BLOCK 822.21 LOT 35-37 ADDRESS (SITE) 1585 Larsen St PERMIT NO. 1303-92

RECEIVED
JUN 09 1992
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1585 Larsen St
2. Name of Owner in Fee: ANN ESTATES INC Tel. (908) 840-2121
   Address P O Box 4485 (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Same Tel. (____) 840-2121
   Address _____
   License No. OR, if new home, Builder Reg. No. 05546 Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer DCS Architect Tel. (908-367-1100)
   Address 326 Third St LAKEWOOD NJ 08701
6. Responsible Person In Charge of Work Bernard Ber Kowitz Tel. (908) 840-2121

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. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	55,000.

dwelling

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	6/9/92		6/10/92		1-13-93 CK.		
		6/15/92	6/16/92		1-8-93		
			6-17-92		1-8-93		
					9/23/92		
Plot plan			6-10-92				

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

V. FEE SUMMARY (for office use only)

		Update ✓	Update
1. Building	$ 168 -		
2. Electrical			
3. Plumbing	100 -	✓	
4. Fire Protection	145	✓	
5. Other			
6. Subtotal	$ 413 -		
7. Less 20% for State Plan Review	41 -	✓	
8. Subtotal	$		
9. DCA Training Fee	30 -	✓	
10. Subtotal	$		
11. Cert. of Occupancy	62 -		
12. Other			
13. TOTAL	$ 546 -		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	2 ± ft.	
3. Area—Largest Floor	1564 sq. ft.	
4. Building Area—All Floors	sq. ft.	
5. Volume of Structure	18000 cu. ft.	18700
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. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

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: R-3
3. Change in Use Group, Indicate Former:

LDS BR 10410226

20K

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 ANN ESTATES INC

Address P.O. Box 4485

BRICK NJ 08723

Telephone (908 840-2121

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	SIC	6/9/92	house						
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☑ Certificate of Occupancy	No. 1303	1-21-93	
☐ Certificate of Approval	No.		
☐ None			

New Jersey

6-19-92

CERTIFICATE

Date Issued 1-21-93
Control #
Permit # 1303-92

IDENTIFICATION

Block 822.21 Lot 35-37
Work Site Location 1585 Larsen Street

Owner in Fee Ann Estates, Inc.
Address P.O. Box 4485
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 752458
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Single family dwelling

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XXXX☑ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cirzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 6-19-92
Control #
Permit # 1303-92

IDENTIFICATION Block 822.21 Lot 35

Work Site Location 1585 Parker St Contractor Same

Address

Owner in Fee Ann Estates Inc

Address P.O. Box 44105 Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No.

or Social Security No. LOT 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Single Fam. Dwelling
Val. 18,700.

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 $ 55,000.

G O Gaines
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)

Building 168.	BUILDING	168.00
Plumbing 100.	PLUMBING	100.00
Electrical	FIRE	145.00
Fire Protection 145.	PLAN RVW	11.00
Other 11. Plan	D.C.A.	30.00
Other	C / O	52.00
DCA Training Fee 30	TOTAL	506.00
Cert. of Occ. 52.	CHECK	506.00
Other	CHANGE	0.00
Total 6/20/92 NO. 5	0012A005	14:50
Check No. 5997		
Cash		
Collected By:		

PERMIT UPDATE

Date Update Issued 1-21-92
Control #
Permit # 1303-92
Date Permit Issued 6-19-92

IDENTIFICATION Block 822.21 Lot 35/37
Work Site Location 1585 Larsen Ave
Owner in Fee Ann Estates, Inc.
Address P.O. Box 11185
Fair Lawn NJ
Tele. ( ) 797-0

Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] Other Slab Inc
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	CHECK 5.00
Plumbing	CHANGE 0.00
Electrical	01/21/92 WD 5 00056005 10:43
Fire Protection	
Other Hse St	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

LOT 0.00
35 N 5.00
5.00
5.00

U.C.C. Form F-190A

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

PERMIT UPDATE

Date Update Issued 1-21-92
Control #
Permit # 1303-92
Date Permit Issued 6-19-92

IDENTIFICATION Block 822.21 Lot 35/37
Work Site Location 1585 [illegible] St
Owner in Fee [illegible]
Address P.O. Box [illegible]
Tele. ( ) [illegible]

Contractor [illegible]
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [x] Other [illegible]
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Estimated Cost of Work $

PAYMENTS (Office Use Only)	
Building	CHECK
Plumbing	CHANGE
Electrical	01/21/92 NO 5 00050005
Fire Protection	
Other	[illegible] 5
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

88000288
130388
LOT 0.00
35 R
5.00
5.00
5.00
0.00
10:43

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-190A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-19-92
Control #
Permit # 1303-92

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

Block 822.21 Lot 35-37
Work Site Location 1585 Larsen St

Owner in Fee ANN ESTATES INC
Address PO Box 4485
Black NJ 08723
Tele. (908) 840 2121
Contractor Same
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No. 05546
Federal Emp. No. 22-2356501 or Social Security 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

New Home
2 Story Colonial w/1 Dem + 1 car garage
Crawl Space

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	6/10/92	RG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 1/13/93
Approved By: R.G.

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			6/30/92	JK
Foundation			9-29-92	JK
Slab				
Frame			12/9/92	JK
Insulation			8/10/93	JK
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 20 ± Ft.
Area—Largest Floor 1564 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure 18676 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

822.21 35.37

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-19-92
Date Issued
Control #
Permit # 1303-92

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

Block 822.21 Lot 35.37
Work Site Location 1585 Larsen St
Owner in Fee A and E ESTATES INC
Address PO Box 4485
Brick NJ 08723
Tele. (908) 840 2121
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 05546
Federal Emp. No. 22-2356501 or Social Security 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

New House
2 story Colonial w/Den + 1 car garage
Crawl Space

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE

Administrative Surcharge	$
Paid [ ] Check # Minimum Fee	$
Collected by: TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 22 ± Ft.
Area—Largest Floor 1564 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure 18676 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

822.21 35.37

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-19-92
Control #
Permit # 1303-92

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

Block 822.21 Lot 35.37
Work Site Location 1585 Larsen St

Owner in Fee Rain Estates Inc
Address PO Box 4485
Brick NJ 08723
Tele. (908) 840 2121
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 05546
Federal Emp. No. 22-2356501 or Social Security 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

New Home
2 Story Colonial w/Dem + 1 car garage
Crawl Space

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 20 ± Ft.
Area—Largest Floor 1564 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure 18676 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BRICK

SERVICE
Rough & Ready
Ft Forge Ford Rd

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

JUL 29 92 0 J 9 9 7 2

Brick

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

Block 822-21 Lot 35-37
Work Site Location 1585 LARSEN ST.
Brick
Owner in Fee D. ANN ESTATES
Address RT 88
Brick
Tele. ( ) 840-2121
Contractor EUREKA ELEC. SERVICE
Address P.O. BOX 75 OSBORNVILLE
Brick
Tele. ( ) 255-2822
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dwelling Utility Co. R# 2040350
Est. Cost of Elec. Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initials
Rough			8.3.92	
Temporary			8.3.92	
Constr. Serv.				
TCO				
Other				
Service				
Final			9.23.92	

Temp. Cut-in-Card Date Issued 8.3.92
Final Cut-in-Card Date Issued 9.23.92
Line Dept. RF

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
32		Receptacles (2)	
21		Switches (3)	
63		Total 1 + 2 + 3	44
		Range	
		Oven(s)	
		Surface Unit	
1		Dishwasher	7
		Garbage Disposal	
(1)		Dryer	
(1)		A/C Unit Deconnect	
		Burglar Alarms	
		Intercoms Panels	
5		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
1		Central heat:	
		oil (gas) or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
100	amp	Service Entrance	33
		Other	

Administrative Surcharge $
Paid [ ] Check # 7922 Minimum Fee $
Collected by: TOTAL FEE $ 84.00

RPF

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6-19-92
Control #
Permit # 1303-92

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

Block 8221 Lot 35-37
Work Site Location 1585 Larsen St

Owner in Fee ANN ESTATES INC
Address PO BOX 4485
BRICK NJ 08723
Tele. (908) 840 2121
Contractor Seime
Address

Tele. ( )
Lic. No. 05546
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: UTILITY Rm Combustible Det
Total Est. Cost of Fire Prot. Work $ 400 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 6/16/92
Approved by:

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 1-8-93
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			1-4-93	
Mechanical			1-8-93	
TCO				
Other Final			1-8-93	
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of 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 AC-DC Battery Backup 5		46
Heat Detectors Intercom to 5		
TOTAL		
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	4	99
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ 145

U.C.C. Form F-140A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6-19-92
Control #
Permit # 1303-92

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

Block 8721 Lot 35-37
Work Site Location 1585 Lanes Pond Rd
Owner in Fee ANN ESTATES INC
Address PO Box 4485
BRICK NJ 08723
Tele. (908) 840 2121
Contractor Scanner
Address
Tele. ( )
Lic. No. 05546
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: UTILITY Rm Combustible Cat
Total Est. Cost of Fire Prot. Work $ 400 — [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 6/16/92
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

_____
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of 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 #C-DC Battery Bolts	5	46
Heat Detectors		
TOTAL		
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	4	99
OTHER		

Administrative Surcharge $
Paid [ ] Check # _____ Minimum Fee $
Collected by _____ TOTAL FEE $ 145

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6-19-92
Control #
Permit # 1303-92

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

Block 822.21 Lot 35-37
Work Site Location 1585 Carsten St
BRICK
Owner in Fee AnN ESTATES INC
Address PO Box 4485
BRICK
Tele. (908) 840-2121
Contractor Haack Plumbing & Heating, Inc.
Address 201 Lincoln Avenue
Pine Beach, N.J. 08741
Tele. (908) 244-1682
Lic. No. 4768
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4
Estimated Cost of Plumbing Work $ 3500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 6-17-92
Approved by: JAH

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: JAH
Date: 1-8-93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			7-20-92	JAH
Water				
Sewer				
Fixtures				
Gas Equipment			7-20-92	JAH
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I am the (agent of) owner of
application

D. Haack
Inspector Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10-
	Urinal/Bidet	
1	Bath Tub	5-
2	Lavatory	10-
	Shower	
	Floor Drain	
1	Sink	5-
1	Dishwasher	5-
	Drinking Fountain	
1	Washing Machine	5-
2	Hose Bibb	
1	Gas Piping	15-
	Fuel Oil Piping	
1	Water Heater	5-
1	~~Steam Boiler~~ FURN	15-
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	15-
1	Sewer Connection	
1	Water Service Connection	
4	Gas Service Connection	
	Active Solar System	
	Other CONT;	10-

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 100-

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6-19-92
Control #
Permit # 1303-92

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

Block 822.21 Lot 35-37
Work Site Location 1565 Collins St
BRICK
Owner in Fee AHL ESTATES INC
Address PO Box 4485
BRICK
Tele. (908) 840-2121
Contractor Haack Plumbing & Heating, Inc.
Address 201 Lincoln Avenue
Pine Beach, N.J. 08741
Tele. (908) 244-1682
Lic. No. 4768
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4
Estimated Cost of Plumbing Work $ 3500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 6-17-92
Approved by: [signature]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
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]
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10-
	Urinal/Bidet	
1	Bath Tub	5-
2	Lavatory	10-
	Shower	
	Floor Drain	
1	Sink	5-
1	Dishwasher	5-
	Drinking Fountain	
1	Washing Machine	5-
2	Hose Bibb	
1	Gas Piping	15-
	Fuel Oil Piping	
1	Water Heater	5-
1	~~Steam Boiler~~ FURN	15-
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	15-
1	Sewer Connection	
1	Water Service Connection	
1	Gas Service Connection	
	Active Solar System	
	Other CONT.	10-

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 100-

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6-19-92
Control #
Permit # 1303-92

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

Block 822.21 Lot 35-37
Work Site Location 155 Colina St
BRICK
Owner in Fee AND ESTATES INC
Address PO BOX 4485
BRICK
Tele. (908) 840-2121
Contractor Haack Plumbing & Heating, Inc.
Address 201 Lincoln Avenue
Pine Beach, N.J. 08741
Tele. (908) 244-1682
Lic. No. 4768
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ 3500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 6-17-92
Approved by: [signature]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
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]
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10-
	Urinal/Bidet	
1	Bath Tub	5-
2	Lavatory	10-
	Shower	
	Floor Drain	
1	Sink	5-
1	Dishwasher	5-
	Drinking Fountain	
1	Washing Machine	5-
2	Hose Bibb	
1	Gas Piping	15-
	Fuel Oil Piping	
1	Water Heater	5-
1	~~Steam Boiler~~ FURN	15-
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	15-
1	Sewer Connection	
1	Water Service Connection	
1	Gas Service Connection	
	Active Solar System	
	Other CAP	10-

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 100-

HAACK ... STATE OF NEW JERSEY LICENSED ... 4768

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

DATE: 1-

SECTION:

TYPE OF WORK:

LOCATION:

SIGNATURE:

BLOCK: 122 41 LOT: 35 37

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	N/A	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures		
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of

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

INSPECTOR: K Shafer

DATE: 7-3-02

JOB: —

SECTION: Forge Pond

TYPE OF WORK: Final Eng

WEATHER: R... / Overc...

LOCATION: 1585 Larsen St...

TEMPERATURE: 70's

BLOCK: 822.21

LOT: 35-37

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading		✓
3. Sidewalk	N/A	
4. Road Pavement	N/A	
5. Landscaping & Sodding		✓
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

(2,5) Entire Lot to be fine graded (raked out)

~~X~~ FABC attached

RETEST → 9/4/02 7 x 4.

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☑ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

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

INSPECTOR:

DATE:

JOB:

SECTION:

TYPE OF WORK:

WEATHER:

LOCATION:

TEMPERATURE:

BLOCK: 822.21 LOT: 35-37

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading		✓
3. Sidewalk		
4. Road Pavement		
5. Landscaping & Sodding		✓
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RE TF, TF → 7 & 8.
9/4/91

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

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

INSPECTOR:

DATE:

JOB:

SECTION:

TYPE OF WORK:

WEATHER:

LOCATION:

TEMPERATURE:

BLOCK: 822.21 LOT: 35-37

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading		✓
3. Sidewalk		
4. Road Pavement		
5. Landscaping & Sodding		
6. Clean-up Procedures		
7. Note on going construction in immediate area		
8. Safety		

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☒ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ PLANNING BOARD ENGINEER

☐ MUNICIPAL ENGINEER

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

RESIDENTIAL WARRANTY CORPORATION™

P.O. BOX 641, HARRISBURG, PA 17108-0641
NATIONWIDE 1-800-247-1812

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: ANN ESTATES INC.

Purchaser(s) Name: Richard + Lisa Cressman

Legal Address of Home Enrolled:

35.37 (Lot) 822.21 (Block) (Development)

1585 LARSEN ST. (Street Address)

BRICK (City) OCEAN (County) NJ (State) 08723 (Zip)

RWC Enrollment No: 752458

Date: 7-8-92

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra L Smith

Form #604
Rev. 10/91

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date Jan. 21, 1993

NAME Ann Estates

ADDRESS P.O Box 4485 Brick, NJ 08723 ~~270 Oak Knoll Dr., Lakewood, NJ 08701~~

PROPERTY LOCATION 1585 Larsen St.

Account No. L390498 **Block** 822 **Lot** 35-37

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Marilyn Leroy

SHADE TREE PERMIT

Permit # 1962

Applicant's Name ANN ESTATES INC

Block 822, 21

Property Address 1585 LARSEN S

Lot 35-37

Applicant's Address PO Box 4485

Date 6/21/92

BRICK NJ 08723

As per Shade Tree Application in conjunction with ordinance #158-A,B,C-75: filed in the Building Department, Township of Brick.

Comments: LEAVE AT LEAST 6 TREES

Fee Paid $ _____

Signed: Sterling Hulse

Sterling Hulse, Forrester
Township of Brick
Shade Tree Commission

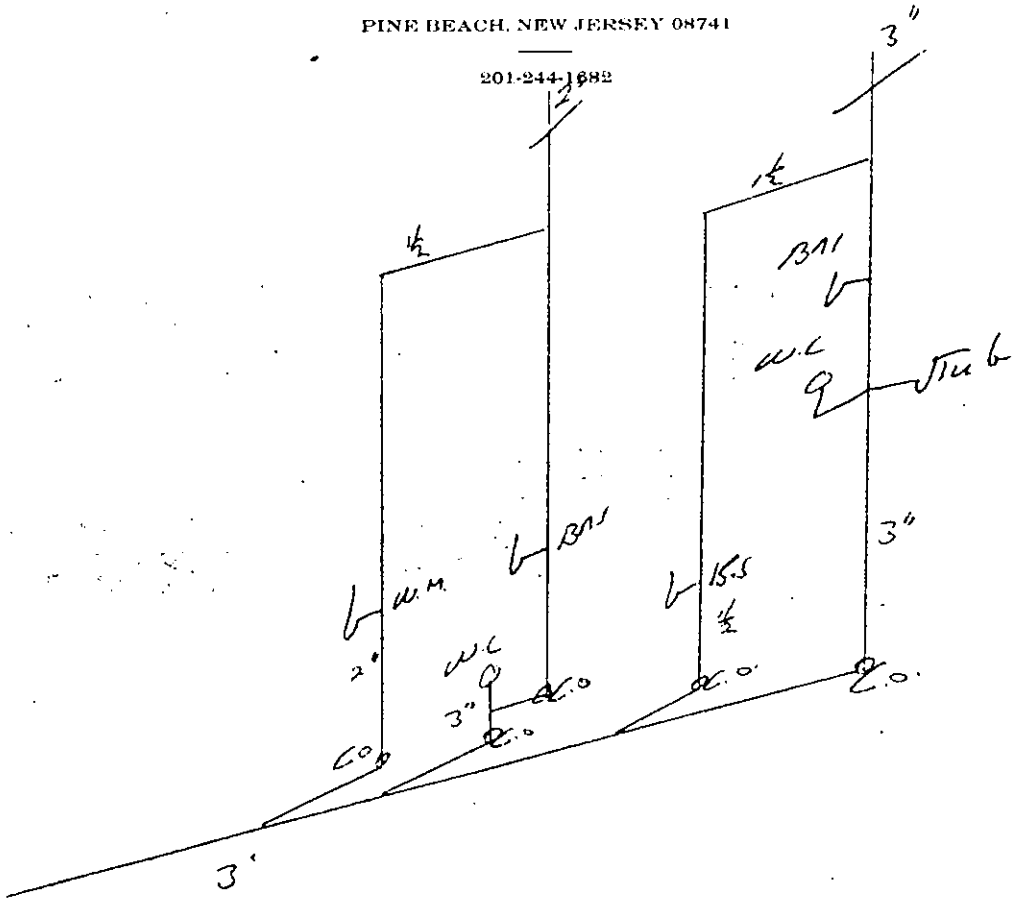
This permit must be available on site for inspection upon demand.

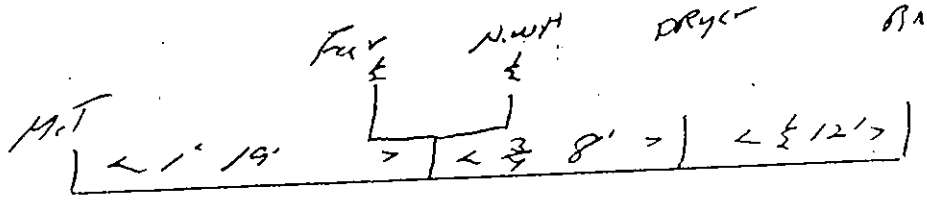
1½ Bath
5 to 4

HAACK PLUMBING & HEATING, INC.

201 LINCOLN AVENUE
PINE BEACH, NEW JERSEY 08741

201-244-1682





1' = 19'
3/4 8'
1½ 12'
39' TOTAL

	B.T.U.
Furn	90,000
N.W.H	30,000
Dryer	30,000
Range	30,000
	180,000 TOTAL

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

1585 Larsen Sd.

Office of
Division of Inspections

Called 4/15/92 JC

CHECK LIST

Re: Block 822 Lot 35/37

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative	
Zoning	
Engineering	
Building	
Plumbing	
Electric	
Fire	Need Architect Signature and Seal

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

M A I L

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West
Brick, New Jersey 08724
(201) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME Ann Estates TEL. NO. 840-2121

ADDRESS P.O. Box 4485 Brick, NJ 08723

PROPERTY IN QUESTION:

BLOCK 822.21 LOT(S) 35-37 ADDRESS Larsen St.

BTMUA ACCOUNT NUMBER L390498

SINGLE FAMILY RESIDENTIAL (IN EXISTING SUB-DIVISIONS ONLY)

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

CONNECTION WILL BE PROVIDED AS FOLLOWS:

WATER LARSEN STREET (STREET)

SEWER LARSEN STREET (STREET)

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION IS NOT REQUIRED.	____	____
3. UTILITY SERVICE IS PLANNED FOR CONSTRUCTION DURING THE BUDGET YEAR ENDING MARCH 31, 19____. SERVICE MAY BE AVAILABLE SOME TIME THEREABOUT.	____	____

ALL OTHER DEVELOPMENT

EXISTING BRICK TOWNSHIP MUA LINES ARE AS SHOWN ON ATTACHED TAX MAP DRAWING NO. 45 B.

APPLICANT/DEVELOPER IS REQUIRED TO SUBMIT A FORMAL DEVELOPER APPLICATION TO THE AUTHORITY AS SET OUT IN BRICK TOWNSHIP ZONING ORDINANCE NO. 354-79 AS AMENDED, AND AS REQUIRED BY BRICK TOWNSHIP MUA RULES AND REGULATIONS (LATEST REVISION).

DATE: June 2, 1992 SIGNED: Jane M. S. Siddiqui

NOTE: STATEMENT GOOD FOR 90 DAYS ONLY

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA.

2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.

3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

   APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

   A DEPOSIT OF $130 IS REQUIRED.

   LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 6 AND 8 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).

5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.

   INSPECTIONS WILL NOT BE MADE UNLESS THE PERMIT HAS BEEN OBTAINED.

6. WATER METER

   A METER AND A REMOTE READOUT WILL BE INSTALLED.

   IF YOU ARE BUILDING ON A SLAB BASE, PLEASE MAKE ARRANGEMENTS WITH YOUR BUILDER TO RUN A PAIR OF WIRES (18 GAUGE, 2 CONDUIT SOLID BELL WIRE) FROM THE INSIDE METER LOCATION TO WHERE THE OUTSIDE READOUT IS TO BE LOCATED, OR CALL THE BTMUA TO DO SO. THIS MUST BE DONE PRIOR TO INSTALLATION OF SHEET ROCK FOR INTERIOR WALLS.

   AFTER ALL INSPECTIONS HAVE BEEN COMPLETED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO SCHEDULE THE WATER METER INSTALLATION.

7. CERTIFICATE OF COMPLIANCE

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

8. INITIAL SERVICE CHARGES

   IF THE OWNER DESIRES, THE APPLICABLE INITIAL SERVICE CHARGES MAY BE PAID IN QUARTERLY INSTALLMENTS (PLUS INTEREST) ACCORDING TO AN ESTABLISHED PAYMENT PLAN. SEE OUR CUSTOMER ACCOUNT DIVISION FOR DETAILS.

TO: OCEAN COUNTY CONSTRUCTION INSPECTION DEPARTMENT
ATTN: PLUMBING SUB-CODE OFFICIAL

REF.: DCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

DATE: _____

THIS IS TO CERTIFY THAT I, (NAME) Haack Plumbing & Heating, Inc.,

(BUSINESS ADDRESS) 201 Lincoln Avenue, Pine Beach, N.J. 08741,

(TEL. NO.) 201 244-1682.

WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM IN THE FOLLOWING BUILDING, (OWNER) _____,

(ADDRESS) _____,

(BLOCK & LOT) _____;

USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PERCENT IN ACCORDANCE WITH THE ABOVE REFERENCES.

_____
(SIGNATURE & SEAL)
(NOTARIZED IF HOMEOWNER)

(1)

COMBINED GROSS WALL THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Wall Component	Area	Resistance	A/R
Glass Double Glazed Wood	170.02	2	85.01
Glass			
Glass			
Door Thermal	63	15.49	4.06
Door			
Wall Exterior Siding	1247.78	15.46	80.71
Framing	220.19	6.81	32.33
Wall Garage Partition	113.6	15.81	7.18
Framing	20.04	7.16	2.79
Wall			
Framing			
Header or Rim Joist	229.33	17.03	13.46
Exposed Basement Wall			
Exposed Basement Wall			
Basement Glass			
Basement Glass			
Total	2063.96		225.54

U_o Wall = $\frac{A/R}{A} = \frac{225.54}{2063.96} = .10.92$ BTU/h-ft^2-^{o}F

U_o Wall Code Limit = 0.23

✓ Meets Code

_____ Does Not Meet Code

Comm # 840501

(4)

ALTERNATE METHOD: TOTAL ENVELOPE CONFORMANCE

	A Gross Area	Total A/R	U_o Code Limit	A x U_o Limit
Wall			0.23	
Non-Cathedral Roof/Ceiling			0.05	
Cathedral Roof/Ceiling			0.08	
Floor				
	(1) Grand Total	BTU/H x °F	(2) Total	BTU/H x °F

_____ Meets Code

_____ Does Not Meet Code

If the grand total (1) of the wall, roof/ceiling and floor A/R values is equal to or less than the total (2) of the A x U_o Code Limits for the wall, roof/ceiling and floor, the Total Envelope meets the Code, even though the wall, roof/ceiling or floor may not.

If the total envelope calculation indicates that the desired construction does not meet code requirements, make changes in the structure to add insulation, reduce glass areas or use insulating glass as required to meet the code requirements.

Comm # 840501

COMBINED GROSS FLOOR THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Floor Component		Area	Resistance	A/R
Floor	R-19	800	21.07	37.96
Framing		88	11.3	7.78
	Totals	888		45.74

U_o Floor = $\frac{A/R}{A}$ = $\frac{45.74}{888}$ = .051 BTU/h-ft^2-^{o}F

U_o Floor Code Limit = 0.08

✓ Meets Code

____ Does Not Meet Code

Comm #840501

(2)

COMBINED GROSS ROOF/CEILING THERMAL TRANSMITTANCE VALUE (U_o) CALCULATIONS

Roof/Ceiling Component	Area	Resistance	A/R
Non-Cathedral Roof Ceiling	800	31.67	25.26
Framing	88	10.88	8.08
Cathedral Roof/Ceiling			
Total	888		33.34

U_o Roof = $\frac{A/R}{A} = \frac{33.34}{888} =$ .037 BTU/h-ft^2-^{o}F

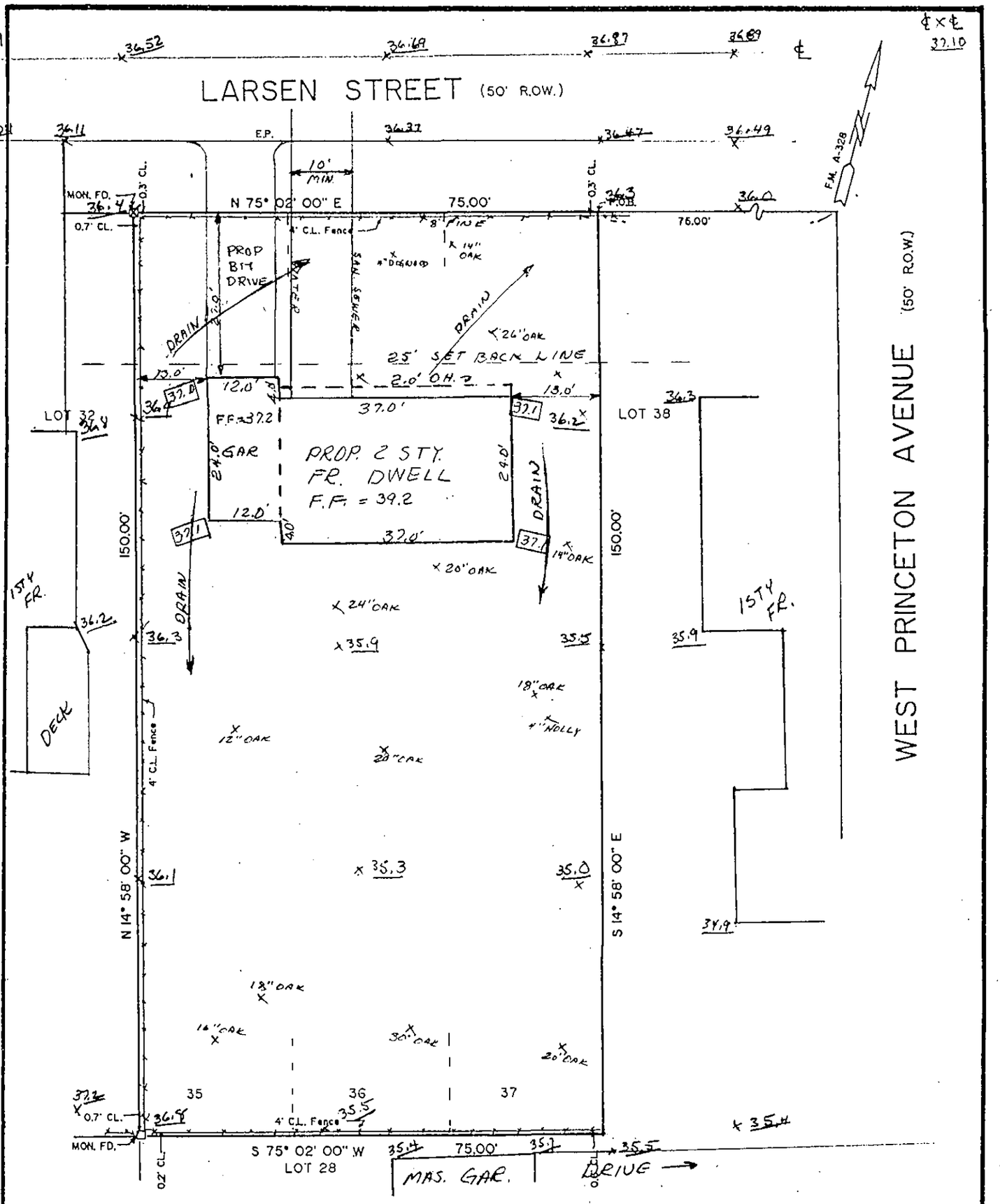
U_o Roof Code Limit = 0.05*

✓ Meets Code

_____ Does Not Meet Code

*0.08 for the cathedral portion of the roof.

Comm # 840501



NOTES:
1. 14.0 - EXISTING ELEVATION.
2. [14.0] - PROPOSED ELEVATION.
3. ELEVATIONS BASED ON N.G.V.D.
4. PUBLIC WATER AND SEWER AVAILABLE.
5. DRIVEWAY TO BE IN ACCORDANCE WITH BRICK TOWNSHIP REGULATIONS.

THIS PLAN IS FOR THE PURPOSE OF OBTAINING A BUILDING PERMIT. DIMENSIONS AND ELEVATIONS SHOWN HEREON ARE TO BE VERIFIED BY BUILDER PRIOR TO STARTING CONSTRUCTION.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE Sean Kinney 6/9/92

house

PLOT PLAN

LOTS 35,36,& 37 BLOCK 822

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

ROBERT B. POWERS
PROFESSIONAL ENGINEER & LAND SURVEYOR
N.J. LIC. NO. 9463
Robert B Powers

CENTRAL JERSEY ENGINEERS, INC.
1182 Ocean Avenue
Lakewood, N.J. 08701

SCALE: 1"=20'	
DRAWN BY: R.B.P.	CHK'D. BY: R.B.P.
JOB NO.: 1752-23	
DATE: 6-4-92	

	SHOWN	ACCEPTED	DEFICIENT	N/A
15. LOCATION OF FLOODWAY BOUNDARY/HAZARD AREA				✓
16. FRESH WATER WETLANDS				✓
17. PARKING AREAS	✓			
18. FACILITY & CONNECTIONS: WATER/SEWER/GAS/ELEC.	✓			
19. PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS	✓			
20. STREETS	✓			
21. CURBING				✓
22. DESCRIPTION OF ALTERATIONS/REL. OF WATERCOURSE				✓
23. PRIOR APPR: ARMY CORP./D.E.P./WETLANDS, ETC.				✓
24. DAM SAFETY				✓
25. SOIL CONSERVATION SERVICE				✓
26. PLANNING BOARD				✓

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE	6/10/97	[signature]	
REVISED			
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER			
REVISED			
REVISED			
REVISED			

PLOT PLAN REVIEW

CHECK LIST

TOWNSHIP OF BRICK

BLOCK: 822.21 LOT: 35.37 DATE RECEIVED: 6-9-92

ADDRESS:

APPLICANT: Ann Estates PHONE:

CONTRACTOR: Same PHONE:

ADDRESS: 1585 Larsen St. SUBDIVISION:

TYPE OF WORK: Dwelling ZONING APPROVAL:

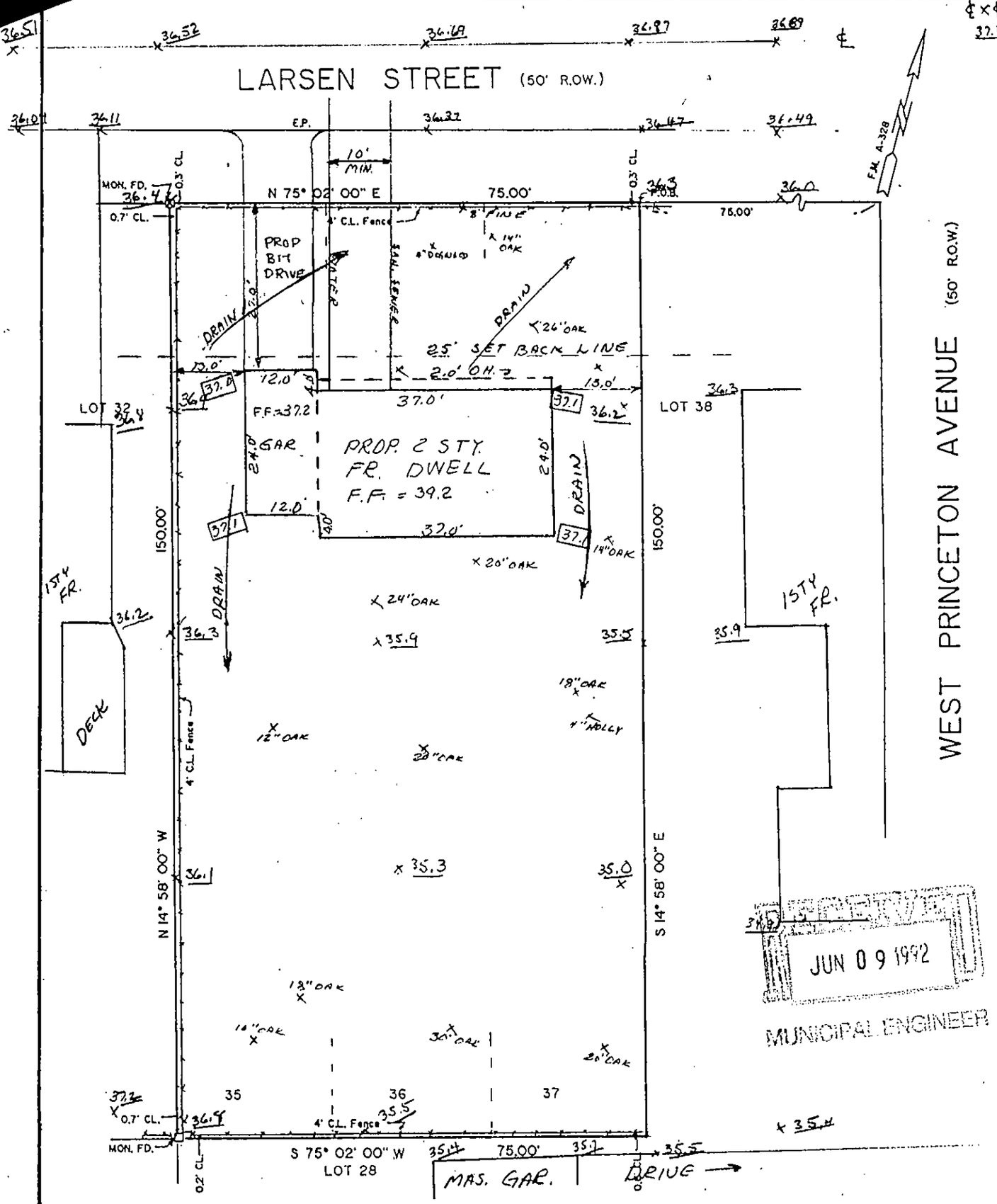
REVIEW: FLOOD ZONE IDENTIFIED BY FIRM C ELEV.

PANEL # MAP# DATED:

FEMA LETTER RECEIVED: YES NO

RECEIVED JUN 09 1992 MUNICIPAL ENGINEER

		SHOWN	ACCEPTED	DEFICIENT	N/A
1.	SITE PLAN &/OR SURVEY SIGNED & SEALED				
2.	DRAW TO A SCALE OF NOT LESS THAN 1"=100'	✓			
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)				✓
4.	SIDE PROPERTY LINES & DWELLING & PROP. CORNERS	✓			
5.	STREET GUTTER, TOP CURB & CENTER LINE ELEV.	✓			
6.	CONTOURS; 1' INCREMENTS/IF ELEV. FLUCTUATES 2'				✓
7.	ADJACENT DWELLING CORNERS	✓			
8.	PROPOSED GRADING	✓			
9.	GARAGE/1ST FLOOR/CRAWLSPACE/BASEMENT ELEV.				
10.	LOT GRADING/FILLING & FINAL ELEVATION	✓			
11.	METHOD OF DRAINING	✓			
12.	FLOOD OPENINGS SIZED & PLACED				✓
13.	DRIVEWAY WIDTH/TYPE & DRAINAGE	✓			
14.	DIMENSIONS/ACREAGE OF PARCEL IN QUESTION	✓			



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APPROVED FOR ZONING ONLY
SEAN KENNEVY, ZONING OFFICER
DATE Sean Kenn, 6/9/92

PLOT PLAN

LOTS 35,36,& 37 BLOCK 822

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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SCALE: 1"=20'
DRAWN BY: R.B.P. | CHK'D. BY: R.B.P.
JOB NO.: 1752-23
DATE: 6-4-92

Date 6/8/92

APPLICATION IN CONNECTION WITH ORDINANCE #158-72

Name of Applicant Ann Estates Inc

Address PO Box 4485

Bricktown NJ 08723

Property is Block 822.21 Lot(s) 35-37

Residential _____ Commercial _____

Address if different from applicant _____

1585 Larsen St.

Location of trees on property:

See plot plan

Number of trees presently on property:

Additional information to enable the application to be properly evaluated:

Fee: ($5.00) for trees located on individual building lot.

$15.00 per acre for all other lands.

Recommendation from Shade Tree Commission:

LEAVE AT LEAST 6 TREES, OTHERWISE OK

ISSUED PERMIT # 1962

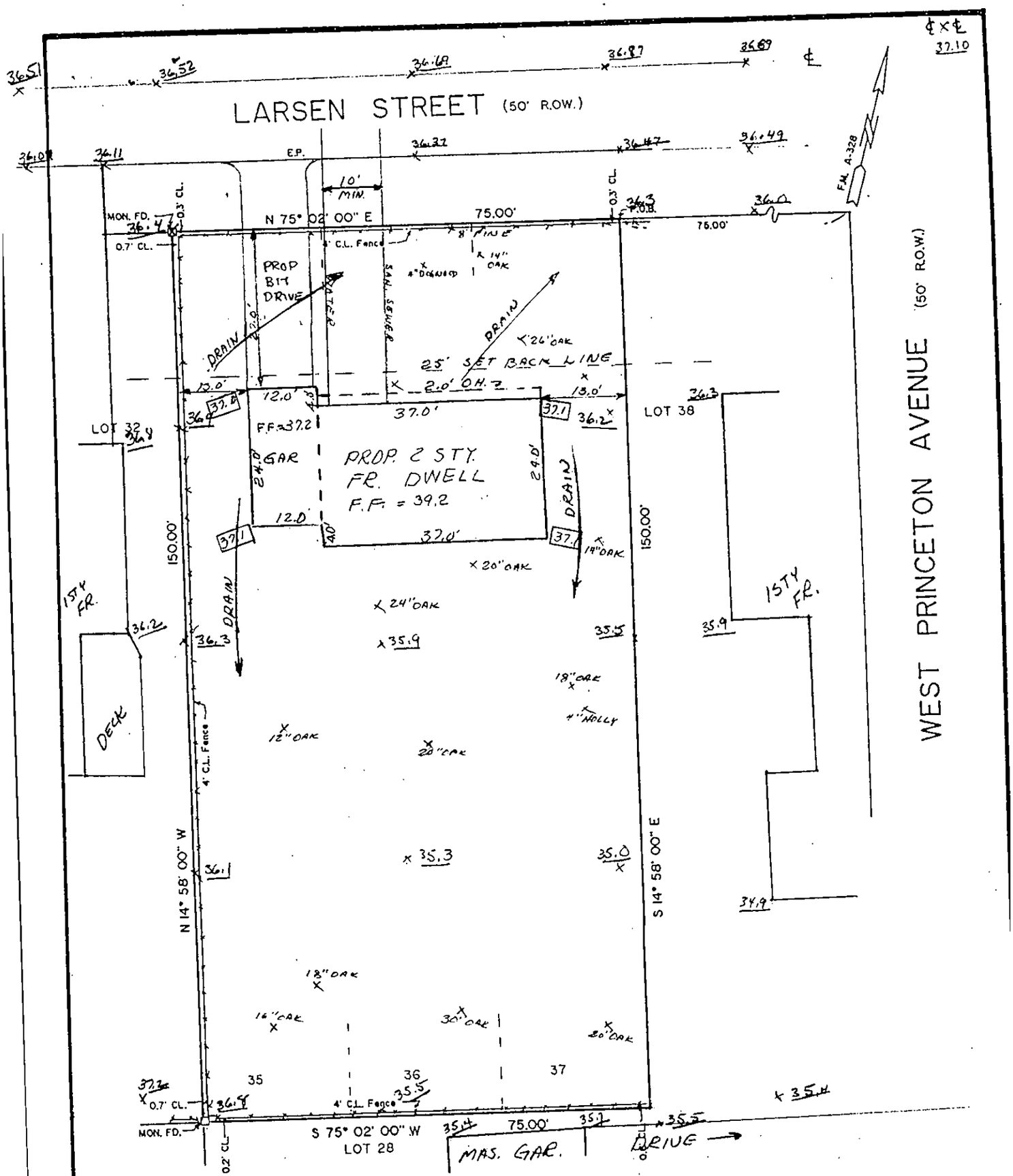
6/21/92
Date

Sterling Luke Festa
Signature of Chairman

Action by Council: Approved _____ Denied _____

Date

Township Clerk



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37.2

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PLOT PLAN

LOTS 35,36,& 37 BLOCK 822

TOWNSHIP OF BRICK

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