.	Approved.	N-A	
Commercial Occupancy Load	Completed	N-A	
Public Works Garbage Can Receipt	Received	2/7/01	OK
Application for CO	Completed	2-9-01	OK

TCO 30 Days

BLOCK 834
 LOT 14
 ADDRESS 1651 Forge Pond Rd
 00-2174

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor



DEPARTMENT OF ADMINISTRATION & FINANCE

Township Council:

Kathy M. Russell - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.

OFFICE OF THE TAX COLLECTOR

Jo Anne R. Lambusta, CTC

Tax Collector

(732) 262-1021

Fax: (732) 477-3746

<http://www.twp.brick.nj.us>

Receipt For Public Works Garbage Can Deposit

Date: 2-7-2001

Block: 834 Lot: 14

Property Address: 1651 Forge Pond Rd.
Brick, N.J. 08724

Date of Payment: 2-7-2001

Peggy Allegro, Signia Tax office
Tax Collectors Office

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050



Joseph C. Scarpelli Mayor

Township Council

Frederick J. Underwood, Sr - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
www.twp.brick.nj.us

Affidavit in support of application for a Certificate of Occupancy, pursuant to NJAC 5:23-2.24(c):

Date: 2/8/01

Owner in Fee: Robert Munch

Site Address: 1657 Forge Pond Rd, Brick, NJ

Block: 834 Lot: 14

I being the owner in fee for the site listed above and being of legal age, duly sworn upon my oath depose and say that a new home has been constructed on this property for personal use and occupancy by me.

I hereby attest that all designs, construction, plumbing, electrical or fire work has been done by me or by a subcontractor under my supervision in accordance with all applicable laws. I further acknowledge that this new home is not covered under the New Home Warranty and Builder's Registration Act (NJSA 46:3B-1et 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.

Robert Munch
(Signature)

Robert Munch
(Print Name)

Sworn and Subscribed before me on this 8th day of Feb 2001.

Karen R. Smith
(Notary's Signature)

KAREN R. SMITH
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires May 24, 2005

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 2-13-01

NAME Robert Munch

ADDRESS 1651 Forge Pond Rd. Brick, NJ 08724

PROPERTY LOCATION 1651 Forge Pond Rd.

Account No. L345600 Block 834 Lot 14

I hereby certify that the above applicant has complied with all Rules
and Regulations of this Authority and has paid all required fees and charges.

For the Authority

Carol Gandel

INSPECTOR:

R. Copman

DATE:

3/5/01

JOB:

SECTION:

TYPE OF WORK: Final

WEATHER:

Cloudy

LOCATION: 1651 Forge Pond Rd

TEMPERATURE: 50

BLOCK: 834

LOT: 14

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓ old macadam	
2. Grading	✓	
3. Sidewalk	✓ None	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓ Hazed blown away	
6. Clean-up Procedures		✓ Wood still in driveway
7. Note on going construction in immediate area	✓	
8. Safety		✓

COMMENTS REFERENCING ITEM NUMBER:

⑥ Clean up driveway area

⑧ Temp electric service from pole is still on property
is hot. No cut off

RECOMMENDATIONS:

☐ TEMP. C.O.☐ FINAL C.O.☒ DETAILED REINSPECTION☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
 PLANNING BOARD ENGINEER

 MUNICIPAL ENGINEER

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

COUNTER FORM
PLEASE PRINT

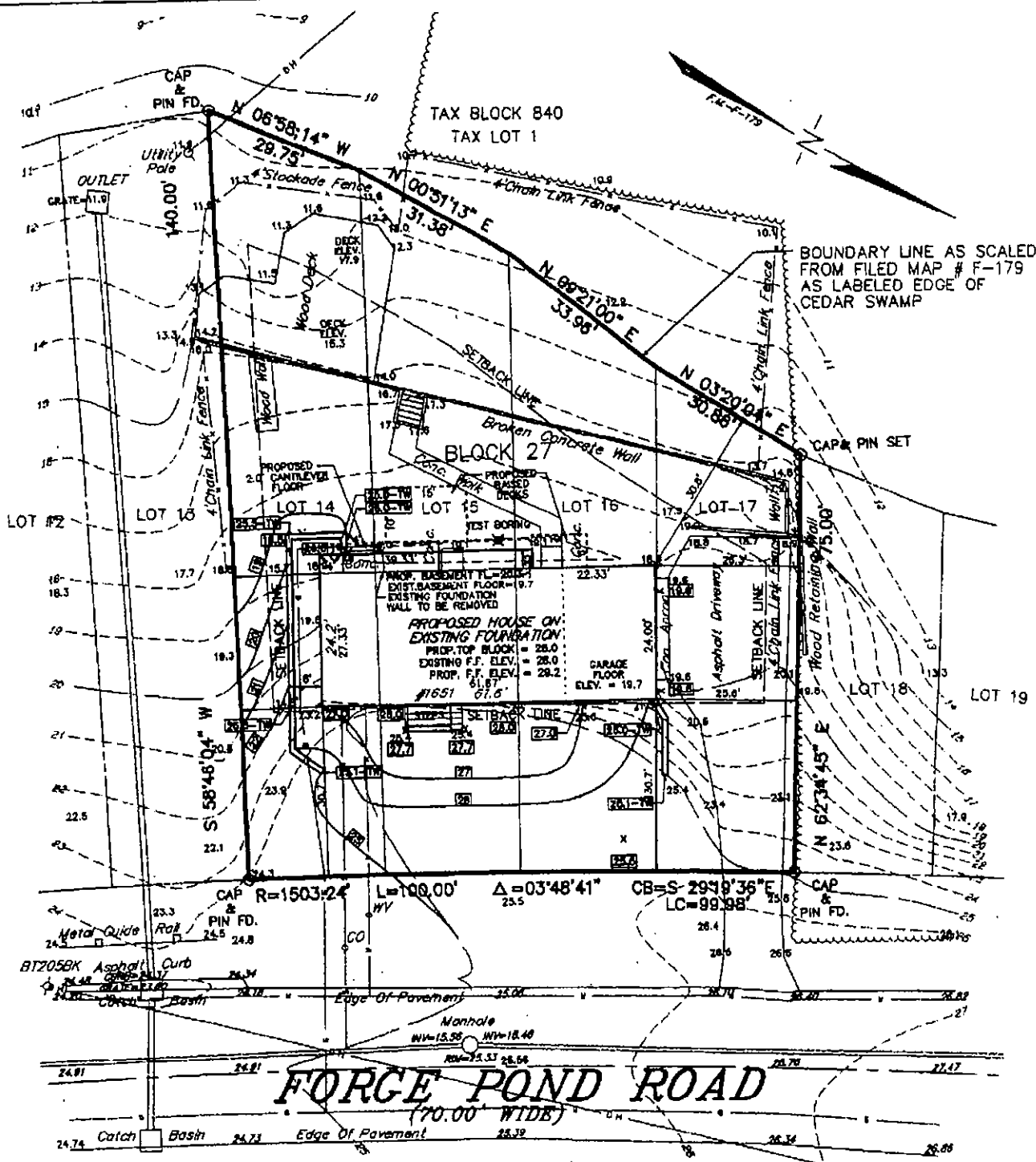
TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: <u>1651 Forge Pond Rd.</u>	Date Rec'd: _____
Block: <u>834</u> Lot: <u>17</u>	Date Issued: _____
Owner in Fee: <u>Robert & Margaret Munch</u>	Control #: _____
Address: <u>609A Acacia Avenue</u>	Permit #: _____
<u>Dt. Pleasant, NJ</u>	
State: <u>N.J.</u> Zip: <u>08742</u> Ph: _____	_____
SS #: _____	Provide only if Applicant is owner

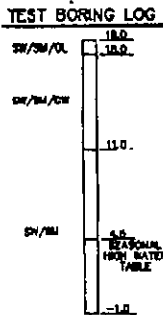
PLUMBING SUBCODE	BUILDING SUBCODE																																																										
CONTRACTOR: <u>James Puorro Plumbing</u>	CONTRACTOR: <u>Margaret & Robert Munch</u>																																																										
ADDRESS: <u>707 Portridge Run</u>	ADDRESS: <u>609A Acacia Ave.</u>																																																										
<u>Dt. Pleasant, NJ 08742</u>	<u>Dt. Pleasant NJ 08742</u>																																																										
PHONE: <u>732-892-5228</u>	PHONE: _____																																																										
LIC #: <u>05019</u>	LIC #: _____																																																										
LIC. EXPIRATION DATE: _____	LIC. EXPIRATION DATE: _____																																																										
FEDERAL EMP. # (or S.S. #): _____	FEDERAL EMP. # (or S.S. #): _____																																																										
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA																																																										
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Estimated Cost of Plumbing Work: \$ <u>6,040.00</u>	TYPE OF WORK																																																										
Signature: <u>James Puorro</u>	☒ New Building																																																										
Owner ☐ Contractor ☒	☐ Addition ☐ Fence: _____ Height (6' or More)																																																										
SUBCODE APPROVAL:	☐ Alteration ☐ Sign: _____ Sq. Ft.																																																										
PLANS: Required ☐ Approved ☐	☐ Roofing ☐ Pool (In Ground)																																																										
Approved by: _____	☐ Siding ☐ Pool (Above Ground)																																																										
Date: _____	☐ Other: _____ ☐ Asbestos Abatement																																																										
CONTRACTOR AFFIX SEAL:	☐ Other: _____ ☐ Demolition																																																										
	BUILDING CHARACTERISTICS																																																										
	USE GROUP Present: _____ Proposed: _____																																																										
	CONSTR. CLASS Present: _____ Proposed: _____																																																										
	No. of Stories: <u>2</u>																																																										
	Height of Structure: <u>30'</u>																																																										
	Area - Largest Floor: <u>1690</u>																																																										
	New Building Area / All Floors: <u>3131</u>																																																										
	Volume of Structure: <u>53,632</u> Total Land Disturbed: _____																																																										
	Signature: <u>Robert Munch</u>																																																										
	<u>Margaret Munch</u>																																																										
	Estimated Cost of Building Work: <u>115,040.00</u>																																																										
	New Building (1): \$ _____																																																										
	Alteration (2): \$ _____																																																										
	TOTAL (1+2): \$ <u>115,040.00</u>																																																										
	SUBCODE APPROVAL: _____																																																										
	PLANS: Required ☐ Approved ☐																																																										
	Approved by: _____																																																										
	Date: _____																																																										

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE			FIRE PROTECTION SUBCODE																
CONTRACTOR: <u>HVSID ELECTRICAL</u>			CONTRACTOR: <u>Robert & Margaret Munch</u>																
ADDRESS: <u>279 Pacific Ave.</u> <u>Spicewood, NJ 08722</u>			ADDRESS: <u>609A Andria Avenue</u> <u>Pt. Pleasant, NJ 08772</u>																
PHONE: <u>732-286-1317</u>			PHONE: [REDACTED]																
LIC. #: <u>9350</u> EXP. DATE: _____			LIC. #: _____ EXP. DATE: _____																
FEDERAL EMPL. #: (or S.S. #): <u>22-2961650</u>			FEDERAL EMPL. #: (or S.S. #): _____																
TECHNICAL DATA (LIST ALL FIXTURES)			TECHNICAL DATA (DESCRIPTION OF WORK)																
DESCRIPTION	QTY	SIZE	Single-family dwelling with one wood-burning fireplace and one natural gas fireplace Heating Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar Heating Sys: ☒ New ☐ Existing Location of Furnace / Boiler <u>attic and basement</u>																
ITEMS																			
Lighting Fixtures	<u>25</u>																		
Receptacles	<u>40</u>																		
Switches	<u>70</u>																		
Detectors	<u>8</u>																		
Light Poles																			
Motors - Fract. HP																			
Emergency & Exit Lights																			
Communications Points																			
Alarm Devices/E.A.C. Panel			Water Supply Source <u>Public 1"</u> Method of Valve Supervision _____ Local Alarm Supervision _____ Central Supervision _____ Proprietary Supervision _____																
TOTAL NUMBERS			Flammable Liquid Storage Tanks Capacity: _____ Fuel: _____ Combustible Liquid Storage Tanks Capacity: _____ Fuel: _____ L.G.P. Storage Tanks Capacity: _____ Fuel: _____																
Pool Permit w/UW Lights			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>DESCRIPTION</th> <th>NUMBER</th> </tr> </thead> <tbody> <tr><td>Wet Sprinkler Heads</td><td></td></tr> <tr><td>Dry Sprinkler Heads</td><td></td></tr> <tr><td>Total</td><td></td></tr> <tr><td>Smoke Detectors</td><td><u>8 ac/dc interconnected w. battery backup</u></td></tr> <tr><td>Heat Detectors</td><td></td></tr> <tr><td>Total</td><td></td></tr> </tbody> </table>			DESCRIPTION	NUMBER	Wet Sprinkler Heads		Dry Sprinkler Heads		Total		Smoke Detectors	<u>8 ac/dc interconnected w. battery backup</u>	Heat Detectors		Total	
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Dry Sprinkler Heads																			
Total																			
Smoke Detectors	<u>8 ac/dc interconnected w. battery backup</u>																		
Heat Detectors																			
Total																			
Storable Pool/Spa/Hot Tub																			
KW Elec. Range / Receptacle		KW																	
KW Oven / Surface Unit		KW																	
KW Elec. Water Heater		KW																	
KW Elec. Dryer / Receptacle		KW																	
KW Dishwasher	<u>1</u>	KW																	
HP Garbage Disposal		HP																	
KW Central A/C Unit	<u>3</u>	KW																	
HP/KW Space Heater/Air Handler		HP/KW																	
KW Baseboard Heat		KW	Stand Pipes _____ Kitchen Hood Exhaust Systems _____ Pre-Engineered Systems _____ Co2 Suppression _____ Halon Suppression _____ Foam Suppression _____ Dry Chemical _____ Wet Chemical <u>3 furnaces</u>																
HP Motors 1/+ HP		HP																	
KW Transformer/Generator		KW																	
AMP Service	<u>200</u>	AMP																	
AMP Subpanels		AMP																	
AMP Motor Control Center		AMP																	
AMP Elec. Sign/Outline Light		KW																	
Other																			
Other																			
Other																			
Other																			
Estimated Cost of Electrical Work: \$ <u>3,000.00</u>			Gas or Oil Fired Appliance <u>5</u> Other <u>1 - wood burning fireplace</u> Other <u>1 - natural gas fireplace</u> Estimated Cost of Fire Protection Work: \$ <u>1,000.00</u> Signature: <u>Margaret M. Munch</u> <u>Robert Munch</u> Owner ☐ Contractor ☒																
Signature (print name): _____																			
Estimated Cost of Electrical Work: \$ <u>3,000.00</u>																			
Signature (print name): <u>B. Dryden</u>																			
Owner ☐ Contractor ☒																			
SUBCODE APPROVAL:																			
PLANS: Required ☐ Approved ☐																			
Approved by: _____																			
Date: _____																			
CONTRACTOR AFFIX SEAL:																			
			SUBCODE APPROVAL: PLANS: Required ☐ Approved ☐ Approved by: _____ Date: _____																



NOTE:
NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THE PREMISES IS CLAIMED OR DELINEATED BY THE STATE OF NEW JERSEY OR THE UNITED STATES OF AMERICA AS TIDELANDS OR WETLANDS, EXCEPT AS SPECIFICALLY NOTED HEREON.
OFFSETS SHOWN HEREIN ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.
THIS SURVEY DOES NOT PURPORT TO IDENTIFY ENCROACHMENTS, UTILITIES, SERVICE LINES OR STRUCTURES BELOW GRADE, IF ANY, EXCEPT AS SPECIFICALLY NOTED



- NOTES:**
1. ALL ELEVATIONS BASED ON N.G.V.D. 1929.
 2. THE M.H.W. LINE OF THE METEDECONK RIVER IS OVER 150' FROM THE BOUNDARY LINE.
 3. PROPERTY LIES WITHIN ZONE C (AREA OF MINIMAL FLOODING) AS SHOWN ON FLOOD INSURANCE RATE MAP REVISED TO 3/1/84 COMMUNITY # 345285 PANNEL 0003C.
 4. EXISTING PUBLIC WATER AND SEWER CONNECTIONS TO BE MAINTAINED.
 5. EXISTING LOT GRADES TO BE MAINTAINED.

R-10 ZONE
LOT AREA = 10,000 S.F.
LOT WIDTH = 90'
LOT DEPTH = 100'
FRONT SETBACK = 30'
SIDE SETBACK = 6'
REAR SETBACK = 20'
MAXIMUM BUILDING COVERAGE = 30%
MAXIMUM BUILDING HEIGHT = 35'

LEGEND

12.3	= EXISTING ELEVATION
27.7	= PROPOSED ELEVATION
---	= EXISTING CONTOUR
---	= PROPOSED CONTOUR

DATE	REVISION	BY
8/14/00	REVISED HIGH FLOOD ELEV.	CPW
3/23/00	REVISED FLOODING	CPW
1/18/00	REVISED ELEVATIONS	CPW
5/10/00	REVISED BUILDING FOOTPRINT	CPW

LOT AREA = 11,367.74 S.F. (0.26 AC.)
ALSO KNOWN AS TAX LOT 14 BLOCK 834

PLOT PLAN AND SURVEY
LOTS 14,15,16,17 BLOCK 27

AS SHOWN ON MAP OF "AMENDED MAP OF LAURELTON PARK"

COUNTY FILE NO. F-179 FILED: 5-13-1947
BRICK TOWNSHIP OCEAN COUNTY, NEW JERSEY

ERNST, ERNST & LISSENDEN
ENGINEERS & SURVEYORS
P.O. Box 301 - 62 Hyatt Street Toms River, New Jersey 08753

DATE: NOVEMBER 11, 1999
SCALE: 1" = 20'
DRAWN BY: CPW
CHECKED BY: CPW
SHEET NO. 1 OF 1
DRAWING NO. S-101

TOWNSHIP OF BRICK

PLOT PLAN REVIEW

CHECKLIST

BLOCK 834 LOT 14 DATE RECEIVED _____

PROPERTY ADDRESS 1651 Forge Pond Rd.

APPLICANT Robert & Margaret Munch PHONE [REDACTED]

ADDRESS 6094 Acadia Ave. Pt. Pleasant, N.J. 08742

CONTRACTOR Same as above PHONE _____

ADDRESS _____

TYPE OF WORK new construction - single-family dwelling ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEV. _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVED YES _____ NO _____

		YES	NO	N/A
1.	PLAN SIGNED & SEALED	/		
2.	SCALE OF NOT LESS THAN 1"=50'	/		
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)	/		
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	/		
5.	STREET GUTTER, CURB & CENTER LINE ELEVATIONS	/		
6.	CONTOURS; 1' INCREMENTS			/
7.	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			/
8.	PROPOSED GRADING/ELEVATIONS	/		
9.	GARAGE/1ST FLOOR/CRAWLSPACE/BASEMENT ELEVATIONS	/		
10.	PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS	/		
11.	METHOD OF DRAINAGE	/		
12.	NORTH ARROW	/		
13.	DRIVEWAY WIDTH/TYPE	/		
14.	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	/		
15.	PROPERTY ADDRESS/LOT & BLOCK NUMBER	/		
16.	SIDEWALK, CURB AND APRONS			/
17.	PARKING AREAS	/		
18.	UTILITY & CONNECTIONS; WATER/SEWER/GAS/ELECTRIC	/		
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS			/
20.	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH	/		
21.	LIMITS OF CLEARING			/
22.	BASEMENTS/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS			/
23.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.			/
24.	EXISTING STRUCTURES			/
25.	RETAINING WALLS/SERVICE WALKS/OTHER MISC. ITEMS	/		

PLOT PLAN REVIEW

APPROVED / REJECTED _____

SIGNED mt DATE 5/1/00

REVISION

APPROVED _____ REJECTED _____

SIGNED _____ DATE _____

COMMENTS _____

Applicable to Ordinance 728-92

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

TOWNSHIP OF BRICK

1651 Forge Pond Rd.
Work Site Address

834
Block

17
Lot

Robert & Margaret Munch, 609A Aracia Ave, Pt. Pleasant, NJ 08742
Owner's Name, Address, Phone

Self - same as above
Contractor's Name, Address, Phone

Construction single-family frame dwelling
Describe type (Single-family home, etc.)

Demolition construction debris
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material construction debris

Ocean County, NJ 08701

Name, address and phone of party responsible for removal of debris:

Ocean Carting, P.O. Box 357, Lakewood, NJ 08701

Size of dumpster: 30 yd.

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.: 0187

****Note:** Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Robert Munch

Margaret Munch
Printed/Typed Name

Robert Munch

Margaret Munch
Signature

4/18/2010
Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

****Note:** Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant