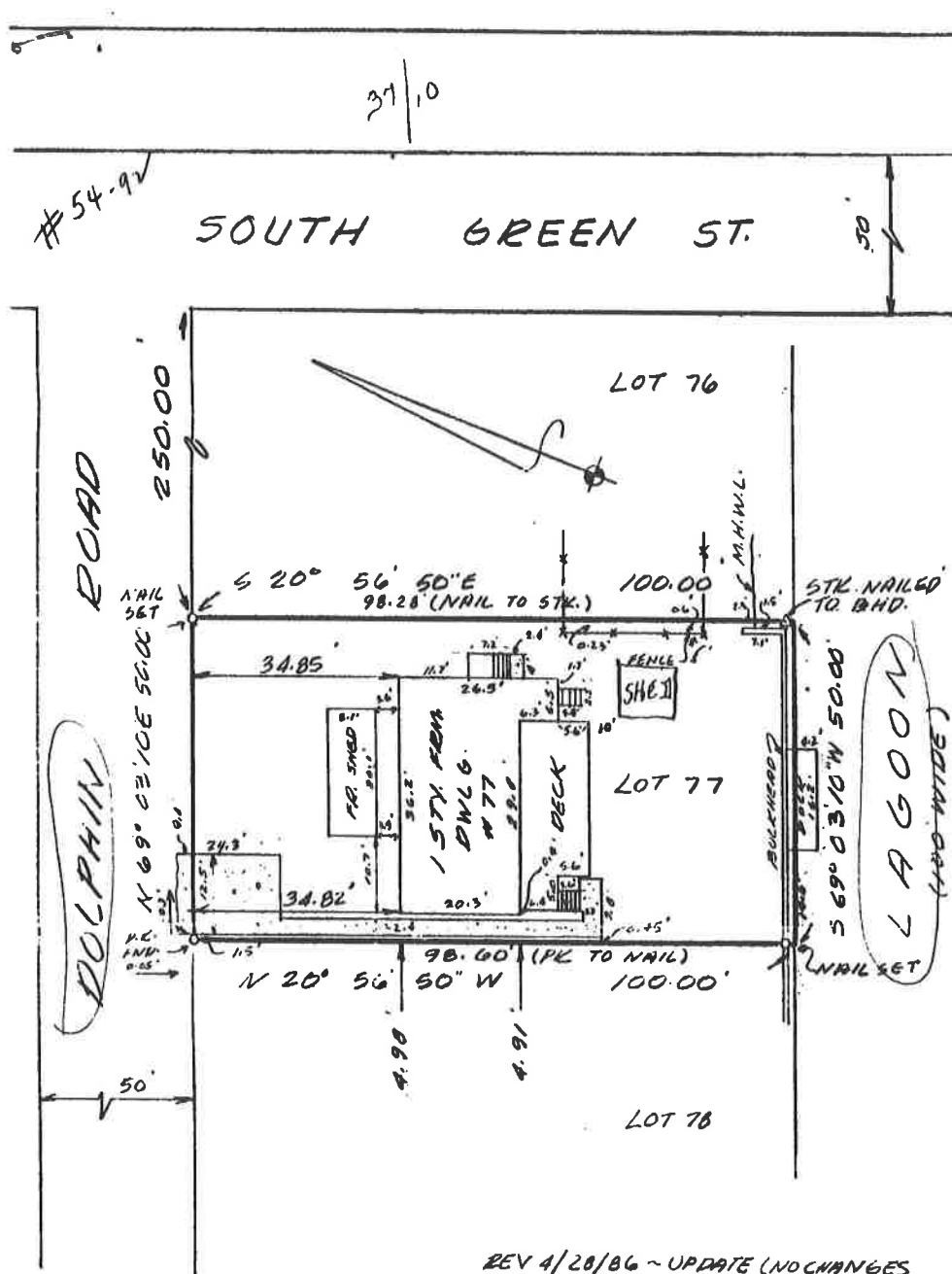




REV 4/28/86 ~ UPDATE (NO CHANGES)

24 LOT 10 BLOCK 37
45 PER TAX MAP

This certification is made only to human named parties for purchase and mortgage of human owned property by above named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose including, but not limited to, use of survey for survey affidavit, resale of property, or to any other person not listed in certification, either directly or indirectly.

CERTIFIED TO: DENNIS S. KOSIAKOWSKI (SINGLEMAN),
GUARDIAN TITLE AGENCY,
COLLECTIVE FEDERAL SAVINGS & LOAN ASSN. FOR HIS SUCCESSORS & ASSIGNS
MICHAEL S. CARROLL ESQ.,
& ALL OTHER PARTIES OF INTEREST.

PLAN OF SURVEY
LOCATED
LOT 77
TUCKERTON CREEK HARBOR
SECTION #1
FILE MAP # C-364, FILED 8/10/55
BUREAU OF TUCKERTON
OCEAN CO., NEW JERSEY

MELKE, CONSTANTINE & ASSOC. INC.		
141 EAST MAIN STREET TUCKERTON, N. J. 08087		
CIVIL ENGINEERS-LAND SURVEYORS		
ALBERT J. MELKE P.E. L.S. #11781 JOHN D. CONSTANTINE L.S. #20370		
DATE	JUN NO	SCALE
11/4/84	H-2760	1"=20'



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 3 Lot 12 Qualification Code 7704-1000

Work Site Location 7704-1000 R.O.

Owner in Fee: DENNIS KOSIAKOWSKI

Tel. (209) 356-1943 e-mail

Address 34 W.E.

Contractor: GEORGE T. BRY PLUMBING & HEATING Tel. (509) 263-3330

Address 709 CEDAR ST. e-mail (709) 4094

Contractor License No. 66272 Exp. Date 6-15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22 3784072 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 5714.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW PLG Plans Required PLG Plans Approved PLG

Date: Approved by: Type: Failure: Failure: Approval: Initial:

Joint Plan Review Required: Date: Approved by: Type: Failure: Failure: Approval: Initial:

Subcode Approval for Certificate PLG Date: 1-2-12 Initial: PLG

Approved by: PLG

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: John M. Galt

Print name here: John M. Galt

D. TECHNICAL SITE DATA X Licensed Plumbing Contractor [] Exempt Applicant

DESCRIPTION OF WORK 1

QTY. 1 FEE (Office Use Only) \$

Water Closet 1 \$

Urinal/Bidet 1 \$

Bath Tub 1 \$

Lavatory 1 \$

Shower 1 \$

Floor Drain 1 \$

Sink 1 \$

Dishwasher 1 \$

Drinking Fountain 1 \$

Washing Machine 1 \$

Hose Bibb 1 \$

Water Heater 1 \$

Fuel Oil Piping 1 \$

LP Gas Tank 1 \$

Steam Boiler 1 \$

Hot Water Boiler 1 \$

Sewer Pump 1 \$

Interceptor/Separator 1 \$

Backflow Preventer 1 \$

Greasetrap 1 \$

Date Received 11-14-13

Control # 589-13

Permit # 589-13

Administrative Surcharge \$ 120.00

Minimum Fee \$ 10.00

State Permit Surcharge Fee \$ 1.00

TOTAL FEE \$ 131.00

Number call (720) 334-3300





**BUILDING
SUBCODE
TECHNICAL SECTION**

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

Block 37 Lot 18
Work Site Location 7700 Ashland Dr

Owner In Fee Shawna Young Blood
Address 7700 Ashland Dr, Apt 18
7700 Ashland Dr, Apt 18

Tele () 818-1943
Contractor Shawna Young Blood
Address 7700 Ashland Dr, Apt 18

Tele () 818-1943 Fax ()
Lic. No. or Bldg. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
☒ All	<u>7/25/05</u>	<u>D</u>	☐ No Plans Required	Footings				
☐ Foundation			☐ Slab	Foundation				
☐ Frame			☐ Insulation	Slab				
☐ Other			☐ Barrier-Free	Frame				
Joint Plan Review Required:			☐ Elec	Insulation				
☐ Plumb			☐ Fire	Finishes				
☐ Elevator			☐ Energy	Mechanical				
SUBCODE APPROVAL			☐ CO	TOC				
Date: <u>8/25/05</u>			☒ CA	Other				
Approved by: <u>D. Blood</u>				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class		
No. of Stories		
Height of Structure		
Area — Largest Floor		
New Bldg. Area/All Floors		
Volume of New Structure		
Total Land Area Disturbed		

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$
3. Total (1+2) \$ 14,000



Date Received 8-2-05
Contract # 204-05
Permit #

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 Shawna Young Blood

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
50 Yr. Leasehold

TYPE OF WORK

☐ New Building	Height (maximum 6')
☐ Addition	Sq. Ft.
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Paint Abatement NLAC 517	
☐ Other	
☐ Demolition	

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ <u>1400</u>

UCC F110 (rev. 2000)
1. Whole = Inspector Copy
2. Copy = Office Copy
3. Print = Office Copy
4. Draft = Applicant Copy

APPROVED



Date Received 3-9-92
Date Issued 3-9-92
Control #
Permit # 54-92

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

Block 37
Work Site Location 3722 HOLBROOK RD. Lot 10
Owner in Fee DENNIS KOSIARSKI
Address SAME AS ABOVE

Telephone () 296-1943
Contractor
Address
Lic. No. or Bids Reg. No. *pub*
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Req.			Type: ☐ Footing ☐ Foundation ☐ Slab ☐ Frame ☐ Other
☐ All			Foundation
☐ Footing			Slab
☐ Foundation			Frame
☐ Other			Insulation
Joint Plan Review Required:			Finishes: ☐ Energy ☐ Mechanical
☐ Elec. ☐ Plumb. ☐ Fire			TCO
SUBCODE APPROVAL			Mechanical
☒ CO ☐ CCO ☐ CA			Other
Date: 2/23/92			Final
Approved By: <i>RH</i>			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories		
Height of Structure	10'	
Area—Largest Floor	100	
Total Bldg. Area/All Floors		
Volume of Structure		
Total Land Area Disturbed	100	

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent of owner of record and am authorized to make the application.
Dennis S. KosiarSKI
Signature
D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TYPE OF WORK:		(Office Use Only)
☐ New Building		FEE
☐ Addition		
☐ Alteration		
☐ Roofing		
☐ Siding		
☒ Other		20
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Asbestos Abatement		
☒ Other		25

Paid by Check # 914
Collected by: *R. KosiarSKI*
Administrative Surcharge \$
Minimum Fee \$ 45
TOTAL FEE \$