BLOCK 820 LOT 15 C21-20 QUALIFICATION CODE _____ ADDRESS (SITE) 1589 Forge Pond Rd PERMIT NO. 99-3670

RECEIVED
SEP 21 1999
DIV. OF

CONSTRUCTION PERMIT APPLICATION

MAIL IN

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

I. IDENTIFICATION

1. Propsed Work Site at: 1589 Forge Pond Rd Brick NJ
2. Name of Owner in Fee: Shirley Worth Tel. [redacted]
   Address 1589 Forge Pond Rd Brick (sheet / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Robert Carbone Tel. 920290
   Address 266 Montoloking Rd. Brick
   License No. OR, if new home, Builder Reg. No. B1086537 Exp. Date
   Federal Employee No 222802593 FAX: ( ) 920270
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Bob Carbone
   Tel. ( ) 920880 FAX ( ) 920270

Gas logs in existing wood burning fire place

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		25	
4.	Fire Protection		46	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		1	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	72	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☑ Fire Protection					9-22-99	DB	10/26/99		DB
6.	☑ Plumbing	850				9-22-99	DB	10/26/99		DB
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	850								

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 _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS BR 10512381

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. (X) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical. C.4. (X) 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 compiy with all New Jersey tax laws.

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

(X) Check if contractor

Agent Name Robert Carbone Co

Address 766 Monmouth Rd.

Brick NJ 08723

Telephone ( ) 920-2200

Signature Robert Carbone

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

OFFICE DATE RECEIVED: _____

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

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

0011
9936700#
BLOCK 820 # 0.00
LOT 15 # 0.00
PLUMBING 25.00
FIRE 46.00
D.C.A. 1.00
TOTAL 72.00
CHECK 72.00
CHANGE 0.00
09/24/99 NO. 5 0034A005 11:57

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 09/24/99
Control #
Permit # 99-3670

IDENTIFICATION Block 820 Lot 15 Qual

Work Site Location 1589 FORGE POND RD
GAS LOGS IN FIREPLACE
Owner in Fee NORTH, SHIRLEY
Address SAME
BRICK NJ
Telephone [redacted]

Contractor ROBERT CARBONE
Address 766 MANTOLOKING RD
BRICK, NJ 08723-
Telephone (732)920-1200
Lic. No. or Bldrs. Reg. No. BIO-8237
Federal Emp. No. 22-2822593

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS LOGS FOR EXISTING WOODBURNING FIREPLACE

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 25
Fire Protection 46
Elevator Devices 0
Other
DCA Training Fee 1
Cert. of Occupancy 0
Other
Total 72
Check No. 539
Cash
Collected By SC

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 $ 850

Construction Official

09/24/99
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/21/99
Date Issued 9/24/99
Control # C21-20
Permit # 99-3670

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

Block 820 Lot 15 Qual
Work Site Location 1589 FORGE POND RD
GAS LOGS IN FIREPLACE
Owner in Fee WORTH, SHIRLEY
Address SAME
BRICK NJ
Tele [redacted] Fax ( )
Contractor ROBERT CARBONE
Address 766 MANTOLOKING RD
BRICK, NJ 08723-
Tele.(732)920-1200
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2822593

B. FIRE PROTECTION CHARACTERISTICS

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

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: 9-23-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-26-99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO			10-26-99	
Final ~~10-26-99~~			10-26-99	
Other Fire			10-26-99	

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

D. TECHNICAL SITE DATA

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

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
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 [ ] or Oil [ ] Fired Appliances	0	0
Other GAS LOGS		46
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/21/99
Date Issued 9/24/99
Control # C21-20
Permit # 99-3670

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Block 820 Lot 15 Qual
Work Site Location 1589 FORGE POND RD
GAS LOGS IN FIREPLACE
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Tele [redacted] Fax ( )
Contractor ROBERT CARBONE
Address 766 MANTOLOKING RD
BRICK, NJ 08723-
Tele.(732)920-1200
Lic. No. or Bldrs. Reg. No. BIO-8237
Federal Emp. No. 22-2822593

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-22-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 10-26-99

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.			10-26-99	
Gas Piping			10-15-99	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

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

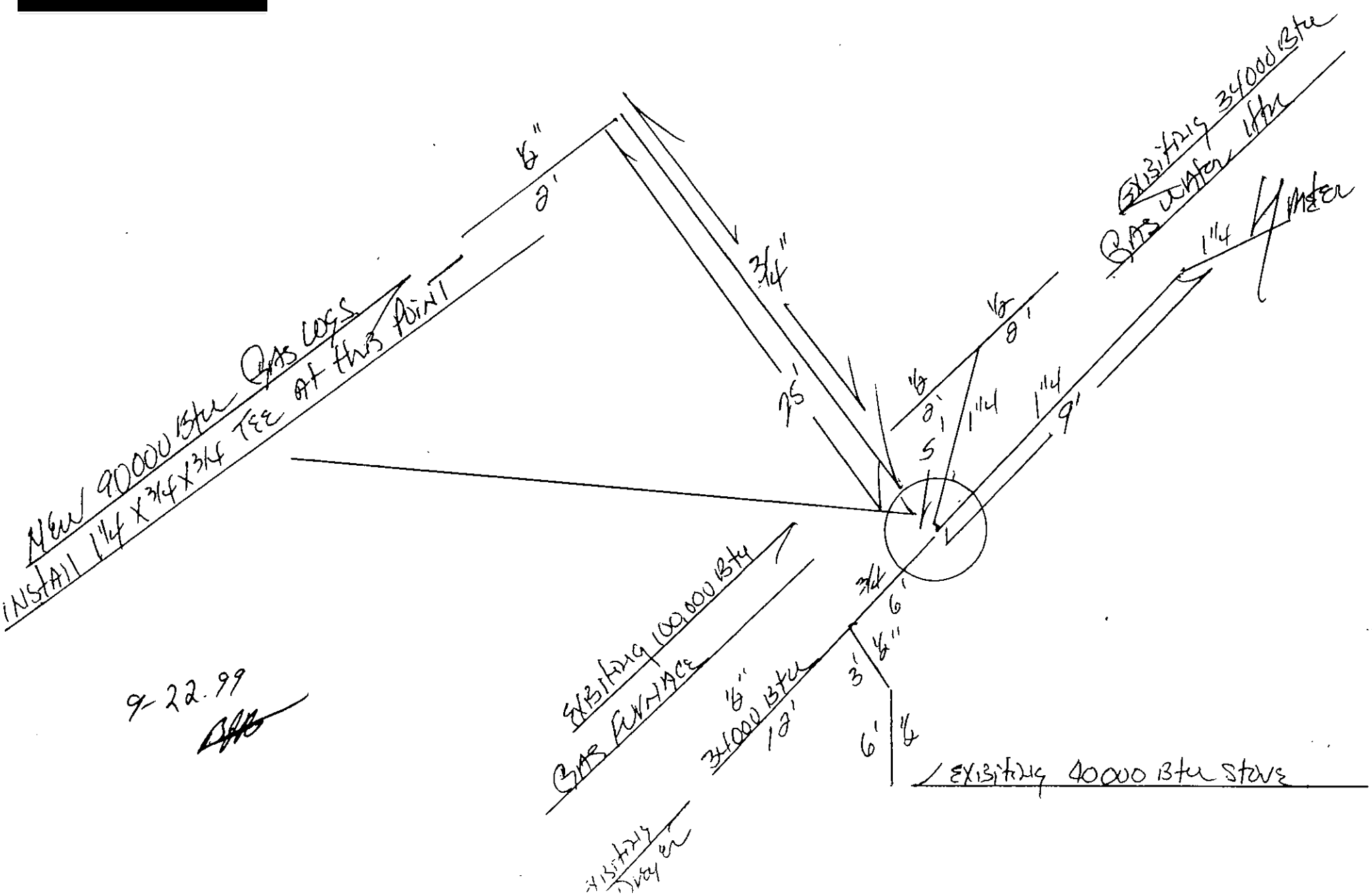
D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
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	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 25
	DCA Training Fee	$ 1

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

Asst. Shirley Worth
1589 Forge Road Ice
Bitch NS
[redacted]



9-22-99

ROBERT H. PETERSON CO.
REAL-FYRE
BURNERS ONLY

"G4", "GX4", AND "P" SERIES BURNER ASSEMBLIES INCLUDES:

•BURNER •CONNECTOR KIT •GRATE •GRANULES •EMBERS

GLOWING EMBER BURNER "G4 SERIES"	MODEL NO.	MAX. BTU'S NATURAL	MAX. BTU'S PROPANE	ORIFICE SIZE NATURAL	ORIFICE SIZE PROPANE	APPROX. SET WT.	NO. CTNS.
AVAILABLE STYLES: GOLDEN OAK (RG4), TWISTED PINE (CG4), WHITE BIRCH (WG4), EMBERWOOD (EG4), EMBERWOOD DESIGNER (EDG4), SPLIT OAK (SG4), DRIFTWOOD (DG4), MOUNTAIN OAK (KG4), WOODLAND OAK (WOG4), POST OAK (POG4)	G4-12	25M	25M	46 D.S.	54 D.S.	21	1
	G4-16	50M	30M	35 D.S.	52 D.S.	23	1
	G4-18	75M	40M	29 D.S.	50 D.S.	24	1
	G4-24	90M	50M	26 D.S.	47 D.S.	25	1
	G4-30	90M	65M	24 D.S.	42 D.S.	48	1
	G4-36	120M	90M	17 D.S.	36 D.S.	76	1
	G4-42	150M	105M	10 D.S.	32 D.S.	76	1
	G4-48	150M	105M	10 D.S.	32 D.S.	87	1
	G4-54	150M	105M	10 D.S.	32 D.S.	93	2
	G4-60	150M	105M	10 D.S.	32 D.S.	98	2

GLOWING EMBER BURNER "GX4 SERIES"	MODEL NO.	MAX. BTU'S NATURAL	MAX. BTU'S PROPANE	ORIFICE SIZE NATURAL	ORIFICE SIZE PROPANE	APPROX. SET WT.	NO. CTNS.
AVAILABLE STYLES: ROYAL ENGLISH OAK (BGX4), ROYAL ENGLISH DESIGNER (BDGX4), HERITAGE OAK (HGX4), WOODLAND OAK (WOGX4)	GX4-18	75M	40M	29 D.S.	50 D.S.	34	1
	GX4-24	90M	50M	26 D.S.	47 D.S.	38	1
	GX4-30	90M	65M	24 D.S.	42 D.S.	49	1
	GX4-36	120M	90M	17 D.S.	36 D.S.	64	1

FLAME PAN BURNER "P SERIES"	MODEL NO.	MAX. BTU'S NATURAL	MAX. BTU'S PROPANE	ORIFICE SIZE NATURAL	ORIFICE SIZE PROPANE	APPROX. SET WT.	NO. CTNS.
AVAILABLE STYLES: SAME AS "G4 SERIES"	P-16	50M	30M	35 D.S.	52 D.S.	10	1
	P-18	75M	40M	29 D.S.	50 D.S.	12	1
	P-20	75M	40M	29 D.S.	50 D.S.	14	1
	P-24	90M	50M	26 D.S.	47 D.S.	15	1
	P-30	90M	65M	24 D.S.	42 D.S.	17	1
	P-36	120M	90M	17 D.S.	36 D.S.	26	1
	P-42	150M	105M	10 D.S.	32 D.S.	28	1

"F" SERIES BURNER ASSEMBLIES INCLUDE:

•BURNER •CONNECTOR KIT •GRATE

FRONT FLAME BURNER "F SERIES"	MODEL NO.	MAX. BTU'S NATURAL	MAX. BTU'S PROPANE	ORIFICE SIZE NATURAL	ORIFICE SIZE PROPANE	APPROX. SET WT.	NO. CTNS.
AVAILABLE STYLES: SAME AS "G4 SERIES"	F-12	25M	25M	46 D.S.	54 D.S.	13	1
	F-16	50M	30M	35 D.S.	52 D.S.	14	1
	F-18	75M	40M	29 D.S.	50 D.S.	14	1
	F-24	90M	50M	26 D.S.	47 D.S.	15	1
	F-30	90M	65M	24 D.S.	42 D.S.	18	1
	F-36	120M	90M	17 D.S.	36 D.S.	22	1
	F-42	160M	90M	(•) 28 D.S.	(•) 48 D.S.	43	1
	F-48	180M	140M	(•) 24 D.S.	(•) 42 D.S.	54	1
	F-54	220M	180M	(•) 18 D.S.	(•) 36 D.S.	58	1
	F-60	220M	180M	(•) 18 D.S.	(•) 36 D.S.	62	1

NOTE: ALL SETS FOR NATURAL GAS. (SPECIFY IF L.P. - PROPANE NEEDED) - Do not make the change in the field.

a) - Orifice sizes listed are for installations under 2000 ft. altitude. Specify higher altitudes if needed.

b) - Natural gas orifice sizes are for locations with 7" water column pressure. Specify if pressure is different.

c) - L.P. (Propane) gas orifice sizes for 11" water column pressure.

d) - Where (•) is noted, indicates there is an air-mixer on each end of burner.

e) - WHEN A SPK 20/21 IS USED - ADD 3" TO SET FRONT DIMENSION AND TO WIDTH OF FIRE BOX OPENING. WHEN A SPK-32/33 OR APK IS USED - ADD 6" TO SET FRONT DIMENSION AND TO WIDTH OF FIRE BOX OPENING. Safety Pilot is required on L.P. (Propane) sets.

f) - NA (Not available) - Mountain Oak (K) not available in L.P. (Propane) gas.

g) - Set weight is for natural gas. L.P. Propane sets are lighter by about 7 lbs. (sets 18 - 30). All propane sets include a safety pilot kit.

h) - These orifice sizes are tested for proper operation. Do not change the orifice size of your gas log set in the field.

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: Robert Carbone
ADDRESS: 116 Mantoloking Rd
Brick NJ 08723
PHONE: 920-1200
LIC. #: B108237 EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 223-82-2593

TECHNICAL DATA (DESCRIPTION OF WORK)

Circle Set IN EXISTING WOOD BURNING FIRE PLACE

Heating Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other 925 1095	
Other:	

Estimated Cost of Fire Protection Work: $ 0
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

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

Site Location: 1589 Forge Road Rd
Block: 820 Lot: 15
Owner in Fee: Shirley Worth
Address: 1589 Forge Road
Brick NJ
State: Zip: 08723 Phone: [redacted]
SS #: Provide only if Applicant is owner

Date Rec'd:
Date Issued:
Control #:
Permit #:

PLUMBING SUBCODE

CONTRACTOR: Robert Carbone
ADDRESS: 760 Monroe Ln Brick NJ
PHONE: 920-1200
LIC #: B108237
LIC. EXPIRATION DATE: 6-22-2023
FEDERAL EMP. #. (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
1	Other gas 109S

Estimated Cost of Plumbing Work: $ 850 -
Signature: Robert C
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. #. (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft:
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: