BLOCK 1385.07 LOT 10 ADDRESS (SITE) _____ PERMIT NO. 1523-94

RECEIVED
JUN 2 0 1994
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 640 WINDING RIVER RD, BRICK NJ
2. Name of Owner in Fee: MR & MRS. Richard Grossman Tel. ([redacted])
   Address 640 WINDING RIVER RD (street) BRICK NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: LEZOUS PLUMBING Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		40.	
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy		20	
12. Other			
13. TOTAL	$	60	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft.	
no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	175.00

Amp. meter

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
			6/20/94		6/28/94		

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:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

CONSTRUCTION PERMIT

Date Issued 6/21/94
Control #
Permit # 1523-94

IDENTIFICATION Block 1385.07 Lot 10

Work Site Location 640 Winding River Rd. Contractor Legacy Plbg

Owner in Fee R. Grossman Address

Address Tele. ( ) 1523#

Lic. No. or Bldrs. Reg. No. Exp. Date 0.00

Tele. ( ) Federal Emp. No. 1385 #

or Social Security No. LOT 0.00

10 #

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Comp Meter

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 $ 125 —

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	PLUMBING	40.00
Plumbing	40 C / O	20.00
Electrical	TOTAL	60.00
Fire Protection	CHECK	60.00
Other	CHANGE	0.00
Other	06/21/94 NO. 3 0002A005	09:27
DCA Training Fee		
Cert. of Occ.	20 —	
Other		
Total	60 —	
Check No.	# 1975	
Cash		
Collected By:		

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/21/94
Date Issued
Control #
Permit # 1523-94

640 Winding River Rd

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

Block 1385.07 Lot 10
Work Site Location 640 Winding River Rd
Brick Township NJ 08723
Owner in Fee Grossman
Address 640 Winding River Rd
Brick Township NJ 08723
Tele. (908) 458-9015
Contractor
Address
Toms River NJ 08753
Tele. (908)
Lic. No. 9974
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS
Use Group Present ______ Proposed ______
Building Sewer Size ______ Public Sewer ______ Private Septic ______
Water Service Size ______ Public Water ______ Private Well ______
Estimated Cost of Plumbing Work $ 175.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/20/94
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 6-28-94

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	25
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other water meter	15

Administrative Surcharge $ 40 —
Paid [ ] Check # ______ Minimum Fee $ ______
DCA Training Fee $ ______
Collected by: ______ TOTAL $ ______

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/21/94
Date Issued
Control #
Permit # 1523-94

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

Block 1385.07 Lot 10
Work Site Location 640 Windy River Rd
Brick Town N.J. 08723
Owner in Fee Grossman
Address 640 Windy River Rd
North Town N.J. 08723
Tele. [redacted]
Contractor Keegan Corp.
Address 516 Fisher Blvd
Toms River N.J. 08753
Tele. (908) 929 9603
Lic. No. 9974
Federal Emp. No. 22 1991377 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 1250

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/20/94
Approved by:

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.

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	25
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other Water Meter & Sprinkler	15

Administrative Surcharge $ 40 —
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

Sprinkler system

U.C.C. Form F-130B

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/21/94
Date Issued
Control #
Permit # 1523-94

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

Block 1385.07 Lot 10
Work Site Location 640 Windsor River Rd
Brick Town N.J. 08723
Owner in Fee Grossman
Address 640 Windsor River Rd
Brick Town N.J. 08723
Tele. [redacted]
Contractor Lengel Corp.
Address 516 Fischer Blvd
Toms River N.J. 08753
Tele. (SUR) 929 9603
Lic. No. 9974
Federal Emp. No. 22 1991377 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 175.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/20/94
Approved by:

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

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Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	25
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other Water Meter & Sprinkler	15

Administrative Surcharge $ 40—
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

Sprinkler system

U.C.C. Form F-130B

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

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West • Brick, New Jersey 08724-2399
(908) 458-7000 • FAX (908) 458-7725

APPLICATION FOR AUXILIARY WATER METER

DATE: 6-21-94

APPLICANT'S NAME: MRS. R. GROSSMAN TELEPHONE NO [redacted]

MAILING ADDRESS: 640 WINDING RIVER RD BRICK NJ 0872

SERVICE LOCATION: 640 WINDING RIVER RD. BRICK NJ 08724

ACCOUNT NUMBER: T166477 BLOCK: 1385.07 LOT: 10

SIZE OF EXISTING SERVICE: 1" SIZE OF EXISTING METER: 1"

Mrs. R Grossman
Applicant's Signature

Carol Hundel
Authority Representative

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application, the following steps must be taken:

1. Obtain special device permit from the Township of Brick Plumbing Department.

2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke.

3. Call the Township of Brick Plumbing Department (262-1000) for inspection.

4. Call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.

5. It is the customer's responsibility to insure that the meter is installed, and failure to do so may result in a tampering fee of $250.00.

6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued.