BLOCK 864 LOT 22 QUALIFICATION CODE ADDRESS (SITE) 119 PRINCETON AVE PERMIT NO. 04-4717

CONSTRUCTION PERMIT APPLICATION

C28:01

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

I. IDENTIFICATION

1. Proposed Work Site at: 119 PRINCETON AVE
2. Name of Owner in Fee: STEPHEN & MARIA CZUCHTA Te[redacted]
   Address 119 PRINCETON AVE (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in fee: Public ____ Private ✓
4. Principal Contractor: VITALE CARPENTERS Tel. 732 899 6329
   Address 1710 RUE MIRADOR PT PLNT, NJ.
   License No. OR, If new home, Builder Reg. No. 021149 Exp. Date 7/05
   Federal Employee No. ____ FAX (732) 295 6097
5. Architect or Engineer BARLO & ASSOC Tel. (732) 477 7751
   Address 92 MANTOLOKING RD BRICK Contact PAUL BARLO
6. Responsible Person in Charge once Work has Begun ROBERT VALENTE
   Tel. 732 295-9460 FAX: 732-295-0097

~~13 Squares~~ H77-1999

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 3163.		
2.	Electrical	55		
3.	Plumbing	120	40	
4.	Fire Protection	35		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge	150	1	
10.	Subtotal	$		
11.	Cert. of Occupancy	55		
12.	Other	30		
13.	TOTAL	$ 3588	41	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories TWO	
2.	Height of Structure 25'4" ± ft.	
3.	Area — Largest Floor 3200 ± W/GAR. sq. ft.	
4.	New Building Area 450 ± sq. ft.	
5.	Volume of New Structure ____ cu. ft.	
6.	Construction Classification 5B	
7.	Total Land Area Disturbed 13 sq. ft.	
8.	Flood Hazard Zone AE	
9.	Base Flood Elevation 7' ft.	
10.	Wetlands yes ____ no ✓	
11.	Max. Live Load 40	
12.	Max. Occupancy Load ____	

II. PROPOSED WORK

OPTIONAL (for office use only)

		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	150,000	✓	9/24/04		10-20-04	VM	1/10/05		
3.	☒ Addition	100,000								
4.	☐ a. Repair	50,000								
	☒ b. Alteration									
	☒ c. Renovation									
	☐ d. Reconstruction									
5.	☒ Fire Protection	1000				10/29/04	VM	1/22/05		
6.	☒ Plumbing	20,000				10/29/04	VM	1/22/05		
7.	☒ Electrical	19,000				10/27/04	[illegible]	1/10/05		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Exempt	10/15/04	10/15/04	10/28/04	A			
	TOTAL COSTS	339,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group: R-5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction 1
   After Construction 1
   Net Gain or Loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10625257

U.C.C. F100-1 (rev. 04/...)

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 JACK VITALE T/A Vitale CARPENTERS

Address 1710 RUE MIRADOR

PT PLEASANT N.J.

Telephone (732) 899-6329

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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. _____	_____	_____	_____	_____

IMPORTANT

A.H.R.

262-1024
Building
8:00-4:00

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
10/4	Called contractor - left message on machine regarding cubic footage that's missing from jacket.	CP
10/6	called BARO to find out if they could provide this info to me 450 sq ft adding area by kitchen for walkout 5616 cubic footage is deemed for more living space	AOF

☒ Zoning Application deemed complete Initialed: RPS Date: 9/28/04

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 864 Lot 22
Work Site Location 119 PRINCETON AVE

Owner in Fee
Address 119 PRINCETON AVE
Tel. [redacted]

Contractor VITALE CONTRACTORS
Address RT 88 1210 RULE MIRROR
POINT PLEASANT NJ
Tel. (732) 899 6329
License No. 021149
Federal Employee No.

ACTION

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

USE GROUP ~~R3~~ R-5 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 300,000
(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:

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: _____
OWNER/AGENT

- [ ] OWNER
- [ ] AGENT

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/03/2004
Control #
Permit # 04-4717

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 864 Lot 22 Qual

Work Site Location 119 PRINCETON AVE
ADDITION/RENOVATION
Owner in Fee CZUCHTA, STEPHEN & MARIA
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor VITALE CARPENTERS
Address 1710 RUE MANOR DR
PT PLEASANT, NJ 08742-
Telephone (732)899-6329
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2671429

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 (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:
ADDITION/RENOVATION

PAYMENTS (Office Use Only)

Building	3,163
Electrical	55
Plumbing	120
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	150
Cert. of Occupancy	35
~~Other~~ APP	30
Total 3558	3,558
Check No.	11473
Cash	
Collected By	AJP

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 $ 298,250

Construction Official

11/03/2004
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24B

PERMIT UPDATE

Date Update Issued 07/07/2005
Control # C-05-132266
Permit # 04-4717+A

IDENTIFICATION Block: 864 Lot: 22 Qualifier
Work Site Location: 119 PRINCETON AVE ADDITION/RENOVATION , NJ
Owner in Fee CZUCHTA, STEPHEN & MARIA
Address SAME BRICK NJ 08724-
Telephone: [redacted]

Contractor
Address
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

CHANGE OF CONTRACTOR, GAS LINE FOR FIREPLACE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $500

Construction Official

07/07/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	867
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

PERMIT UPDATE

Date Update Issued 07/07/2005
Control # C-05-132286
Permit # 04-4717+B

IDENTIFICATION Block: 864 Lot: 22 Qualifier
Work Site Location: 119 PRINCETON AVE ADDITION/RENOVATION, NJ
Owner in Fee CZUCHTA, STEPHEN & MARIA
Address SAME BRICK NJ 08724-
Telephone: [redacted]

Contractor ALBRIGHT ELECTRIC
Address PO BOX 1915 PT PLEASANT NJ 08742-
Telephone: 732/899-0356
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2449253

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $0

Construction Official

07/07/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$145
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$145
Check No.	867
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ELECTRICAL SUBCODE
TECHNICAL SECTION

COPY

Date Received 11/03/2004
Date Issued 11/03/2004
Control # C-05-132286
Permit # 04-4717+B

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

Block 864 Lot 22 Qualification Code

Work Site Location: 119 PRINCETON AVE

Owner in Fee: CZUCHTA, STEPHEN & MARIA

Address SAME BRICK NJ

Tel. [redacted]

Contractor: ALBRIGHT ELECTRIC

Address PO BOX 1915 PT PLEASANT NJ

Tel. 732/899-0356 Fax.

Lic No. 6885

Federal Employee No. 22-2449253

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $0

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		

Joint Plan Review Required

☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 11/05

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7505 60	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the 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 Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
3		Switches	
5		Detectors	
0		Light Poles	
1		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
9		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
1		Storable Pool/Spa/Hot Tub	$50
0	0	KW Elec. Range/Receptical	$0
1	12	KW Oven/Surface Unit	$50
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
1	1	KW Dishwasher	$10
1	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

OVER

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$0
TOTAL FEE	$145

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/28/2004
Date Issued 11/18/04
Control # C28-01
Permit # 04-4717

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

Block 864 Lot 22 Qual
Work Site Location 119 PRINCETON AVE
ADDITION/RENOVATION
Owner in Fee CZUCHTA, STEPHEN & MARIA
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor ALBRIGHT ELECTRIC
Address PO BOX 1945
PT PLEASANT BEACH, NJ 08742-
Tele. (732)899-0356
Lic. No. or Bldrs. Reg. No. 6885
Federal Emp. No. 45-0500730

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 6,900

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 10/27/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/05
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			1-13-05	TD
Temp Serv			1/25/05	MW
Const Serv				
TCO				
Other				
Service				
Final			7/05	TD

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)
46		Lighting Fixtures	
44		Receptacles	
28		Switches	
4		Detectors	
0		Light Poles	
3		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
125		TOTAL NUMBERS	55
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
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
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

1 LVD Rough 1/25/05 MW

OVER

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 55
DCA State Permit Fee $ 0

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

DIVISION OF INSPECTIONS

101 CHAMBERS BRIDGE RD

TOWNSHIP OF BRICK

Permit #

Control # CS8-0

Date Issued

Date Received 09/28/2004

TECHNICAL SECTION

SUBCODE

ELECTRICAL

NCC NEW CONSTRUCTION

1-13-05

Rough wiring 1st floor, Living, Dining & 2 - Both Rooms 1st floor

Both 2nd floor Rooms

Kitchen Ceiling not wired yet

Will call for CO once Permit SPA's Additional work

1-5-05

Inspected

VPDATE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1-20-05
Control #
Date Issued 7/7/05
Permit # 04-4717+B

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

Block 864 Lot 22 Qualification Code
Work Site Location 119 PRINCETON AVE BRICK
Owner in Fee STEVE & MARIA GZUCHITA
Address 119 PRINCETON AVE BRICK
Tel [redacted]
Contractor ALBRIGHT ELECTRIC
Address PO BOX 1915 POINT PLEASANT BCH NJ
Tel (732) 899 0356 FAX (732) 892 5385
Contractor License No. 6885
Federal Emp. No. 45-0500730

B. ELECTRICAL CHARACTERISTICS

Use Group Present SF DWELLING Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SF DWELLING Utility Co.
Est. Cost of Elec. Work $

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
3		Switches	
5		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
1	RESIDENTIAL TUB	Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	12	KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1		KW Elec. Dryer/Receptacle	
1	1.2	KW Dishwasher	
1	1/2	HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 145

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12 6
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7/7/05
Date Issued
Control #
Permit # 04-4717+A update

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

Block 864 Lot 22
Work Site Location 119 Princeton Ave
Brick, N.J. 08724
Owner in Fee CZUCHTA, STEPHAN, MARC
Address same
Tele. [redacted]
Contractor Bruce Callander
Address 1142 Hearthstone Place
Point Pleasant, NJ. 08742
Tele. (732) 899-8434 Fax ( )
Lic. No. 8546
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7/20/05
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
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.

Bruce Callander
Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping 70' @ 1:60,000	
	Steam Boiler	
	Hot Water Boiler 3/4	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other Fireplace	
	Other	
	Other	

Administrative Surcharge $ 40
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 41

Change of contractor plus additional work

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

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

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/28/2004
Date Issued 11/03/04
Control # C28-01
Permit # 04-4717

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

Block 864 Lot 22 Qual

Work Site Location 119 PRINCETON AVE
ADDITION/RENOVATION

Owner in Fee CZUCHTA, STEPHEN & MARIA

Address SAME
BRICK, NJ 08724-

Tele [redacted]

Contractor ALEX CALLANDER

Address 2526 RUMSHORNE DR
MANASQUAN, NJ 08736-

Tele.(732)528-9191

Lic. No. or Bldrs. Reg. No. 8130

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/28/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 5-25-05

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			1/25/05	
Water				
Sewer				
Fixtures			5/23/05	
Gas Equip.				
Gas Piping				
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

1" WATER

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
0	Urinal / Bidet	0
1	Bath Tub	10
4	Lavatory	40
2	Shower	20
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 120
DCA State Permit Fee $ 0

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

PLUMBING SUBCODE
TECHNICAL SECTION

COPY

Date Received 01/19/2005
Control # C-05-132266
Date Issued 11/03/2004
Permit # 04-4717+A

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

Block 864 Lot 22 Qualification Code

Work Site Location: 119 PRINCETON AVE

Owner in Fee: CZUCHTA, STEPHEN & MARIA

Address SAME BRICK NJ

Te [redacted]

Contractor:

Address NJ

Tel. Fax.

Contractor License No.

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 5-23-05

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
[signature]			5/23/05	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the 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 Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of 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 Bibb	$0
0	Water Heater	$0
0	Fuel Oil Piping	$0
2	Gas Piping	$20
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/28/2004
Date Issued 11/23/04
Control # C28-01
Permit # 04-4717

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

Block 864 Lot 22 Qual
Work Site Location 119 PRINCETON AVE
. ADDITION/RENOVATION
Owner in Fee CZUCHTA, STEPHEN & MARIA
Address SAME
BRICK, NJ 08724-
Tel [redacted]
Contractor VITALE CARPENTERS
Address 1710 RUE MANOR DR
PT PLEASANT, NJ 08742-
Tele.(732)899-6329 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2671429

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

ADDITION/RENOVATION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-21-04	FG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 7-16-05
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			11/5/05	JG
Foundation				
Slab				
Frame			1/27/05	JG over
BarrierFree				
Insulation	2-2-05	over	11/6/05	JG
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	7/11/05	over	7/6/05	JG
BarrierFree				

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[X] Addition		153
[X] Alteration		4,510
[ ] 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

	Present	Proposed
Use Group	R-5	R-5
Constr. Class		
No. of Stories	0	
Height of Structure	0 Ft.	
Area Largest Floor	0 Sq. Ft.	
New Bldg. Area/All Floors	450 Sq. Ft.	
Volume of New Structure	5,661 Cu. Ft.	
Total Land Area Disturbed	0 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 181,000
2. Alteration $ 100,000
3. Total (1+2) $ 281,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge		$ 0
Minimum Fee		$ 0
TOTAL FEE		$ 3,163
DCA State Permit Fee		$ 150

Paid [ ] Check #
Collected by:

U.C.C. P110 (rev. 3/96)

FRAME OK

1/27-05 As Built Required for Steel Re-inforced Girders not on Plan - J

As-Built [illegible]

2-1-05 Above not done must have Plan Approved.

Ins OK Pending Approved Plan Per Above

3/1/05 Need above approved otherwise OK for final JKd

7/6/05 JC OK revised letter on steel - JKd.

ins & final now OK.

DIVISION OF INSPECTIONS
401 CHAMBERSBRIDGE RD
TOWNSHIP OF BRICK
NJ UCCARS 5 34E

TECHNICAL SECTION
SUBCODE
BUILDING
UCC NEW JERSEY

Permit #
Control # C28-01
Date Issued
Date Received 09/28/2004

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/28/2004
Date Issued 11/03/04
Control # C28-01
Permit # 04-4717

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

Block 864 Lot 22 Qual
Work Site Location 119 PRINCETON AVE
ADDITION/RENOVATION
Owner in Fee CZUCHTA, STEPHEN & MARIA
Address SAME
BRICK NJ 08724-
Tele. [redacted]
Contractor ALBRIGHT ELECTRIC
Address PO BOX 1915
PT PLEASANT BEACH, NJ 08742-
Tele.(732)899-0356
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 45-0500730

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 350

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: 10-29-05
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 7-5-05
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			7-1-05	CA
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			7-1-05	CA
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		between 5:85?
Alarm Devices(smoke,heat,pulls,water/flow)	4	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	4	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 [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

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

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

Township of Brick
Zoning Permit

Approved: Wednesday, October 06, 2004 **Number:** 1535

Block 864 **Lot** 22 **Zone:** R-7.5

Property Address: 119 Princeton Avenue

Applicant: Jack Vitale, Vitale Carpenters

Property Owner: Steven Czuchta

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Second floor dormer additions. Interior alterations first and second floor.

Conditions: Same footprint and height.

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

262 1027
36

RECEIVED
OCT 6 2004
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 864 LOT 22 QUALIFIER

PROPERTY ADDRESS 119 PRINCETON AVE.

PERSONAL NAME OF APPLICANT JACK VITALE

BUSINESS NAME OF APPLICANT VITALE CARPENTERS

MAILING ADDRESS OF APPLICANT 1710 RUE MIRADOR, Pt. Pleasant, NJ 08742

PROPERTY OWNER'S FULL NAME STEVEN CZUCHTA

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) Height
☒ Addition - Height 25'4" ± *See Page 1 of Print
☒ Alteration
☐ Porch or deck - Height Dormers - 25'4" +or- (Not to exceed existing ridge)
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) 2ND Story addition same footprint. (No expansion adding dormers)

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 Date 9/15/04

Reviewed by Zoning Office Date 10/6/04 ☒ Approved ( ) Denied

fax 9/28/04

project# 16551

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME
STEPHEN & MARIA CZUCHTA

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
119 PRINCETON AVENUE

Company NAIC Number

CITY	STATE	ZIP CODE
BRICK	NJ	08724

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 22 BLOCK 864

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.######°) HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983 SOURCE: ☐ GPS (Type):____ ☐ USGS Quad Map ☐ Other: ____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
BRICK 345285	OCEAN	NJ

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0004	C	8-3-1998	3-1-1984	A5, B	7

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe): ____

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): ____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 2 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

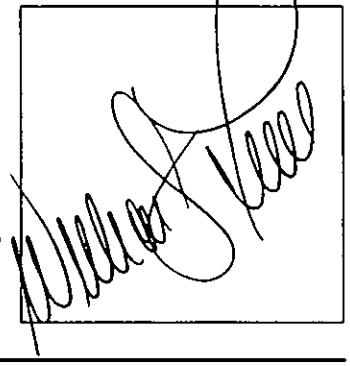
C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 29 Conversion/Comments ____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

o a) Top of bottom floor (including basement or enclosure)	12. 1 ft.(m)
o b) Top of next higher floor	21. 9 ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	—. – ft.(m)
o d) Attached garage (top of slab)	18. 9 ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	A/C 19. 8 ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	18. 8 ft.(m)
o g) Highest adjacent (finished) grade (HAG)	18. 9 ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	____
o i) Total area of all permanent openings (flood vents) in C3.h	_____sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME WILLIAM J. FIORE LICENSE NUMBER GS#35362

TITLE PRESIDENT COMPANY NAME WILLIAM J. FIORE, INC.

ADDRESS	CITY	STATE	ZIP CODE
757 FISCHER BOULEVARD	TOMS RIVER	NJ	08753

SIGNATURE DATE 10-21-04 TELEPHONE (732) 270-1488

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 119 PRINCETON AVENUE			Policy Number
CITY BRICK	STATE NJ	ZIP CODE 08724	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

A computer plotting of the boundary and dwelling indicate the dwelling lies partially in Zones C & B. The A-5 (EL 7) Zone does affect the swimming pool, but might not affect the dwelling. With the exception of the air conditioning units, all other mechanical equipment is located on the basement floor.

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _(Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS | CITY | STATE | ZIP CODE

SIGNATURE | DATE | TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: ____. __ ft.(m) Datum: ____

G9. BFE or (in Zone AO) depth of flooding at the building site is: ____. __ ft.(m) Datum: ____

LOCAL OFFICIAL'S NAME | TITLE

COMMUNITY NAME | TELEPHONE

SIGNATURE | DATE

COMMENTS

☐ Check here if attachments

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

********PLEASE READ AND SIGN********

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: _____

SIGNATURE: _____ DATE: _____

BLOCK: _____ LOT: _____ ADDRESS: _____

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 119 PRINCETON AVE

Block: 864 Lot: 22

Contractor: Vitale Carpenters

Contractor's Address: 1710 RUE MIRADOR, PT. PLSNT, N.J. 08742

Type of Construction (minor, new home): ADDITION - RENOVATION

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

Party responsible for removal: Vitale Carpenters

Dumpster size: 12 yd & 20 yd

Destination of debris: OCEAN County

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

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

Signature

9/14/04
Date

JACK VITALE
Print Name

Township of Brick

Engineering Review Form

Number: 256 **Date:** Friday, October 15, 2004

Applicant: CZUCHTA

Address: 119 PRINCETON AVE.

City: BRICK

State: NJ **Zip:** 08724

Property Address: SAME

Phone: (732) 458-1367

Block: 864 **Lot:** 22

Project Type: ALTERATIONS & ADDITIONS

Denied ☑

Denied Reason: FEMA/ELEVATION CERTIFICATES

Approved ☐

Application Reviewed by _____

James A. Priolo, P.E.
Township Engineer

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.twp.brick.nj.us

Date: 9/15/04

Block: 864 Lot: 22

Property Address: 119 Princeton Ave, Brick

I, _____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
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: 10/20/04 Signed: _____

Rejected on: 10/15/04 Signed: _____

Comments: Needs Elevation Cert / Flood Info 10/20/04 /dk

Building Energy Codes Program

DOE's Building Energy Codes Program is an information resource on national model energy codes. We work with other government agencies, state and local jurisdictions, national code organizations, and industry to promote stronger building energy codes and help states adopt, implement, and enforce those codes.

The Program recognizes that energy codes maximize energy efficiency only when they are fully embraced by users and supported through education, implementation, and enforcement.

Free Software Downloads

RES*check*

RES*check*, RES*check-Web*, RES*check* Package Generator

COM*check*

COM*check-EZ*, COM*check* Package Generator

Energy Codes

The Department of Community Affairs has recently proposed changes to the Uniform Construction Code regarding the enforcement of the energy code (see the January 6, 2003 edition of the New Jersey Register). The proposal requires applicants to show compliance with the energy subcode and sets forth specific ways of showing compliance.

Residential

Residential buildings applicants have four options for complying. The options are: submission of written calculations, enrollment in the "Energy Star" program, compliance with prescriptive packages, or use of the RESCheck software. Listed below is a brief description of the compliance options.

Handwritten calculations are an acceptable, although somewhat unattractive, method of showing compliance. They are time consuming to both create and review. The Department anticipates that this will be the least used option.

Applicants can also demonstrate compliance by showing that they are enrolled in the "Energy Star" program. "Energy Star" is a utility sponsored incentive program where the builder is given utility rebates for constructing homes that are more efficient than the energy code requires. The threshold for enrollment in the "Energy Star" program is 30% more efficient than the 1995 CABO MEC. As part of the program, the utility company does both a plan review

There are six different forms that may be applicable. There are forms for single family dwellings and for multifamily dwellings for each of the three heating degree day regions in the state.

- Find RESCheck Software

Commercial

Commercial building applicants have two ways of showing compliance. The methods are long hand calculations and the use of software. For commercial buildings, longhand calculations have the same draw- back that they have for residential applications, they are time consuming to generate and check. The Department anticipates that the software will be the preferred option.

Commercial software is available from the same site as the residential software. The software is called COMCheckEZ and is listed under "compliance tools." There is no New Jersey version of the commercial software. New Jersey is using the 1999 version of ASHRAE 90.1. The software downloaded from the site should be based on this standard. This software can be used for most commercial building designs. COMCheckEZ cannot be used to demonstrate a whole building performance (energy budget) approach. The whole building performance approach takes advantage of code provisions that are not normally used, such as credits for day lighting. It will allow for trade-offs between building components and can be used for the majority of commercial buildings.

- Find COMCheckEZ Software

Assistance

and field inspections. Therefore, if the builder is enrolled in the program there is no need for either a plan review or field inspections for energy code compliance by the municipality.

Applicants may also use RESCheck software to show compliance. The software essentially performs the energy calculations described above and allows trade-offs between building components. For example it will let you under-insulate walls for a commensurate over insulation of the ceiling. It also allows trade-offs between HVAC equipment and building components. The software may be downloaded from the U.S. Department of Energy's Web site. The energy codes software is listed under "compliance tools." The site lists several different versions of RESCheck software. When downloading the software be sure to download the New Jersey version (based on the 1995 MEC with New Jersey modifications). The final method of complying is with the use of prescriptive packages.

These packages were developed using the RESCheck software. The packages show typical insulation levels, glazing percentages, window characteristics and equipment efficiencies. If an applicant's design shows insulation levels and equipment efficiencies that are the same or higher then the typical levels, and window "u" values and glazing percentages that are the same or lower the the typical levels, then the design complies. No other calculations are needed. The applicant simply needs to indicate which package was selected. A copy of the various packages is included below.

Questions on the energy subcode can be directed to the code assistance unit by telephone at (609) 984– 7609.

Residential Prescriptive Packages

Use 4500 for Atlantic, Camden, Cape May, Cumberland,Gloucester, and Salem Counties.

Use 5000 for Burlington, Essex, Hudson, Mercer, Middlesex, Monmouth, Ocean and Union Counties.

Use 5500 for Bergen, Hunderdon, Morris, Passaic, Somerset and Warren Counties.

Use single for one and two family detached dwellings.

Use multi for other than one or two family detached dwellings which are three or fewer stories in height.

4500 Prescriptive Single-Family Go

- U.S. Department of Energy
- International Code Council(ICC)
- American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE)

Mike Energy Code

Permit Number

Checked By/Date

RES*check* Compliance Certificate

1995 MEC

RES*check* Software Version 3.5 Release 1c
Data filename: Untitled.rck

WWW.ENERGY CODES.GOV

TITLE: Lacey Residence

CITY: Toms River
STATE: New Jersey
HDD: 5294
CONSTRUCTION TYPE: Single Family

DATE: 05/06/03
DATE OF PLANS: May 05, 2003

PROJECT INFORMATION:
New house for Mr. Jim Lacey

COMPLIANCE: Passes

Maximum UA = 861
Your Home UA = 806
6.4% Better Than Code (UA)

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	1122	10.0	10.0		53
Ceiling 2: Flat Ceiling or Scissor Truss	1325	30.0	30.0		23
Wall 1: Wood Frame, 16" o.c.	1932	13.0	13.0		93
Wall 2: Wood Frame, 16" o.c.	1319	13.0	13.0		31
Window: TW30410: Wood Frame, Double Pane with Low-E	207			0.350	72
Window: CW245: Wood Frame, Double Pane with Low-E	42			0.340	14
Window: TW24410: Wood Frame, Double Pane with Low-E	63			0.350	22
Window: DHT3010: Wood Frame, Double Pane with Low-E	31			0.340	11
Window: TW2032: Wood Frame, Double Pane with Low-E	7			0.350	3
Window: TW2442-2: Wood Frame, Double Pane with Low-E	65			0.350	23
Window: TW24510: Wood Frame, Double Pane with Low-E	30			0.350	10
Window: DHP42510: Wood Frame, Double Pane with Low-E	26			0.340	9
Window: FWT-2-6016: Wood Frame, Double Pane with Low-E	18			0.340	6
Window: DHT2010: Wood Frame, Double Pane with Low-E	4			0.340	1
Window: DHT4210: Wood Frame, Double Pane with Low-E	4			0.340	1
Window: DHP4262: Wood Frame, Double Pane with Low-E	27			0.340	9
Window: TW45: Wood Frame, Double Pane with Low-E	49			0.350	17
Door: FW6068R: Glass	80			0.340	27
Door: 30x68: Solid	20			0.500	10
Basement 1: Masonry Block with Empty Cells	1787	6.0	6.0		343
Wall height: 9.0'					
Depth below grade: 7.0'					
Insulation depth: 1.0'					

[ ] Ducts in unconditioned spaces must be insulated to R-5.
Ducts outside the building must be insulated to R-6.5.

Duct Construction:

[ ] All ducts must be sealed with mastic and fibrous backing tape. Pressure-sensitive tape may be used for fibrous ducts. Duct tape is not permitted.

[ ] The HVAC system must provide a means for balancing air and water systems.

Temperature Controls:

[ ] Thermostats are required for each separate HVAC system. A manual or automatic means to partially restrict or shut off the heating and/or cooling input to each zone or floor shall be provided.

Circulating Hot Water Systems:

[ ] Insulate circulating hot water pipes to the levels in Table 1.

Swimming Pools:

[ ] All heated swimming pools must have an on/off heater switch and require a cover unless over 20% of the heating energy is from non-depletable sources. Pool pumps require a time clock.

Heating and Cooling Piping Insulation:

[ ] HVAC piping conveying fluids above 120 °F or chilled fluids below 55 °F must be insulated to the levels in Table 2.

*Table 1: **Minimum Insulation Thickness for Circulating Hot Water Pipes.***

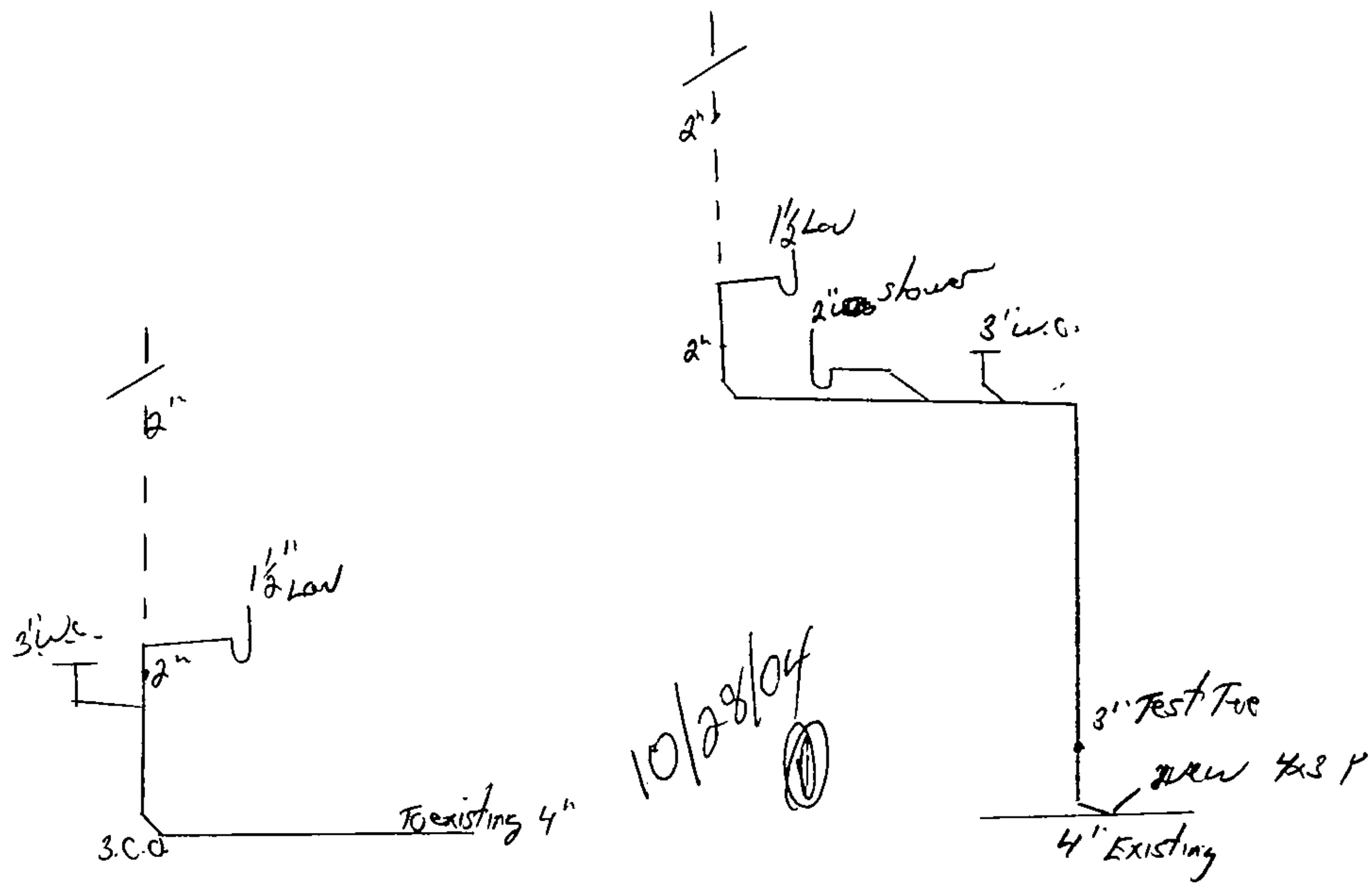
Heated Water Temperature (F)	Insulation Thickness in Inches by Pipe Sizes: Non-Circulating Runouts Up to 1"	Non-Circulating Runouts Up to 1.25"	Circulating Mains and Runouts 1.5" to 2.0"	Circulating Mains and Runouts Over 2"
170-180	0.5	1.0	1.5	2.0
140-160	0.5	0.5	1.0	1.5
100-130	0.5	0.5	0.5	1.0

*Table 2: **Minimum Insulation Thickness for HVAC Pipes.***

Piping System Types	Fluid Temp. Range (F)	Insulation Thickness in Inches by Pipe Sizes: 2" Runouts	1" and Less	1.25" to 2"	2.5" to 4"
Heating Systems					
Low Pressure/Temperature	201-250	1.0	1.5	1.5	2.0
Low Temperature	120-200	0.5	1.0	1.0	1.5
Steam Condensate (for feed water)	Any	1.0	1.0	1.5	2.0
Cooling Systems					
Chilled Water, Refrigerant, and Brine	40-55	0.5	0.5	0.75	1.0
	Below 40	1.0	1.0	1.5	1.5

NOTES TO FIELD (Building Department Use Only)

119 Princetow Ave



10/28/04

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER CZUCHTA, DATE 10/28/04

PROPERTY ADDRESS 119 PRINCETON AVE BLOCK 864 LOT 22

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	35	9.5	
2:KITCHEN GROUP	1	2.0	
3:~~WATER~~ CLOSETS			
4:LAVATORY			
5:BATH TUB			
6:SHOWER STALL	1	2.0	
7:KITCHEN SINK			
8:SERVICE SINK			
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING ~~MACHINE~~ GROUP	1	5.0	
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 22.0

GALLONS PER MINUTE _____

SIZE OF SERVICE 1"

DATE: 10/28/04 APPROVED: _____

WOODHAVEN LUMBER & MILLWORK

RT 35 SOUTH
POINT PLEASANT
295-8800

RT 70
CLEAR BRIDGE AVE.
BRICKTOWN
477-4600

300 RT 9
BAYVILLE
269-3391

Come home to quality.
Andersen

Low Maintenance Vinyl Sheathed Perma-Shield® Windows and Patio Doors

MEMO

3 TUBS

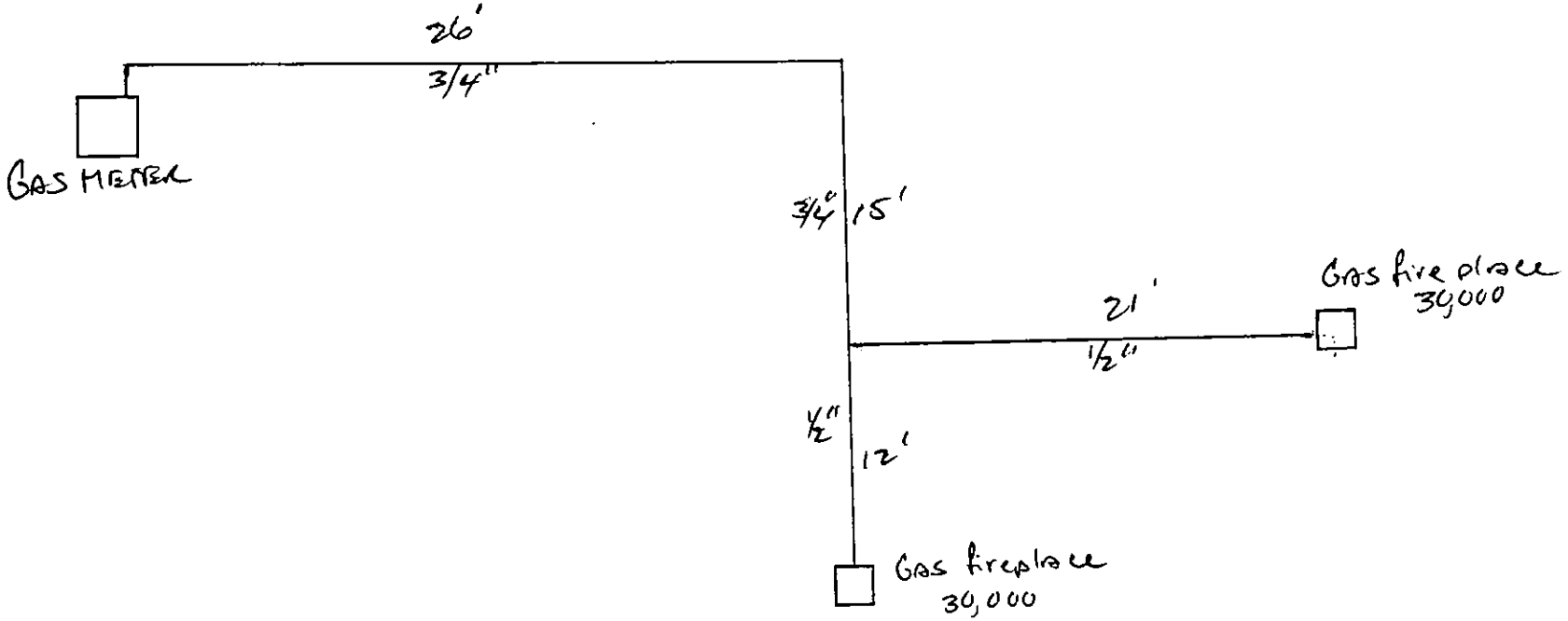
3 WATER CLOSETS

6 SINKS

1 SHOWER

Existing Plumbing Fixtures:

119 Princeton Ave.



70' CPVC

3/4" 60,000.

1/20/05

119 Princeton Ave
CZUCHTA, Stephan

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 119 PRINCETON Ave
Block: 864 Lot: 22
Owner's Name: STEVEN CZUCHTA
Owner's Mailing Address: 119 PRINCETON Ave BRICK
Phone [redacted]

BUILDING

Contractor: VITALE CARPENTERS
Address: 1710 RUE MIRADOR
PT. PLSNT, N.J.
Phone#: 732-899 6329
Lis # 021149
Federal Emp # or SSN

Technical Data

Description of Work:

ADDITION & RENOVATION

Type of Work

___ New Building	___ Siding
X Addition	___ Fence
X Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present: R-5 Proposed: R-5
No of Stories: 2
Height of Structure: 25' 4" ±
Area of the largest floor: 3800 W/ GARAGE
Area of New Structure: 450 sq ft ±
Volume of New Structure:
Total Land Disturbed: 13,944 ±
Cost of Alteration: $ 150,000 —
Cost of New Building: $ 181,000
Cost of Site Work $
Total Cost of New Building Work: $ ~~300,000~~ 331,000

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 JACK VITALE

ELECTRICAL

Contractor: ALBRIGHT ELECTRIC LLC
Address: POBOX 1915
POINT PLEASANT BCH NJ 08742
Phone#: 732 899 0356
Lis #: 6885
Federal Emp # or SSN 45-0500730

Technical Data

Item	Quantity
Lighting Fixtures	46
Receptacles	44
Switches	28
Detectors	4
Light Poles	
Motors w/ Fract. HP	3 BATH EX FANS
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	125

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: 6,900.00

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: Clyde Snyder
Please Print Name CLYDE SNYDER

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Alex Callander
Address: 2526 Ramshorn
Manasquan
Phone #: 732 528 9191
Lis #: 6230
Federal Emp # or SSN [redacted]

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	3
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	1
Lavatory (BR Sink)	4
Shower	2
Floor Drain	
Sink	1
Dishwasher	1
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 10,000.—

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

Signature: [signature]
Please Print Name: Alex Callander

CONTRACTOR'S SEAL

FIRE

Contractor: ALBRIGHT ELECTRIC LLC
Address: PO BOX 1915
POINT PLEASANT NJ 08742
Phone #: 732 899 0356
Lis #: 6885
Federal Emp # or SSN 45-0500730

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	4 (2 OF WHICH ARE SMOKE CO COMBO UNITS)
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 350 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: [signature]
Print Name: CLYDE SNYDER