BLOCK 1170 LOT 11.01 02 ADDRESS (SITE) _____ PERMIT NO. 2789-93

RECEIVED
NOV 2 2 1993
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: 1692 Rt 88 West
2. Name of Owner Darlene Manfra c/o Ray Manfra Tel. (___) _____
   Address 770 Lorraine Dr Cliffwood Beach 07735
   (street) (municipality) (zip code)
3. Ownership Public _____ Private _____
4. Principal Contractor: _____ Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$			
2. Electrical				
3. Plumbing		25.-		
4. Fire Protection		46.-	46.-	
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee				
10. Subtotal	$			
11. Cert. of Occupancy		20.-		
12. Other				
13. TOTAL	$	45.-		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	150.-

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
WP	11/22/93						
			3/17/94				
			4/29/93	SJ			

III. DO YOU WANT: (optional)

1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

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

LDS BR 10213980

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 New Jersey 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 _____ Date _____

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ 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.				

CONSTRUCTION PERMIT

Date Issued 11-22-93
Control #
Permit # 2789-93

IDENTIFICATION Block 1170 Lot 10.02

Work Site Location 1692 Rt. 88 W. Contractor Allied A/C & Htg

Address

Owner in Fee Ray Mantzra

Address 778 Longbine Dr Tele. ( ) **0002**

Clifford Beach, NJ Lic. No. or Bldrs. Reg. No. Exp. Date 2789*#

Tele. ( ) Federal Emp. No. BLOCK 0.00

or Social Security No. 1170@ 0.00

BLOCK 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Gas Piping

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 $ 150.-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	L10.02 #
Building	
Plumbing 25.-	PLUMBING 25.00
Electrical	C / O 20.00
Fire Protection	TOTAL 45.00
Other	CHECK 45.00
Other	CHANGE 0.00
DCA Training Fee	11/22/93 NO. 5 00234005 11:34
Cert. of Occ. 20.-	
Other	
Total 45.	
Check No. 3295	
Cash	
Collected By:	

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

PERMIT UPDATE

Date Update Issued 3/25/94
Control #
Permit #
Date Permit Issued 2789-93

IDENTIFICATION Block 1170 Lot 10.02
Work Site Location 1692 Ft. 88 West Brick NJ
Owner in Fee Darlene Manfra
Address 770 Lorraine Dr. Cliffwood Beach N.J.
Tele. (908) 290-0838

Contractor Fred Swieger T/a Alarm King
Address 1778 Mountain Ave. South Plains N.J.
Tele. (609) 322-2121
Lic. No. or Bldrs. Reg. No. 2789*#
Federal Emp. No. BLOCK 0.00
or Social Security No. 153-64-5623 70.# LOT 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [X] FIRE PROTECTION
DESCRIPTION OF WORK: S.D. W/ Battery Backup

Estimated Cost of Work $ 200.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 10 #	
Building	FIRE 46.00
Plumbing	TOTAL 46.00
Electrical	CHECK 46.00
Fire Protection 46	CHANGE 0.00
Other	
Other 3/25/94 NO. 5	12:31
DCA Training Fee	
Cert. of Occ.	
Other	
Total 46	
Check No. # 1027	
Cash	
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-22-93
Control #
Permit # 2789-93

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

Block 1170 Lot 10.02
Work Site Location 1692 RT 88 West
BRICK NJ 08724
Owner in Fee DARIENE MANFRA c/o Ray MANFRA
Address 770 LORRAINE DR
CLIFFWOOD BEACH
Tele. (____)
Contractor ALLIED A/C & HEATING
Address 832 Downey Ave
BRICK NJ 08723
Tele. (908) 920 5219
Lic. No.
Federal Emp. No. 22-3114259 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ____
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 11/22/93
Approved by: gc

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				o
Water				
Sewer				
Fixtures				
Gas Equipment			11/22/93	OK
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Gas only

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	
X	Gas Piping	15-
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 25.00
Paid [ ] Check #	Minimum Fee	$
Collected by:	TOTAL	$

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

called SB
3/24/94

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/25/94
Date Issued
Control #
Permit # 278-9-93

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

Block 1170 Lot 10.02
Work Site Location 1692 Rt. 88 West
Brick N.J.
Owner in Fee Darlene MANFRA
Address 770 Lorraine Dr.
CLIFFWOOD Beach N.J. 07735
Tele. (908) 290-0838
Contractor Fred Swaeger T/A Alarm King
Address 1778 Mountain Ave.
Scotch Plains N.J.
Tele. (908) 322-8121
Lic. No.
Federal Emp. No. or Social Security No. 153-64-5623

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-2 Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 200 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 3/17/94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

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.

Raymond Ack
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Installation of 4 interconnected smoke detectors w/ battery backup in office area's.

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

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors (Battery Backup.)	4	46-
Heat Detectors		
TOTAL	4	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 46-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

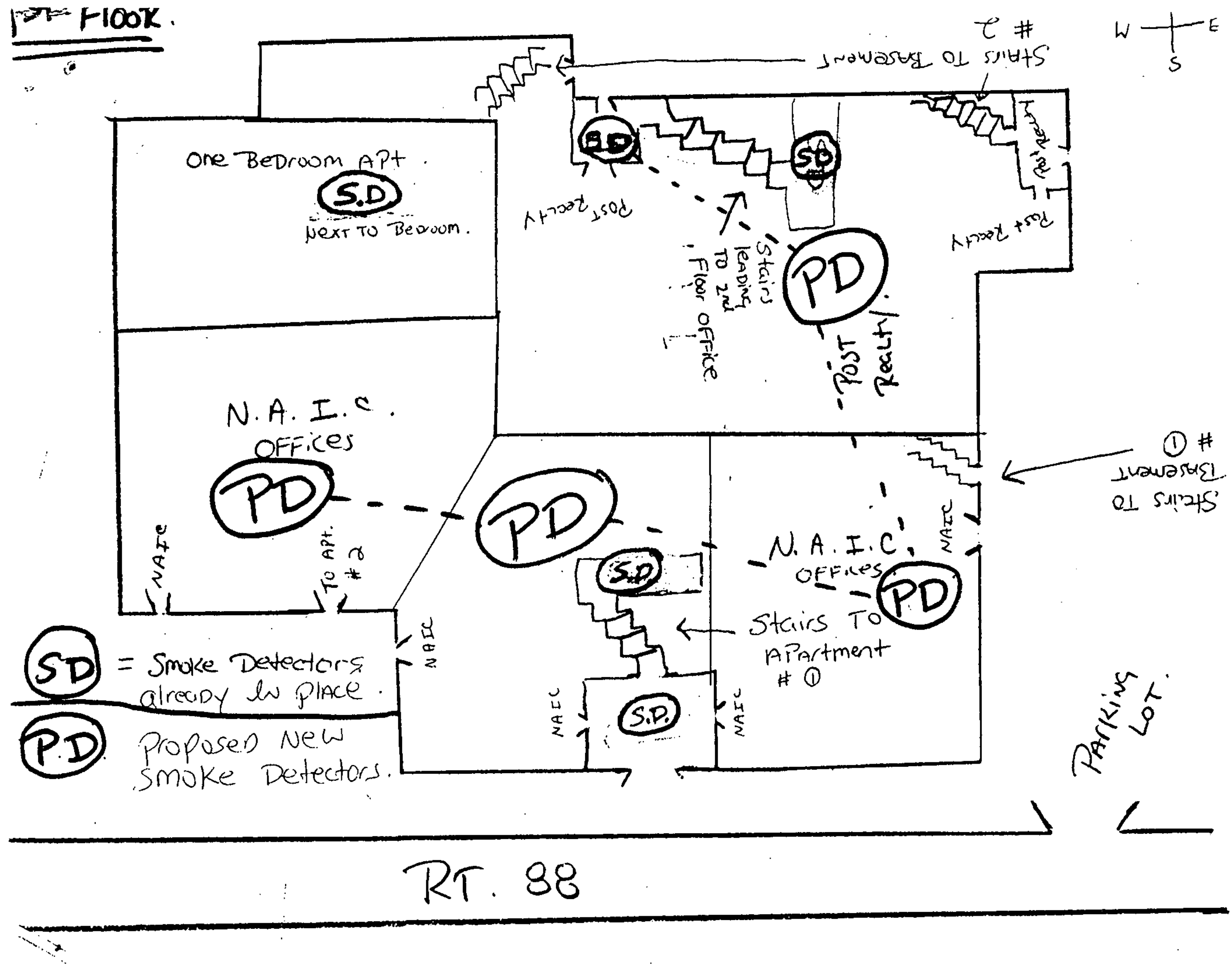
DRAWING For Proposed Smoke Detector Locations For 1692 RT. 88 West

BRICK N.J.

BLOCK 1170

LOT 10.02

Raymond Manfra


1st Floor.
One Bedroom Apt.
S.D
Next to Bedroom.
N.A.I.C.
Offices
PD
NAIC
To Apt. #2
PD
S.D.
S.D.
NAIC
N.A.I.C.
Offices
PD
Stairs to Apartment #1
Stairs to Basement #1
Stairs to Basement #2
Post Realty
Stairs leading to 2nd Floor Office
PD
Post Realty
SD
SD
Post Realty
Post Realty
SD = Smoke Detectors already in place.
P.D = Proposed New Smoke Detectors.
Parking Lot.
RT. 88
W
E
S

ALLIED
Air Conditioning & Heating

832 DOWNEY AVENUE BRICK, NJ 08723 908-920-5219

November 22, 1993

To Whom It May Concern:

Concerning the property located at 1692 Rt 88 West, owned by Darlene Manfra c/o Ray Manfra. The building had 1 manifold where 1 pipe split into 2 lines which fed 2 furnaces. We separated the joining of the 2 lines and ran 20' of 1" pipe to the new manifold location. All lines outside of the 20' we ran are existing and the separation occurred well before appliances attached to gas line. The purpose of separation was to give each unit it's own manifold.

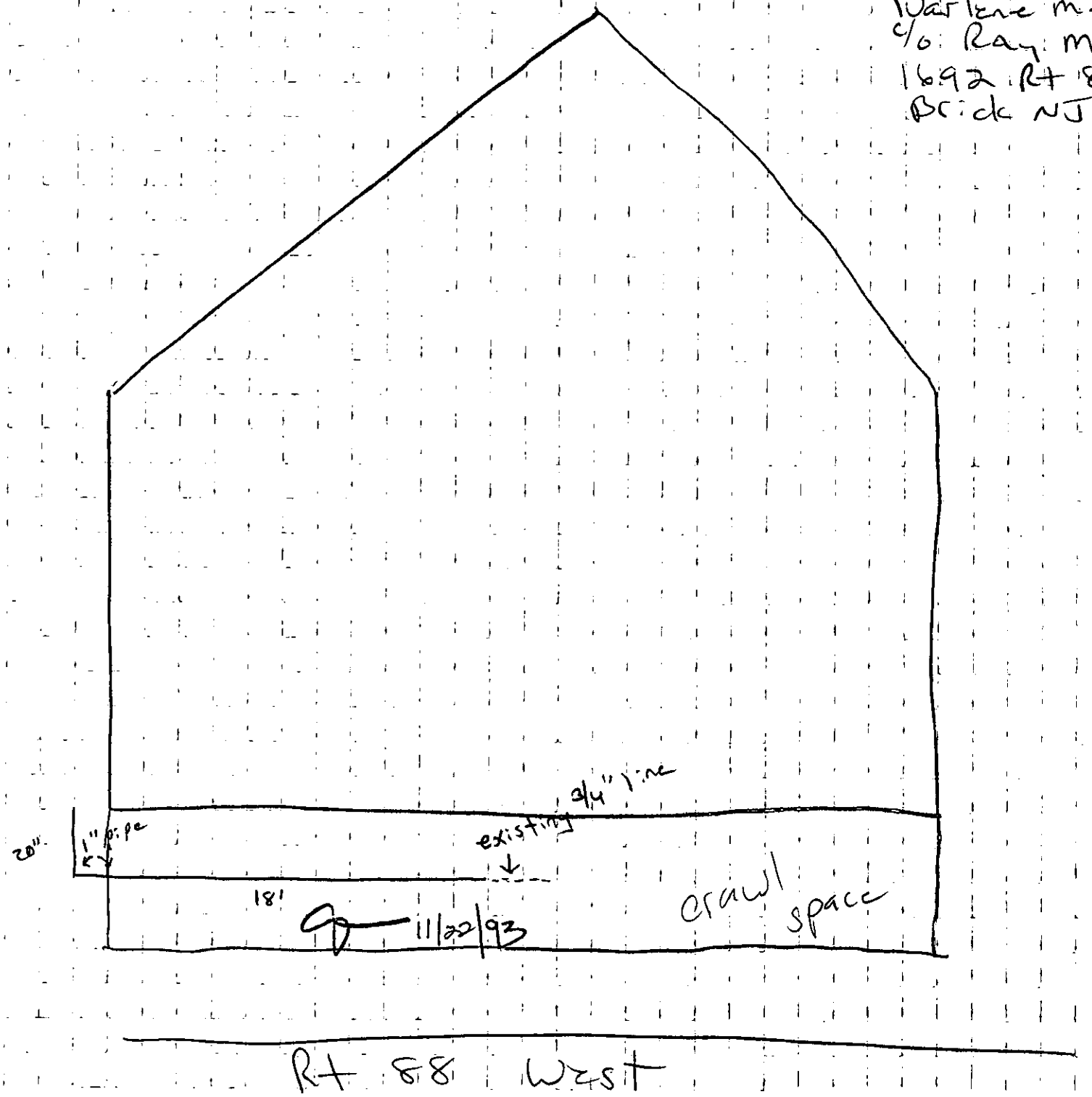
If you require further information or have any questions, feel free to call me.

Sincerely,

Wendy

Wendy L Paino
Office Manager

Darlene mantra
c/o Ray mantra
1692 Rt 88 West
Brick NJ



Parking lot