BLOCK 210.32 LOT 15, 16, 17 ADDRESS (SITE) 39 Hollycrest Dr. PERMIT NO. 833-96

RECEIVED
APR 10 1996
DIV. OF CONSTRUCTION

Called 5-7-96 9:05 ad

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 39 Hollycrest, Drive, Brick
2. Name of Owner in Fee: Puglisi R.J. Tel [redacted]
   Address 39 Hollycrest Dr. (street) Brick (municipality) (zip code)
3. Ownership in Fee: Public ____ Private x
4. Principal Contractor: His + Hers General Contractors Tel. (908) 370-9241
   Address 1307 Jeffery Street Lakewood
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-322-7907 Social Security No. ____
5. Architect or Engineer ____ Tel. (___) ____
   Address ____
6. Responsible Person in Charge of Work Harold B. Van Arsdale Tel. (908) 295-8996

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 110-		
2. Electrical			
3. Plumbing	31		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$ 141-		
7. Less 20% for State Plan Review	14-		
8. Subtotal	$		
9. DCA Training Fee	5-		
10. Subtotal	$		
11. Cert. of Occupancy	110-		
12. Other 2 PH			
13. TOTAL	$ 1750		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. New Building Area 252 ft inside garage sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification ____	
7. Total Land Area Disturbed none 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

Alter - Gar. Conver.

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	5,500
6. ☒ Fire Protection	75
7. ☒ Plumbing	
8. ☒ Electrical	500
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☒ Demolition	150
TOTAL COSTS	

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
				4/30/96		4/11/96		
				4-30-96		5/9/96		
	Cm	4/19/96				5/15/96		

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

LDS BR 10506331

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. (X) 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. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. (X) Plumbing

D. (X) 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 Robert J. Pugliese Date 4-9-96

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.

(X) Check if contractor.

Agent Name Harold B. VanArsdale

Address 3221 Nowata Ave, Pt. Pleasant, N.J.

Telephone (908) 295-8996

Signature Harold B. VanArsdale Date 4/9/96

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			X	X	X	X	X	X	IMPORTANT
☐ Planning Board							X	X	A.H.B.T. - EXEMPT
☐ 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	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE ***(office use only—optional)***

Name of Code & Edition

Building ______________________
Electrical ______________________
Plumbing ______________________
Fire Protection ______________________
Mechanical ______________________

Name of Code & Edition

Energy ______________________
Barrier Free ______________________
Flood Hazard ______________________
As Built Elevation Cert. ______________________
Other ______________________

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 5/7/96
Control #
Permit # 833-96

TIFICATION Block 210.32 Lot 15-16-17.

x Site Location 39 Holly Crest Dr. Bank N.J.

er in Fee R.J. Puglisi

ress Point

([redacted]

Contractor His + Hers General Cont.
Address 807 Jeffery St. Lakewood N.J.
Tele. (908) 370-4241
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. 22-322-7[illegible]

reby granted permission to perform the following work:

BUILDING [ ] PLUMBING [ ] OTHER _____
ELECTRICAL [ ] FIRE PROTECTION
ELEVATOR DEVICES
CRIPTION OF WORK:

Alter- Bar- Corner.

E: If construction does not commence within one (1) year of date of issuance, or if ruction ceases for a period of six (6) months, this permit is void.

ated Cost of Work $ 6300 -

C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	110 -
Plumbing	31 -
Electrical	
Fire Protection	
Other P.R	14. -
Other	
DCA Training Fee	5 -
Cert. of Occ.	
Other ZPH	15. -
Total	175 -
Check No.	1741
Cash	
Collected By:	

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/7/96
Date Issued
Control #
Permit # 833-96

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

Block 210.32 Lot 15, 16, 17
Work Site Location 39 Hollycrest Drive, Brick

Owner in Fee Puglisi R.J.
Address 39 Hollycrest Drive Brick

Tele. [redacted]
Contractor His + Hers General Contractors
Address 1307 Jefferys Street
LAKEWOOD, N.J.
Tele. (908) 370-9241
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-322-7907 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.

Harold B. VanCuadale
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Hem for 16" o/c, Finish garage with dew and bath. 2x8 floor joist 12' max span. 3/4 T+G SYP subfloor R-13 wall R-19 floor + ceiling. see plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	4/30/96	JL	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame			5/31/96 JL	
[ ] Other			Insulation			6-7-96	
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date: 9-11-96			Other				
Approved By: J. Lass			Final			9-11-96 J Lass	

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other _____
  - [ ] Other _____
- [X] Demolition

(Office Use Only)
FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure _____ Ft.
Area—Largest Floor 252 Sq. Ft.
New Bldg. Area/All Floors convert garage Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed NONE Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 5,500.00
3. Total (1 + 2) $ 5,500.00

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/7/96
Date Issued
Control #
Permit # 833-96

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

Block 210.32 Lot 15.16.17
Work Site Location 39 Hollycrest Drive, Brick

Owner in Fee Fugliesi R.J.
Address 39 Hollycrest Drive Brick

Tele [redacted]
Contractor His + Her General Contractors
Address 1301 Jeffery Street
LAKEWOOD, N.J.
Tele. (908) 370-9241
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-322-7907 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.

Harold B. VanCuskale
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Header 16" o/c, Finish floor with dressed bills 2x6 fl. joist 12' max span. 3/4 T+G SYP subfloor R-12 wall R-11 fl. ceiling. 2 new lines

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/30/96	CVL
[ ] 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 1
Height of Structure Ft.
Area—Largest Floor 252 Sq. Ft.
New Bldg. Area/All Floors convert garage Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed NONE Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 5,500.00
3. Total (1+2) $ 5,500.00

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence Height (6' or over)
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other
  [ ] Other
[X] Demolition

(Office Use Only)
FEE

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

Paid [ ] Check #
Collected by:

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Ready D&RU EF11 829

Back

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

MAY 30 96 0 0 4 5 3 8

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

Block 210-32 Lot 15-16-17
Work Site Location R Pugliese
39 Holly Coast Blvd NJ
Owner in Fee [redacted]
Address
Tele. ( )
Contractor Palace Electrical Cont.
Address 131 Hyson Ave
Toms River NJ
Tele. (908) 255-5903
Lic. No. 10223
Federal Emp. No. 223-075-247 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present ( ) Proposed garage to bedroom
[ ] Pole/Pad # [ ] Temporary [x] Other New Wiring
Building Occupied as Dwelling Utility Co. JCP&L
Est. Cost of Elec. Work $ 300

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [x] CA
Date: 9/5/96
Approved By: Rudy 54037

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			960604	MM 455
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	8/22/96 5453		9/5/96	54033

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Signature Contractor Seal

[x] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
6		Fixtures (1)
9		Receptacles (2)
7		Switches (3)
22		Total 1 + 2 + 3
	Kw	Range
	Kw	Oven(s)
	Kw	Surface Unit
	hp	Dishwasher
	hp	Garbage Disposal
	Kw	Dryer
	Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
	hp	Whirlpool/spa
		Pool Bonding
	hp	Pool Filter Motor
		Pool Lights
	Kw	Water Heater(s)
	Kw	Central heat: oil, gas or elec.
	Kw	Baseboard Heat Units
		Thermostats
	hp	Heat Pump
	hp	Pump(s)
	Amp	Motor Control Center/Sub Panels
		Signs
		Light Standards
	hp	Motors—Fractional H.P.
	hp	Motors—All Others
	Kw	Transformers
	Kw	Generators
	Amp	Service Entrance
		Other

FEE (Office Use Only)	

Paid [ ] Check # 1530
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 35.-

U.C.C. Form F-1208 RF

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

Brady

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAY 30 96 0 0 4 5 3 8

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

Block 210-32 Lot 15-16-17
Work Site Location R Pugliesi
39 Holly Crest Bale NJ
Owner in Fee [redacted]
Address
Tele. ( )
Contractor Paulin Electrical Cont.
Address 135 Arlington Ave
Toms River NJ
Tele. (908) 255-5903
Lic. No. 10233
Federal Emp. No. 223-075-247 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed garage to bedroom
[ ] Pole/Pad # [ ] Temporary [X] Other new wiring
Building Occupied as Dwelling Utility Co. JCP&L
Est. Cost of Elec. Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. - w/10 Bldr
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other Final	1	1/10		
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Signature Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $
Paid [ ] Check # 1530 Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 35.-

U.C.C. Form F-120B RF

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
Control #
Permit #

5/7
833-96

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

Block 210.32 Lot 15, 16, 17
Work Site Location 39 Hollycrest Drive
Brick
Owner in Fee Puglisi R.J.
Address 39 Hollycrest Drive
Brick
Tele. [redacted]
Contractor His + Hers General Contractors
Address 1307 Jeffery street
Lwd. N.J.
Tele. (908) 370-9241
Lic. No.
Federal Emp. No. 22-322-7907 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: Type X rock between living + GARAGE
Total Est. Cost of Fire Prot. Work $ 75 [ ] Other

JOB SUMMARY (Office Use Only)

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

Harold B. VanArsdale
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 Trusty SP		
Smoke Detectors		
Heat Detectors		
TOTAL N/A		
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 $
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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

5/7
833-96

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

Block 210.32 Lot 15, 16, 17
Work Site Location 39 Hollycrest Drive
Brick
Owner in Fee Puglisi R.J.
Address 39 Hollycrest Drive
Brick
Tele. [redacted]
Contractor His + Hers General Contractors
Address 1307 Jeffrey street
Lwd. N.J.
Tele. (908) 370-9241
Lic. No.
Federal Emp. No. 22-322-7907 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: Type X rock between living + GARAGE
Total Est. Cost of Fire Prot. Work $ 75 [ ] Other

JOB SUMMARY (Office Use Only)

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

Harold B. VanCisdale
SIGNATURE

D. TECHNICAL SITE DATA HC

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 Existing SP		
Smoke Detectors		
Heat Detectors		
TOTAL N/A		
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 $
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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/7/96.
Date Issued
Control #
Permit # 833-96

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

Block 210.32 Lot 15, 16, 17
Work Site Location 39 Holly Crest Dr
Brick N.J. 08723
Owner in Fee Robert J. Puglisi
Address 39 Holly Crest Dr
Brick N.J. 08723
Tele. [redacted]
Contractor HOME OWNER
Address 39 Holly Crest Dr
Brick N.J. 08723
Tele. (908) 920-4350
Lic. No.
Federal Emp. No. or Social Security No. 146-52-8099

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" ABS Public Sewer ✓ Private Septic
Water Service Size 3/4" Copper Public Water ✓ Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[✓] Plumb. Plans Approved
Date: 4-30-96
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Approved By:
Date: 7-9-96

INSPECTIONS Type: PARTIAL OPEN DECK	Dates (Month/Day) Failure	Failure	Approval	Initial
~~Slab~~			5/16/96	
Rough			5-23-96	
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.

Robert J Puglisi
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	7
1	Shower	7
	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	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 31

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/17/96
Date Issued
Control #
Permit # 833-96

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

Block 210.32 Lot 15, 16, 17
Work Site Location 39 Holly Crest Dr
Brick N.J. 08723
Owner in Fee Robert J. Puglisi
Address 39 Holly Crest Dr
Brick N.J. 08723
Tele. [redacted]
Contractor HOME OWNER
Address 39 Holly Crest Dr
Brick N.J. 08723
Tele. (908) 920-4350
Lic. No.
Federal Emp. No. or Social Security No. 146-52-2099

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" ABS Public Sewer ✓ Private Septic
Water Service Size 3/4" Public Water ✓ Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[✓] Plumb. Plans Approved
Date: 4-30-96
Approved by: (illegible)

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 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.

Robert J. Puglisi
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	7
1	Shower	7
	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	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 31

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

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Brick Town
(City, County, Township, etc.)

BUILDING LOCATION 39 Holly crest Dr.
(Street address)

BUILDING DESCRIPTION Puglisi R. S.

REVIEWED BY 210.32. 15/17

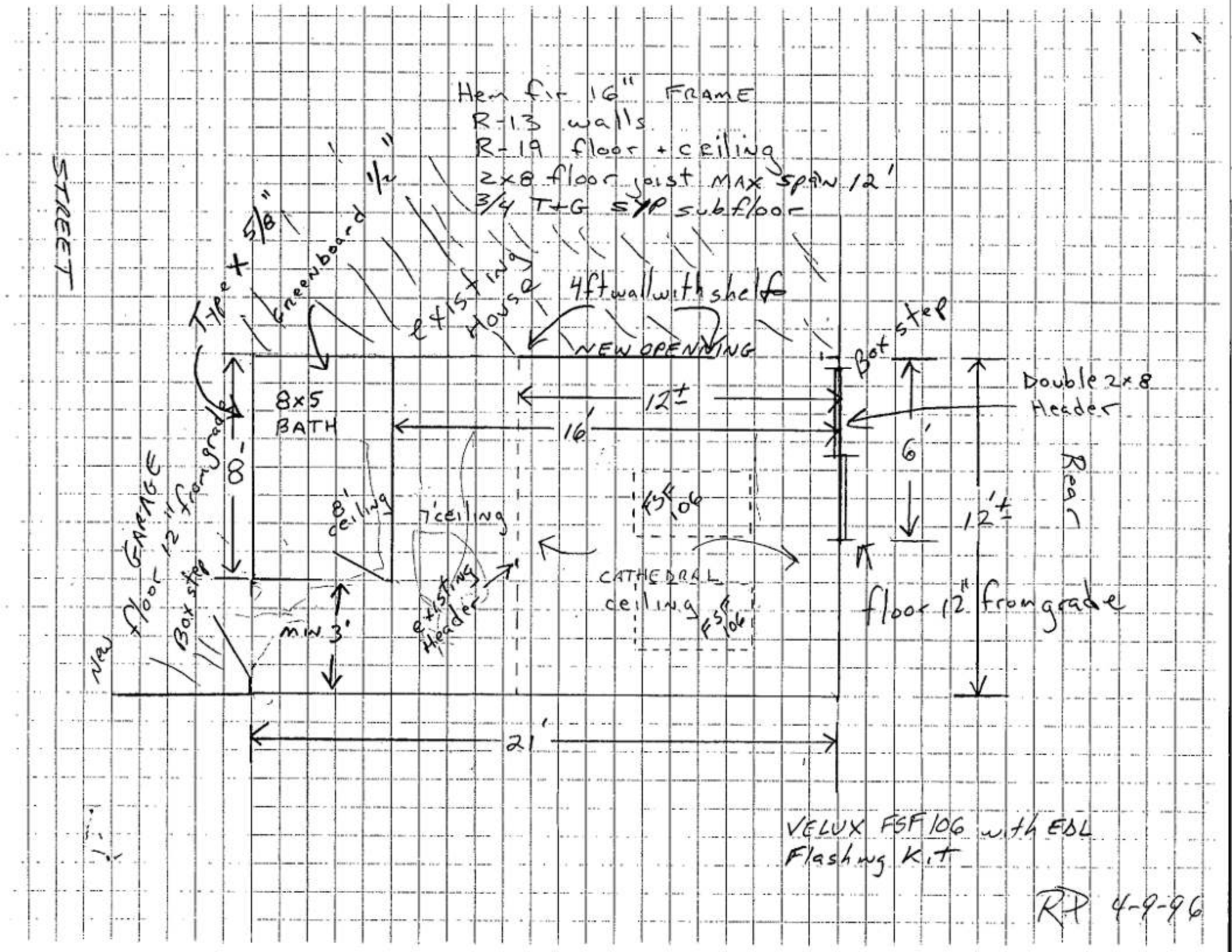
Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Need more Information on Fire Rated Corr. not filled out.	

The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795


Hem fir 16" FRAME
R-13 walls
R-19 floor + ceiling
2x8 floor joist MAX SPAN 12'
3/4 T+G SYP subfloor
STREET
1/2"
5/8"
Greenboard
Tree
existing house
4ft wall with shelf
NEW OPENING
Bot step
Double 2x8 Header
12±
16'
8x5 BATH
8'
6'
12'±
Rear
8' ceiling
7' ceiling
FSF 106
CATHEDRAL ceiling
FSF 106
existing Header
min 3'
GARAGE floor 12" from grade
Bot step
New
floor 12" from grade
21'
VELUX FSF 106 with EDL Flashing Kit
RP 4-9-96

SIZING FOR WATER AND SEWER SERVICES

Property Owner Puglisi Date 4-30-96

Property Address 39 Holly Crest Dr Block 210.32 Lot 15-17

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1: Water Closet	2	( ) 6	( )
2. Lavatory	2	( ) 2	( )
3. Bath Tub	1	( ) 2	( )
4. Shower Stall	1	( ) 2	( )
5. Kitchen Sink	1	( ) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	( ) 1	( )
9. Washing Machine	1	( ) 3	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler- No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17.		( )	( )
18.		( )	( )

Total 18

Gallons per minute 12.8

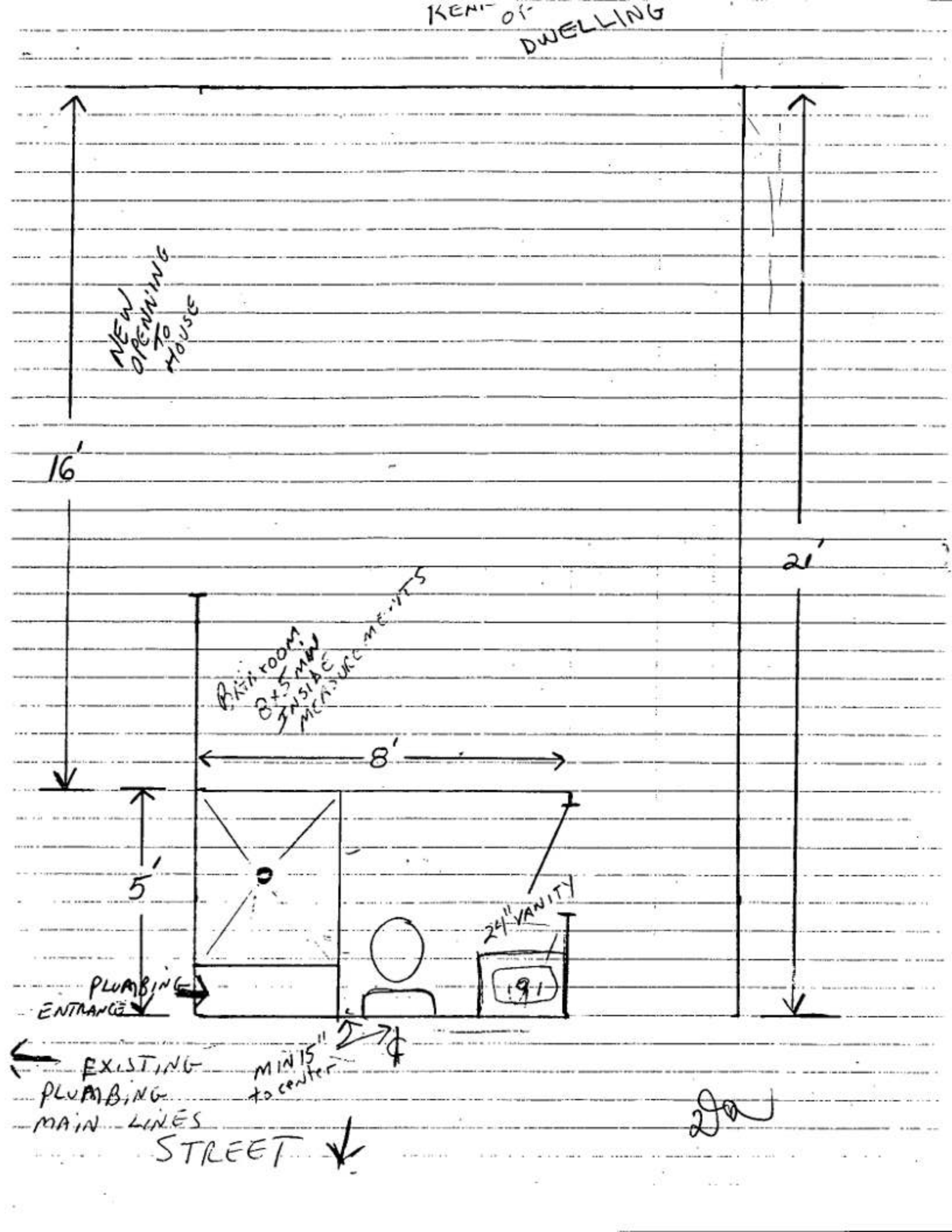
Size of Service 3/4

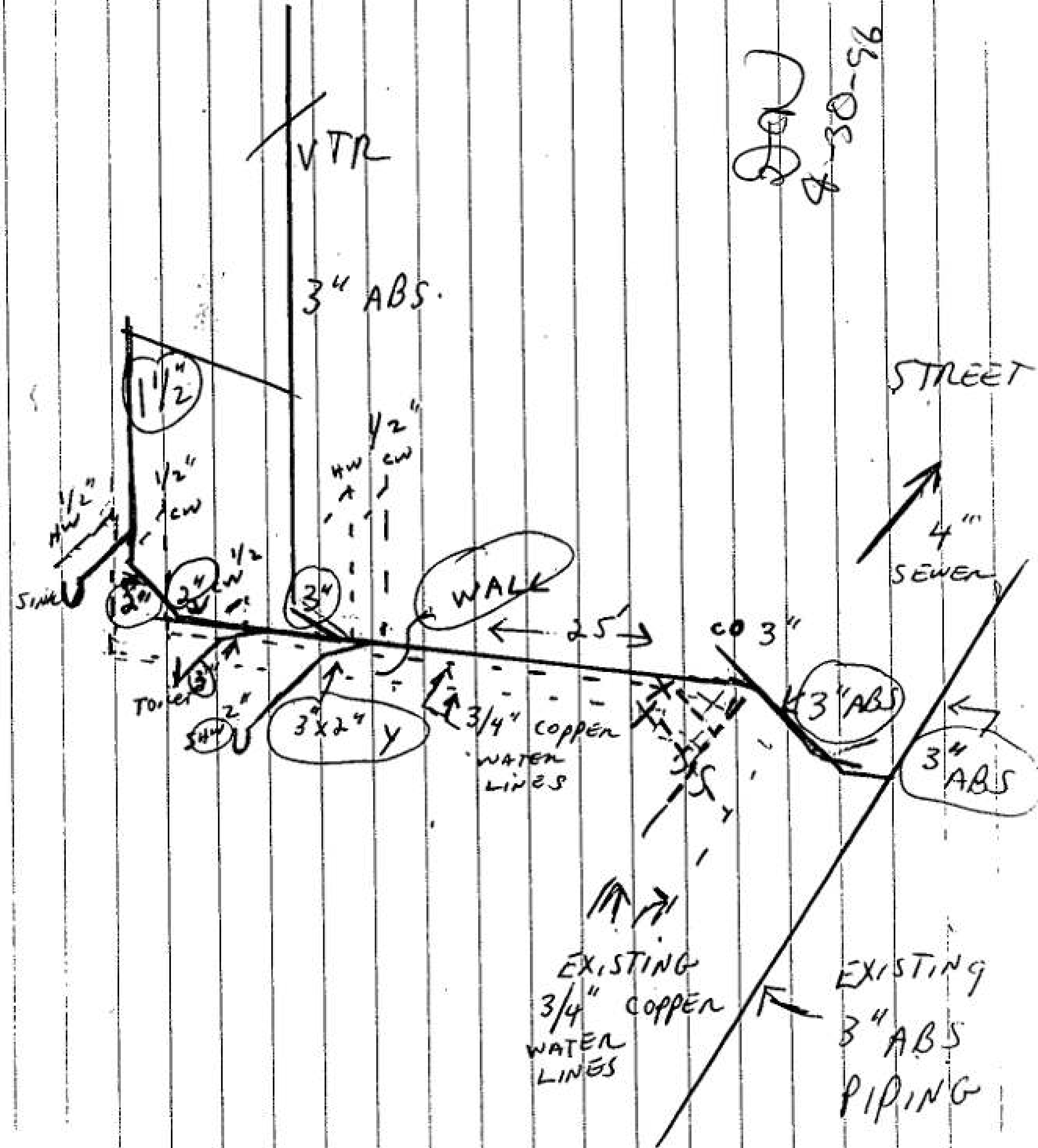
Date: 4-30-96

Approved: Daniel Rennie Jr.
Brick Township Plumbing Inspector

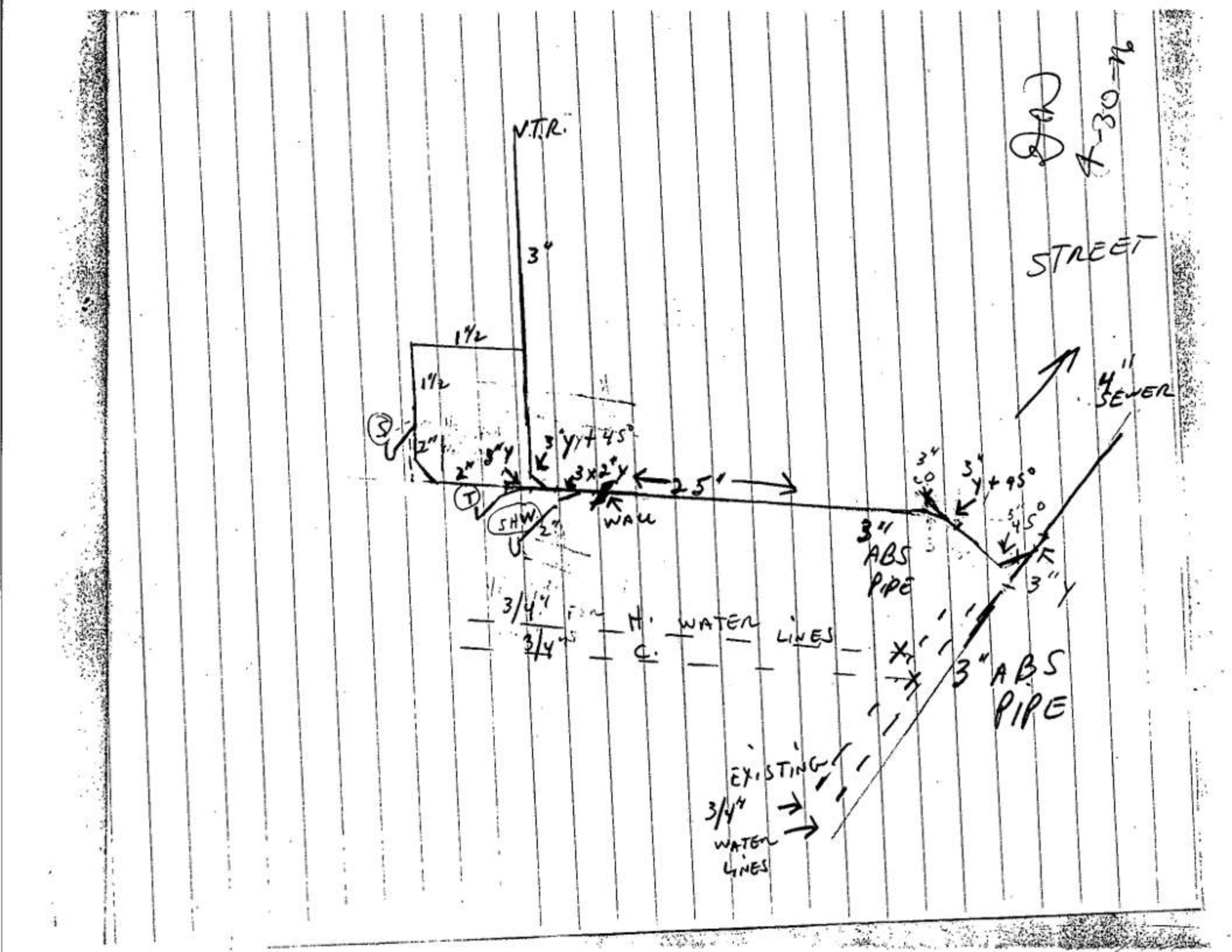
R. Puglisi
39 Holly Crest Dr
Brick NJ 08723
920-4350

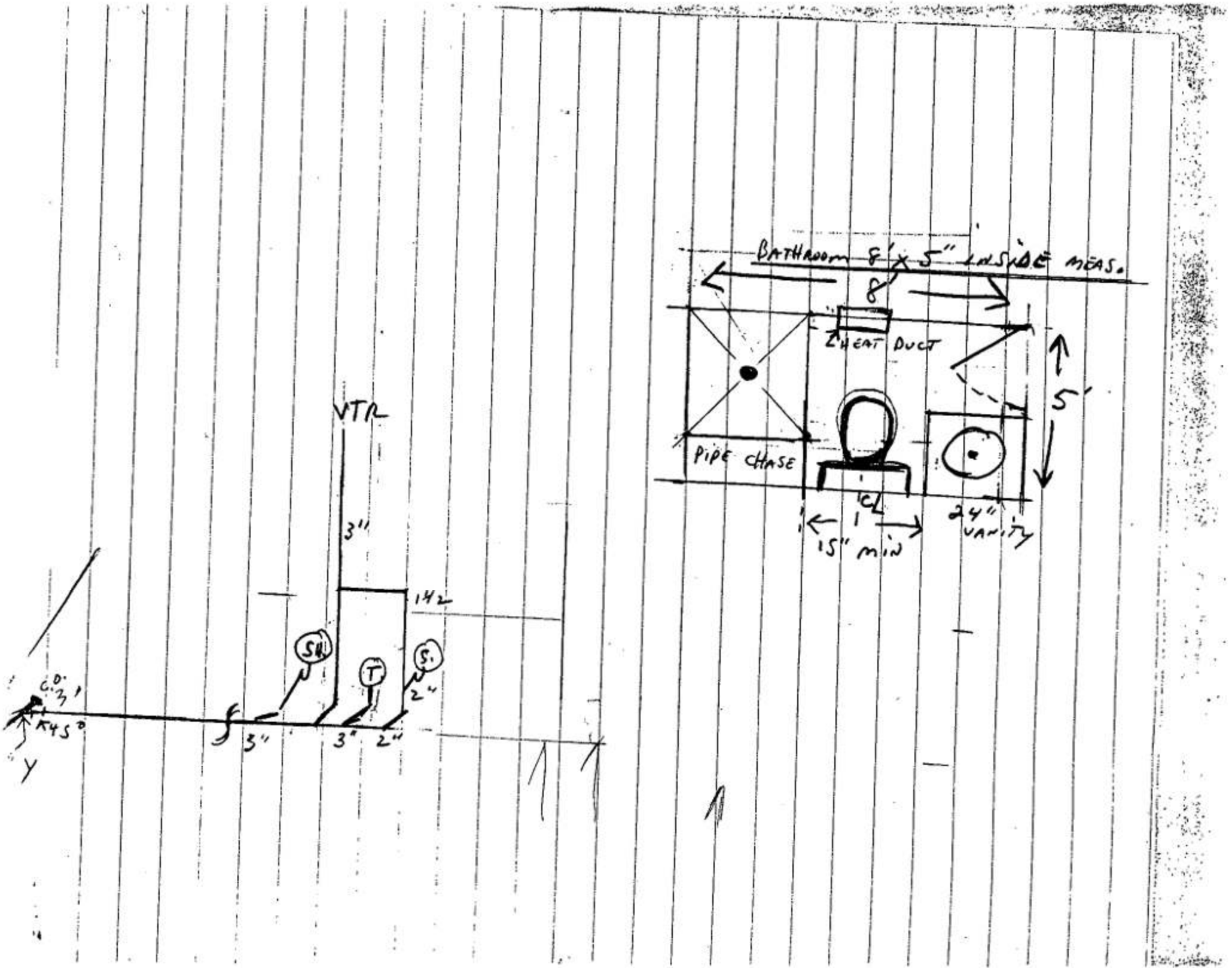
My Furnace is a Coleman Air Pro
75,000 B.T.U. Serial# 9510461 60
Fuel: Nat. Gas Model# BGD075 12 A X
This unit was installed in December 1995 -
by All County Heating & Air Cond. Tel: 262-9367
This size unit was installed with intention
of converting garage space into living space

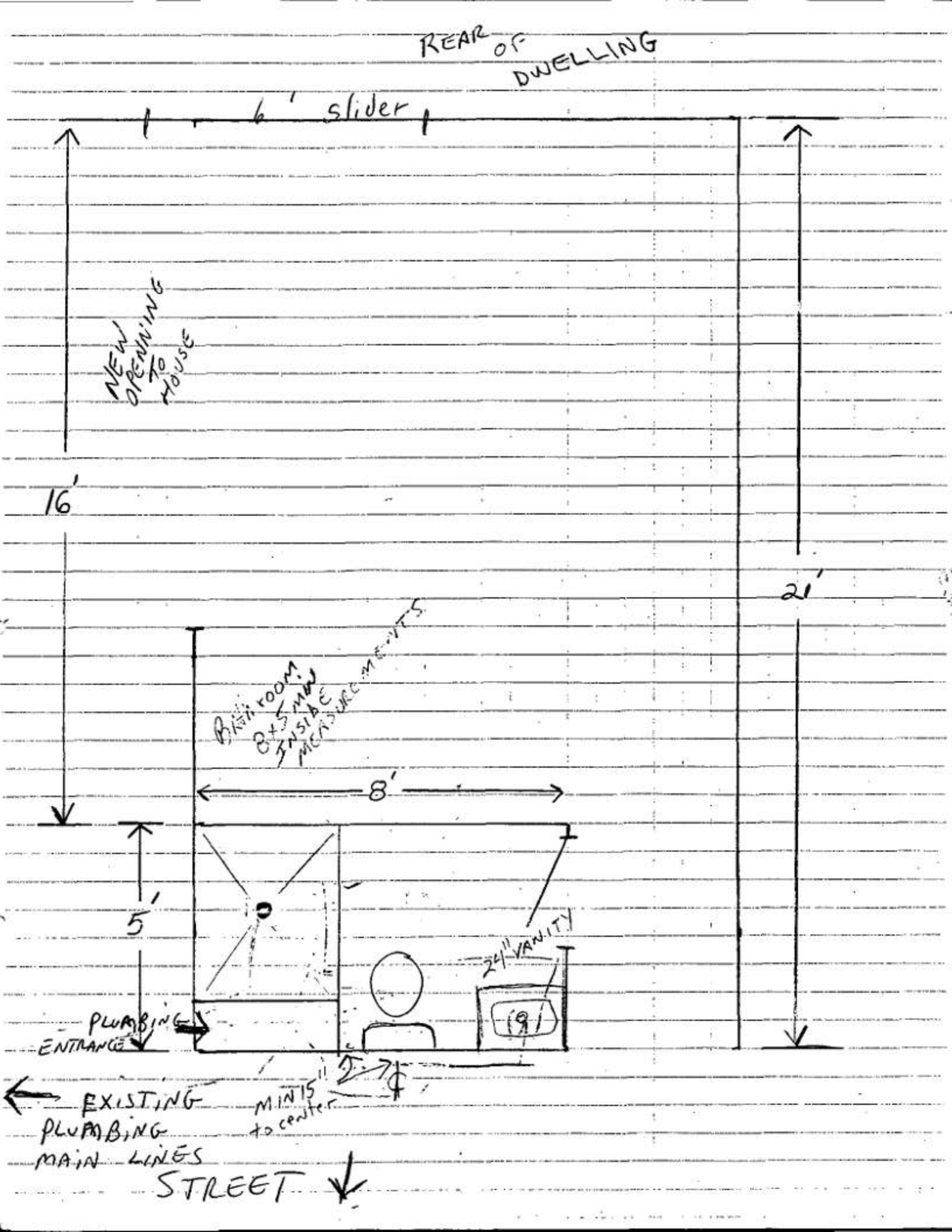

REAR OF DWELLING
NEW OPENING TO HOUSE
16'
21'
BATHROOM 8'x5' MIN INSIDE MEASUREMENTS
8'
5'
24" VANITY
PLUMBING ENTRANCE
EXISTING PLUMBING MAIN LINES
MIN 15" to center
STREET



4-30-96
VTR
3" ABS.
1 1/2"
1/2" HW
1/2" CW
SINK
1 1/2"
2"
1/2 CW
3"
HW
1/2" CW
WALL
← 25' →
CO 3"
3" ABS
3" ABS
STREET
4" SEWER
TOILET
3"
SHW
2"
3"x2" Y
3/4" copper water lines
EXISTING 3/4" COPPER WATER LINES
EXISTING 3" ABS PIPING


N.T.R.
3"
1½
1½
2"
2"
3"Y
3"Y+45°
3x2"Y
25'
WALL
SHW
2"
3"
ABS
PIPE
3"Y+90°
3"Y
3"
3/4"
3/4"
H. WATER LINES
C.
EXISTING
3/4"
WATER
LINES
3" ABS
PIPE
STREET
4"
SEWER


BATHROOM 8' x 5" INSIDE MEAS.
8'
2" HEAT DUCT
5'
PIPE CHASE
CL
15" min
24" VANITY
VTR
3"
14"
SH
T
SV
2"
C.O.
3'
45°
3"
3"
2"
Y


REAR OF DWELLING
6' slider
NEW OPENING TO HOUSE
16'
21'
BATHROOM 8±5 MM INSIDE MEASUREMENTS
8'
5'
24" VANITY
PLUMBING ENTRANCE
MIN 15" to center
EXISTING PLUMBING MAIN LINES
STREET

CALC/PLUS COMPUTER GENERATED HEAT LOSS/GAIN CALCULATION

RD # 9 - Box 273, Coatesville, PA 19320 (215) 384-1923

DESIGN: WINTER, 70 DEGREES DIFFERENCE SUMMER, 20 DEGREES DIFFERENCE

JOB: PUGLISI - RESIDENTIAL CALCULATION
DATE: 04-29-1996

	HTM HEAT	HTM COOL	AREA OR #	BTU/HR LOSS	BTU/HR GAIN
BUILDING HAS NO BASEMENT - NO LOSS OR GAIN					
NORTH WALL	**HEAT**	**COOL**	**AREA**	**LOSS**	**GAIN**
1 WINDOW 36 X 48 IN, TYPE 1, SHADED	77.0	22.0	12	924	264
WALL 28 X 8 FT, FRAME OR VENEER, R11 INS	6.3	2.5	212	1336	530
EAST WALL	**HEAT**	**COOL**	**AREA**	**LOSS**	**GAIN**
2 WINDOWS 36 X 48 IN, TYPE 1, SHADED	77.0	56.0	24	1848	1344
2 WINDOWS 72 X 80 IN, TYPE 2, SHADED	40.6	46.0	80	3248	3680
WALL 62 X 8 FT, FRAME OR VENEER, R11 INS	6.3	2.5	392	2470	980
SOUTH WALL	**HEAT**	**COOL**	**AREA**	**LOSS**	**GAIN**
1 DOOR 36 X 80 IN, TYPE 5	41.3	16.3	20	826	326
WALL 26 X 8 FT, FRAME OR VENEER, R11 INS	6.3	2.5	188	1184	470
WEST WALL	**HEAT**	**COOL**	**AREA**	**LOSS**	**GAIN**
1 WINDOW 48 X 60 IN, TYPE 1, SHADED	77.0	56.0	20	1540	1120
2 WINDOWS 36 X 48 IN, TYPE 1, SHADED	77.0	56.0	24	1848	1344
1 DOOR 36 X 80 IN, TYPE 5	41.3	16.3	20	826	326
WALL 62 X 8 FT, FRAME OR VENEER, R11 INS	6.3	2.5	432	2722	1080
WHOLE BUILDING ALLOWANCES	**HEAT**	**COOL**	**AREA**	**BTU/HR**	**BTU/HR**
GAIN FROM 5 PEOPLE,	0.0	5.0	225	0	1125
CEILING UNDER VENTILATED ATTIC, R19 INS	3.7	2.5	1730	6401	4325
CARPETED FLOOR, R30 INS OVER OPEN SPACE	2.4	0.7	1730	4152	1211
ALLOWANCE FOR INFILTRATION, AVERAGE CONST	11.2	1.5	1730	19376	2595
ALLOWANCE FOR LATENT HEAT	0.0	0.3	20720	0	6216
ALLOWANCE FOR APPLIANCES AND MOTORS	0.0	2.0	600	0	1200
ALLOWANCE FOR BATHROOM COMFORT	2.0	0.0	600	1200	0

SYSTEM DESIGN:

REQUIRED SUPPLY TRUNK DUCT IS 24 X 8 REDUCED 2 INCHES EVERY 30 FEET
REQUIRED RETURN TRUNK DUCT IS 26 X 8 REDUCED 2 INCHES EVERY 30 FEET

FOR HUMIDIFICATION SYSTEM TO MAINTAIN 35% RH AT 70 DEGREES:
REQUIRED HUMIDIFIER TO HAVE AN EVAPORATIVE CAPACITY OF 12 GALLONS PER DAY

GRAND TOTAL REQUIRED CFM AND TOTAL BTU HEAT LOSS/GAIN	CFM	LOSS	GAIN
CFM AT RECOMMENDED MAXIMUM TRUNK VELOCITY OF 1000 FPM	956	49901	28136

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: April 17, 1996 — 1996 Z 0351

Block 210.32 **Lot** 15-17 **Zone** R-7.5

Property Address: 39 Hollycrest Drive

Owner: Robert Puglisi **(Phone):** 920-4350

Applicant: Same **(Phone):** Same

Use: Single-family dwelling.

Proposed Construction (if any): Convert garage to den and bath.
13' by 26', 12' high, one (1) story.

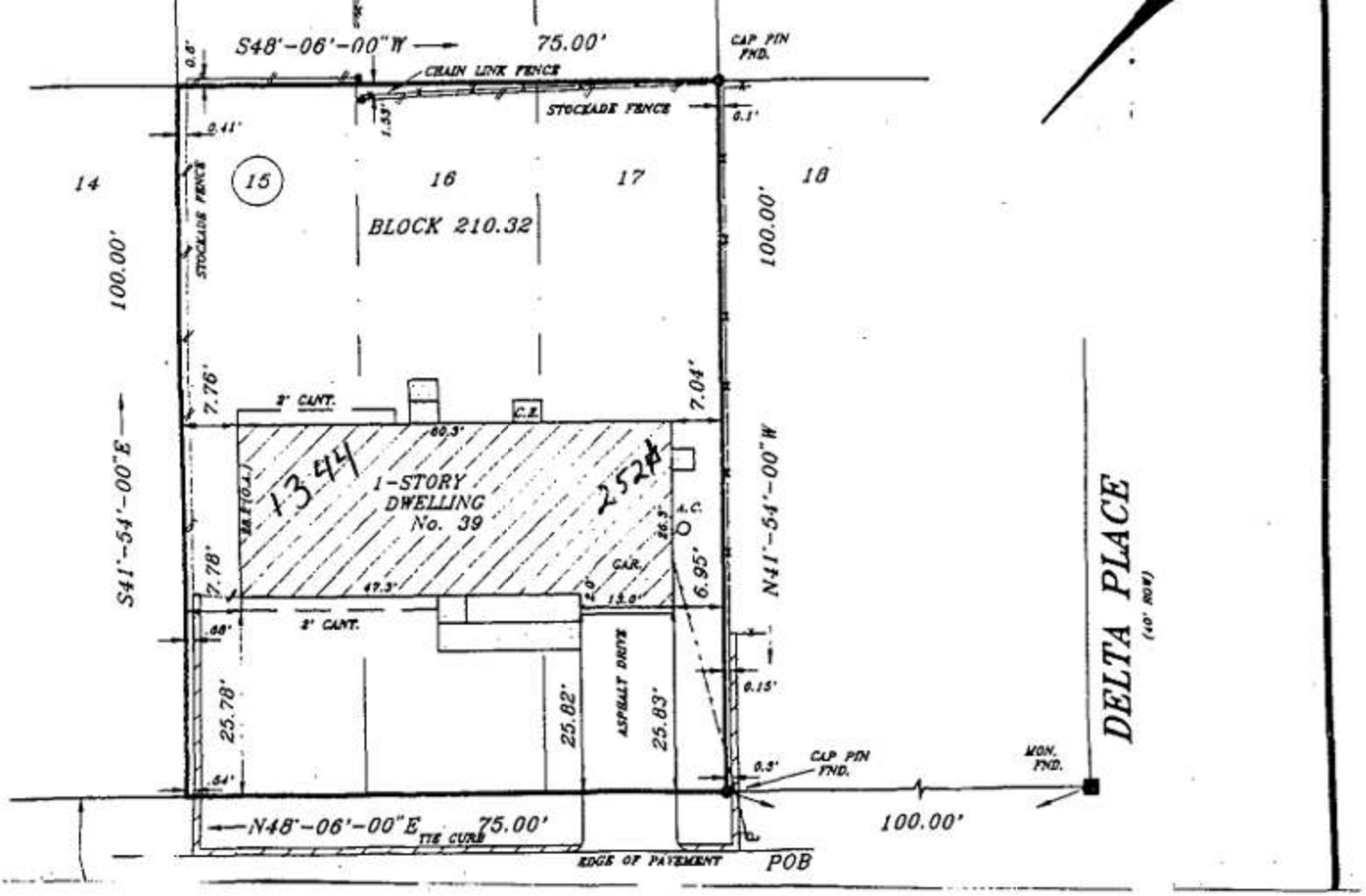
Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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
Administrative Officer

Sean Kinnevy
Zoning Officer



HOLLYCREST DRIVE

(80' ROW) ℄

(ESSEX DRIVE)

DESCRIPTION:
BEING KNOWN AND DESIGNATED AS LOTS 15, 16 & 17 IN BLOCK 32 AS SHOWN ON A MAP ENTITLED, "BAYWOOD ON BARNEGAT BAY, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY," WHICH SAID MAP WAS DULY FILED IN THE OCEAN COUNTY CLERK'S OFFICE JANUARY 3, 1955 AS MAP E-390.

NOTES:
1. *ALSO BEING KNOWN AS LOTS 15, 16 AND 17 IN BLOCK 210.32 AS SHOWN ON THE OFFICIAL TAX MAP OF THE TOWNSHIP OF BRICK, COUNTY OF OCEAN AND STATE OF NEW JERSEY.*
2. *THE PREMISES ARE COMMONLY KNOWN AS 39 HOLLYCREST DRIVE, BRICK, NEW JERSEY.*
3. *CORNER MARKERS OMITTED AS SPECIFIED BY WRITTEN CONTRACTUAL ARRANGEMENT.*
4. *UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.*

THIS SURVEY CERTIFIED ONLY TO:

- *ROBERT J. PUGLISI AND DORI M. PUGLISI, HUSBAND AND WIFE*
- *CITY FEDERAL SAVINGS BANK, AND/OR ITS SUCCESSORS OR ASSIGNS AS THEIR INTERESTS MAY APPEAR*
- *MID-STATE ABSTRACT COMPANY*
- *FIRST AMERICAN TITLE INSURANCE COMPANY*
- *MARK S. GALELLA, ESQUIRE*
- *LOMELL, MUCCIFORI, ADLER, RAVASCHIERE, AMABILE & PEHLIVANIAN, ESQUIRES*

This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. Environmentally sensitive areas, if any, are not located by this survey. No attempt was made to determine if any portion of this property is claimed by the State of New Jersey as tidelands.

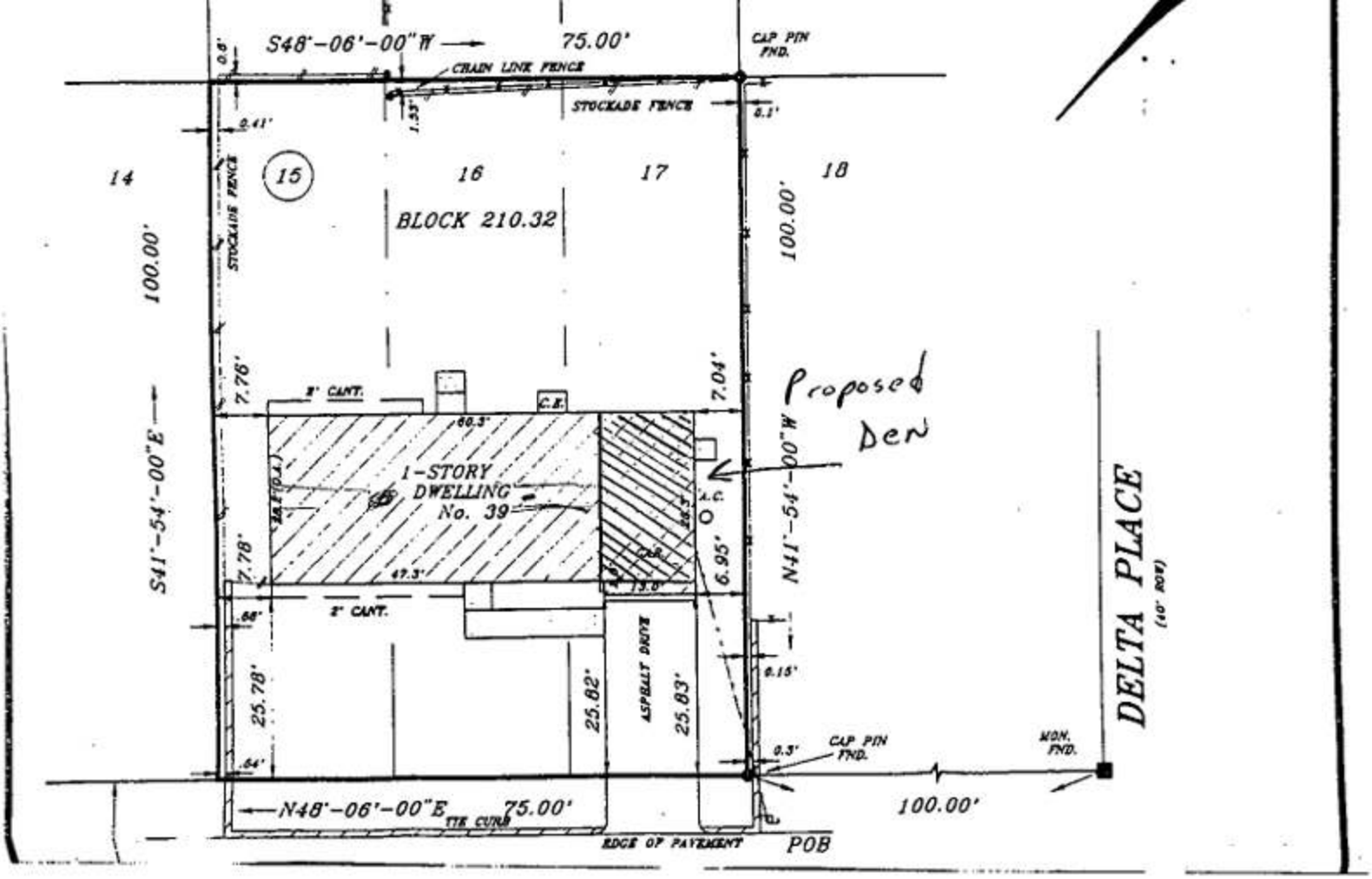
RONALD W. POST SURVEYING INC.
R.W.P.
1027 HOOPER AVENUE
TOMS RIVER, N.J. 08753
TELEPHONE: 201-244-7744
TELEFAX: 201-244-7410

Ronald W. Post

SURVEY OF PROPERTY

LOTS (15) 16 & 17 BLOCK 210.32

BRICK TOWNSHIP



HOLLYCREST DRIVE

(60' ROW) ℄

(ESSEX DRIVE)

DESCRIPTION:
BEING KNOWN AND DESIGNATED AS LOTS 15, 16 & 17 IN BLOCK 32 AS SHOWN ON A MAP ENTITLED, "BAYWOOD ON BARNEGAT BAY, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY," WHICH SAID MAP WAS DULY FILED IN THE OCEAN COUNTY CLERK'S OFFICE JANUARY 3, 1955 AS MAP E-390.

NOTES:
1. *ALSO BEING KNOWN AS LOTS 15, 16 AND 17 IN BLOCK 210.32 AS SHOWN ON THE OFFICIAL TAX MAP OF THE TOWNSHIP OF BRICK, COUNTY OF OCEAN AND STATE OF NEW JERSEY.*
2. *THE PREMISES ARE COMMONLY KNOWN AS 39 HOLLYCREST DRIVE, BRICK, NEW JERSEY.*
3. *CORNER MARKERS OMITTED AS SPECIFIED BY WRITTEN CONTRACTUAL ARRANGEMENT.*
4. *UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.*

THIS SURVEY CERTIFIED ONLY TO:

- *ROBERT J. PUGLISI AND DORI M. PUGLISI, HUSBAND AND WIFE*
- *CITY FEDERAL SAVINGS BANK, AND/OR ITS SUCCESSORS OR ASSIGNS AS THEIR INTERESTS MAY APPEAR*
- *MID-STATE ABSTRACT COMPANY*
- *FIRST AMERICAN TITLE INSURANCE COMPANY*
- *MARK S. GALELLA, ESQUIRE*
- *LOMELL, MUCCIFORI, ADLER, RAVASCHIERE, AMABILE & PEHLIVANIAN, ESQUIRES*

D.P. 4/10/96

This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. Environmentally sensitive areas, if any, are not located by this survey. No attempt was made to determine if any portion of this property is claimed by the State of New Jersey as tidelands.

RONALD W. POST SURVEYING INC.
R.W.P.
1027 HOOPER AVENUE
TOMS RIVER, N.J. 08753
TELEPHONE: 201-244-7744
TELEFAX: 201-244-7410

Ronald W. Post

SURVEY OF PROPERTY

LOTS (15) 16 & 17 BLOCK 210.32

BRICK TOWNSHIP