BLOCK 834 LOT 5 QUALIFICATION CODE C20-34 C20-34-1 ADDRESS (SITE) 1661 FORGE POND Rd PERMIT NO. 02-0190

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1661 FORGE POND Rd.
2. Name of Owner in Fee: KNISTI-SHAY CONSTRUCTION Tel. (732) 477-4665
   Address 63 CHANNER DR (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: KNISTI-SHAY CONSTRUCTION Tel. (732) 477-4665
   Address 63 CHANNER DR BRICK NJ 08723
   License No. OR, if new home, Builder Reg. No. 26379 Exp. Date 11/02
   Federal Employee No. 22-3528190 FAX: (732) 477-9115
5. Architect or Engineer KWIECINSKI & ASSOCIATES Tel. (732) 295-4515
   Address 106 BRIDGE AVE SUITE 5 BAY HEAD NJ 08742
6. Responsible Person in Charge of Work SAM REYNOLDS
   Tel. (732) 477-4665 FAX (732) 477-9115

NEW SINGLE-FAMILY HOME
4 BR 2½ BATH 2 CAR GARAGE
BASEMENT

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 620		35
2.	Electrical		140	
3.	Plumbing		280	
4.	Fire Protection		70	
5.	Elevator Devices	TREES		
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	40		
10.	Subtotal			
11.	Cert. of Occupancy	127		15
12.	Other	20		
13.	TOTAL	$ 842		50

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	2	
2.	Height of Structure	25 ft.	
3.	Area — Largest Floor	312 sq. ft.	
4.	New Building Area	2535 sq. ft.	
5.	Volume of New Structure	24780 cu. ft.	
6.	Construction Classification	5B	
7.	Total Land Area Disturbed	2,000 sq. ft.	
8.	Flood Hazard Zone	NO	
9.	Base Flood Elevation	ft.	
10.	Wetlands yes		
	no		
11.	Max. Live Load		
12.	Max. Occupancy Load		

II. PROPOSED WORK

		Est. Cost	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☒ New Building	60,000	✓	1/30/02		1-28-02	FM			
3.	☐ Addition									
4.	☐ Alteration									
5.	☒ Fire Protection	200 ±				1-30-02	DB			
6.	☒ Plumbing	5,000. ±			1-2-02	2-7-02				
7.	☒ Electrical	3,000. ±				1/28/02	CB			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Ent	1/23/02		1/23/02				
	TOTAL COSTS	68,200 ±								

OPTIONAL (for office use only)

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 5B
After Construction 5B
Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group: R3
3. Change in Use Group, Indicate Former:

LDS BR 10102481

U.C.C. F100-1 (rev. 3/98)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name KRISTI-SHAY CONSTRUCTION

Address 63 CHANNEL DR.

BRICK NJ 08723

Telephone (732) 477-4665

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IMPORTANT
A.H.B.T. EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE 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

Date Issued 05/30/2002
Control #
Permit # 02-0190

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee/Occupant KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

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

[ ] 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 NJAC 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 what 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 July 1, 2002 or the owner will be subject to fine or order to vacate:
FINAL APPROVAL FOR DECK BY 7/1/02

[ ] 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

Fee $ 127
Paid [X] Check No. 8008
Collected by: ERP

O.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/30/2002
Control #
Permit # 02-0190

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee/Occupant KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

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

[ ] 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 July 1, 2002 or the owner will be subject to fine or order to vacate:
FINAL APPROVAL FOR DECK BY 7/1/02

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 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. F260 (rev. 3/96)

Fee $ 127
Paid [X] Check No. 8008
Collected by: ERP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/12/2002
Control #
Permit # 02-0190

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee/Occupant KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

Home Warranty No. 154216
Type of Warranty Plan: [X] State [ ] 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 NJAC 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 _____, ___.

Fee $ 127
Paid [X] Check No. 8008
Collected by: ERP

BLK Acting
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/12/2002
Control #
Permit # 02-0190

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee/Occupant KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Esp. No. 22-3528180

Home Warranty No. 154216
Type of Warranty Plan: [X] State [ ] 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 _____, ___.

Fee $ 127
Paid [X] Check No. 8008
Collected by: ERP

CONSTRUCTION OFFICIAL
U.C.C. P160 (rev. 3/96)

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 884.27 Lot 5-8
Work Site Location 1661 PONDS POND ROAD
BRICK NJ 08723
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK NJ 08723
Tel. (732) 477-4665

Contractor KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK NJ 08723
Tel. (732) 477-4665
License No. 26379
Federal Employee No. 22-3528180

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP R4 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 60,000
(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:

NEW SINGLE-FAMILY DWELLING

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: Ian Reynolds
OWNER/AGENT

- [x] OWNER
- [ ] AGENT

U.C.C. F270
(rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/28/2002
Control #
Permit # 02-0190

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 934 Lot 5 Qual

Work Site Location legal FORGE POND PD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4465

Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4465
Lic. No. or Bldrs. Reg. No. 26379
Federal Exp. No. 22-3328180

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

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: $ 60,202

Construction Official 01/28/2002
Date

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

PAYMENTS (Office Use Only)

Building	620
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
~~Other~~ LEES	25
DCA Training Fee	40
Cert. of Occupancy	127
Other ZPA EPA	30
Total	~~842~~
Check No. 8	8008
Cash	
Collected By	EPP

01/28/02 3:54PM 0000004251
XX07 SERV.007

#020190	
BUILDING	$620.00
MISC	$25.00
DCA	$40.00
C/O	$127.00
ZPA	$15.00
EPA	$15.00
CHECK	$842.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/11/2002
Control #
Permit # 02-01904C
Permit Issued 01/28/2002

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 834 Lot 5 Qual

Work Site Location 1661 FORGE POND RD
DECK
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665

Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Lic. No. or Bldrs. Reg. No. 26379
Federal Exp. No. 22-3528180

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
8X10 DECK

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	8796
Cash	
Collected By	ERP

06/11/02 12:25PM 0000001241
X07 SERV.007
X020190
BUILDING $35.00
CHECK $35.00

Estimated Cost of Work $ 500

Construction Official 06/11/2002
Date

U.C.C. F190 (rev. 3/96)

035

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 03/08/2002
Control #
Permit # 02-01904B
Permit Issued 01/29/2002

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION: Block 034 Lot 5 Qual

Work Site Location 1491 FORGE POND RD
RETAINS WALL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL RD
BRICK, NJ 08723-
Telephone (732)477-4465

Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL RD
BRICK, NJ 08723-
Telephone (732)477-4465
Lic. No. or Bldrs. Reg. No. 24979
Federal Emp. No. 22-3228180

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RETAINING WALL

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
CCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	1896
Cash	
Collected By	BPP

03/08/02 2:56PM 000000H0020
#007 SERV.007
#020190
BUILDING $35.00
EPA $15.00
CHECK $50.00

Estimated Cost of Work $ 900

Construction Official

03/08/2002
Date

U.C.C. F159 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 02/07/2002
Control #
Permit # 02-01904
Permit Issued 01/28/2002

UCC NEW JERSEY
PERMIT UPDATEE

IDENTIFICATION Block 839 Lot 5 Qual

Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665

Contractor ROBERT J MCLAUGHLIN ELEC CO#
Address 12 8TH STREET
BARNEGAT, NJ 08005-
Telephone (609)660-0306
Lic. No. or Bldrs. Reg. No. 10990A
Federal Emp. No. 22-3451834

Is hereby granted permission to perform the following work:

( ) 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

PAYMENTS (Office Use Only)

Building	0
Electrical	149
Plumbing	280
Fire Protection	219
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	648
Check No.	1895
Cash	
Collected By	MJR

02/07/02 2:43PM 000000H9429
XX02 SERV.002

H0190	
ELECTRIC	$149.00
PLUMBING	$280.00
FIRE	$219.00
CHECK	$648.00

Estimated Cost of Work $ 8,200

Construction Official

02/07/2002
Date

U.C.C. F190 (rev. 3/96)

C35

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 02/07/2002
Control #
Permit # 01-4490+A
Permit Issued 12/14/2001

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 281 Lot 46 Qual

Work Site Location 20 VANARO DR
DECK
Owner in Fee AMATO, MARY
Address SAME
BRICK, NJ 08723-
Telephone (732)477-4645

Contractor KRISTI SHAY CONSTRUCTION
Address 62 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528184

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ADDING DECK 10X22X2

Estimated Cost of Work $ 300

Construction Official 02/07/2002 Date

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
UCA Training Fee	0
Cert. of Occupancy	0
Other ZP	15
Total	50
Check No.	1886
Cash	
Collected By	EPP

02/07/02 2:44PM 000000H9430
**02 SERV.002

#4490	
BUILDING	$35.00
ZPA	$15.00
CHECK	$50.00

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/30/2002
Date Issued 01~~/01/1954~~ 6/11/02
Control #
Permit # 02-0190+C

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
DECK
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

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

8X10 DECK

Plans = Letter From Architect
FM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/6/02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-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. $ 500
2. Alteration $ 0
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 35
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/30/2002
Date Issued 01~~/01/1954~~
Control # 6/11/02
Permit # 02-0190+C

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
DECK
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

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

8X10 DECK

Plans = Letter From Architect
FM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-6-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-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. $ 500
2. Alteration $ 0
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 35
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check # Collected by:

U.C.C. F110 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/30/2002
Date Issued ~~01/01/1954~~
Control # 6/11/02
Permit # 02-0190+C

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
DECK
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 83 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 83 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 20379
Federal Emp. No. 22-3528180

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

8X10 DECK

Plans - Letter from Architect
FM

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All 6-6-02 FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-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. $ 500
2. Alteration $ 0
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK — FEE (Office Use Only)

[X] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 35
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check # Collected by:

U.C.C. F110 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 1/28/02
Control # ~~C20-34~~
Permit # 02-0190

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )-
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

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
5A Type construction
As Built Foundation Survy Req

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-28-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 5-30-02
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing			1/29/02	
Foundation	OK as built		3/8/2002	
Slab				
Frame	3/6/2002	Corr	3/11/2002	
BarrierFree				
Insulation			3/11/2002	
Finishes				
Energy				
Mechanical	5/08/2002	Corr		
TCO				
Other				
Final	5/29/02		5/30/02	FM
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 25 Ft.
Area Largest Floor 312 Sq. Ft.
New Bldg. Area/All Floors 2,535 Sq. Ft.
Volume of New Structure 24,780 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 60,000
2. Alteration $ 0
3. Total (1+2)$ 60,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 620
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 620
DCA Training Fee	$ 40

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE R

TECHNICAL SECTION
SUBCODE
BUILDING
UCC NEW JERSEY

Permit #
Control # C20-16
Date Issued
Date Received 12/20/2001

2-8 Checked waterproofing - OK to backfilled ~~per~~ (at risk) pending submittal of revised as built contractor is changing grade

3/20/2002 NO FOUND. Appr, Doubles under walls Above per plan.
FLASH, BASEMENT, Firestop, No Found. app
No Rough Plmg appr

3/12/2002 Rough Plmg approved today JKH

3/20 Holes in garage ceiling
front porch not poured
carpets not in

3/28/2002 Caulk inside & out & Garage ceiling
and walls both side - [illegible]

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 1/2/02
Control # ~~C20-34~~
Permit # C2-0110

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

S F DWELLING/BASEMENT

5A Type Construction
As Built Foundation Survey Req

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] AU 1-26-02 FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO
Date: 5-30-02
Approved By: FM

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

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab			3/8/2002	
Frame			3/11/2002	
BarrierFree				
Insulation			3/11/2002	
Finishes				
Energy				
Mechanical	5/08	2302	6/04	
TCO				
Other			5/20/02	5-30-02 FM
Final				
BarrierFree			6/04	

TYPE OF WORK — FEE (Office Use Only)

[X] New Building			$ 620
[ ] Addition			0
[ ] Alteration			0
[ ] Roofing			0
[ ] Siding			0
[ ] Fence	0	Height (exceeds 6')	0
[ ] Sign	0	Sq. Ft.	0
[ ] Pool			0
[ ] Asbestos Abatement Subchapter 8			0
[ ] Lead Haz. Abatement NJAC 5:17			0
[ ] Other			0
Other 22-1653			0
[ ] Demolition			0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2 2
Height of Structure 25 Ft.
Area Largest Floor 312 Sq. Ft.
New Bldg. Area/All Floors 2,535 Sq. Ft.
Volume of New Structure 24,780 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 60,000
2. Alteration $ 0
3. Total (1+2) $ 60,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 620
DCA Training Fee $ 40

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 1/28/02
Control # ~~G20-34~~
Permit # 02-0190

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-28-02	FH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 25 Ft.
Area Largest Floor 312 Sq. Ft.
New Bldg. Area/All Floors 2,535 Sq. Ft.
Volume of New Structure 24,780 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 60,000
2. Alteration $ 0
3. Total (1+2)$ 60,000

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

S F DWELLING/BASEMENT

5A Type construction
As built Foundation Survey Req

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 620
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 620
DCA Training Fee	$ 40

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2002
Date Issued ~~01/01/1974~~ 3/8/02
Control #
Permit # 02-0190+B

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

Block 834 Lot 5 Qual

Work Site Location 1661 FORGE POND RD
RETAING WALL

Owner in Fee KRISTI-SHAY CONSTRUCTION

Address 63 CHANNEL DR
BRICK, NJ 08723-

Tele.(732)477-4665

Contractor KRISTI SHAY CONSTRUCTION

Address 63 CHANNEL DR
BRICK, NJ 08723-

Tele.(732)477-4665 Fax ( )

Lic. No. or Bldrs. Reg. No. 26379

Federal Emp. No. 22-3528180

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

RETAINING WALL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-8-02	Ey
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-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. $ 500
2. Alteration $ 0
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 35
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2002
Date Issued ~~01/01/1954~~
Control # 38/02
Permit # 02-0190+B

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
RETAING WALL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

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

RETAINING WALL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-8-02	FH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-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. $ 500
2. Alteration $ 0
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 35
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2002
Date Issued ~~01/01/1954~~ 3/15/02
Control #
Permit # 02-0190+B

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
RETAING WALL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3517180

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

RETAINING WALL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req
[X] All 3-6-02 EY
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] PO [ ] CCC [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 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. $ 500
2. Alteration $ 0
3. Total (1+2) $ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 35
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F119 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 2/7/02
Control # C20-34-1
Permit # 02-0190 FA

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3528180

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: UTILITY ROOM
Total Est Cost of Fire Prot Work $ 200

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: 1-30-02
Approved By:

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 5-15-02
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			5-15-02	JR
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			5-15-02	JR
Smoke Ctl				
TCO				
Final			5-15-02	JR
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	8	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other 2 FURNACES		92
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	219
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 2/7/02
Control # C20-34-1
Permit # 02-0190 FA

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Lic. No. GW Bldrs. Reg. No.
Federal Emp. No. 22-3528180

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: UTILITY ROOM
Total Est Cost of Fire Prot Work $ 200

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: 1-30-02
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] Systen		
Alarm Devices(smoke,heat,pulls,water/flow)	8	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	92
Other 2 FURNACES		92
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	219
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 2/7/02
Control # C20-34-1
Permit # 02-0190 FA

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Lic. No. of Bldrs. [illegible]
Federal Emp. No. [illegible]8180

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: UTILITY ROOM
Total Est Cost of Fire Prot Work $ 200

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	3	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	3	15
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	92
Other 2 FURNACES		92
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	219
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 2/7/02
Control # C20-34-102
Permit # 02-0190

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(609)660-0306 Fax (609)660-9395
Contractor ROBERT J MCLAUGHLIN ELEC CON
Address 12 8TH STRET
BARNEGAT, NJ 08005-
Tele.(609)660-0306
Lic. No. or Bldrs. Reg. No. 10990A
Federal Emp. No. 22-3451834

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
[X] Elect Plans Approved
Date: 1 28 02
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 5/20/2
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			3/6/2	MM
Temp Serv			3/6/2	MM
Const Serv				
TCO				
Other				
Service				
Final			5/7/02	MM

Temp. Cut-in-Card Date Issued 3/6/2 MM
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Lighting Fixtures	
50		Receptacles	
25		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
103		TOTAL NUMBERS	55
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	9
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
2	5	KW Central A/C Unit	18
2	3	HP/KW Space Heater/Air Handler	18
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	150	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	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 and perform the work listed on this application.

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

Paid [ ] Check # Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	149
DCA Training Fee	$	0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 2/7/02
Control # C20-34-102
Permit # 02-0190+A

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(609)660-0306 Fax (609)660-9395
Contractor ROBERT J MCLAUGHLIN ELEC CON
Address 12 8TH STREET
BARNEGAT, NJ 08005-
Tele.(609)660-0306
Lic. No. or Bldrs. Reg. No. 10990A
Federal Emp. No. 22-3451834

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: 1 28 02
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) 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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Lighting Fixtures	
50		Receptacles	
25		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
103		TOTAL NUMBERS	55
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	9
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	1	KW Dishwasher	9
0	0	HP Garbage Disposal	0
2	5	KW Central A/C Unit	18
2	3	HP/KW Space Heater/Air Handler	18
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	150	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 149
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 2/7/02
Control # C20-34-102
Permit # 02-0190+A

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(609)660-0306 Fax (609)660-9395
Contractor ROBERT J MCLAUGHLIN ELEC CON
Address 12 8TH STREET
BARNEGAT, NJ 08005-
Tele.(609)660-0306
Lic. No. or Bldrs. Reg. No. 10990A
Federal Emp. No. 22-3451834

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
[X] Elect Plans Approved
Date: 1 28 02
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) 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 an authorized to make this application and perform the work listed on this application.

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Lighting Fixtures	
50		Receptacles	
25		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
103		TOTAL NUMBERS	55
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	9
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
2	5	KW Central A/C Unit	18
2	3	HP/KW Space Heater/Air Handler	18
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	150	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 149
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 2/7/02
Control # C20-34-1
Permit # 02-0190-1A

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

Block 834 Lot 5 Qual
Work Site Location 1661 FORGE POND RD
S F DWELLING/BASEMENT
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)262-0021 Fax ( )
Contractor MCCREA P&H
Address 983 ROSEWOOD AVE
BRICK, NJ 08723-
Tele.(732)262-0021
Lic. No. or Bldrs. Reg. No. 6623
Federal Emp. No. [redacted]

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 $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-7-02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 5-15-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	3-6-02		3-12-02	
Water			3-12-02	
Sewer			3-12-02	
Fixtures			5/14/02	
Gas Equip.			5/15/02	
Gas Piping			3-6-02	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application 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)
3	Water Closet	30
0	Urinal / Bidet	0
2	Bath Tub	20
4	Lavatory	40
1	Shower	10
0	Floor Drain	0
1	Sink	10
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
	Other 2 A/C	70
	Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 280
DCA Training Fee	$ 0

Paid [ ] Check # Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 2/7/02
Control # C20-34-1
Permit # 02-0190+A

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

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S F DWELLING/BASEMENT
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BRICK, NJ 08723-
Tele.(732)262-0021 Fax ( )
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Lic. No. or Bldrs. Reg. No. 6623
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Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

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Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-7-02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

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

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1	Shower	10
0	Floor Drain	0
1	Sink	10
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
	Other 2 A/C	70
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 280
	DCA Training Fee	$ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/20/2001
Date Issued 2/7/02
Control # C20-34-1
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Block 834 Lot 5 Qual

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[ ] Plumb. Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
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0	Floor Drain	0
1	Sink	10
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
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0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 2 A/C	70
	Other	0

70' 35,000 1/7

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 280
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: May 30, 2002 **No. 2.0848**

Block: 834 **Lot:** 5-8 **Zone:** R-10

Property Address: 1661 Forge Pond Road

Applicant: Sam Reynolds; Kristi-Shay Construction

Property Owner: Sam Reynolds

Existing Use: Single-family residential.

Proposed Use: Single-family residential.

Proposed Construction: Rear deck, 8' x 10', 9' high.

Conditions: The deck must be set back at least six (6) feet from the side property lines and at least 20 feet from the rear property line.

Zoning Permit No. 1.1793 approved on December 20, 2001.

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

Approved: May 30, 2002 **No.** 2.0848

Block: 834 **Lot:** 5-8 **Zone:** R-10

Property Address: 1661 Forge Pond Road

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Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: December 20, 2001 **No. 1.1793**

Block: 834 **Lot:** 5 **Zone:** R-10

Property Address: 1661 Forge Pond Road

Applicant: Sam Reynolds; Kristi-Shay Construction

Property Owner: Sam Reynolds

Existing Use: Vacant lot.

Proposed Use: Same.

Proposed Construction: Two&1/2-story single-family dwelling, 46.67' x 27', 25' high.

Conditions: The house must be set back at least 30 feet from the front property line, at least six (6) feet from the side property lines and may not encroach past the 50-foot buffer 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

RECEIVED
DEC 20 2001
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Block 834 Lot 5 Qualifier _____

PROPERTY ADDRESS 1661 FORGE POND Rd.

PERSONAL NAME OF APPLICANT SAM REYNOLDS

BUSINESS NAME OF APPLICANT KNISTI-SHAY CONSTRUCTION

PROPERTY OWNER SAM REYNOLDS

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-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

☑ New Building (please describe) NEW - SINGLE FAMILY HOME 4 BR 2½ BATH BASEMENT 2 CAR GARAGE
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan 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.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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 Sam Reynolds Date 12-20-01

Reviewed by Zoning Office SK Date 12/20/1 (1) Approved ( ) Denied

RECEIVED
MAY 30 2002
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Block 834 Lot 5-8 Qualifier

PROPERTY ADDRESS 1661 Forge Pond Rd.

PERSONAL NAME OF APPLICANT Sam Reynolds

BUSINESS NAME OF APPLICANT Twisti-Shay Construction

PROPERTY OWNER Sam Reynolds

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-dwelling
☐ Commercial (please describe)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe)
☐ Addition
☐ Alteration
☒ Porch or deck (state heights) 8' x 10' x 9'
☐ Shed (state height)
☐ Fence (state type & height)
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

☐ All information completed above
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Signature of applicant Sam Reynolds Date 5-25-02

Reviewed by Zoning Office Date 5/30/2 (X) Approved ( ) Denied

call when ready

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Kristi Shay COnstruction PHONE NO. 278-0350 Mike (bus.)

ADDRESS: 63 Channel Dr. _____ (home)

Brick, NJ 08723

PROPERTY IN QUESTION: ADDRESS 1661 Forge Pond Rd.

BLOCK(S) 834 LOT(S) 5-8

BTMUA ACCOUNT NO. L348200 TAX MAP DRAWING NO. 45B

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

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

CONNECTION WILL BE PROVIDED AS FOLLOWS: INITIAL SERVICE CHARGES

WATER FORGE POND ROAD (STREET) 3/4" 2017.00 1" 3529.00

SEWER FORGE POND ROAD (STREET) 2655.00

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

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

DATE: October 22, 2001 SIGNED: James R Allen

NOTE: STATEMENT GOOD FOR ONE YEAR.

10/18

pae

UTILITY SERVICES FOR NEW HOMES

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

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

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

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

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

INSPECTOR: K Shafer

DATE: 5/30/02

JOB: —

SECTION: Forge Pond

TYPE OF WORK: Final

WEATHER: Sunny

LOCATION: 1661 Forge Pond Rd

TEMPERATURE: 80's

BLOCK: 834

LOT: 5, 6, 7, 8

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	/	
6. Clean-up Procedures	/	
7. Note on going construction in immediate area	/	
8. Safety	/	

COMMENTS REFERENCING ITEM NUMBER:

rev. as-built attached

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O. OK KLS 5/30/02

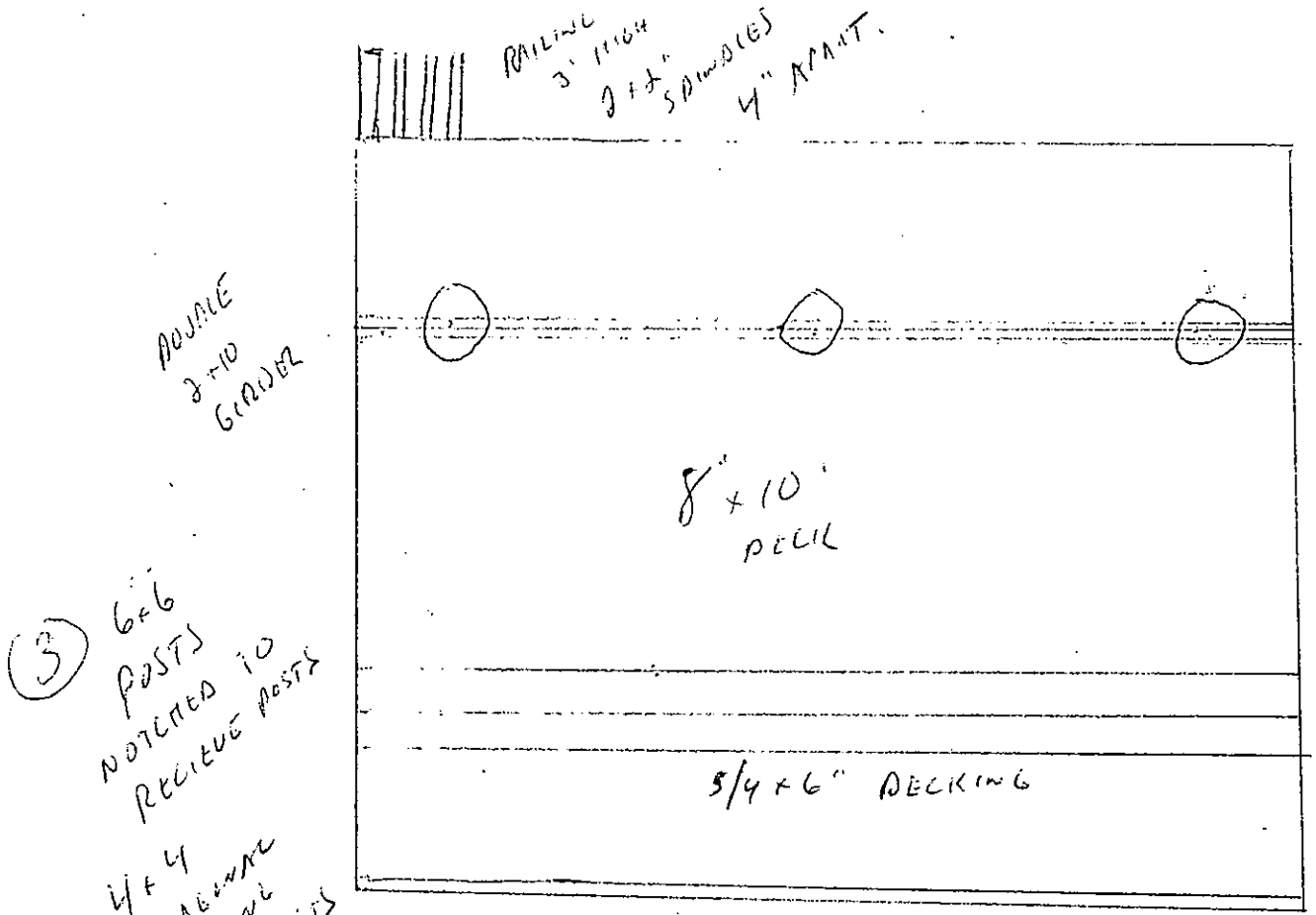
☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

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

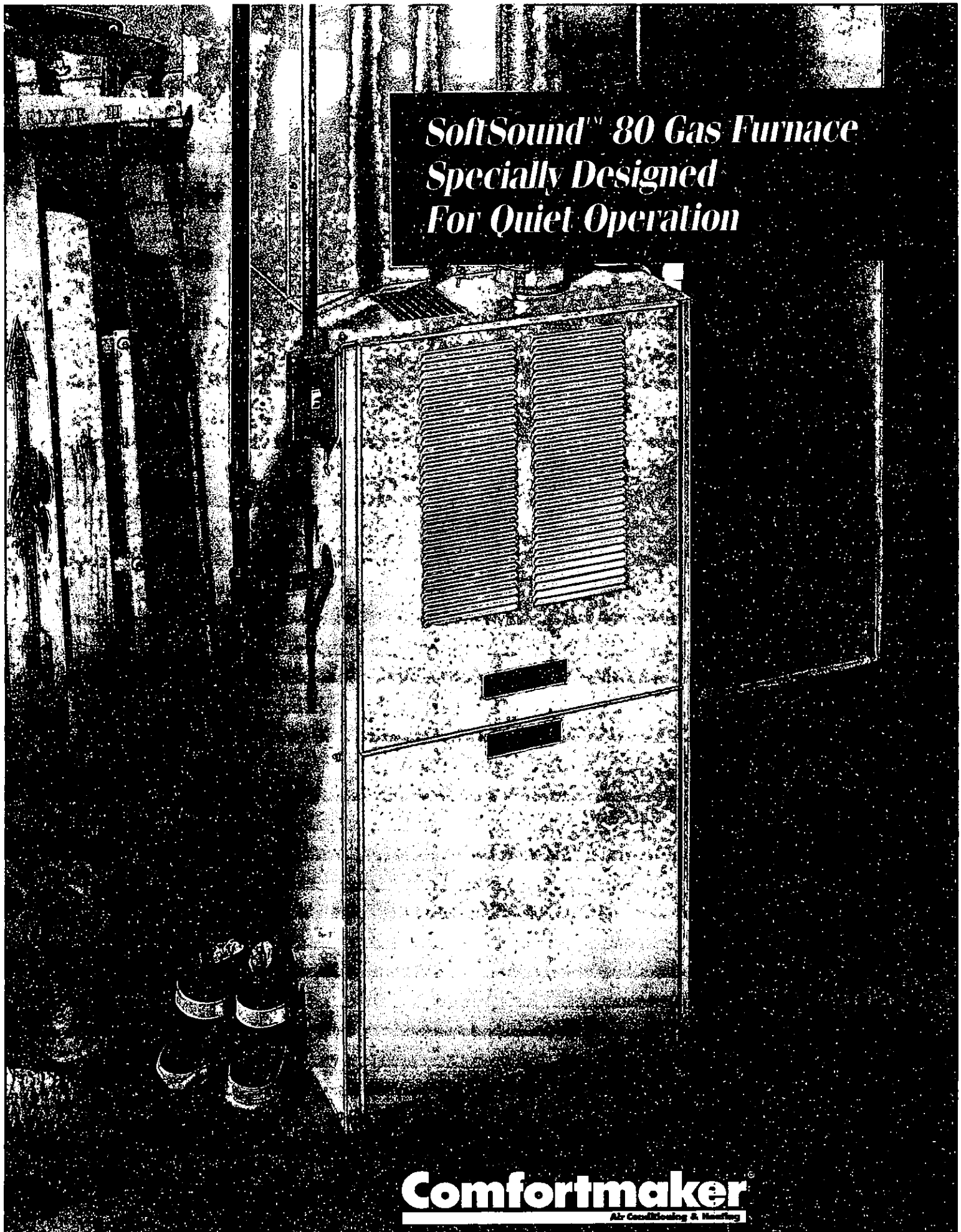

RAILING
3' HIGH
2 x 4" SPINDLES
4" APART.
ADJACENT
2 x 10
GIRDER
8' x 10'
DECK
5/4 x 6" DECKING
(3) 6 x 6
POSTS
NOTCHED TO
RECEIVE POSTS
4 x 4
DIAGONAL
BRACING
ON POSTS
(3) 12" DIA x 24" DEEP
FOOTINGS
2 x 8 FLOOR
JOISTS
16" OC
2 x 8
LAG BOLTED
TO HOUSE
16" OC W
1/2" LAG BOLTS

DWELLING

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- — Yes ✓ No ____
    Basement or Crawl Space (circle one)
13. Two sets of plans- architecturals signed & sealed- all pages
    Homeowner drawings- signed by homeowner- all pages — Yes ✓ No ____
14. Breakdown cost for each subcode on jacket & counter form — Yes ____ No ✓
15. Separate alteration costs for decks, fireplaces & etc. — Yes ____ No ✓
16. Soil borings showing seasonal high water table required on any new basements. WALK-OUT BASEMENT — Yes ____ No ✓

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

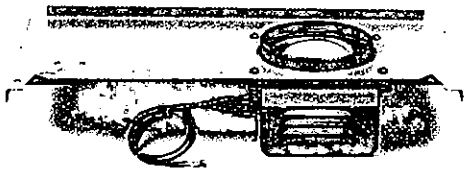

SoftSound™ 80 Gas Furnace
Specially Designed
For Quiet Operation
Comfortmaker®
Air Conditioning & Heating

Often Imitated, Never Duplicated

While other major manufacturers now offer non-welded heat exchangers, it's important to remember that we pioneered this technology, introduced the industry's first non-welded heat exchanger, and have more experience with it than any other manufacturer. In fact, the RPJ II is our second generation of non-welded heat exchanger!

Chimney Swift

If your new furnace will be vented through a tile-lined masonry chimney, our chimney venting kit could also mean big savings. In most situations, a chimney with a fan-assisted 80% AFUE furnace vented through it may require the installation of a protective metal lining system. Our chimney venting kit changes the characteristics of vent gases, preventing chimney damage. It eliminates the need for an exclusive metal chimney liner in most applications! Its unique, patented design is another innovation you'll find only with Comfortmaker equipment.



We Stand Behind It

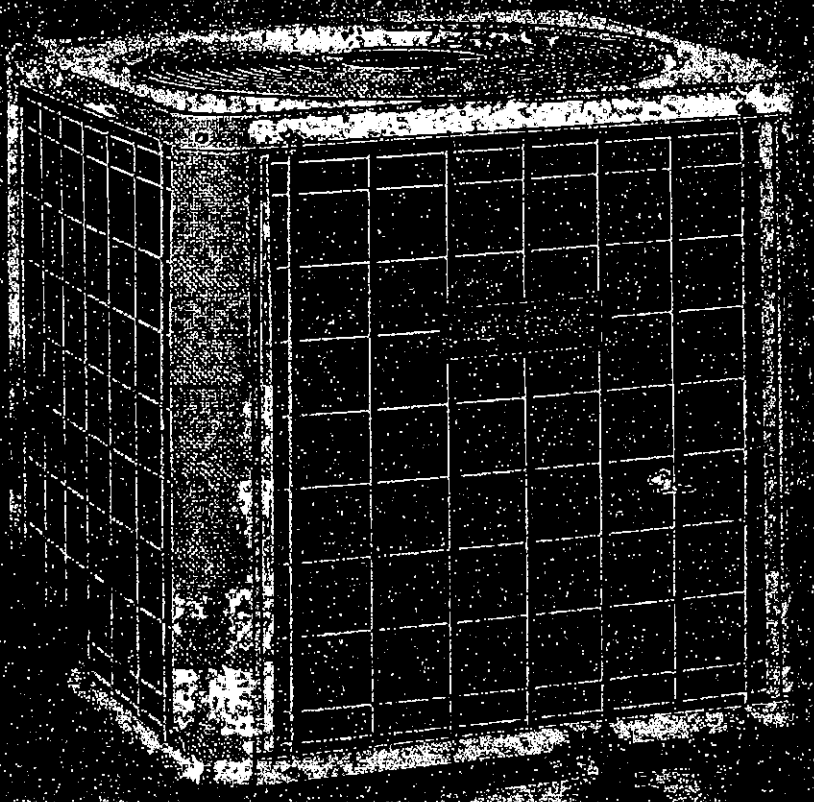
Every Comfortmaker SoftSound 80 gas furnace is covered by a 20 year limited warranty on the heat exchanger, and a 5 year limited warranty on all other parts—see actual warranty certificate for complete details. Get the big time comfort and energy efficiency your home deserves, with a Comfortmaker SoftSound 80 gas furnace!

MODEL SPECIFICATIONS

MODEL	INPUT CAPACITY (BTUH)	AFUE	COOLING CAPACITY (TONS)	DIMENSIONS H x W x D (INCHES)
GNE050B12	50,000	80.0	1½–3	40 x 15½ x 28½
GNE075B12	75,000	80.0	1½–3	40 x 15½ x 28½
GNE075F16	75,000	80.0	3–4	40 x 19⅛ x 28½
GNE100F14	100,000	80.0	1½–3½	40 x 19⅛ x 28½
GNE100F20	100,000	80.0	2½–5	40 x 19⅛ x 28½
GNE100J20	100,000	80.0	2½–5	40 x 22¾ x 28½
GNE125J20	125,000	80.0	2½–5	40 x 22¾ x 28½
GNE150J20	150,000	80.0	3–5	40 x 22¾ x 28½

AFUE ratings indicate maximum energy efficiencies. Continuing research and development results in steady improvement—specifications subject to change without notice. Ask dealer for important energy cost and efficiency information before purchasing any major appliance.

The Deluxe High Efficiency Air Conditioner— Quality Comfort. Refreshing Value

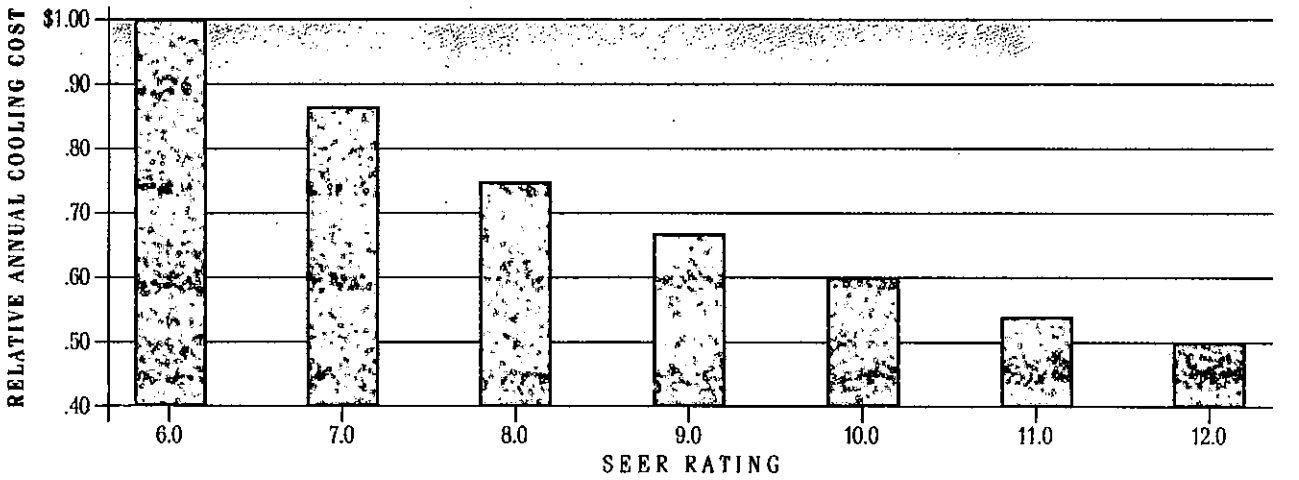


Comfortmaker
Air Conditioning & Heating

HOW MUCH CAN I SAVE?

Comparable Annual Operating Cost

COOLING OPERATION REGION IV 3 TON UNIT



How To Use This Chart: This chart shows the relative cost of operation for the various efficiencies.
For example: for every $1.00 you spend operating a 6.0 SEER system you would only spend approximately 60¢ operating a 10.0 SEER system.

DELUXE HIGH EFFICIENCY SPECIFICATIONS

MODEL	COOLING CAPACITY RANGE (BTUH)	SEER RANGE	DIMENSIONS W x D x H
AG018GB	17,500 – 18,500	10.9 – 11.7	23 ½ x 23 ½ x 25 ½
AG024GB	22,800 – 24,800	10.0 – 11.3	23 ½ x 23 ½ x 25 ½
AG030GB	28,000 – 30,000	10.0 – 11.3	23 ½ x 23 ½ x 25 ½
AG036GB	33,600 – 36,000	10.0 – 11.6	23 ½ x 23 ½ x 31 ½
AG042GB	39,500 – 42,500	10.0 – 11.5	30 x 30 x 27 ½
AG048GB	43,000 – 47,000	10.0 – 11.6	30 x 30 x 35 ½
AG060GB	54,500 – 60,000	10.0 – 11.2	30 x 30 x 37 ½

Capacity and SEER are affected by indoor coil match. Contact your local dealer for complete details. Continuing research and development results in steady improvement—specifications subject to change without notice. Ask your dealer for important energy cost and efficiency information before purchasing any major appliance.

All systems tested and listed by the appropriate testing agencies.

WHEN YOU WANT HIGH QUALITY HOME COMFORT, ASK FOR IT BY NAME.

Comfortmaker®
Air Conditioning & Heating

650 Heil Quaker Avenue
Lewisburg, TN 37091
www.comfortmaker.com/comfortmaker

AG Series

SHADE TREE PERMIT

RECEIPT OF FEES

BLOCK: 834

LOT: 5

FEE: $ 25.00

INSPECTION

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

Telephone # 477-4665

1. Name of Applicant & Address KRISTI-SHAY CONSTRUCTION
63 CHANNEL DR. BRICK NJ 08723
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) 5
This information is available from your deed or tax bill.

3. Address if different from applicant _____
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 SEE SURVEY 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 dedidous 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 dediduous 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 _____

Name of Applicant _____

Address _____

_____

Block _____ Lot _____

Residential _____ Commercial _____

Address if different from applicant _____

_____

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 25.00

_____

Reviewed by _____

Approved _____ Date 12/28/99

Township Engineer

Kwiecinski and Associates
ARCHITECTS
architecture space planning

January 25, 2002

Brick Township Building Department
401 Chambers Bridge Road
Bricktown, N.J. 08723

Re: New Residence for:
Kristi Shay Construction
Block 834 Lots 5-8
Brick, N.J.

Attn: Frank Myzner
Building Department

Dear Construction Official,

Please be advised of the following changes to the plans which are acceptable:

1. Construction Classification has been changed from Type 5B to Type 5A
2. All gypsum board to be utilized in the residence shall be 5/8" type 'x' fire code gypsum board.
3. All framing of windows and doors in the exterior and interior bearing walls, shall be wrapped with 5/8" type 'x' f.c. gypsum board or 5/8" fire retardant plywood. A detail is enclosed for your use.

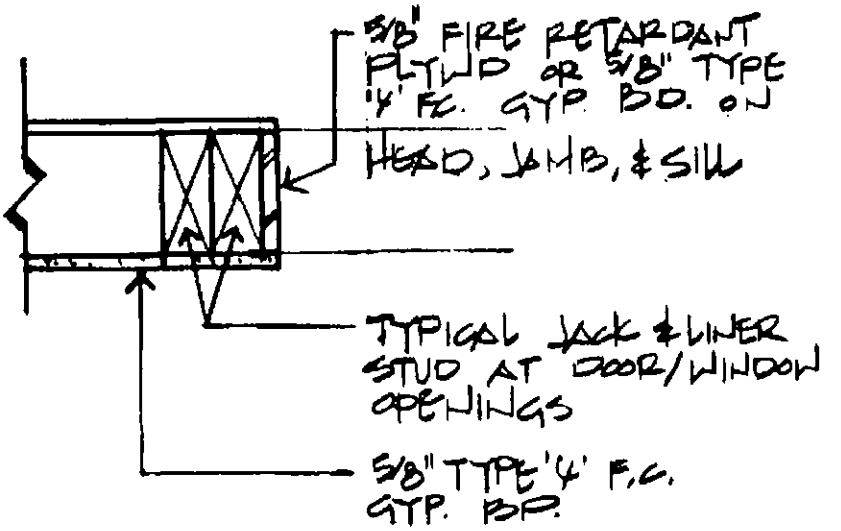
Please feel free to contact our office should you have any questions.

Sincerely,

Kenneth S. Kwiecinski R.A.

C20-34

106 Bridge Avenue ▪ Suite 5 ▪ Bay Head ▪ New Jersey ▪ 08742
Phone: 732-295-4515 ▪ Fax: 732-295-5330



WINDOW/DOOR DETAIL

TYPICAL AT ALL WINDOW LOCATIONS & INTERIOR DOORS IN LOAD BEARING WALLS

File Forge Pond Rd

State of New Jersey

DONALD T. DiFRANCESCO
Acting Governor

Department of Environmental Protection

Robert C. Shinn, Jr.
Commissioner

Land Use Regulation Program
P.O. Box 439, Trenton, NJ 08625-0439
Fax # (609) 777-3656
www.state.nj.us/dep/landuse

OCT 10 2001

Justin Leonard
Trident Environmental Consultants
1658 Route 9
Toms River, New Jersey 08755

RE: Letter of Interpretation/Line Verification
File No.: 1506-01-0105.1
Applicant: Kristi – Shay Construction
Block(s): 834, Lot(s): 5-8, 9-12
Brick Township, Ocean County

Dear Mr. Leonard:

This letter is in response to your request for a Letter of Interpretation to verify the jurisdictional boundary of the freshwater wetlands and waters on the referenced property.

In accordance with agreements between the State of New Jersey Department of Environmental Protection, the U.S. Army Corps of Engineers Philadelphia and New York Districts, and the U.S. Environmental Protection Agency, the NJDEP, Land Use Regulation Program is the lead agency for establishing the extent of State and Federally regulated wetlands and waters. The USEPA and/or USACOE retain the right to reevaluate and modify the jurisdictional determination at any time should the information prove to be incomplete or inaccurate.

Based upon the information submitted, and upon a site inspection conducted on August 14, 2001, the Land Use Regulation Program has determined that the wetlands and waters boundary line(s) as shown on the plan map entitled "SURVEY OF PROPERTY/ WETLANDS PLAN LOTS 5 THRU 12 BLOCK 834 SITUATED IN BRICK TOWNSHIP OCEAN COUNTY N.J." dated June 13, 2001, unrevised and prepared by Anthony B. Koval, Professional Land Surveyor, are accurate as shown.

Any activities regulated under the Freshwater Wetlands Protection Act proposed within the wetlands or transition areas or the deposition of any fill material into any water area, will require a permit from this office unless exempted under the Freshwater Wetlands Protection Act, N.J.S.A. 13:9B-1 et seq., and implementing rules, N.J.A.C. 7:7A. A copy of this plan, together with the information upon which this boundary determination is based, has been made part of the Program's public records.

Pursuant to the Freshwater Wetlands Protection Act Rules (N.J.A.C. 7:7A-1 et seq.), you are entitled to rely upon this jurisdictional determination for a period of five years from the date of this letter.

The freshwater wetlands and waters boundary line(s), as determined in this letter, must be shown on any future site development plans. The line(s) should be labeled with the above LURP file number and the following note:

"Freshwater Wetlands/Waters Boundary Line as verified by NJDEP."

In addition, the Department has determined that the wetlands on the subject property are of intermediate resource value and the standard transition area or buffer required adjacent to these wetlands is 50 feet. These classifications may affect the requirements for an Individual Wetlands Permit (see N.J.A.C. 7:7A-3), the types of Statewide General Permits available for the wetlands portion of this property (see N.J.A.C. 7:7A-9) and the modification available through a transition area waiver (see N.J.A.C. 7:7A-7). Please refer to the Freshwater Wetlands Protection Act (N.J.S.A. 13:9B-1 et. seq.) and implementing rules for additional information.

It should be noted that this determination of wetland classification is based on the best information presently available to the Department. The classification is subject to change if this information is no longer accurate, or as additional information is made available to the Department, including, but not limited to, information supplied by the applicant.

This letter in no way legalizes any fill, which may have been placed, or other regulated activities, which may have occurred on-site. Also this determination does not affect your responsibility to obtain any local, State, or Federal permits which may be required.

In accordance with N.J.A.C. 7:7A-12.7, any person who is aggrieved by this decision may request a hearing within 30 days of the decision date by writing to: New Jersey Department of Environmental Protection, Office of Legal Affairs, Attention: Adjudicatory Hearing Requests, P.O. Box 402, Trenton, NJ 08625-0402.

This request must include a completed copy of the Administrative Hearing Request Checklist.

Please contact Vivian M. Fanelli of our staff at (609) 984-0288 should you have any questions regarding this letter. Be sure to indicate the Program's file number in all communication.

Sincerely,

Andrew Heyl
Section Chief
Bureau of Coastal Regulation

c: Municipal Clerk
Municipal Construction Official
Municipal Planning Board

Kwiecinski and Associates
ARCHITECTS
architecture space planning

January 25, 2002

Brick Township Building Department
401 Chambers Bridge Road
Bricktown, N.J. 08723

C-20-34-1

Re: New Residence for:
Kristi Shay Construction
Block 834 Lots 5-8
Brick, N.J.

Attn: Frank Myzner
Building Department

Dear Construction Official,

Please be advised of the following changes to the plans which are acceptable:

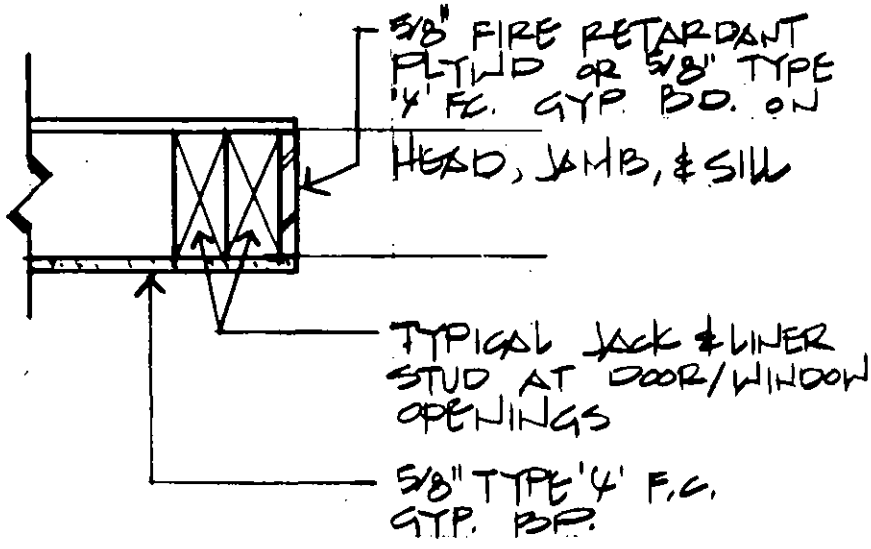
1. Construction Classification has been changed from Type 5B to Type 5A
2. All gypsum board to be utilized in the residence shall be 5/8" type 'x' fire code gypsum board.
3. All framing of windows and doors in the exterior and interior bearing walls, shall be wrapped with 5/8" type 'x' f.c. gypsum board or 5/8" fire retardant plywood. A detail is enclosed for your use.

Please feel free to contact our office should you have any questions.

Sincerely,

Kenneth S. Kwiecinski R.A.

106 Bridge Avenue ▫ Suite 5 ▫ Bay Head ▫ New Jersey ▫ 08742
Phone: 732-295-4515 ▫ Fax: 732-295-5330



WINDOW/DOOR DETAIL

TYPICAL AT ALL WINDOW LOCATIONS & INTERIOR DOORS IN LOAD BEARING WALLS

RESUBMIT DATE 2/4/02

Plumbing Plan Review Record

Work site location: 1661 Forge Pond Rd.

Building Description: _____

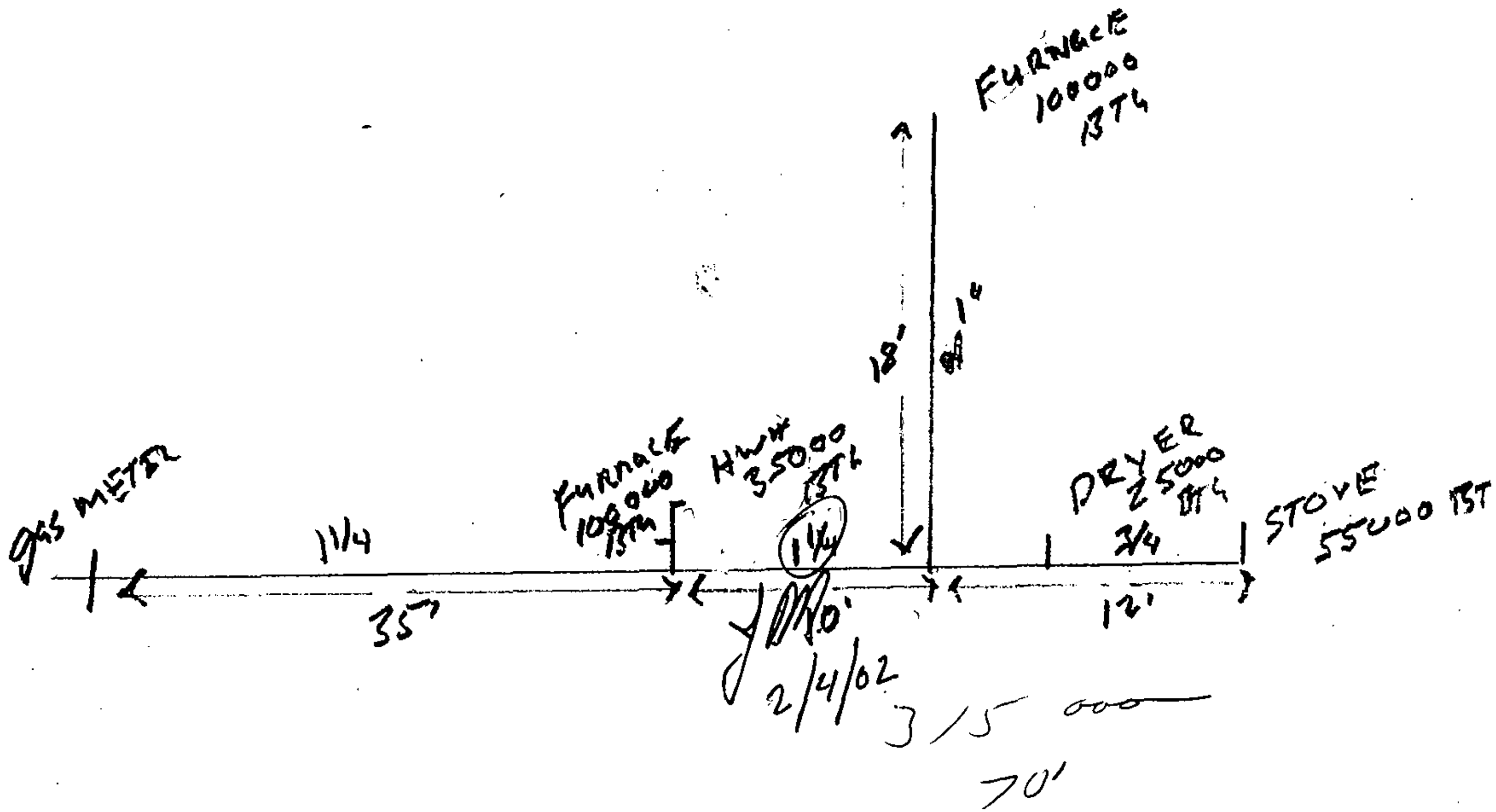
Reviewed: [signature]

Date: 1-31-02

Correction list		
No.	Description	Code section
	Gas sketch incorrect.	

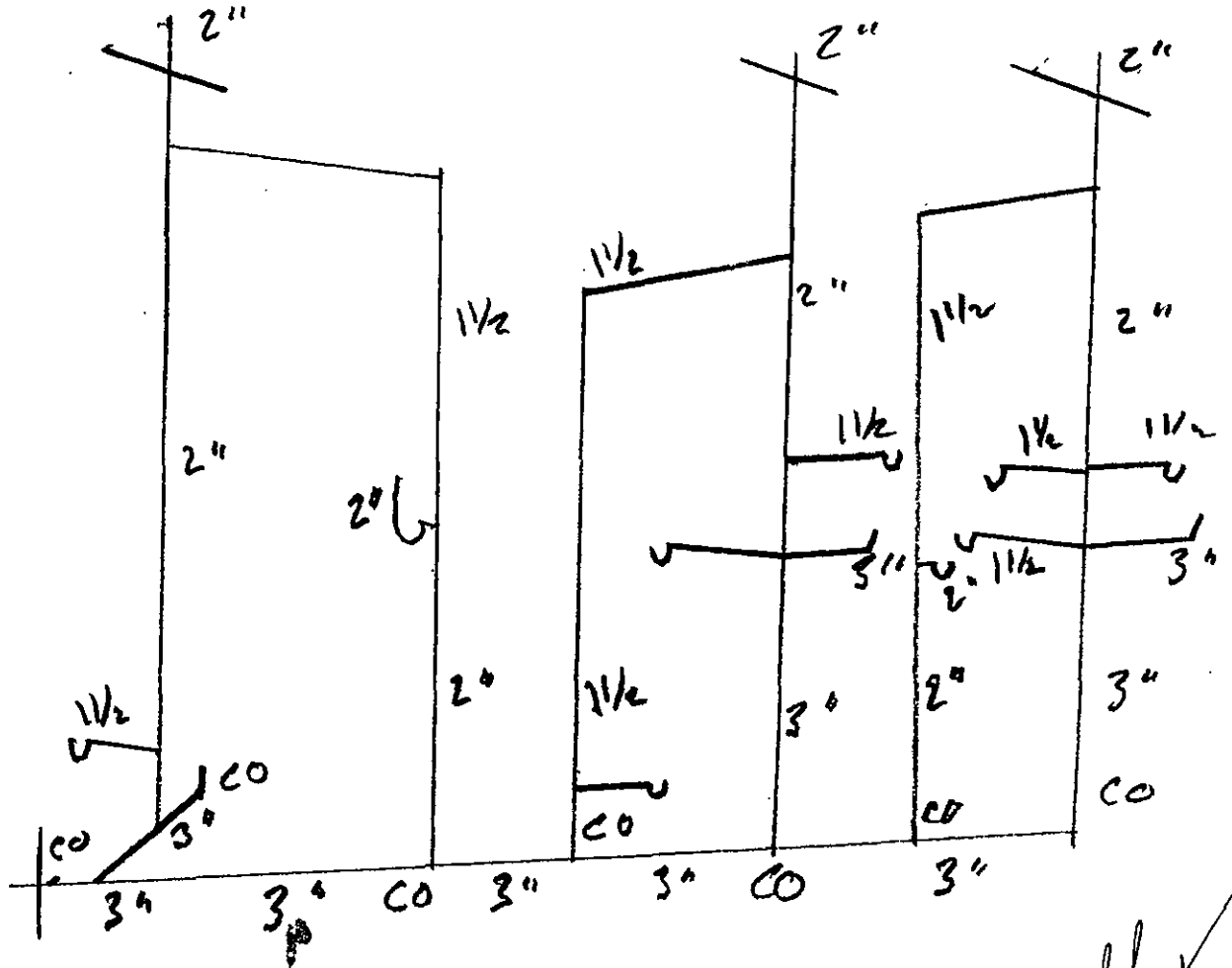
MC Cruz

(732) ~~262-0024~~
609 812 9488



BLK 834
LOT 50

2-7-02



BLK 834

LOT 58

1-31-02

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Kristi D Ray DATE 1-31-02

PROPERTY ADDRESS 1661 Foye Rd BLOCK 834 LOT 5

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS		(dfu) DRAINAGE
1:BATHROOM GROUP	3	( ) 9	( )	
2:KITCHEN GROUP	1	( ) 2	( )	
3:~~WATER~~ CLOSETS		( )	( )	
4:LAVATORY		( )	( )	
5:BATH TUB		( )	( )	
6:SHOWER STALL		( )	( )	
7:KITCHEN SINK		( )	( )	
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 18.5

GALLONS PER MINUTE 14

SIZE OF SERVICE 1"

DATE: 1-31-02 APPROVED: [signature]

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK , NJ 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 3/8/02

Block: 834 Lot: 5

Property Address: 1661 Forge Pond

I, KRISTI STAY (name) of _____ (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on:_____ Signed:_____

Rejected on:_____ Signed:_____

Comments:

Kwiecinski and Associates
ARCHITECTS
architecture space planning

March 21, 2002

Brick Township Building Department
401 Chambers Bridge Road
Bricktown, N.J. 08723

Re: New Residence for:
Kristi Shay Construction
Block 834 Lots 5-8
Bricktown, N.J.

Attn: Building Department
Judy Gass

Dear Construction Official,

Please be advised of the following changes to the plans which are acceptable:

1. Utilization of Hem Fir lumber in lieu of Doug Fir lumber.
2. Elimination of window bay and double joists underneath in family room.
3. Providing (2)2"x6" studs in lieu of 6"x6" posts between living room and foyer.

Please feel free to contact our office should you have any questions.

Sincerely,

Kenneth S. Kwiecinski R.A.

file in jacket

106 Bridge Avenue ▫ Suite 5 ▫ Bay Head ▫ New Jersey ▫ 08742
Phone: 732-295-4515 ▫ Fax: 732-295-5330

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 5-29-02

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 834 Lot: 5-8

Property Address: 1661 FORGE POND RD.

I, SAM REYNOLDS (name) of 63 CHANNEL DR (address),

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

Sam Reynolds
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: _____ Signed: _____

Rejected: _____ Signed: _____

Comments: _____

Kwiecinski and Associates
ARCHITECTS
architecture space planning

May 28, 2002

Brick Township Building Department
401 Chambers Bridge Road
Bricktown, N.J. 08723

Re: New Residence for:
Kristi Shay Construction
1661 Forge Pond Road
Bricktown, N.J.

Attn: Building Department
Judy Gass

Dear Construction Official,

Please be advised that we have reviewed the rear exterior deck constructed at the above referenced project location, and our office has concluded the following:

The deck is 8'-0" x 10'-0", and is constructed with 2"x8" joists spaced at 16" o.c. supported by a (2)2"x10" girder. Each joist is connected to the girder with nails, and every other joist also contains a hurricane clip. The girder is notched into, and supported by, (3) 6"x6" wood posts which rest upon 12"x12"x24" deep footings. The posts are connected to the footing with galvanized metal angle brackets secured to the post and into the footing. Maximum span between the posts is 5 feet. The deck is supported at the house with a 2"x8" wood ledger lag bolted at 16" o.c. with (10) 1/2" galvanized bolts. Additionally, 4"x4" diagonal bracing is provided from the posts to the girder.

Based upon the above information, the deck is constructed to current code regulations, and appears to be acceptable as constructed.

Please feel free to contact our office should you have any questions.

Sincerely,

Kenneth S. Kwiecinski R.A.

106 Bridge Avenue ▫ Suite 5 ▫ Bay Head ▫ New Jersey ▫ 08742
Phone: 732-295-4515 ▫ Fax: 732-295-5330

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK , NJ 08723

Department of Administration & Finance

Office of the Tax Collector

Jo Anne R. Lambusta, CTC
Tax Collector
(732) 262-1021
Fax: (732) 477-3746
jlambusta@twp.brick.nj.us
http://www.twp.brick.nj.us

Receipt For Public Works Garbage Can Deposit

Date: 5-20-02

Block: 834 Lot: 5

Property Address: 1661 Forge Pond Rd

Date of Payment: 5-20-02

Kelly Pascocello
Tax Collectors Office

Kwiecinski and Associates
ARCHITECTS
architecture space planning

May 28, 2002

Brick Township Building Department
401 Chambers Bridge Road
Bricktown, N.J. 08723

Re: New Residence for:
Kristi Shay Construction
1661 Forge Pond Road
Bricktown, N.J.

Attn: Building Department
Judy Gass

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Please feel free to contact our office should you have any questions.

Sincerely,

Kenneth S. Kwiecinski R.A.

106 Bridge Avenue ▪ Suite 5 ▪ Bay Head ▪ New Jersey ▪ 08742
Phone: 732-295-4515 ▪ Fax: 732-295-5330

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 5-23-02

NAME Kristi Shay Construction

ADDRESS 63 Channel Dr. Brick, NJ 08723

PROPERTY LOCATION 1661 Forge Pond Rd.

Account No. L343200 Block 834 Lot 5

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.
to be paid @ closing

For the Authority Carol Hendel

Certificate of Occupancy Single Family Dwelling

Location 1601 Foltz Pond Rd Block 834 Lot 5

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		5/30/02 OK
Plumbing	Approved		5.15.02 OK
Fire	Approved		5-15-02 OK
Electric	Approved		5.17.02 OK
Ctf of Comp BTMUA	Approved		5/23/02 OK
HOW N.J. 154214	Approved		5/20 OK
Engineering	Approved		5/30/02 OK
Soil	Approved		N/A
Affordable Housing	Approved		EXEMPT
Commercial Occupancy Load	Completed		
Public Works Garbage Can Receipt	Received		5/20/2 ok
Application for CO	Completed		5-20-ok

BLOCK 834

LOT 5

ADDRESS 1601 Foltz Pond Rd

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
PO Box 805
Trenton, NJ 08625-0805

02 APR 17 AM 11:37

Department Of Community Affairs

Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ **Check if for Common Elements***

1 WEI WANG

Name of Owner who will be first resident. *When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

Registered Builder-Warrantor**

2 Kristi-Shay Construction Inc
Name
63 Channel Dr.
Street and Number (Mailing Address)
Brick NJ 08723
City State Zip Code

Phone Number (732) 477-4665

NJ Builder Registration Number 26379

Print Builder Name SAM REYNOLDS

Sam Reynolds
Registered Builder's Signature

***Where title is transferred, the seller must be the registered builder and warrantor.*

New Dwelling Location

3 1661 Forge Pond Rd.
Street Name and Number

Building Number | Unit Number | Total Number of Units in Building

BRICK 08723
City Zip Code 5 thru 8

534-27
Block Number Lot Number

BRICK OCEAN
Municipality County 1506

Commencement Date of Warranty

4 Commencement Date*** 04 24 02
Month Day Year

****The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5 a.
Selling Price**** $ 289,900.00

Amount of Premium $ 864.00
(Rate .00298 x Selling Price)

*****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable.*

A premium payment is not required if this certificate is for common elements in a condominium development.

b.
☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

Total Contract Price _____ For Office Use Only

Amount of Premium $ _____
(1.25 x Total Contract Price x Rate _____)

FHA Mortgage

6 ☐ Check if FHA Mortgage
FHA Case Number ☐☐☐–☐☐☐☐☐☐

☐ Check if VA Mortgage
VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8
- ☑ Single family detached (101)
- ☐ Townhouse (102)
- ☐ Two Family (103)
  - ☐ Side by Side
  - ☐ Top/Bottom
- ☐ Condominium - *three or four units in each building* (104)
- ☐ Condominium - *five or more units in each building* (105)

Construction Type (check one)

9
- ☐ Premanufactured (industrial or modular) (M)
- ☑ Conventional Construction (C)

Stories

10 Number of stories 2

Owner Type (check one)

11
- ☐ Condominium or Cooperative (C)
- ☐ Homeowners' Association - fee simple (H)
- ☑ No Homeowners' Association - fee simple (N)

PRED

12 PRED Registration or Exemption Number (R or E)

Note to Owner:
Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders Registration Act, NJSA 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years.

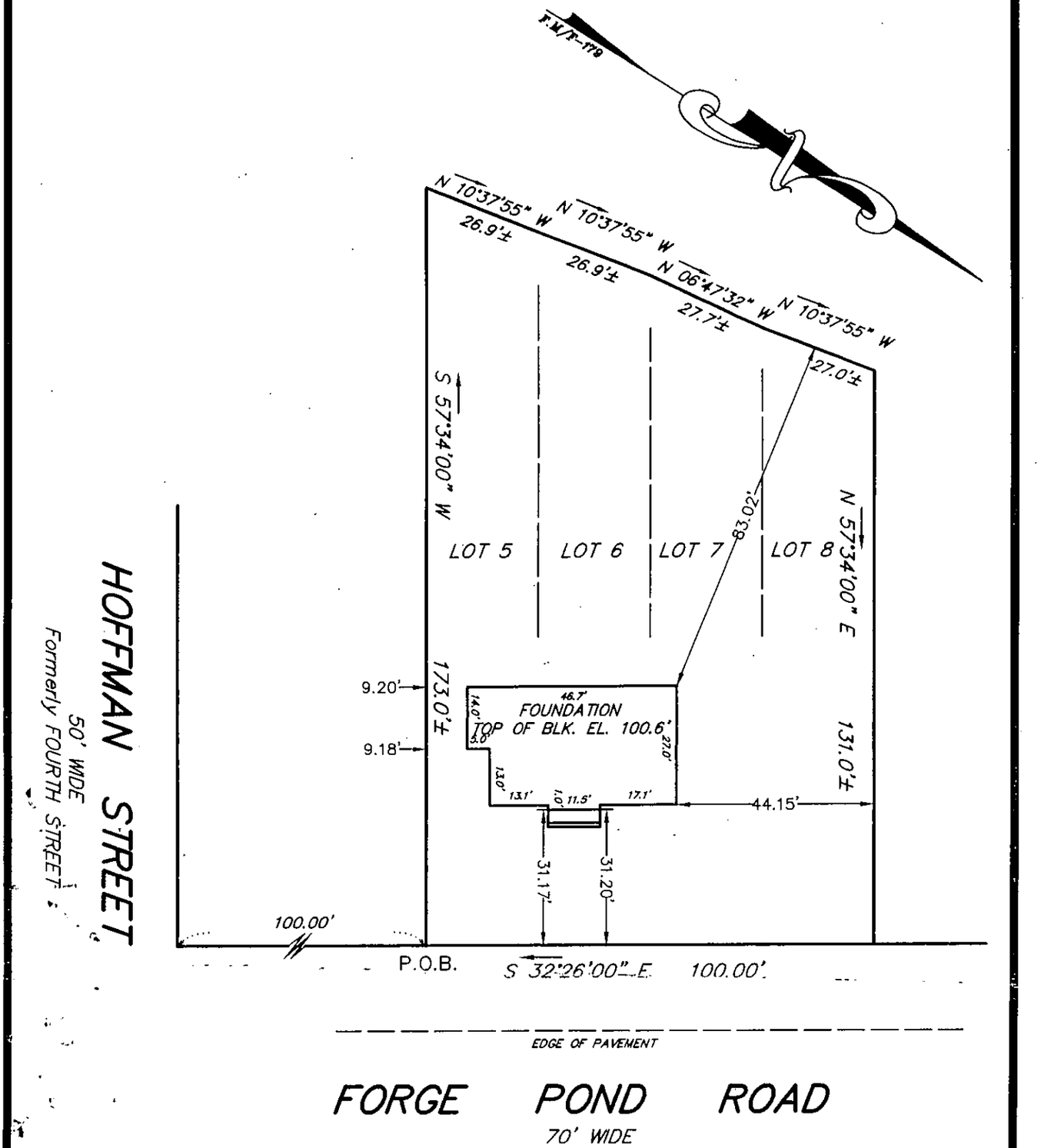
Note: See reverse side for assignment of property.

VALIDATION STAMP
VALIDATE CERTIFICATE NUMBER

154216 APR 17 02
WARRANTY NUMBER

7685c rev.7/93

MUNICIPAL COPY



P.Q. IS IN FLOOD HAZARD ZONE C AS PER
F.I.R.M. # 345285-0003
ALSO KNOWN AS LOTS 5, 6, 7 & 8 BLOCK 834
ON THE BRICK TOWNSHIP TAX MAP.

REVISED 2/15/02 - FOUNDATION LOCATION

SURVEY OF PROPERTY
LOTS 5, 6, 7 & 8 BLOCK 27
AMENDED MAP OF LAURELTON PARK
WATERFRONT SECTION
BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY
Filed Map No. F-179 DATE FILED 5/13/47

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED UNDER MY DIRECT SUPERVISION TO:
KRISTY SHAY CONSTRUCTION

I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732-899-0965

Elbert Morris Pres 1/25/02

ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

Date:	Scale:	Job No.	Map No.
1/25/02	1"=30'	02-016	2-3193

C:\P\02-016\2-3193 Wed Feb 20 09:12:02 2002

Gy ck 3/4/02 (TR)

update 02-0190 LC

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1661 PONGE POND ROAD
Block: 834 Lot: 5-8
Owner's Name: KRISTI-SHAY CONSTRUCTION
Owner's Mailing Address: 63 CHANNEL DR
BRICK NJ 08723
Phone: (732) 477-4665

BUILDING

Contractor: KRISTI-SHAY CONSTRUCTION
Address: 63 CHANNEL DR
BRICK NJ 08723
Phone#: 732 477-4665
Lis # 26379
Federal Emp # or SSN 22-3528180

Technical Data

Description of Work:

UPDATE
DECK
8'x10'
(SEE LETTER)

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Total Cost of New Building Work: $ 500.00

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

Signature: Stan Reynolds

Please Print Name Stan Reynolds

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

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

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

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

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

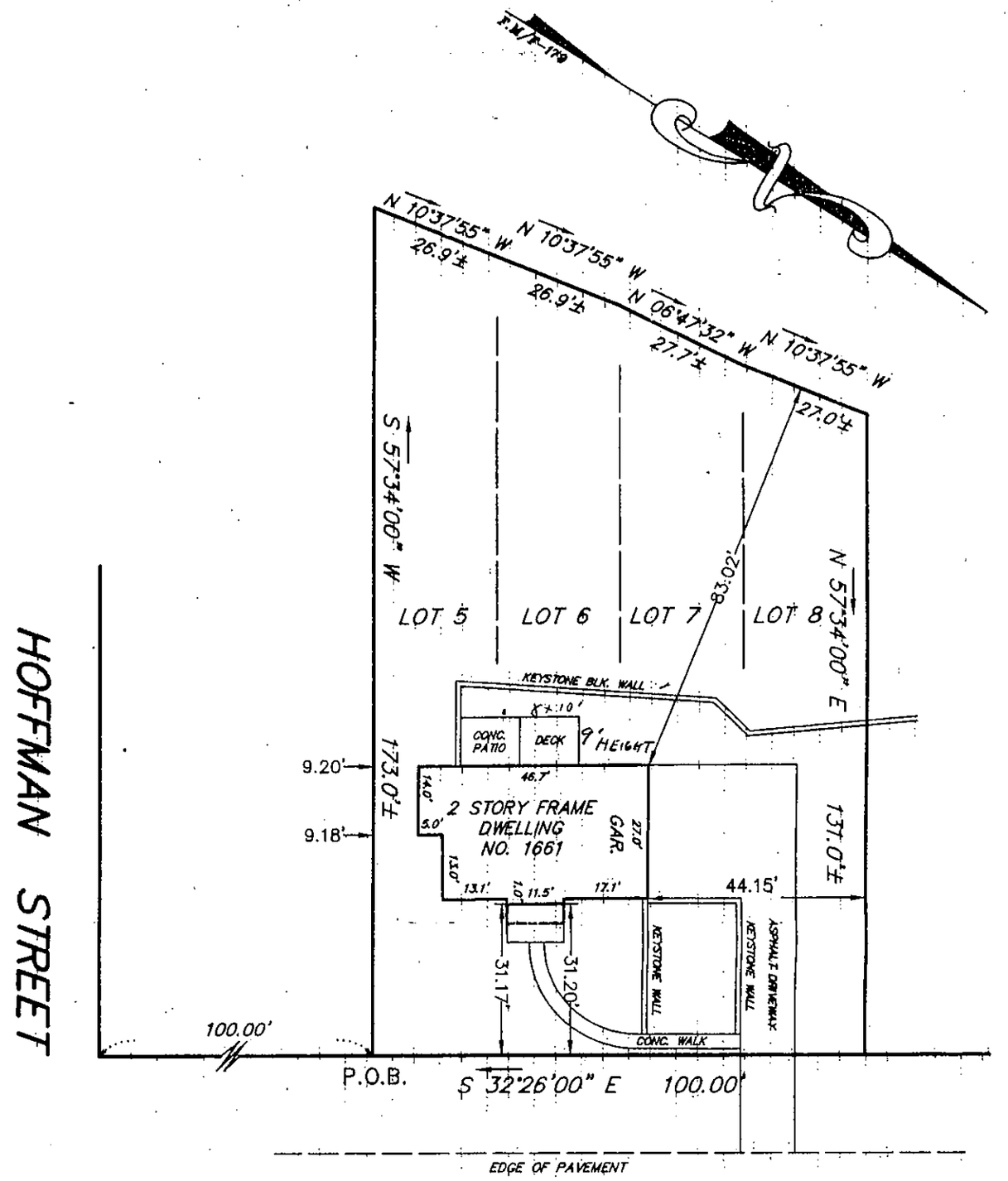
Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____



P.Q. IS IN FLOOD HAZARD ZONE C AS PER
F.I.R.M. # 345285-0003
ALSO KNOWN AS LOTS 5, 6, 7 & 8 BLOCK 834
ON THE BRICK TOWNSHIP TAX MAP.

REVISED 5/24/02 - FINAL SURVEY
REVISED 2/15/02 - FOUNDATION LOCATION

SURVEY OF PROPERTY

LOTS 5, 6, 7 & 8 BLOCK 27

AMENDED MAP OF LAURELTON PARK
WATERFRONT SECTION
BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY
Filed Map No. F-179 DATE FILED 5/13/47

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED UNDER MY DIRECT SUPERVISION TO:
WEI-WANG & CHI ZHANG, HUSBAND & WIFE
SELECT MORTGAGE CORPORATION, ISAOA,ATIMA
STEWART TITLE INSURANCE COMPANY/
LAFAYETTE GENERAL TITLE AGENCY, INC.
DAVID J. CONNELLY, ESQ.

I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732-899-0965

Elbert Morris 1/25/02

ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

Date:	Scale:	Job No.	Map No.
1/25/02	1"=30'	02-016	2-3193

C:\P\02-016\2-3193 Sat May 25 17:13:30 2002

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1661 FORGE POND RD.
Block: 834 Lot: 5
Owner's Name: KOUTSHAY CONSTRUCTN
Owner's Mailing Address: 63 CHANNEL DR.
BRICK NJ 08723
Phone: (732) 477-4665

BUILDING

Contractor: KOUTSI-SHAY CONSTRUCTN
Address: 63 CHANNEL DR
BRICK NJ 08723
Phone#: 732 477-4665
Lis # 26379
Federal Emp # or SSN 22-3528180

Technical Data

Description of Work:

BUILD RETAINING WALL

SEE SURVEY

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Building:_____
Volume of Structure:_____
Total Land Disturbed:_____

Cost of Alteration:_____

Cost of New Building:_____

Total Cost of Building Work: $500 ⁰⁰/₁₀₀

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

Signature: Sam Reynolds

Please Print Name Sam Reynolds

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

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

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

TOWNSHIP OF BRICK
PLOT PLAN REVIEW
CHECKLIST

BLOCK 834 LOT 5 DATE RECEIVED _____

PROPERTY ADDRESS 1661 FORGE POND Rd.

APPLICANT SAM REYNOLDS / KRISTI-SHAY PHONE 477-4665

ADDRESS 63 CHANNEL DR BRICK NJ 08742

CONTRACTOR KRISTI-SHAY CONSTRUCTION PHONE 477-4665

ADDRESS 63 CHANNEL DR. BRICK NJ 08723

TYPE OF WORK NEW HOME ZONING APPROVAL _____

FLOOD ZONE NO FLOOD ELEV. _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVED YES _____ NO _____

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

PLOT PLAN REVIEW

APPROVED 1/23/02 (JP) REJECTED 12/28/01 (TR)

SIGNED _____ DATE 1/23/02 (JP)

REVISION

APPROVED _____ REJECTED _____

SIGNED _____ DATE _____

COMMENTS Water From Street going Down Drive (TR) wants it Changed Also Wall Construction Details

732-797-3100

Dennis Higgins

Counter Form
PLEASE PRINT

PLUMBING

Contractor: McCrea P.J.C.
Address: 3 W Boot Rd.
Little Egg Harbor
Phone #: 609 812 5488
Lis #: 6623
Federal Emp # or SSN 142525862

Technical Data

Fixtures	Quantity
Water Closets	3
Urinals/Bidets	
Bath Tub	
Lavatory	4
Shower	1
Floor Drain	
Sink	1
Dishwasher	1
Drinking Fountain	
Washing Machine	1
Hose Bib	2
Gas Piping	✓
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	✓
Water Service Connection	✓
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	3 unit YACU221

Estimated Cost of Plumbing Work 5000.00
Signature: James McCrea
Please Print Name: JAMES McCREA

CONTRACTOR'S SEAL

FIRE

Contractor: KNISTI-SHAY CONSTRUCTION
Address: 63 CHANNEL DR
BRICK NJ 08723
Phone #: (732) 477-4665
Lis #: 2637.9
Federal Emp # or SSN 22-3524180

Technical Data

Description of Work:

Heating Type: ✓ Gas ___ Oil ___ Electric ___ Solar
Heating System is ✓ New ___ Existing
Location of Furnace/Boiler: UTILITY ROOM / ATTIC

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

Flammable Storage Tanks ___ capacity ___ fuel
Combustible Storage Tanks ___ capacity ___ fuel
LPG Storage Tanks ___ capacity ___ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	8
Heat Detectors	
Total	8
Stand Pipes	
Kitchen Hood Exhaust System	

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

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances ~~5~~ 2

Furnace 2
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work $200.00
Signature: Sam Reynolds
Print Name: SAM REYNOLDS

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1661 FORGE POND ROAD
Block: 334 Lot: 50
Owner's Name: KRISTI-SHAY CONSTRUCTION
Owner's Mailing Address: 63 CHANNER DR
BRICK NJ 08723
Phone: (732) 477-4665

BUILDING

Contractor: KRISTI-SHAY CONSTRUCTION
Address: 63 CHANNER DR.
BRICK NJ 08723
Phone#: (732) 477-4665
Lis #: 26379
Federal Emp # or SSN 22-3528180

Technical Data

Description of Work:

NEW SINGLE-FAMILY HOME
4 BR 2½ BATH
2 CAR GARAGE
BASEMENT

Type of Work

- ✓ New Building
- ___ Addition
- ___ Alteration
- ___ Roofing
- ___ Asbestos Abatement
- ___ Siding
- ___ Fence
- ___ Pool
- ___ Demolition
- ___ Sign _____ sq ft

Building Characteristics

Use Group Present: R3 Proposed: _____
No of Stories: 2
Height of Structure: 25'
Area of the largest floor: 312'
Area of New Building: 2535 SQ FT'
Volume of Structure: 24,780 CU FT
Total Land Disturbed: 2,000 SQ FT

Cost of Alteration: _____
Cost of New Building: $60,000.00
Total Cost of Building Work: $60,000.00

Signature: Sam Reynolds
Please Print Name SAM REYNOLDS

ELECTRICAL

Contractor: ROBERT MCLAUGHLIN
Address: 12 8TH ST
BARNEGAT, NJ 08005
Phone#: 609 660-0306
Lis #: 10990
Federal Emp # or SSN 22-3451434

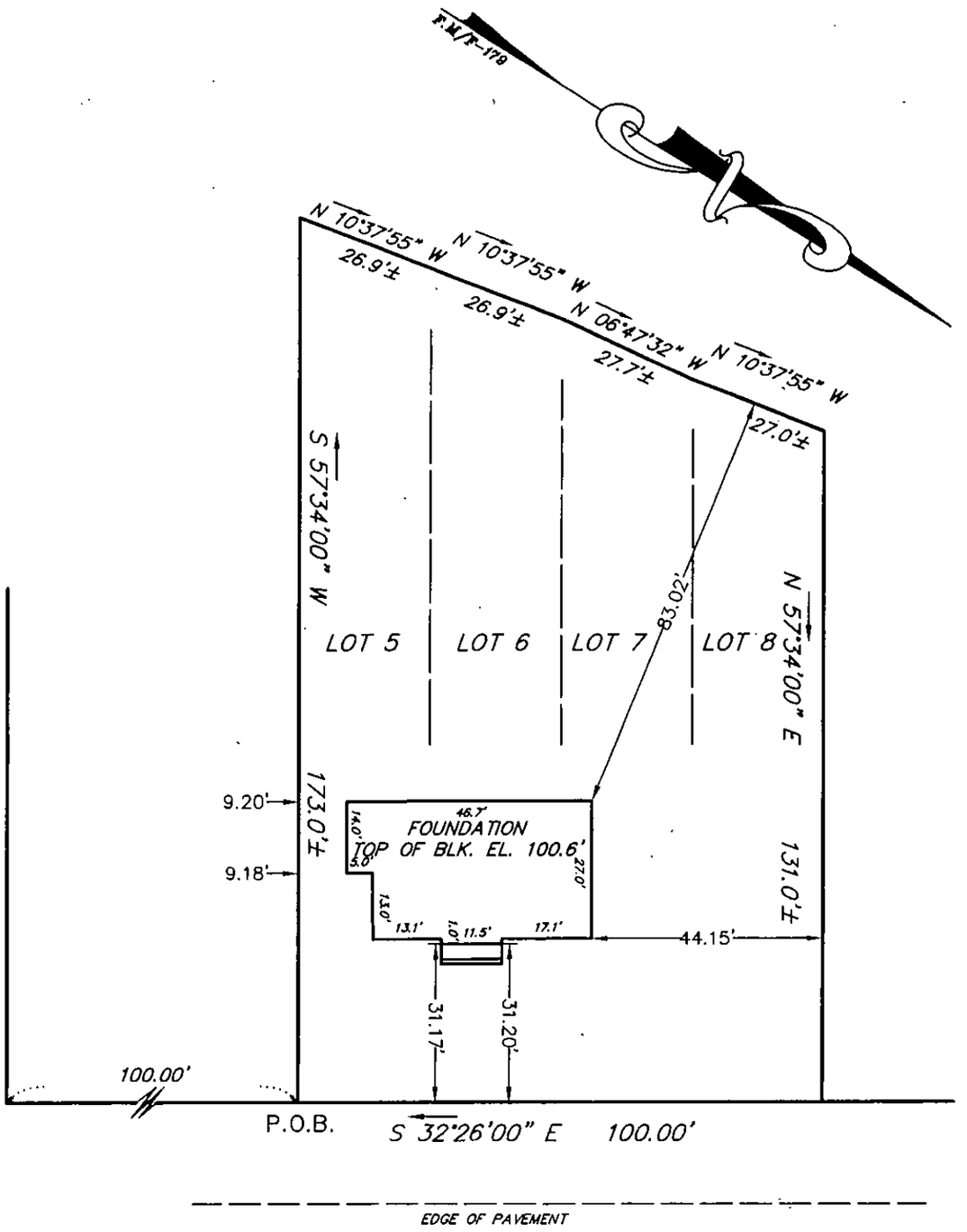
Technical Data

Item	Quantity
Lighting Fixtures	20
Receptacles	50
Switches	23
Detectors	8
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	1
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	1/8 KW
Garbage Disposal	HP
A/C Unit –Central Air (2)	5 KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	150 AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	

Estimated Cost of Electrical Work: 3,000.00

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

Signature: Robert J McLaughlin
Please Print Name Robert J McLaughlin
CONTRACTOR'S SEAL



P.Q. IS IN FLOOD HAZARD ZONE C AS PER
F.I.R.M. # 345285-0003
ALSO KNOWN AS LOTS 5, 6, 7 & 8 BLOCK 834
ON THE BRICK TOWNSHIP TAX MAP.

REVISED 2/15/02 - FOUNDATION LOCATION

FW 3-402

SURVEY OF PROPERTY
LOTS 5, 6, 7 & 8 BLOCK 27
AMENDED MAP OF LAURELTON PARK
WATERFRONT SECTION
BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY
Filed Map No. F-179 DATE FILED 5/13/47

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED UNDER MY DIRECT SUPERVISION TO:
KRISTY SHAY CONSTRUCTION

I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732-899-0965

Elbert Morris Jr. 1/25/02

ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

Date:	Scale:	Job No.	Map No.
1/25/02	1"=30'	02-016	2-3193

C:\P\02-016\2-3193 Wed Feb 20 09:12:02 2002

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

1661 FORGE POND Rd. | 834 | 9
Work Site Address | Block | Lot

SAM REYNOLDS 63 CHANNER DR BRICK NJ 08723
Owner's Name, Address, Phone

KRISTI-SHAY CONSTRUCTION 63 CHANNER DR. BRICK NJ 08723
Contractor's Name, Address, Phone

Construction SINGLE-FAMILY HOME
Describe type (Single-family home, etc.)

Demolition _____
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 40 YARDS

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

H. SINDEL CARTING MAXIM Rd. HOWELL NJ

Size of dumpster: 40 YARD

Destination of discarded debris: OC LANDFILL

Hauler's DEP Permit No.: 18747AA

**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 submissin 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.

SAM REYNOLDS | Sam Reynolds | 12-20-00
Printed/Typed Name | Signature | Date

****

FOR OFFICE USE ONLY

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

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