BLOCK 524 LOT 15-19 QUALIFICATION CODE _____ ADDRESS (SITE) 959 Midvale Ave PERMIT NO. 05-4383

CONSTRUCTION PERMIT APPLICATION

05-178087

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

I. IDENTIFICATION

1. Proposed Work Site at: 959 Midvale Ave
2. Name of Owner in Fee: Dennis & Nicole Hoffman Te [redacted]
   Address 959 Midvale Ave (street) Brick Tower (municipality) N.J. 08723 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: Homeowner [redacted]
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____
5. Architect or Engineer Dennis Hoffman [redacted]
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Dennis Hoffman
   T[redacted] FAX: (___) _____

7[redacted] cell
story addition

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 152		
2.	Electrical	85		
3.	Plumbing	135		
4.	Fire Protection	45		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 15		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy	30		
12.	Other ZA			
13.	TOTAL	$ 493		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 18 ft.	
3.	Area — Largest Floor 390 sq. ft.	
4.	New Building Area 710 sq. ft.	
5.	Volume of New Structure 5650 cu. ft.	
6.	Construction Classification R-3	
7.	Total Land Area Disturbed 1000 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

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			9/6/05		11/01/05	KEY			
3.	☑ Addition	25,125.								
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection	250.				9/6		12/14/05		
6.	☑ Plumbing	13,125.				9/22/05		2/24/06		
7.	☑ Electrical	3500.				11/9/05		2/24/06		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		ENG	9/22/05		9/22/05				
	TOTAL COSTS	42,000.00								

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: R
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

IMPORTANT Ad. prelim 9/21/05 JRT

A.H.B.T. - MANDATORY FEE - RESIDENTIAL *FOR OFFICE USE ONLY*

Constituent Contact Report

Date	Comments	Initials

☒ Zoning Application deemed complete Initialed: JRT Date: 9/6/05

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

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. (X) 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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. (X) 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 27 August 2008

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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. _____	_____	_____	_____	_____

CONSTRUCTION PERMIT

Date Issued 11/01/2005
Control # C-05-138087
Permit # 05-4383

IDENTIFICATION Block: 524 Lot: 15 Qualifier
Work Site Location: 959 MIDVALE AVE. Brick Township, NJ
Owner in Fee HOFFMAN, DENNIS & NICOLE
Address 959 MIDVALE AVE BRICK NJ 08723
Telephone: [redacted]

Contractor HOFFMAN, DENNIS & NICOLE
Address 959 MIDVALE AVE BRICK NJ 08723
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RESIDENTIAL ADDITION

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 $41,750

Construction Official — 11/01/2005 Date

PAYMENTS (Office Use Only)

Building	$153
Electrical	$85
Plumbing	$130
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$15
CO Fee	$35.00
Other	$30
Total	$493
Check No.	1288
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

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.

Township of Brick
Zoning Permit

Approved: Wednesday, September 14, 2005 **Number:** 1348

Block 524 **Lot** 15 **Zone:** R-7.5

Property Address: 959 Midvale Avenue

Applicant: Dennis Hoffman

Property Owner: Dennis Hoffman

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: One story additions 16' x 20', and 16' x 24.3', 18 feet high.

Conditions: The additions must be set back at least 25 feet from the front property line, 6 feet from the side property lines and 15 feet from the rear property line.

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

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

SEP 14 2005

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 524 LOT 15-19 QUALIFIER _____

PROPERTY ADDRESS 959 Midvale Ave Bricktown N.J.

PERSONAL NAME OF APPLICANT Dennis Hoffman

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 959 Midvale Ave Bricktown N.J 08723

PROPERTY OWNER'S FULL NAME Dennis Hoffman

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 18' 2 additions
☐ Alteration
☐ Porch or deck - Height_____
☐ Shed - Height _____
☐ Fence - Type_____ Height_____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

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

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

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

SIGNATURE OF APPLICANT _____ Date 27 August 2005

Reviewed by Zoning Office _____ Date 9/14/05 (X) Approved ( ) Denied

9/6/05

March 2003

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: 959 Midvale Ave Brick town N.J.

Block: 524 Lot: 15-19

Contractor: Homeowner

Contractor's Address: 959 Midvale Ave Brick town N.J.

Type of Construction (minor, new home): addition

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

Party responsible for removal: Dennis Hoffman

Dumpster size: 20

Destination of debris: Ocean County Landfill

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

27 August 2005
Date

Dennis Hoffman
Print Name

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 05-4383

Date Issued / Permit # 11-1-05

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

Block 524 Lot 15-19 Qualification Code

Work Site Location 959 Midvale Ave

Owner in Fee Dennis & Nicole Hoffmen

Address 959 Midvale Ave
Brick N.J. 08723

Tel [redacted]

Contractor MJ Pirchio Elect. Contr.

Address 1021 Chelsea st
Forked River NJ 08731

Tel (609) 693-5598 FAX ( ) Same

Contractor License No. 6299

Federal Emp. No. 200975771

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3500.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10-05
Approved by: WM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-27-06
Approved by: WM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			1-12-06	TO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			2-24-06	TO
Final			2-27-06	TO
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 certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
17		Receptacles	
9		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
35		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Lieder
to
myrtle.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 05-4383

Date Issued
Permit # 11-1-05

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

Block 524 Lot 15-19 Qualification Code

Work Site Location 959 Midvale Ave
Brick Town N.J. 08723

Owner in Fee Dennis + Nicole Hoffman

Address 959 Midvale Ave
Brick Town N.J. 08723

Tel [redacted]

Contractor Home Owner

Address

Tel [redacted] FAX ( )

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed R-3 Fire Alarm System: [ ] New OR [✓] Existing

Constr. Class: Present R-3 Proposed R-3 Location of Panel:

Heating System: [✓] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $250.

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: To install interconnected smoke detectors in each Bedroom + on each floor + carbon Mon. by bedroom

Water Supply Source BTMUA

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems	5	
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 9 Dec.

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 12-22-05

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System			2 Jan 06	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2-2-06	
Other				

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 05-4383
Date Issued
Control #
Permit # 11-1-05

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

Block 524 Lot 15-19
Work Site Location 959 Midvale Ave
Brick town N.J. 08723
Owner in Fee Dennis & Nicole Hoffman
Address 959 Midvale Ave
Brick town N.J. 08723
Tele. [redacted]
Contractor JOHN A [illegible] PLUMBING INC
Address 185 KETTLE CREEK ROAD
TOMS RIVER NJ 08753
Tele. (732) 240-5770 Fax (732) 240-5771
Lic. No. 6930
Federal Emp. No. 22-2744173

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 13,125.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/22/05
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] GA
Date: 2-24-06
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			1-9.06	[signature]
Water				
Sewer				
Fixtures			2-24-06	[signature]
Gas Equipment				
Gas Piping			1-9.06	[signature]
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]
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping — NO CHART	
1	Gas Piping 1" - 220,000	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

3/4" Water

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 05-4383

Date Issued / Permit # 11-1-05

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

Block 524 Lot 15-19 Qualification Code

Work Site Location 959 Midvale Ave.
Brick Town N. J. 08723

Owner in Fee Dennis & Nicole Hoffman

Address 959 Midvale Ave
Brick Town N. J. 08723

Tel. [redacted]

Contractor Home owner

Address

Tel. (732) 451-0447 FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

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

To build addition on dwelling

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11/01/05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[✓] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 18 Ft.
Area — Largest Floor 390 Sq. Ft.
New Bldg. Area/All Floors 210 Sq. Ft.
Volume of New Structure 5680 Cu. Ft.
Total Land Area Disturbed 1000 Sq. Ft.

Est. Cost of Bldg. Work: ~~25,125.~~

1. New Bldg. $ ~~42,000.00~~
2. Rehabilitation $
3. Total (1+ 2) $ 42,000.00

U.C.C. F110 (rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 05-4383

Date Issued / Permit # 11-1-05

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

Block 524 Lot 15-19 Qualification Code

Work Site Location 959 Midvale Ave
Brick Town N.J. 08723

Owner in Fee Dennis & Nicole Hoffman
Address 959 Midvale Ave
Brick Town N.J. 08723
Tel. [redacted]

Contractor Homeowner
Address

Tel. (732) 451-0447 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

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

To build addition on dwelling

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11/01/05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				✓
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [✓] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	
Constr. Class	Present	Proposed	
No. of Stories	1		
Height of Structure	18		Ft.
Area — Largest Floor	390		Sq. Ft.
New Bldg. Area/All Floors	710		Sq. Ft.
Volume of New Structure	5680		Cu. Ft.
Total Land Area Disturbed	1000		Sq. Ft.

Est. Cost of Bldg. Work: 25,125.

1. New Bldg. $~~40,000.00~~
2. Rehabilitation $
3. Total (1+ 2) $ 42,000.00

U.C.C. F110 (rev. 07/03)

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

Figure 55. Valley Rafter Roof Framing

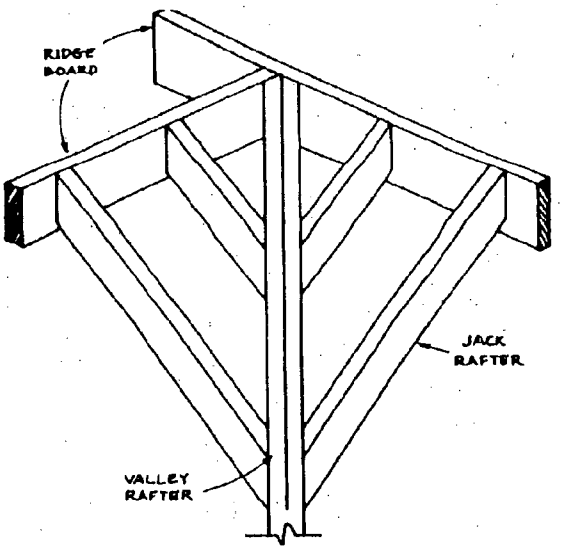


Figure 56. Hip Rafter Roof Framing

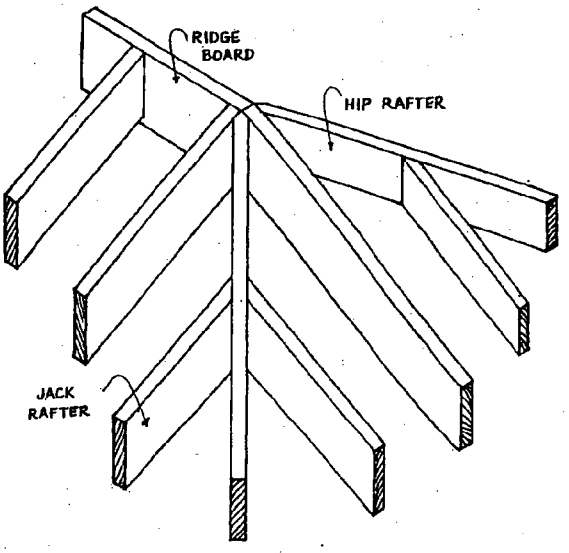
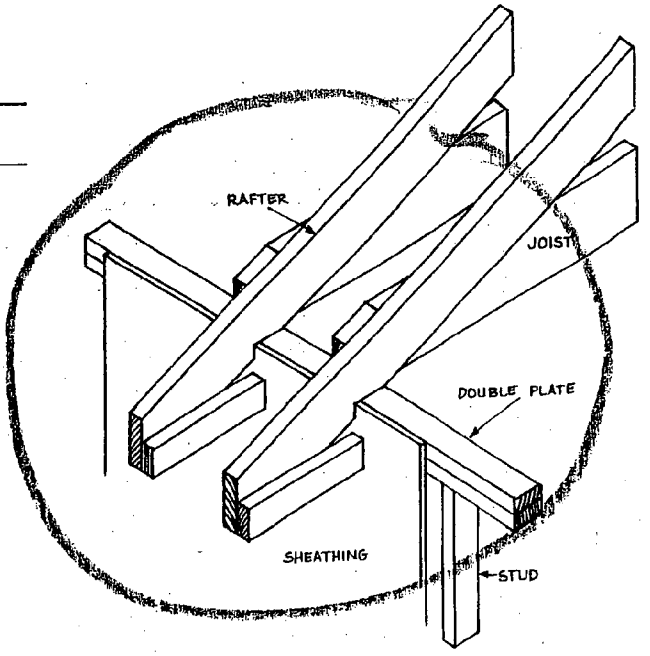
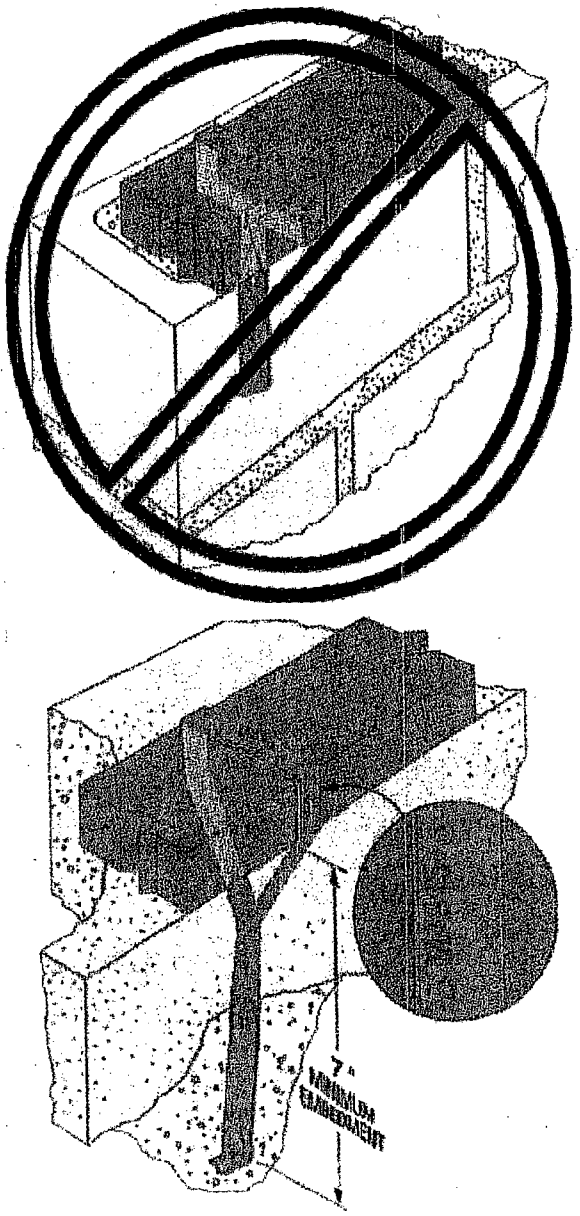


Figure 57. Roof Framing at Eave



Attention!

Anchor straps must be separated before the concrete is poured!



Permit Number

Checked By/Date

RES*check* Compliance Certificate

New Jersey Energy Subcode

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

PROJECT TITLE: Additon "B"

COUNTY: Ocean
STATE: New Jersey
HDD: 5000
CONSTRUCTION TYPE: Single Family

DATE: 08/03/05
DATE OF PLANS: 08/03/05

PROJECT DESCRIPTION:
Mr. & Mrs. Hoffman
959 Midvale Ave.
Bricktown, Nj

DESIGNER/CONTRACTOR:
Self

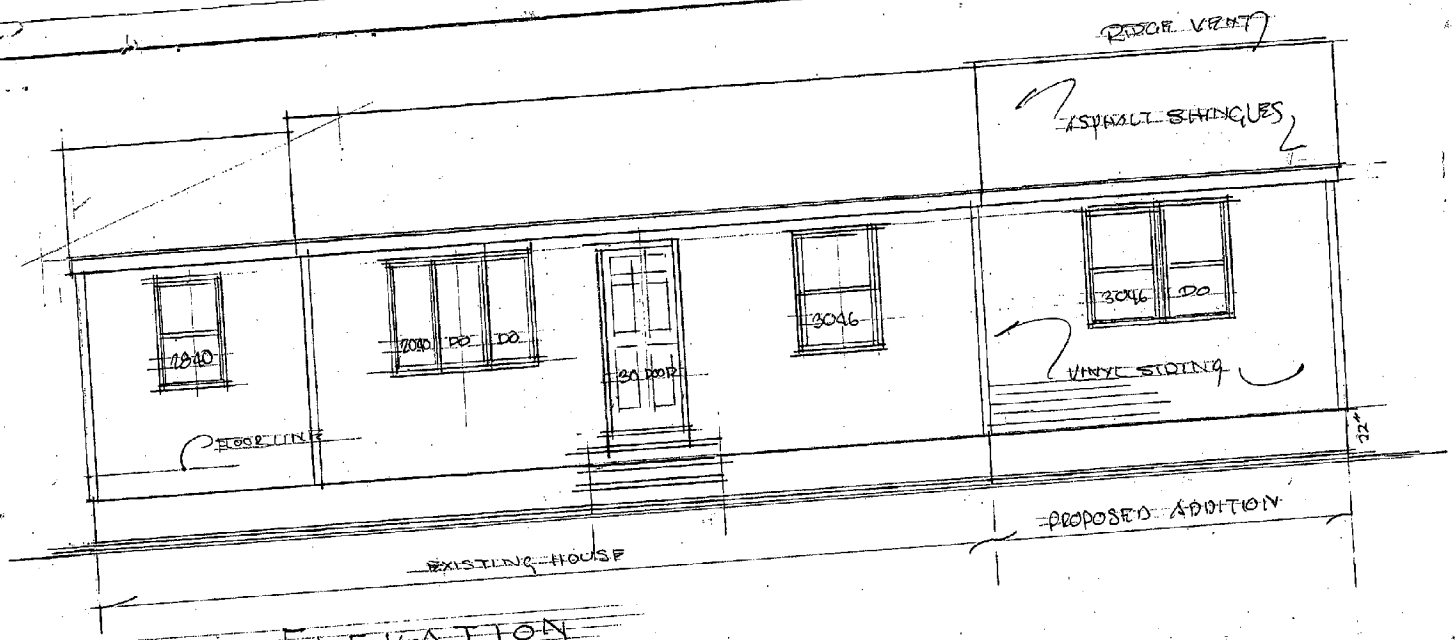
COMPLIANCE: Passes

Maximum UA = 99
Your Home UA = 88
11.1% 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	320	30.0	0.0		11
Wall 1: Wood Frame, 16" o.c.	520	13.0	0.0		38
Window 1: Wood Frame:Double Pane	17			0.340	6
Door 1: Glass	38			0.470	18
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	320	19.0	0.0		15

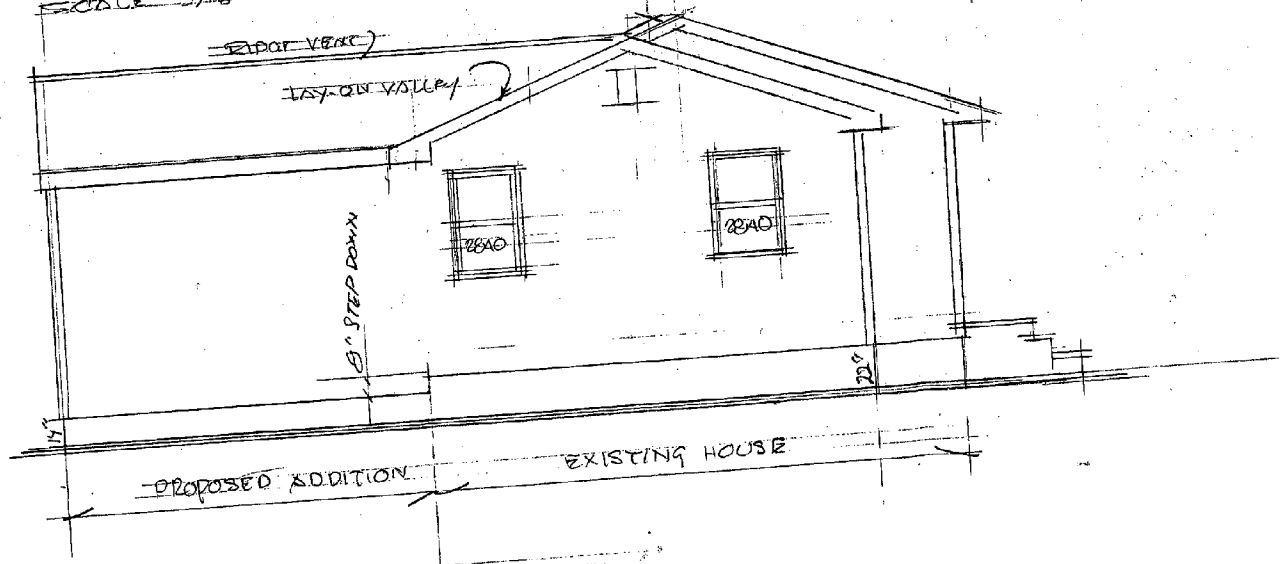
COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check* Version 3.5 Release 1e (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Builder/Designer  Date 8.27.05



FRONT ELEVATION

SCALE 3/16" = 1'-0"



LEFT SIDE ELEVATION

Release of these prints by the building department constitutes general approval only, and does not relieve the owner, contractor, architect or engineer of sole responsibility for full construction code compliance as per (N.J.S.C. chapter 23 title 5) further, it shall be the contractor's responsibility to establish and conform to workmanlike standards, acceptable to the building department.

OFFICE COPY

Release of these plans by the building department does not relieve the owner of responsibility to comply with all applicable codes, ordinances and regulations. Approval by the building department does not authorize any violation of state or federal laws.

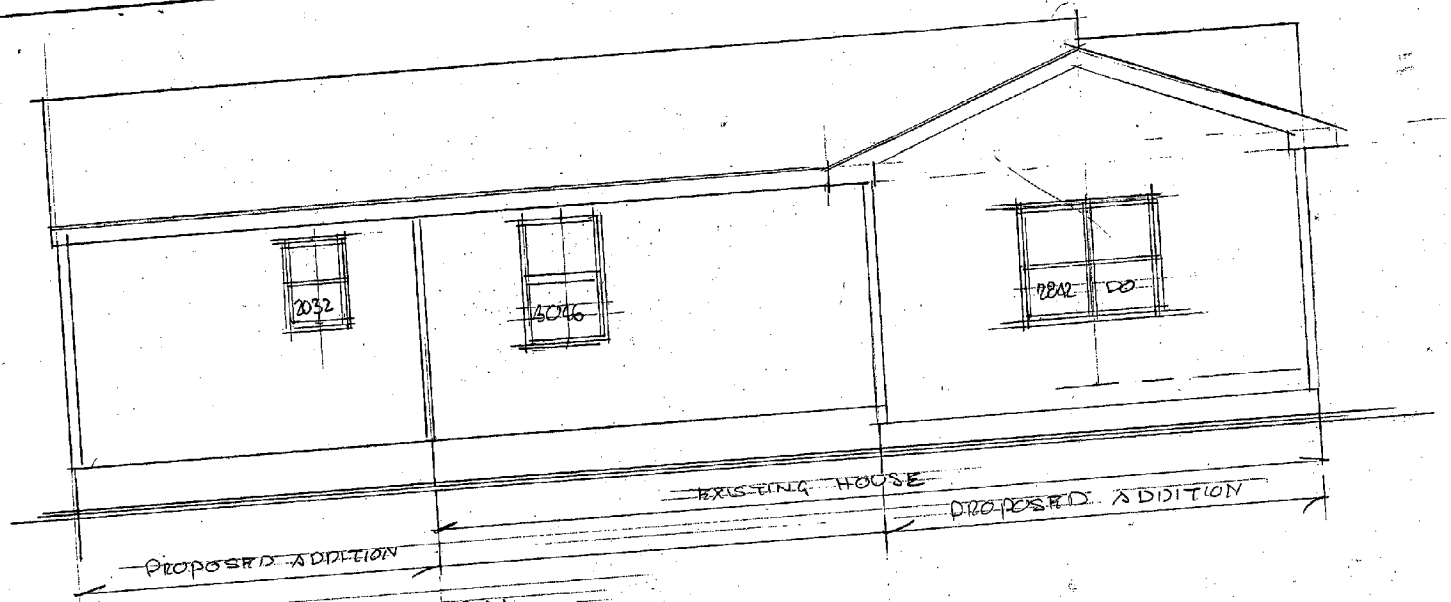
Title 23 requires that all plans submitted to the building department be prepared by a registered architect or engineer. Architects and engineers shall affix their seal to all plans and specifications prepared or approved by them.

I, [illegible], hereby certify that these plans and specifications comply with the minimum requirements of the Texas Accessibility Standards.

Registered Architect or Engineer

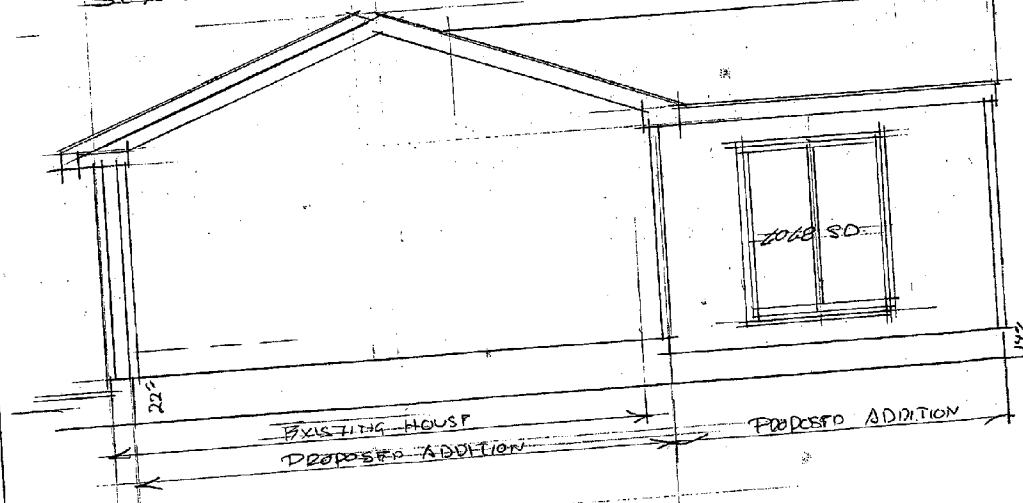
Date

525



REAR ELEVATION

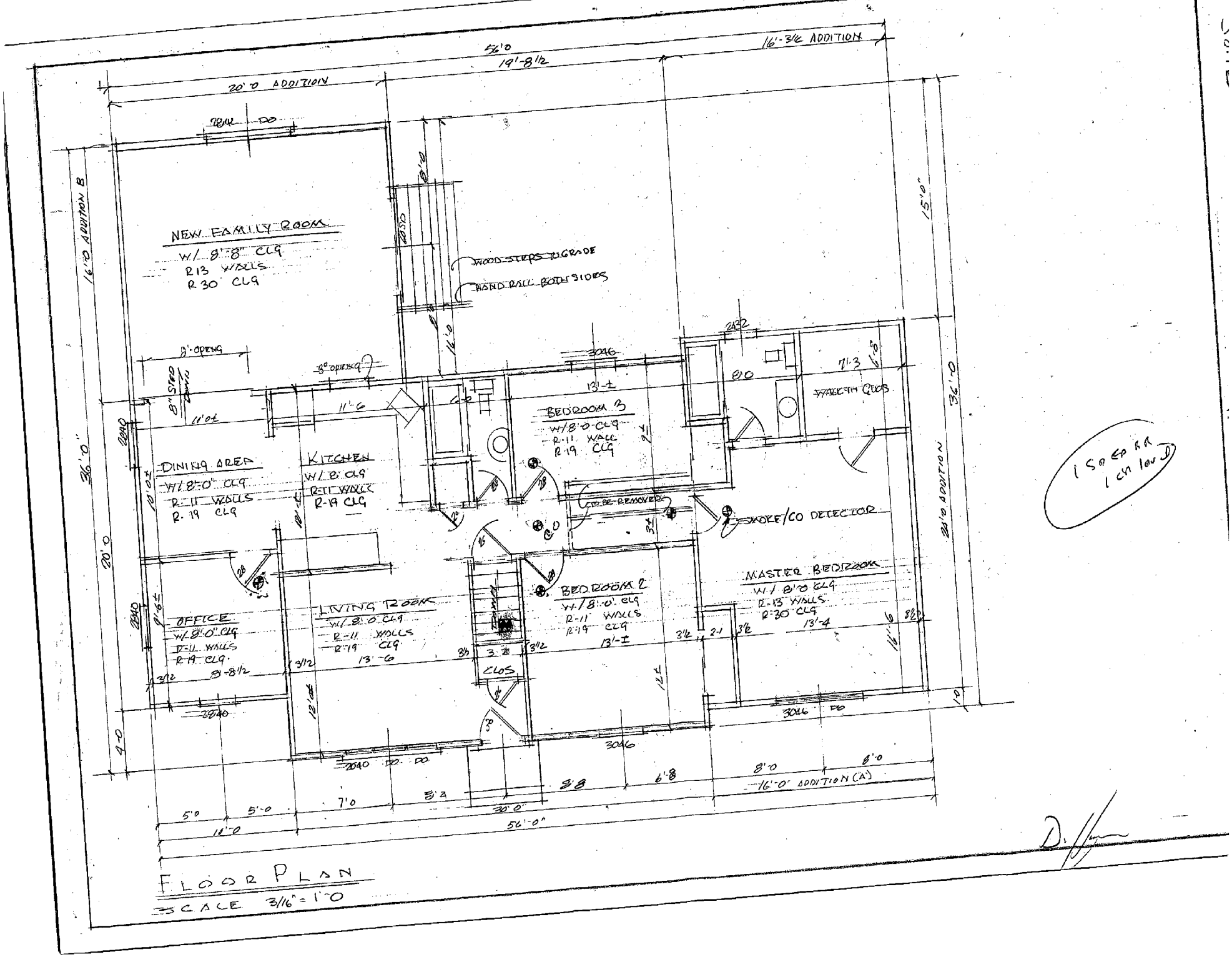
SCALE 3/16" = 1'-0



RIGHT SIDE ELEVATION

SCALE 3/16" = 1'-0

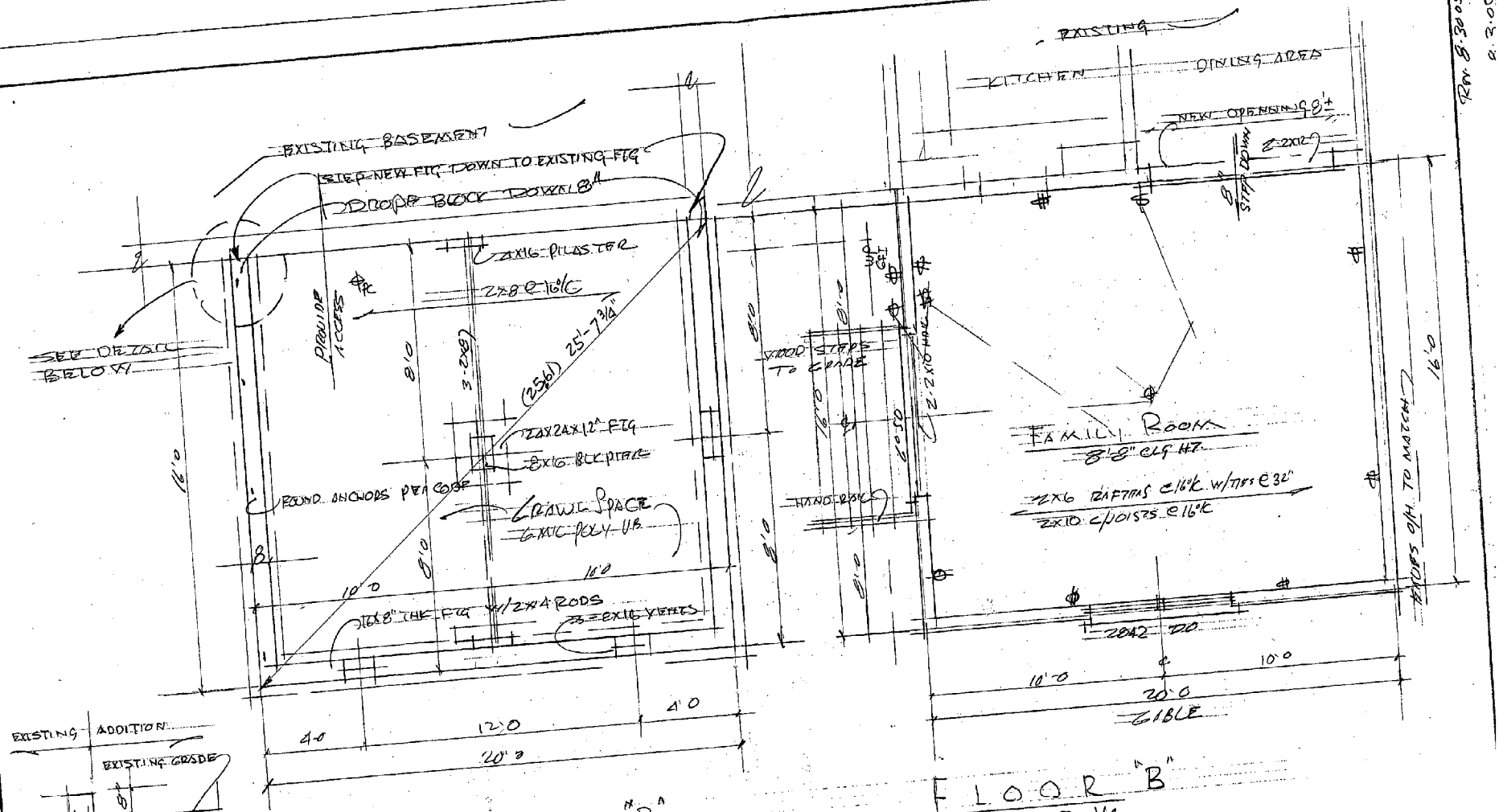
11/01/05 [illegible]
10405-[illegible]
9/22/05 [illegible]
52605[illegible]


16'-3½ ADDITION
56'0
19'-8½
20'0 ADDITION
16'0 ADDITION B
NEW FAMILY ROOM
W/ 8'-8" CLG
R13 WALLS
R30 CLG
WOOD STEPS TO GRADE
HAND RAIL BOTH SIDES
8'-OPENG
8" STUD
11'-6
DINING AREA
W/ 8'-0" CLG
R-11 WALLS
R-19 CLG
KITCHEN
W/ 8' CLG
R-11 WALLS
R-19 CLG
BEDROOM 3
W/ 8'-0 CLG
R-11 WALL
R-19 CLG
13'-1
7'-3
WALK-IN CLOS
SMOKE/CO DETECTOR
OFFICE
W/ 8'-0" CLG
R-11 WALLS
R-19 CLG
LIVING ROOM
W/ 8'0 CLG
R-11 WALLS
R-19 CLG
13'-6
BEDROOM 2
W/ 8'-0' CLG
R-11' WALLS
R-19 CLG
13'-1
CLOS
MASTER BEDROOM
W/ 8'0 CLG
R-13 WALLS
R-30 CLG
13'-4
15'0"
36'0"
20'0
16'0 ADDITION A
8'0
8'0
16'-0" ADDITION (A')
5'0
5'-0
7'0
3'2
30'0"
3'8
6'8
11'0
56'-0"
FLOOR PLAN
SCALE 3/16" = 1'0

11/01/05 KGE

1D4 STM

S-2605 KGE

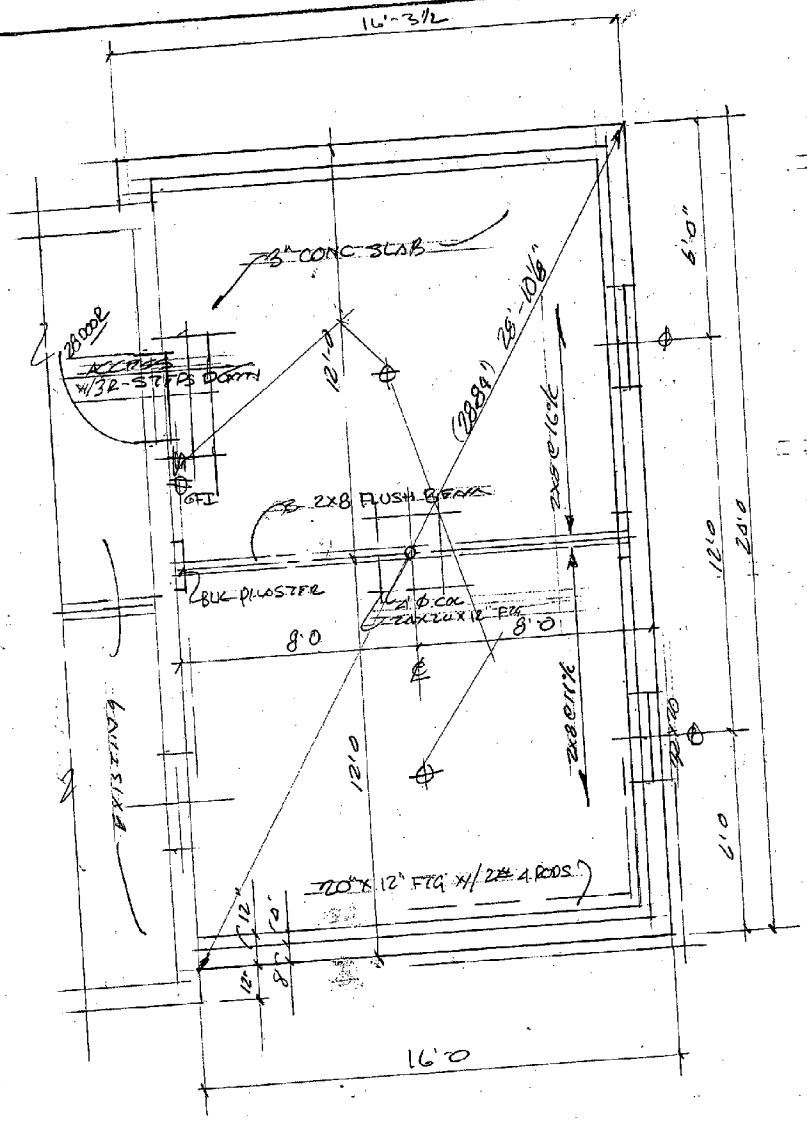


FOUNDATION "B"
SCALE 1/4" = 1'-0

FLOOR "B"
SCALE 1/4

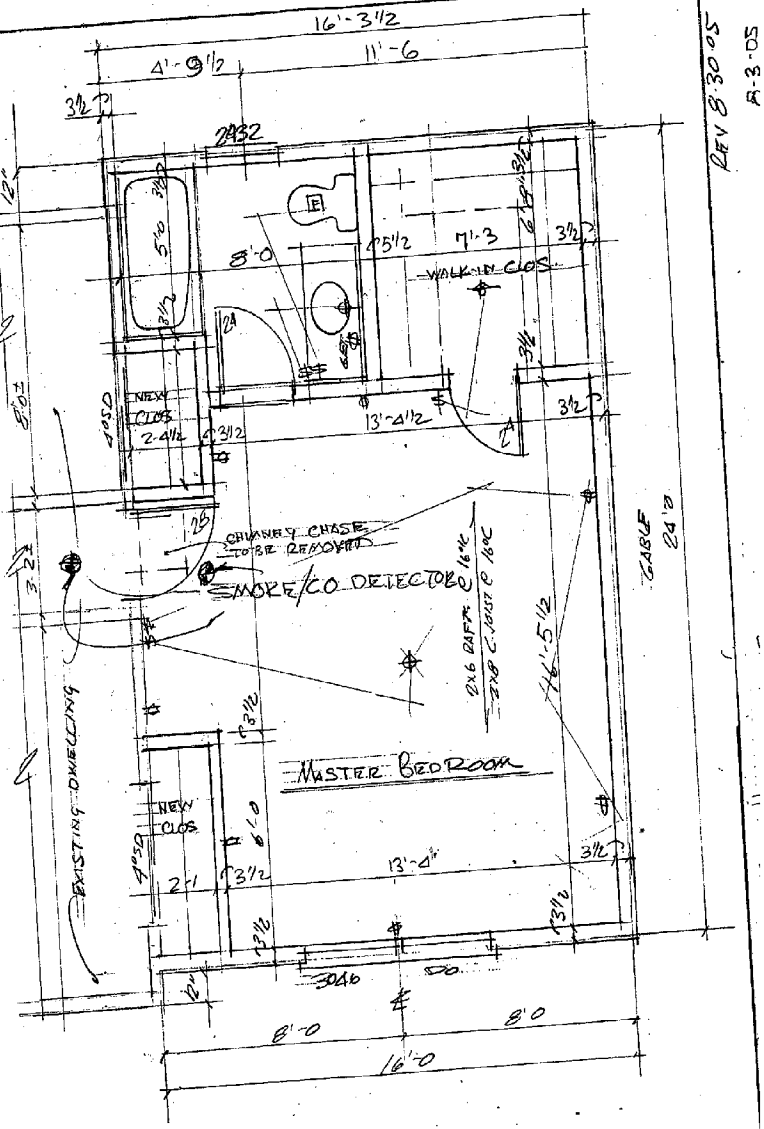
STEP FOOTING DETAIL
SCALE 3/4" = 1'0

11/01/05 RGK
10401mw
9/22
5-26050



FOUNDATION "A"

SCALE 1/4" = 1'-0"



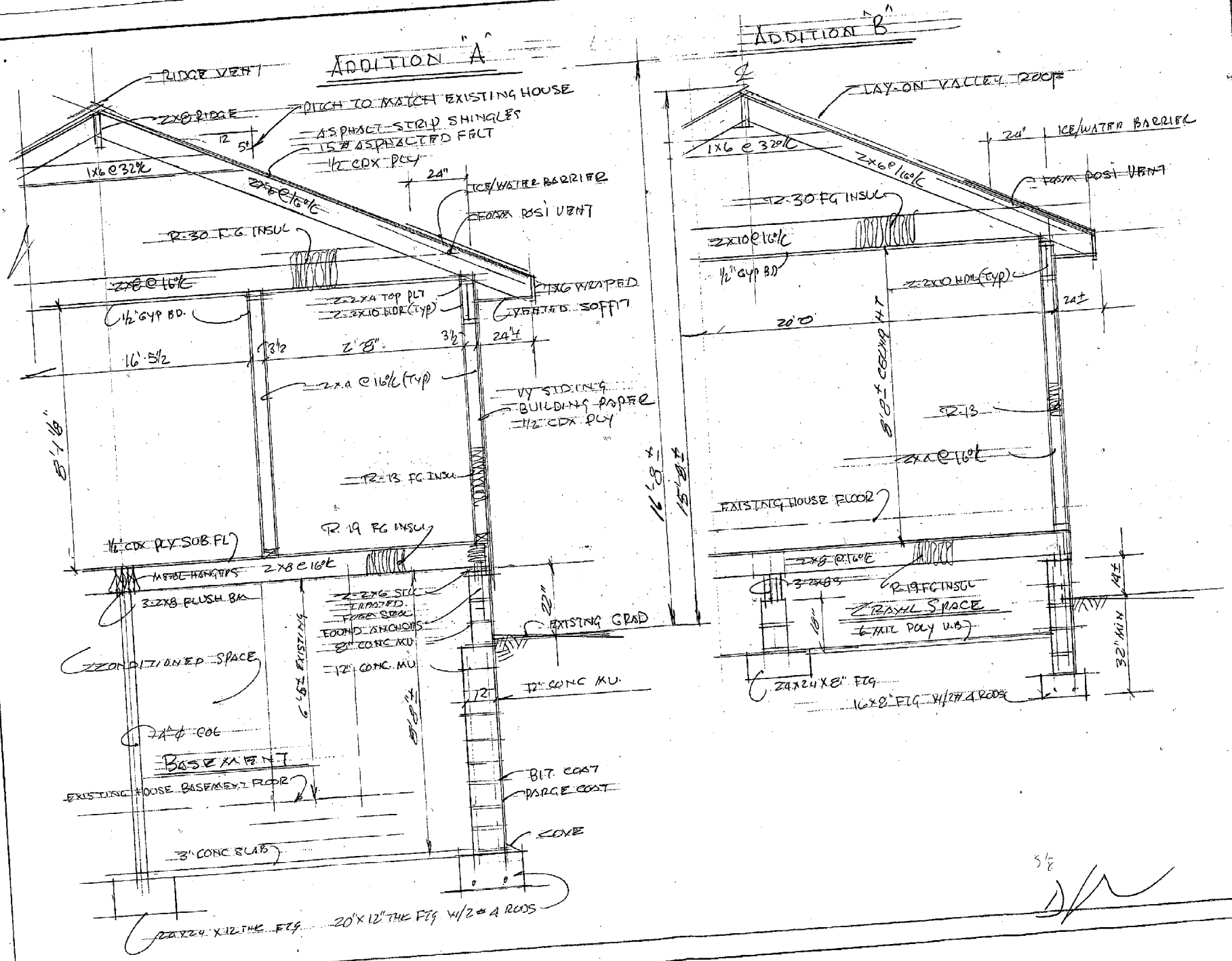
FLOOR "A"

SCALE 1/4"

DEV 8.30.05

A-3.05

11/01/05 [signature]
10405 [initials]
9/22/05 [signature]
S 260 [signature]


ADDITION "A"
RIDGE VENT
2X6 RIDGE
PITCH TO MATCH EXISTING HOUSE
ASPHALT STRIP SHINGLES
15# ASPHALTED FELT
1/2" CDX PLY
1X6 @ 32"C
2X8 @ 16"C
24"
ICE/WATER BARRIER
R-30 F.G. INSUL
2X8 @ 16"C
2-2X4 TOP PLT
2-2X10 HDR (TYP)
1X6 WRAPPED SOFFIT
1/2" GYP BD.
16'-5 1/2"
3 1/2"
2'-8"
3 1/2"
24"
2X4 @ 16"C (TYP)
VY SIDING
BUILDING PAPER
1/2" CDX PLY
R-13 F.G. INSUL
R-19 F.G. INSUL
1/2" CDX PLY SUB FL
METAL HANGERS 2X8 @ 16"C
3-2X8 PLUSH BM
2-2X6 STUD IMBEDDED FIBER SEAL
FOUND. ANCHORS
8" CONC MU
12" CONC MU
EXISTING GRAD
12"
12" CONC MU
CONDITIONED SPACE
24"ø COL
BASEMENT
EXISTING HOUSE BASEMENT FLOOR
BLT. COAT
PARGE COAT
COVE
3" CONC SLAB
24'X24'X12" THK FTG
20'X12" THK FTG W/2 #4 RODS
ADDITION "B"
LAY-ON VALLEY 2X6
1X6 @ 32"C
2X6 @ 16"C
24"
ICE/WATER BARRIER
R-30 F.G. INSUL
2X10 @ 16"C
1/2" GYP BD
2-2X10 HDR (TYP)
20'-0"
2'±
8'-0" CEILING HT
R-13
2X6 @ 16"C
EXISTING HOUSE FLOOR
2X8 @ 16"C
3-2X8's
R-19 F.G. INSUL
CRAWL SPACE
6 MIL POLY V.B.
4'±
32" MIN
24X24X8" FTG
16X8" FTG W/2 #4 RODS

11/01/05 [illegible]

10 405 [illegible]

9/22/05 [illegible]

9 26058

Permit Number

Checked By/Date

RES*check* Compliance Certificate

New Jersey Energy Subcode

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

PROJECT TITLE: Additon "B"

COUNTY: Ocean
STATE: New Jersey
HDD: 5000
CONSTRUCTION TYPE: Single Family

DATE: 08/03/05
DATE OF PLANS: 08/03/05

PROJECT DESCRIPTION:
Mr. & Mrs. Hoffman
959 Midvale Ave.
Bricktown, Nj

DESIGNER/CONTRACTOR:
Self

COMPLIANCE: Passes

Maximum UA = 99
Your Home UA = 88
11.1% 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	320	30.0	0.0		11
Wall 1: Wood Frame, 16" o.c.	520	13.0	0.0		38
Window 1: Wood Frame:Double Pane	17			0.340	6
Door 1: Glass	38			0.470	18
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	320	19.0	0.0		15

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check* Version 3.5 Release 1e (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Builder/Designer _____ Date 8.27.05

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 05-4383

Date Issued
Permit # 11-1-05

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

Block 524 Lot 15-19 Qualification Code _____

Work Site Location 959 Midvale Ave
Brick Town N.J. 08723

Owner in Fee Dennis + Nicole Hoffman

Address 959 Midvale Ave
Brick N.J. 08723

Tel ([redacted]

Contractor Home owner

Address _____

Tel ([redacted] FAX ( ) _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed R-3 Fire Alarm System: [ ] New OR [✓] Existing

Constr. Class: Present R-3 Proposed R-3 Location of Panel: _____

Heating System: [✓] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $250.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 9/26/05

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. [signature]
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: To install interconnected smoke detectors in each Bedroom + on each floor + carbon Mon. by Bedroom

Water Supply Source BTMUA

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System	5	
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 05-4383

Date Issued
Permit # 11-1-05

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

Block 524 Lot 15-19 Qualification Code _____

Work Site Location 959 Midvale Ave
Brick Town N.J. 08723

Owner in Fee Dennis & Nicole Hoffman

Address 959 Midvale Ave
Brick Town N.J. 08723

Tel ([redacted]

Contractor Home Owner

Address _____

Tel [redacted] FAX ( ) _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed R-3 Fire Alarm System: [ ] New OR [✓] Existing

Constr. Class: Present R-3 Proposed R-3 Location of Panel: _____

Heating System: [✓] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $250.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 9/26/05

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: To install interconnected smoke detectors in each Bedroom + on each floor + carbon Mon. by bedroom

Water Supply Source BTMUA

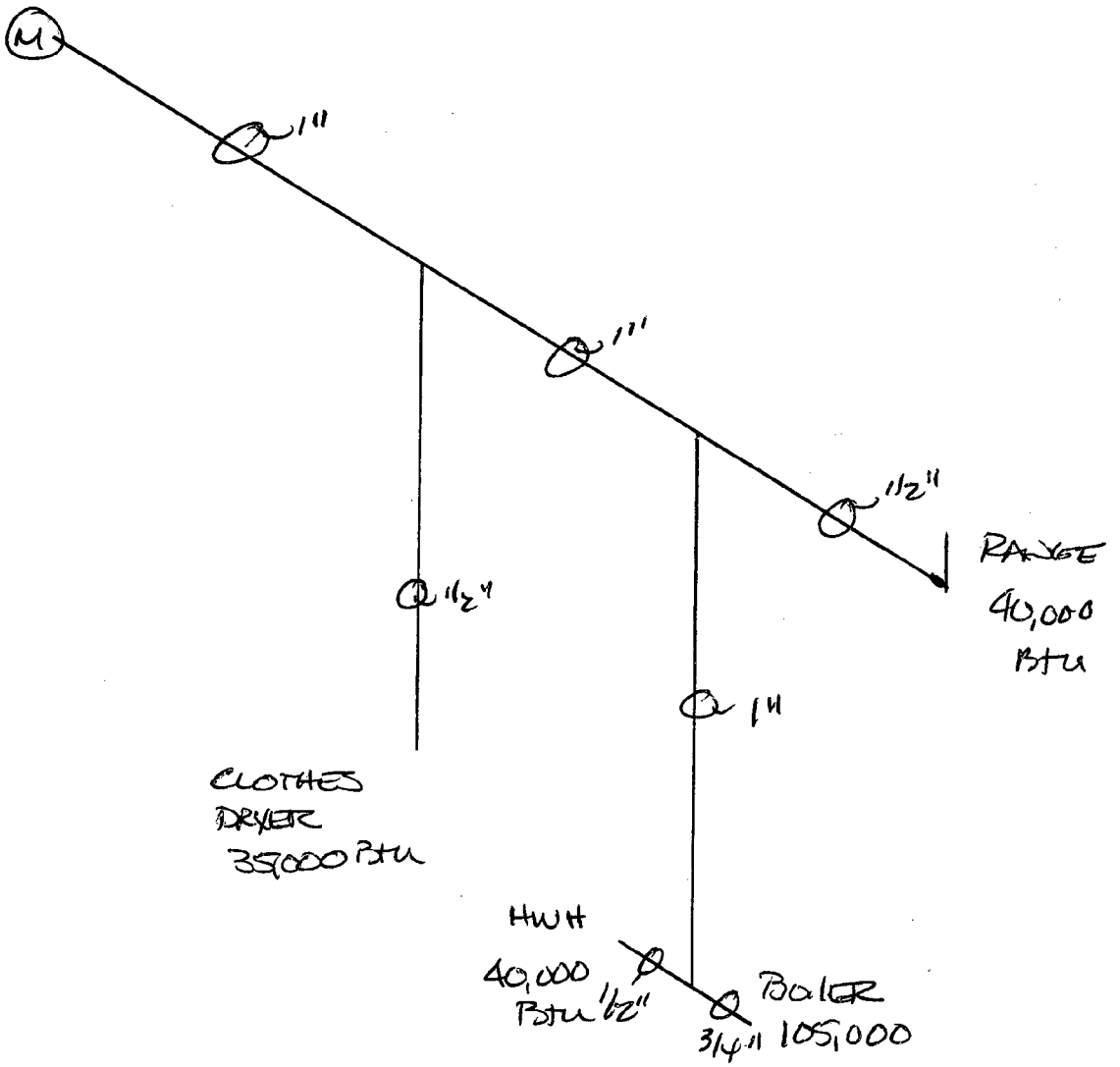
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems	5	
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOHN S. HARTNETT PLUMBING & HEATING INC.

NJ State Lic #6930
1889 Route 9
Unit -113
Toms River, NJ 08755

GAS SCHEMATIC



TOTAL BTU – 220,000 Btu

TOTAL LENGTH – 36'

40' chart
1" 220,000

9/22/05

Phone:732-240-5770
Fax: 732-240-5771
Email: vetconv98@comcast.net

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 05-4383
Date Issued 11-1-05
Control #
Permit #

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

Block 524 Lot 15-19
Work Site Location 959 Midvale Ave
Brielltown N.J. 08723
Owner in Fee Dennis & Nicole Hoffman
Address 959 Midvale Ave
Brielltown N.J. 08723
Tele. ([redacted]
Contractor JOHN S HARRIET PLUMBING INC.
Address 125 KOKE CREEK ROAD
TOMS RIVER NJ 08753
Tele. (732) 240-5770 Fax (732) 240-5771
Lic. No. 6930
Federal Emp. No. 22-2744173

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 13,125

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/22/05
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.

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping — 40' to start 1" - 200,000	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

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

3/4" Water

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

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block ________ Lot ________

Work Site Location ________

Owner in Fee ________

Address ________

Tele. ( ) ________

Contractor ________

Address ________

Tele. ( ) ________

Lic. No. ________

Federal Emp. No. ________

B. PLUMBING CHARACTERISTICS

Use Group ____ Present ____ Proposed ____

Building Sewer Size ____ Public Sewer ____ Private Septic ____

Water Service Size ____ Public Water ____ Private Well ____

Est. Cost of Plumbing Work $ ________

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date ________

Approved by ________

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date ________

Approved by ________

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) 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.

____

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	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other ________	
	Other ________	
	Other ________	

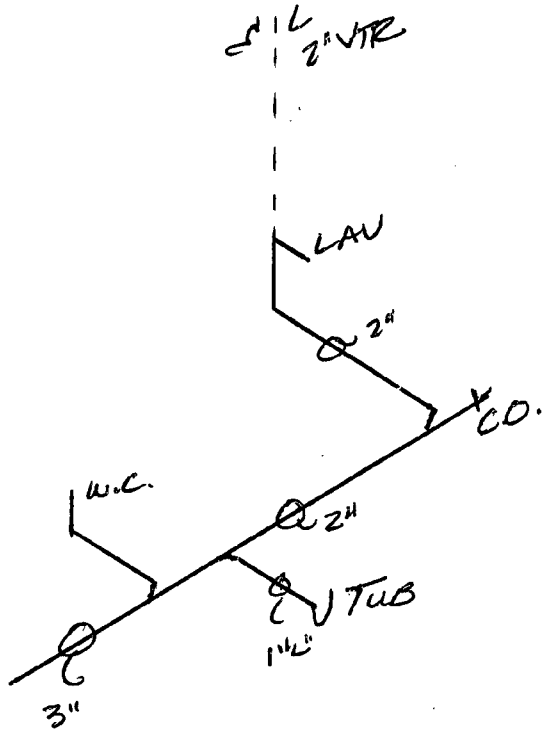
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 3/95)

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

JOHN S. HARTNETT PLUMBING & HEATING INC.

NJ State Lic #6930
1889 Route 9
Unit -113
Toms River, NJ 08755



9/22/06

SANITARY RISER DIAGRAM

Phone:732-240-5770
Fax: 732-240-5771
Email: vetconv98@comcast.net

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER HOFFMAN DATE 9/22/05

PROPERTY ADDRESS 959 MOUNT AVE BLOCK 524 LOT 15-19

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP	2	( )	7.0	( )	
2. KITCHEN GROUP	1	( )	2.0	( )	
3. WATER CLOSETS		( )		( )	
4. LAVATORY		( )		( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1	( )	4.0	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	2	( )	3.5	( )	
		TOTALS	16.5		

GALLONS PER MINUTE _____

SIZE of SERVICE 3/4"

DATE: 6/20/05 APPROVED BY: Mark Fabian

ADDITION CHECK LIST

1. Construction jacket signed & completed	Yes ___	No ___
2. Zoning application completed	Yes ___	No ___
3. Engineering form completed	Yes ___	No ___
4. Two true size surveys showing dimensions & setbacks of existing and proposed structures	Yes ___	No ___
5. Bldg/Plmg/Fire/Electrical subcode information completed	Yes ___	No ___
6. Completed section VI on jacket –building characteristics	Yes ___	No ___
7. Separate addn/alteration cost	Yes ___	No ___
8. Two sets of plans-architecturals signed and sealed homeowner drawings-all pages signed(existing & proposed floor plan)	Yes ___	No ___
9. Brochures – Furnace, Boiler, A/C, Fireplace (wood/gas)	Yes ___	No ___
10. Gas pipe drawing if applicable	Yes ___	No ___
11. DWV schematic if applicable	Yes ___	No ___
12. List of Existing Plumbing Fixtures	Yes ___	No ___
13. Detail of all electrical locations (receptacles, switches, detectors, etc)	Yes ___	No ___
14. Detail of existing & proposed smoke & carbon monoxide detectors.	Yes ___	No ___
15. If using engineered floor joist(TJI) a joist layout showing blocking where applicable must be submitted with plans (also on jobsite with plans) Using Dimensional Lumber No TJI	Yes ___	No ___
16. Completed debris form	Yes ___	No ___
17. 2nd Story additions require engineer certification for foundation if the plans are not done by an architect	Yes ___	No ___
18. Soil borings showing seasonal high water table required on any new basements	Yes ___	No ___
19. Model Energy Code (www.energycodes.gov)	Yes ___	No ___

Note: We are now using the International Building Code Effective May 6, 2003

42,000 — project

-13,125 — plumbing

3500 — elec

- 250 — fire

13375 building

3500

~~3 11 9 2 0~~

16,875

- 25,125 Building

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: 8/27/05

Block: 524 Lot: 15-19

Property Address: 959 Midwale Ave

I, DENNIS HUFFMAN (name) of 959 MIDWALE AVE. (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.

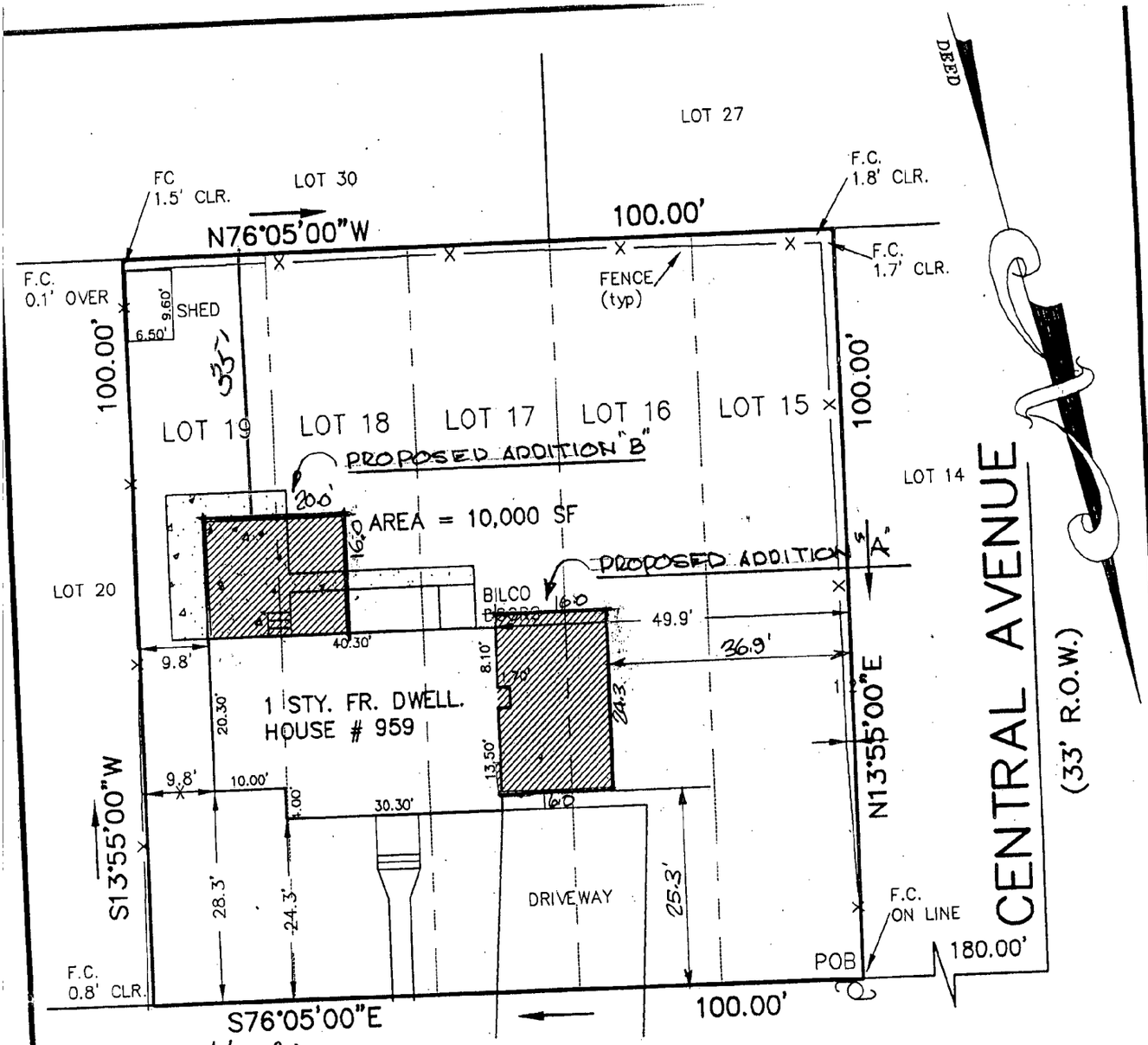
Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 9/22/05 Signed:

Rejected on: Signed:

Comments:



Hoffman

959 MIDVALE AVENUE

(33' R.O.W.)

Brick town N.J.

NOTES:

ONLY COPIES FROM THE ORIGINAL OF THIS SURVEY MARKED WITH AN ORIGINAL OF THE LAND SURVEYOR'S EMBOSSED SEAL SHALL BE CONSIDERED TO BE VALID COPIES.

SIGNATURE AND EMBOSSED SEAL SIGNIFY THAT THIS SURVEY WAS PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE ADOPTED BY THE N.J. STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.

ALL UNDERGROUND IMPROVEMENTS OR ENCROACHMENTS ARE NOT SHOWN HEREON.

UNAUTHORIZED ALTERATIONS OR ADDITIONS TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS ILLEGAL AND PUNISHABLE BY LAW

PROPERTY IS SUBJECT TO ALL DOCUMENTS OF RECORD.

THIS CERTIFICATION IS MADE ONLY TO HEREON NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY THE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SURVEY FOR SURVEY AFFIDAVID, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN THE CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

PROPERTY SUBJECT TO:
UTILITY EASEMENT AS SET FORTH IN DB 995, PAGE 498
RESTICTIVE COVENANT AS SET FORTH IN DB 1487, PAGE 265

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE 9-14-05

REV. 7/30/05 PROPOSED ADDITIONS "A" & "B"

BOUNDARY SURVEY

LOTS 15-19, BLOCK 524

TOWNSHIP OF BRICK — OCEAN COUNTY — NEW JERSEY

DATE 02-28-00 — SCALE 1" = 20' — JOB NO 20000

CERTIFIED TO:

DENNIS HOFFMAN & NICOLE HOFFMAN, H/W
FT MORTGAGE COMPANIES, d/b/a MNC MORTGAGE,
AND/OR THE SECRETARY OF HUD, THEIR SUCCESSORS
& ASSIGNS, AS THEIR INTEREST MAY APPEAR
RED BANK TITLE AGENCY, INC.
JOSEPH R. FONTANELLA, ESQ.

kurtz
CONSULTING ENGINEERS, PLANNERS, LAND SURVEYORS
OFFICE ADDRESS: [illegible] ATLANTIC AVE., WALL NJ 07719
MAILING: 1903 ATLANTIC AVE., MANASQUAN NJ 08736
TEL. (732) 292-[illegible] FAX (732) 292-0165

WILLIAM KURTZ, PLS PP LIC NO 34515

MIDVALE.DWG

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 05-4383

Date Issued
Permit # 11-1-05

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

Block 524 Lot 15-19 Qualification Code

Work Site Location 959 Midvale Ave

Owner in Fee Dennis & Nicole Hoffman

Address 959 Midvale Ave
Brick Township N.J. 08723

Tel [redacted]

Contractor M J Fiorino Elect Contr.

Address 1021 Chelsea st
Forked River NJ 08731

Tel (609) 693-5599 FAX ( ) Same

Contractor License No. 6299

Federal Emp. No. 200975771

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
17		Receptacles	
9		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
35		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 10405

Approved by: MM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 05-4383

Date Issued / Permit # 11-1-05

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

Block 524 Lot 15-19 Qualification Code

Work Site Location 959 Midvale Ave

Owner in Fee Dennis & Nicole Hoffman

Address 959 Midvale Ave

Brick Town N.J. 08723

Tel [redacted]

Contractor [illegible] Electric Corp.

Address 1021 Chelsea St

Forked River NJ 08731

Tel (609) 693 5593 FAX ( ) Same

Contractor License No. 6299

Federal Emp. No. 200975771

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3500.—

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 [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
17		Receptacles	
9		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
35		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 10 4 05

Approved by: MWL

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

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: Dennis + Nicole Hoffman

SIGNATURE: [signature]

DATE: 27 August 2007

BLOCK: 524 LOT: 15-19

ADDRESS: 959 Midvale Ave

NOTICE IS GIVEN TO: HOFFMAN, DENNIS **Loan Number:** 18160549
TFS Order Number: A011414167

The Flood Disaster Protection Act of 1973, as amended, requires that Federally regulated lending institutions shall not make, increase, extend, or renew any loan secured by improved real estate, or a mobile home located or to be located, in an area that has been identified by the Director of the Federal Emergency Management Agency (FEMA) as an area having special flood hazards and in which flood insurance has been made available under the National Flood Insurance Act of 1968, through the National Flood Insurance Program (NFIP), unless the building or mobile home and any personal property securing such loan is covered for the term of the loan by flood insurance in an amount at least equal to the outstanding principal balance of the loan or the maximum limit of coverage made available under the Act with respect to the particular type of property, whichever is less.

NOTICE TO BORROWER ABOUT SPECIAL FLOOD HAZARD AREA STATUS

[ ] *Notice of Property in Special Flood Hazard Area (SFHA)*

The building or mobile home securing the loan for which you have applied is or will be located in an area with special flood hazards. The area has been identified by the Director of FEMA as an SFHA using FEMA's Flood Insurance Rate Map or the Flood Hazard Boundary Map for the following community: BRICK, TOWNSHIP OF. This area has at least a one percent (1%) chance of a flood equal to or exceeding the base flood elevation (a 100-year flood) in any given year. During the life of a 30-year mortgage loan, the risk of a 100-year flood in a SFHA is 26 percent (26%). Federal law allows a lender and borrower jointly to request the Director of FEMA to review the determination of whether the property securing the loan is located in an SFHA. If you would like to make such a request, please contact us for further information.

[X] *Notice of Property Not in Special Flood Hazard Area (SFHA)*

The building or mobile home described in the attached instrument is not currently located in an area designated by the Director of FEMA as an SFHA. NFIP flood insurance is not required, but may be available. If, during the term of this loan, the subject property is identified as being in a SFHA, as designated by FEMA, you may be required to purchase and maintain flood insurance at your expense.

NOTICE TO BORROWER ABOUT FEDERAL FLOOD DISASTER ASSISTANCE

[X] *Notice in Participating Communities*

The community in which the property securing the loan is located participates in the NFIP. Federal law will not allow us to make you the loan that you have applied for if you do not purchase flood insurance. The flood insurance must be maintained for the life of the loan. If you fail to purchase or renew flood insurance on the property, Federal law authorizes and requires us to purchase the flood insurance at your expense:

* Flood insurance coverage under the NFIP may be purchased through an insurance agent who will obtain the policy either directly though the NFIP or through an insurance company that participates in the NFIP. Flood insurance also may be available from private insurers that do not participate in the NFIP.

* At a minimum, flood insurance purchased must cover the lesser of:
  (1) the outstanding principal balance of the loan; or
  (2) the maximum amount of coverage allowed for the type of property under the NFIP.

Flood insurance coverage under the NFIP is limited to the overall value of the property securing the loan minus the value of the land on which the property is located.

* Federal disaster relief assistance (usually in the form of a low-interest loan) may be available for damages incurred in excess of your flood insurance if your community's participation in the NFIP is in accordance with NFIP requirements.

[ ] *Notice in Nonparticipating Communities*

Flood insurance coverage under the NFIP is not available for the property securing the loan because the community in which the property is located does not participate in the NFIP. In addition, if the nonparticipating community has been identified for at least one year as containing an SFHA, properties located in the community will not be eligible for Federal disaster relief assistance in the event of a Federally-declared flood disaster.

Borrower's Signature / Date	*Co-Borrower's Signature / Date*
MNC SPRINGFIELD	
Lending Institution	*Lending Institution Authorized Signature / Date*

FEDERAL EMERGENCY MANAGEMENT AGENCY
STANDARD FLOOD HAZARD DETERMINATION

See The Attached Instructions

O.M.B. No. 3067-0264 Expires October 31, 2001

SECTION I - LOAN INFORMATION

1. LENDER NAME AND ADDRESS	2. COLLATERAL *(Building/Mobile Home/Personal Property)* PROPERTY ADDRESS *(Legal Description may be attached)*
	BRICK TWP. OCEAN NJ 959 MIDVALE AVENUE BLOCK/PARCEL: 524 LOT(S): 15*

3. LENDER ID. NO.	4. LOAN IDENTIFIER	5. AMOUNT OF FLOOD INSURANCE REQUIRED $

SECTION II

A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION

NFIP Community Name	County(ies)	State	NFIP Community Number
BRICK TWP.	OCEAN	NJ	345285-0004-C

B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME

NFIP Map Number or Community-Panel Number (Community name, if not the same as "A")	NFIP Map Panel Effective/ Revised Date	LOMA/LOMR	Flood Zone	No NFIP Map
	08/03/1998	Yes ____ Date ____	C	

C. FEDERAL FLOOD INSURANCE AVAILABILITY *(Check all that apply)*

[X] Federal Flood Insurance is available *(community participates in NFIP)*. [X] Regular Program [ ] Emergency Program of NFIP

[ ] Federal Flood Insurance is not available because community is not participating in the NFIP.

[ ] Building/Mobile Home is in a Coastal Barrier-Resources Area (CBRA) or Otherwise Protected Area (OPA), Federal Flood insurance may not be available.

CBRA/OPA designation date: _____

D. DETERMINATION

IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES BEGINNING WITH LETTERS "A" OR "V")? [ ] YES [X] NO

If yes, Flood insurance is required by the Flood Disaster Protection Act of 1973.
If no, Flood insurance is not required by the Flood Disaster Protection Act of 1973.

E. COMMENTS *(Optional)*: TITLE NUMBER: MISC-FONT RBT-L

*ADDITIONAL LOTS 16,17,18,19

This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building/mobile home on the NFIP map.

F. PREPARER'S INFORMATION

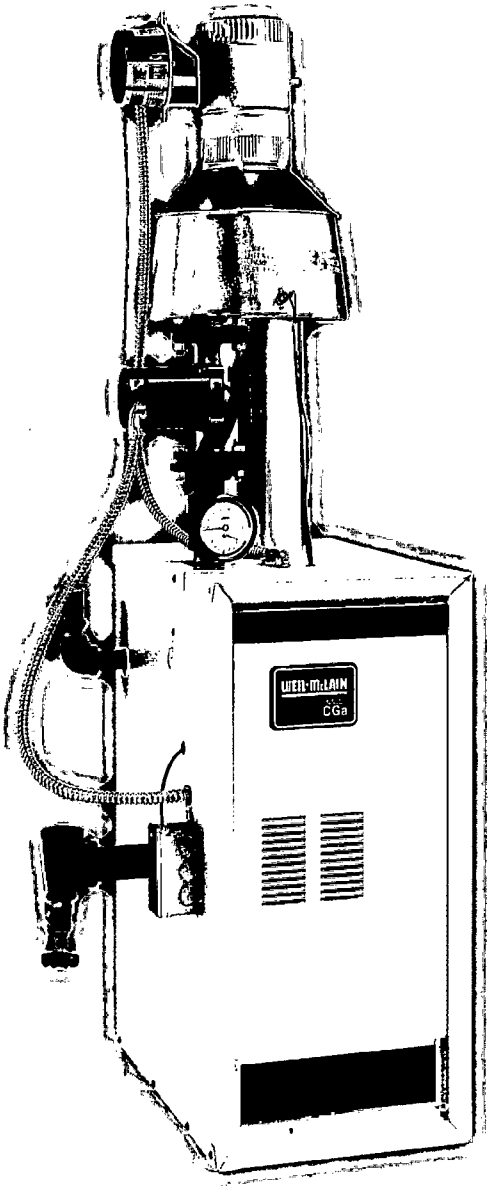
NAME, ADDRESS, TELEPHONE NUMBER *(If other than Lender)*	DATE OF DETERMINATION
CURRENT STATUS, INC. 141 MARKET STREET SUITE 1 KENILWORTH, NJ 07033-1723 (908) 620-2888	02/08/2000

FEMA Form 81-93, OCT 98

WEIL-McLAIN

an ISO 9001 Certified Company

GOLD



CGa

GAS BOILER for Natural Draft Venting

Water Net Ratings:
38,000 to 177,000 Btu/Hr.

- ☐ **Easy to Install and Service**
- ☐ **High Efficiency**
- ☐ **Made with Weil-McLain Quality**

Applications:

- Residential
- Multiple Boilers
- Schools and Other Institutions
- Indirect-fired Water Heating
- Radiant Heating

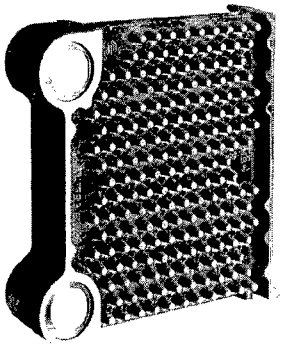
... And Much More

Features ... Advantages ... Benefits

- **Weil-McLain Control Module and Ignition Control.** Designed for Weil-McLain ... mistake-proof wiring ... diagnostic indicator lights.
- **Compact design.** Saves valuable living space. Boiler is only 28 inches high, 23 inches deep.
- **Stainless steel burners.** For quieter ignition, longer life, and improved combustion.
- **Wiring harness.** Plug-in connectors that attach only one way to assure mistake-proof wiring for installation and component replacement.
- **Easy power hook-up.** J-box located on outside of boiler with pre-stripped wires.
- **Convenient servicing.** Accessible controls ... control module with diagnostic indicator lights ... simplified wiring ... vertical flueways ... top cleaning.
- **Factory-tested.** Every boiler is tested at the factory to assure reliable operation.
- **Improved parts kits.** Parts furnished in convenient kits.
- **Limited lifetime warranty.** Covers cast iron sections.
- **Multiple boiler systems.** Use two or more high-efficiency CGa boilers in place of one large-capacity boiler to meet the space-heating requirements of larger buildings.
- **Homeowner Protection Plan.** Covers labor and all Weil-McLain supplied parts for 5 or 10 full years. Available through participating installers.

Design Advantages

Cast Iron Sections with Elastomer Sealing Rings

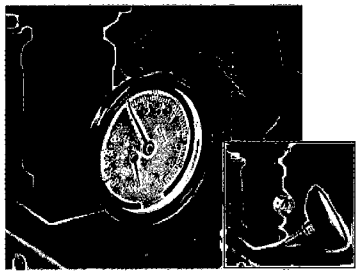


Boiler sections are made of durable cast iron for strength, efficiency and long life. It's not uncommon for a Weil-McLain cast iron boiler to last 35 years or more.

The heat pins in the vertical flue passages cause the hot gases to swirl about, covering the entire surface of each section for maximum heat transfer. Radiation plates further increase heat transfer for maximum efficiency.

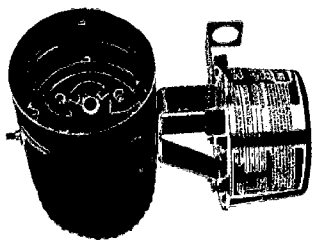
Modern elastomer sealing rings in the port openings assure a permanent water-tight seal. The flexibility and elastic memory of these seals (unlike metal push nipples) prevent leaks caused by thermal expansion and contraction.

A special high-temperature sealant between boiler sections assures tightness from gas leakage in the block.



Temperature & Pressure Gauge

All CGa boilers come with a large-faced temperature and pressure gauge, which installs in a tee in the boiler supply on the top of the boiler. Every T & P gauge comes with a spring-loaded immersion well that provides for easy installation and replacement without draining any water from the boiler or system. By installing the gauge in the system supply flow, a more accurate reading is provided. Also, the location of the gauge and the larger face provide for easy monitoring of boiler temperature and pressure.

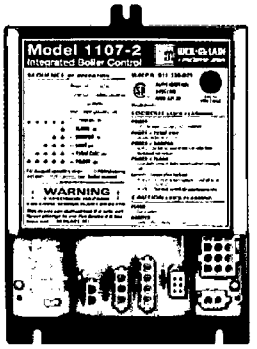


Automatic Vent Damper

A tested and approved automatic vent damper with removable plug is furnished as standard equipment with the **SPDN**, **SPDL** and **PIDN** models. The damper prevents heat from escaping up the chimney to increase efficiency and save fuel when the boiler is not operating. A simple plug-in wiring harness assures mistake-proof wiring.

Weil-McLain Control Module and Ignition Control (PID only)

The control module has:



- five indicator lights — power, thermostat & circulator, limit, damper, and flame — that show proper operation and make troubleshooting easy without complicated add-on wiring.
- plug-in connectors that attach only one way to assure mistake-proof wiring.

The control module responds to signals from the room thermostat and boiler limit control to operate the boiler circulator, pilot burner, gas valve, and damper. The module controls all ignition, operating and safety-related functions. In addition, its microprocessor continually checks itself 60 times each second. If a situation such as electrical "noise" or low voltage is encountered, the control module restarts and retries, eliminating nuisance lockouts.

And Weil-McLain control module designs assure newer controls will always fit.

Convenient Servicing

The front top jacket panel and front door are easy to remove allowing access to the base assembly, burners and controls for servicing.

. . . and by simply removing the back half of the top jacket panel, the collector hood, radiation plates, and the flueways are exposed for easy cleaning.

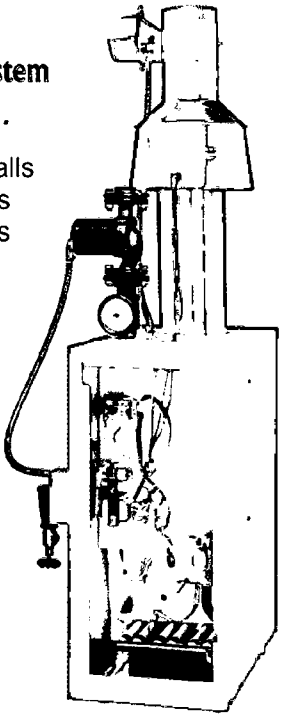
Stainless Steel Burners

Stainless steel burners provide fixed primary air ... no air adjustment is required. These burners are designed to provide exceptional flame stability with natural gas or propane for quieter operation, longer life and improved combustion.

CGa-SPD

Standing Pilot Control System

How the boiler works ...



When a room thermostat calls for heat, the circulator starts and the vent damper begins to open. After about 15 seconds, the vent damper is proven and the main gas valve opens to ignite the burners.

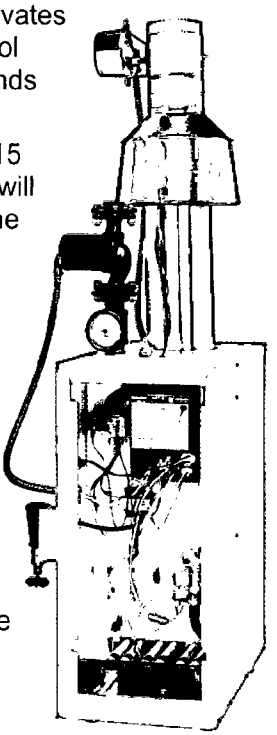
When the room thermostat is satisfied, the circulator stops, the gas valve closes and the damper is closed in approximately 15 seconds.

CGa-PID

Electronic Pilot Control System

How the boiler works ...

When a room thermostat calls for heat, the control module starts the system circulator and activates the vent damper to open. When the vent damper has opened, the control module opens the pilot valve and activates pilot ignition spark. The control module allows up to 15 seconds to establish pilot flame.



If flame is not sensed within 15 seconds, the control module will turn off the gas valve, flash the flame lights and immediately start a new cycle. This will continue indefinitely until pilot flame is established or power is interrupted. Once pilot flame is proven, the control module opens the gas valve to allow main burner flame.

When the room thermostat is satisfied, the control module turns off the gas valve and deactivates the vent damper to close.

The control module indicator lights show normal sequence when the lights are on steady. When a problem occurs, the control module flashes a combination of lights to indicate the most likely reason for the problem.

Ratings

DOE

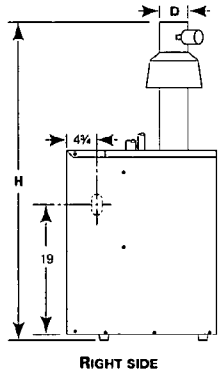
Boiler Model (1)	Input MBH (2)	DOE Heating Capacity MBH (2)	Net I=B=R Water Ratings MBH (3)	DOE Seasonal Efficiency Percent (AFUE) SPDN	SPDL	PIDN	Approx. Shipping Weight (Lbs)	Boiler Water Content (Gal)	Chimney Size
CGa-25	52	44	38	81.5	83.3	84.0	200	1.5	4" I.D. x 20'
CGa-3	70	59	51	81.6	83.7	84.0	200	1.5	4" I.D. x 20'
CGa-4	105	88	77	81.7	83.7	84.0	240	2.1	5" I.D. x 20'
CGa-5	140	117	102	81.8	83.7	83.5	280	2.7	6" I.D. x 20'
CGa-6	175	146	127	81.9	83.6	83.2	325	3.3	6" I.D. x 20'
CGa-7	210	175	152	82.0	83.6	83.0	370	3.8	7" I.D. x 20'
CGa-8	245	204	177	82.1	83.6	82.7	425	4.4	7" I.D. x 20'

Notes: (1) Add "SPD" for boiler with standing pilot; "PID" for boiler with electronic ignition system. For SPD models, add "N" for natural gas, "L" for propane (propane not available for PID).
(2) Based on standard test procedures prescribed by the United States Department of Energy.
(3) Net I=B=R ratings are based on net installed radiation of sufficient quantity for the requirements of the building and nothing need be added for normal piping and pick-up. Ratings are based on a piping and pick-up allowance of 1.15. An additional allowance should be made for unusual piping and pick-up loads.
CGa boilers are C.S.A. design certified for installation on combustible flooring. Tested for 50 psi working pressure.

Dimensions

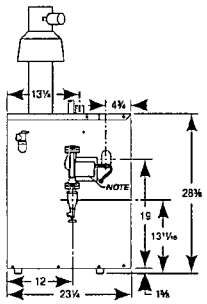
Boiler Model	Dimensions Inches A	D	W	H	Supply Piping In. (1)	Return Piping In. (1)	Nat or LP Gas Connection Size Inches	Crate Dimensions (Outside Measurements - In.) Length	Width	Height
CGa-25	5	4	10	45 3/8	¾	¾	½	27	27 ½	31 ½
CGa-3	5	4	10	52 3/8	1	1	½	27	27 ½	31 ½
CGa-4	6 ½	5	13	54 3/8	1	1	½	27	27 ½	31 ½
CGa-5	8	6	16	57 7/8	1	1	½	30	27 ½	31 ½
CGa-6	9 ½	6	19	60 7/8	1¼	1¼	½	33	27 ½	31 ½
CGa-7	11	7	22	62 1/8	1¼	1¼	¾	36	27 ½	31 ½
CGa-8	12 ½	7	25	64 7/8	1½	1½	¾	42	27 ½	31 ½

Notes: (1) Circulator flange supplied with boiler is same size as recommended pipe size. For supply and return boiler tapping size, see installation manual.

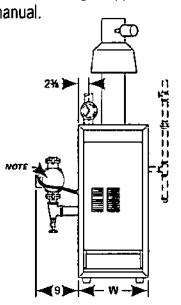


RIGHT SIDE

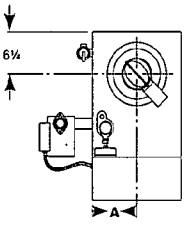
NOTE:
Boiler circulator is shipped loose. Circulator may be mounted on either boiler supply or return piping. See dimension chart for pipe size of circulator flange provided.



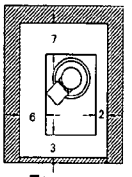
LEFT SIDE



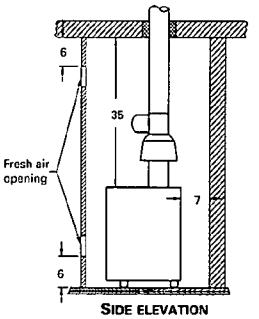
FRONT



TOP VIEW



TOP VIEW



SIDE ELEVATION

Standard and Additional Equipment

Standard Equipment:

Factory Tested
Two-Piece Top Jacket Panel
Insulated Extended Steel Jacket
Cast Iron Sections with Built-in Air Separator
Radiation Plates
Vertical Draft Hood
Automatic Vent Damper
Combination Gas Valve for 24 Volt
Wiring Harness
Non-Linting Pilot Burner
Stainless Steel Burners
Electrical Junction Box
Rollout Thermal Fuse Element
High-Limit Temperature Control
Circulator (when ordered)
Spill Switch
30 PSI ASME Relief Valve (boiler sections tested for 50 PSI working pressure)
Combination Pressure-Temperature Gauge
Drain Valve

HIGH EFFICIENCY MODEL - SPD
- Constant Burning, Thermally-Supervised Pilot System
- Thermocouple
- Combination Relay Receptacle and 40VA Transformer
- Plug-in Circulator Relay

HIGHEST EFFICIENCY MODEL - PID
- Integrated Boiler Control Module with Intermittent Electronic Ignition System & Indicator / Diagnostic Lights
- 40VA Transformer
- Plug-in Connector and Wiring

Additional Equipment:

Taco 110 Circulator
B&G 100 Circulator
Expansion Tank Package (expansion tank, fill & check valve, auto air vent and fittings): #109 - sizes 25 thru 5; #110 - sizes 6 thru 8. Shipped in separate carton.
W-M 5 & 10 Year Homeowner Protection Plan
W-M Indirect-fired Water Heaters
W-M Maxiflo® Pool Heaters
W-M Radiant Heating Products
W-M Baseboard Units

In the interest of continual improvements in product and performance, Weil-McLain reserves the right to change specifications without notice.

WEIL-McLAIN

Locate our Sales Offices by visiting our website:
www.weil-mclain.com

Weil-McLain
500 Blaine Street
Michigan City, IN 46360-2388

WEIL-MCLAIN HEAT LOSS for BASEBOARD

DESIGN TEMP=	70
WALL "R-FACTOR"=	13
WINDOW "R-FACTOR"=	1.8
DOOR "R-FACTOR"=	2.1
FLOOR "R-FACTOR"=	7
CEILING "R-FACTOR"=	19
BASEBOARD BTUH PER FT=	500

TYPICAL INFILTRATION FACTORS

IF ONE WALL EXPOSED, USE	.012	(=2/3 AIR CHANGE PER HOUR)
IF TWO WALLS EXPOSED, USE	.018	(= 1 AIR CHANGE PER HOUR)
IF THREE WALLS EXPOSED, USE	.027	(=1-1/2 AIR CHANGES PER HOUR)
IF ROOM HAS OUTSIDE DOOR, USE	.027	(=1-1/2 AIR CHANGES PER HOUR)
MULT. WALLS & POOR WEATHERSTRIP USE	.036	(= 2 AIR CHANGES PER HOUR)

	ROOM NAME	HEIGHT	LENGTH	WIDTH	EXPOSED WALL LIN.FEET	GLASS SQ. FOOT.	DOOR SQ. FOOT	BELOW: "1" MEANS "YES" "0" MEANS "NO" FLOOR EXP. ? 1 or 0	CEIL. EXP. ? 1 or 0	INFILT. FACTOR	WALL BTUH	GLASS BTUH	DOOR BTUH	FLOOR BTUH	CEIL. BTUH	INFILT. BTUH	TOTAL BTUH	BASE-BOARD LENGTH
1	LIVING ROOM	8	17	12	21	24	21	1	1	0.027	662	933	700	2,040	752	3,084	8,172	16.3
2	OFFICE	8	10	9	19	22.4	0	1	1	0.018	698	871	0	900	332	907	3,708	7.4
3	DINING ROOM	8	10.6	10	10	11.2	0	1	1	0.012	370	436	0	1,060	391	712	2,969	5.9
4	FAMILY ROOM	8.8	20	16	52	64.3	0	1	1	0.027	2,118	2,501	0	3,200	1,179	5,322	14,320	28.6
5	KITCHEN	8	11.6	10	2	0	0	1	1	0.012	86	0	0	1,160	427	780	2,453	4.9
6	BATHROOM#1	8	6	9	6	0	0	1	1	0.012	258	0	0	540	199	363	1,360	2.7
7	BEDROOM#1	11	13	9	13	13.8	0	1	1	0.012	696	537	0	1,170	431	1,081	3,914	7.8
8	BATHROOM#2	8	8	6.8	9	7.7	0	1	1	0.018	346	299	0	544	200	548	1,938	3.9
9	NEW BED WIC	8	7	6.8	13.8	0	0	1	1	0.018	594	0	0	476	175	480	1,726	3.5
10	NEW BEDRM	8	13.4	16.6	30	27.6	0	1	1	0.018	1,144	1,073	0	2,224	820	2,242	7,503	15.0
11	BED#2 CLOS.	8	2.1	5	2.1	0	0	1	1	0.012	90	0	0	105	39	71	305	0.6
12	BEDROOM#2	8	13	12	13	13.8	0	1	1	0.012	486	537	0	1,560	575	1,048	4,205	8.4
13											0	0	0	0	0	0	0	0.0
14											0	0	0	0	0	0	0	0.0
15											0	0	0	0	0	0	0	0.0
16											0	0	0	0	0	0	0	0.0
17											0	0	0	0	0	0	0	0.0
18											0	0	0	0	0	0	0	0.0
19											0	0	0	0	0	0	0	0.0
20											0	0	0	0	0	0	0	0.0

JOB NAME: **"HOFFMAN RESIDENCE"**
LOCATION: **959 MIDVALE AVENUE,BRICKTOWN**
NOTES: **HARTNETT PLUMBING & HEATING**

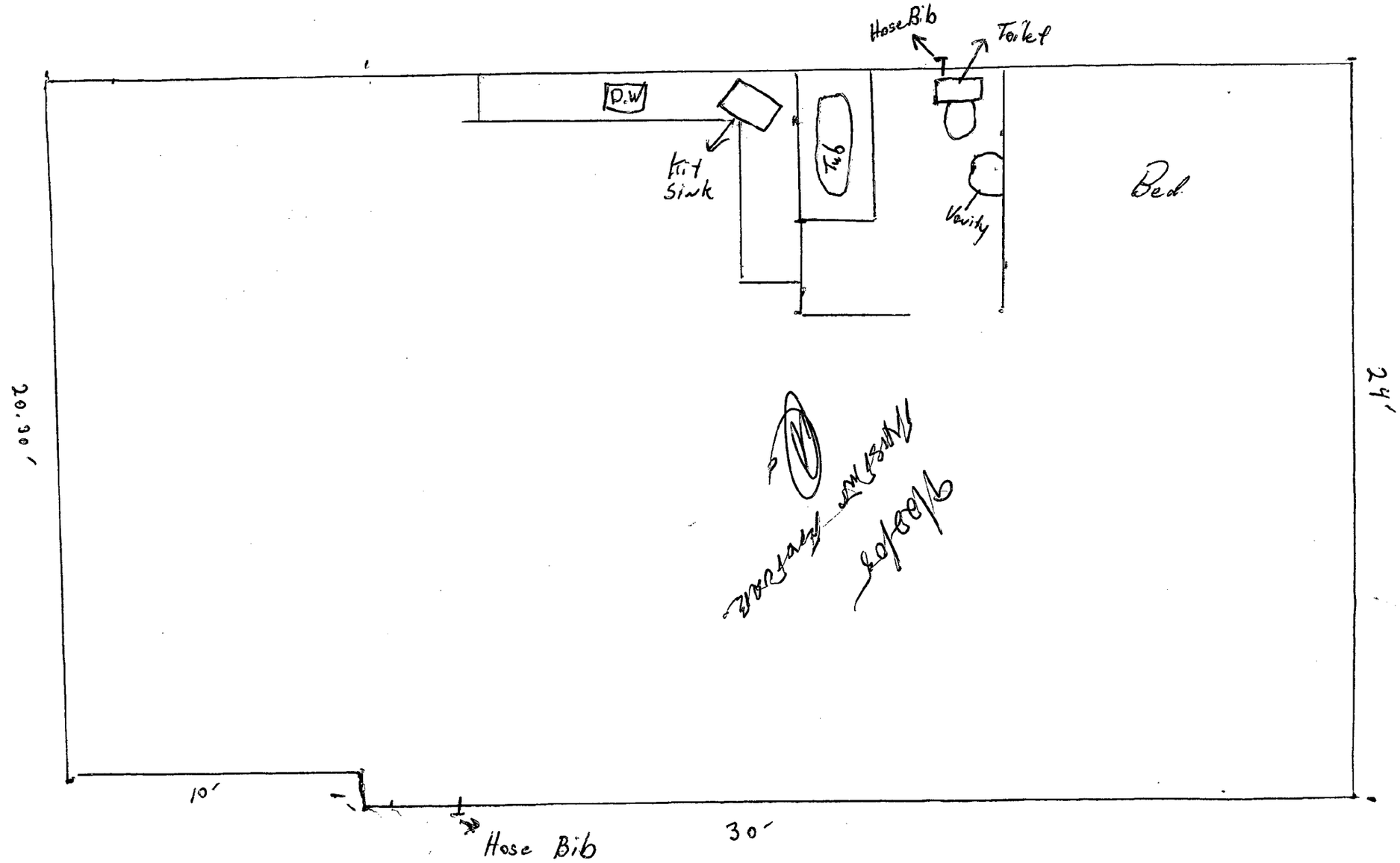
CUBE FACTOR = 4.18
BOILER I=B=R NET = **52,573**

TOTAL FOOTAGE BASEBOARD= **105.1**

Excel form by John McGarry

1st Floor Water Fixture locations

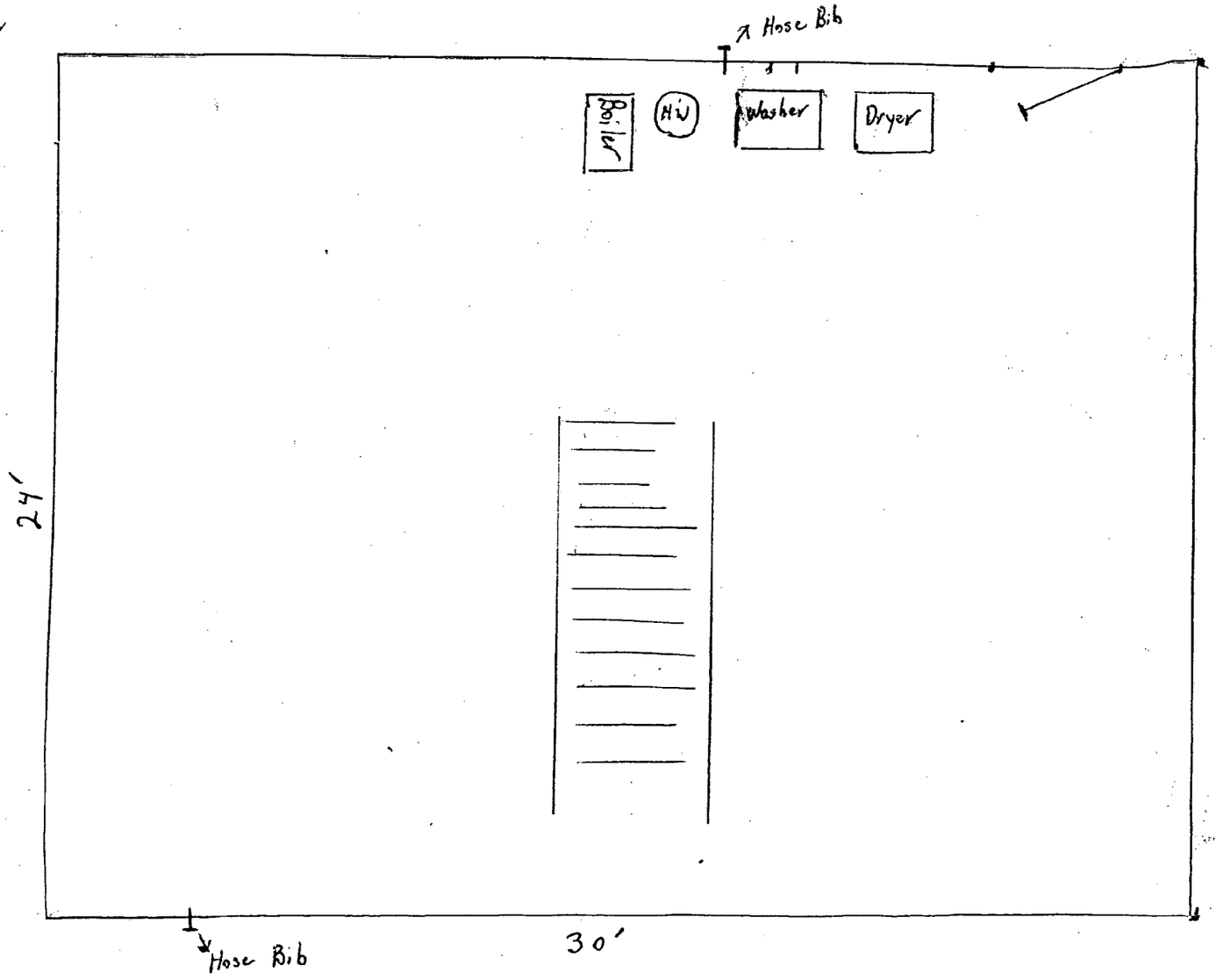
Hoffmann



Scale 1/4" = 1'

Basement Water Fixture locations

Hoffman



Scale ¼" = 1'

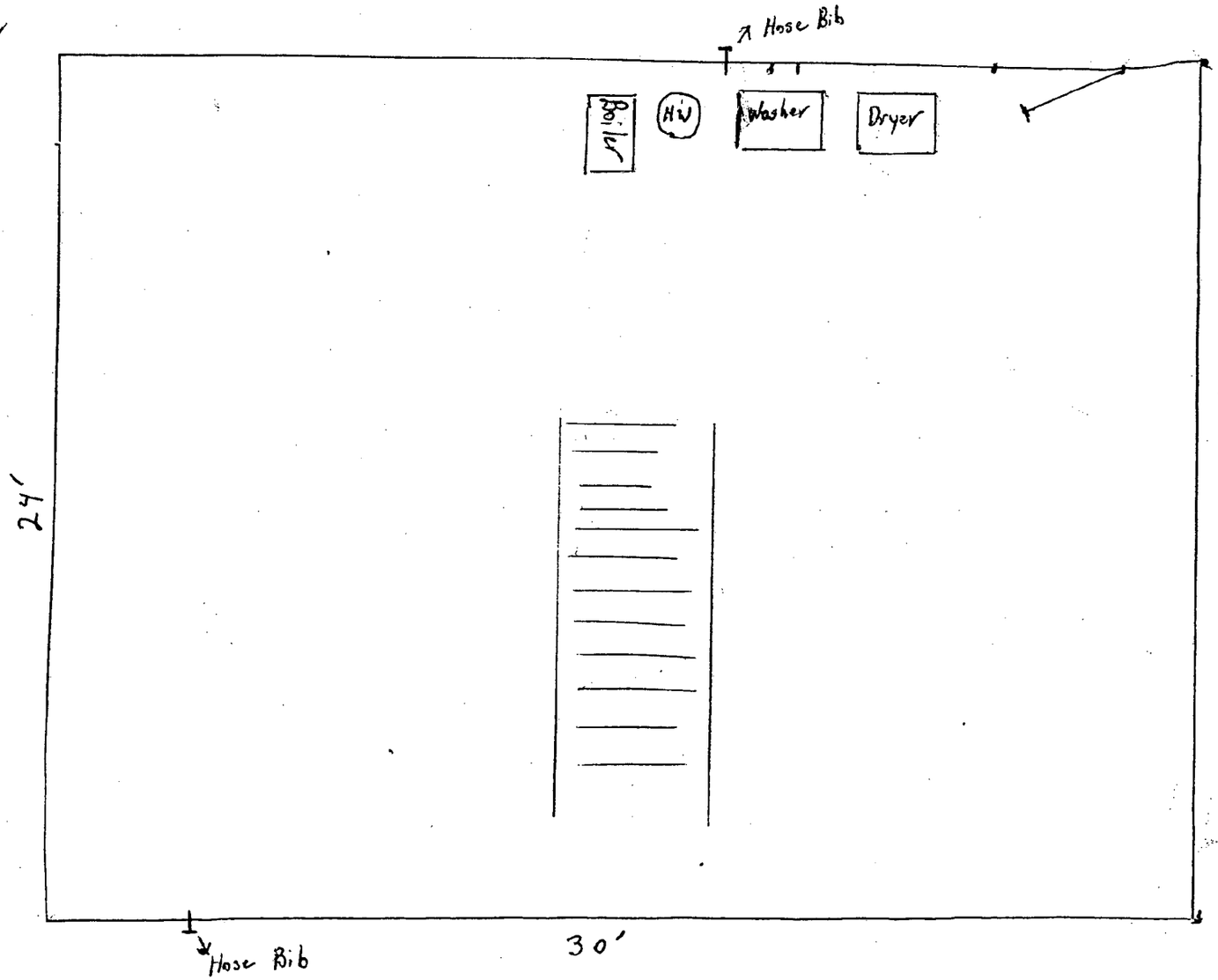
Scale 1/4" = 1'

1st Floor Water Fixture locations

Hoffman

Basement Water Fixture locations

Hoffman



Scale: 1/4" = 1'