Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 211.15 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 17 Seville Dr Brick NJ 08723 PERMIT NO. 22-0701

CONSTRUCTION PERMIT APPLICATION C-22-000707

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 17-SEVILLE DR. BRICK NJ 08723
2. Name of Owner in Fee: MARK BARANOWSKI
   T [redacted] e-mail [redacted]
   Address — SAME — (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: SELF T [redacted]
   Address — SAME — e-mail — SAME —
   License No. OR, if new home, Builder Reg. No. — Exp. Date —
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun SELF - MARK. B
   Tel. SAME FAX: —

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical	150 ✓		
3. Plumbing	154 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 9 —		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 459 —		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

alt/ Bathroom addit

- ☐ Minor Work
- ☐ New Building
- ☒ Addition
- ☐ Demolition
- ☐ Repair
- ☒ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	$ 1.500,00	MFF	2/28/22		3-7-22	SG			
☒ Electrical	$ 1.100,00				3-9-22	MM			
☒ Plumbing	$ 1,900,00				3-7-22	WM			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: [redacted]
2. Use Group, Proposed: [redacted]
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	7/28/2022
Control Number	C-22-000707
Permit Number	22-0701
Permit Issue Date	3/9/2022
Certificate Number	22-0701

Identification

Work Site Location: 17 SEVILLE DR. Brick Township, NJ Block: 211.15 Lot: 3 Qual:

Owner in Fee: BARANOWSKI, MARK & DONNA

Owner Address: 17 SEVILLE DRIVE BRICK NJ 08723

Telephone: [redacted]

Contractor BARANOWSKI, MARK & DONNA

Address 17 SEVILLE DRIVE BRICK NJ 08723

Telephone: [redacted] Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - RESIDENTIAL - ...BATHROOM & CLOSET

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David J. Newman Jr.
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 7/28/2022

U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Plan Released as Noted MW 3-9-22

Date Received 3/9/22
Control #
Date Issued
Permit # 22-0701

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

Block 211.15 Lot 3 Qualification Code

Work Site Location 17 SEVILLE DR
BRICK NJ 08723

Owner in Fee: MARK BARANOWSKI

Te [redacted] e-m [redacted]

Address – SAME – (street / municipality / zip code)

Contractor: SELF Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved as noted
Date: 3-8-22 Approved by: MW

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-8-22
Approved by: MW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-24-22
Approved by: MW

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough			3-24-22	MW
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-24-	MW
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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:

Print name here: MARK BARANOWSKI

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL MASTER BATH + CLOSET IN EXISTING FINISHED ROOM –

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
2		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1		EXHAUST FAN HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 01/21) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/9/22
Control # 22-0701
Date Issued
Permit #

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

Block 211.15 Lot 3 Qualification Code

Work Site Location 17 SEVILLE DR
BRICK NJ 08723

Owner in Fee: MARK BARANOWSKI

Tel. [redacted] e-mail [redacted]

Addre[redacted] street SAME municipality zip code

Contractor: Tel.

Address SELF e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

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.

Sign here: M. B.

Print name here: MARK BARANOWSKI

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL MASTER BATH AND CLOSET IN EXISTING FINISHED ROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 3-7-22 — SGT
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 03/07/2022
Approved by: KOM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 06/24/22
Approved by: KOM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame 3-29-22			4-4-22	SGT
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other		✓		
Final			6-24-22	SGT
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [X] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,500.00
2. Rehabilitation $
3. Total (1+ 2) $ 0

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

COPY

Date Received
Control # 3/9/22
Date Issued
Permit # 22-0701

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

Block 211.15 Lot 3 Qualification Code

Work Site Location 17 SENTE DR
BRICK NJ 08723

Owner in Fee: MARK ZARANSKI

[redacted] e-ma[redacted]

Address – SAME – (street / municipality / zip code)

Contractor: Tel.

Address – SELF – e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 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 $ 1,900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 3-17-22 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-21-22
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7-6-22
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough			3-22-22	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			6-24-22	

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:

Print name here: MARK ZARANSKI

[ ] Licensed Contractor [ ] Exempt Applicant

TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL MASTER BATH AND CLOSET IN EXISTING FINISHED ROOM -

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

ownship

CORRECTION NOTICE

ADDRESS 17 Seville

PERMIT NUMBER 22-0701 BLOCK 211.15 LOT 3

OWNER Flamo

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) Seal all Penetrations @ Top & Bottom Plates

2) Exhaust Fan Hoses up & Run to out Doors

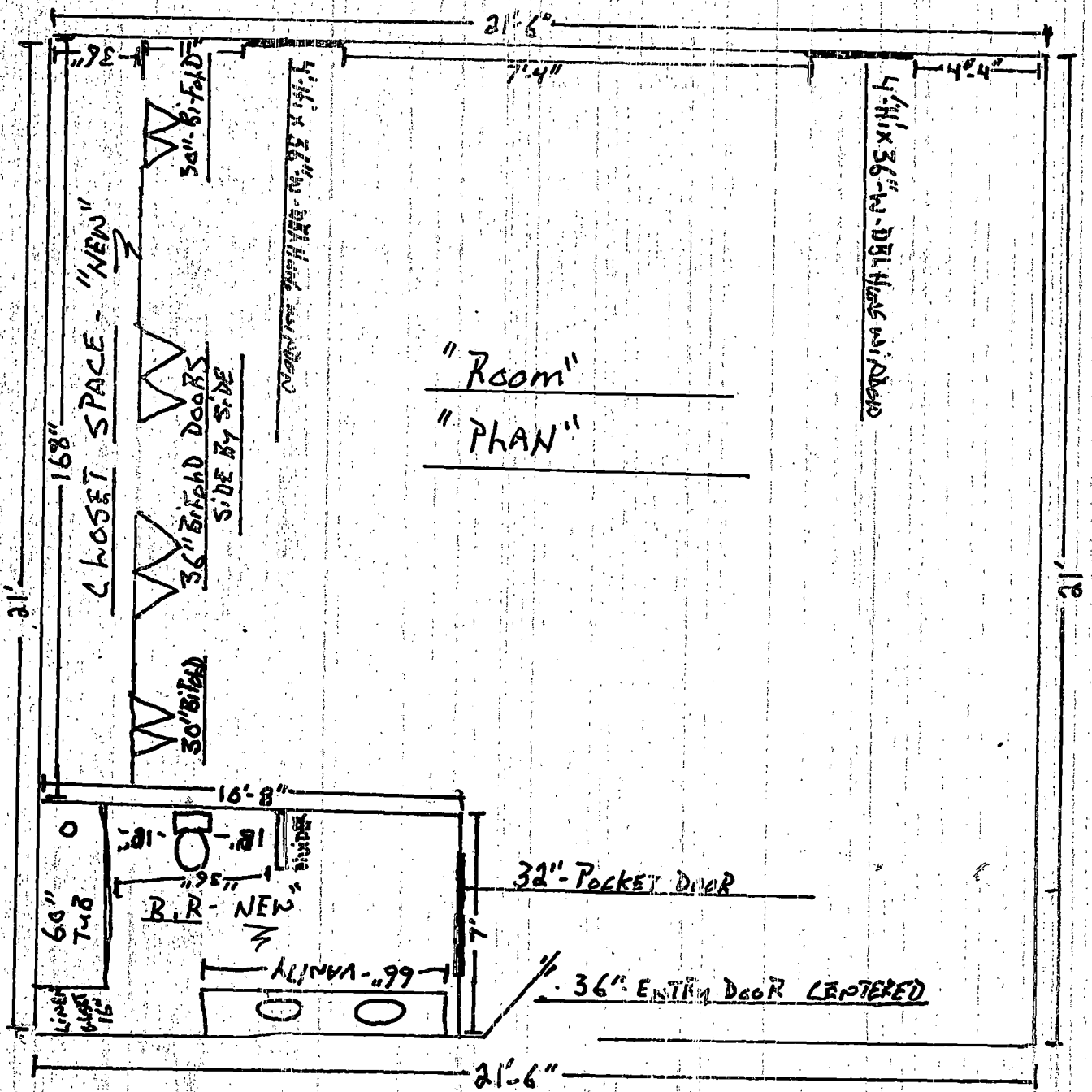
ok to Proceed send pics to email

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 3-29-22 INSPECTOR

Blk- 911.15 Lot -3 - 17 SEVILLE DR BRICK NJ 08723

MARK BARANOWSKI - 732-580-9901



mk. A. Bk

MARK A. BARANOWSKI

2-26-22

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode Reviewer	JBT	3-7-22
Plumbing Subcode Reviewer	WM	3-7-22
Fire Subcode Reviewer		
Electrical Subcode Reviewer		3-8-22 RM

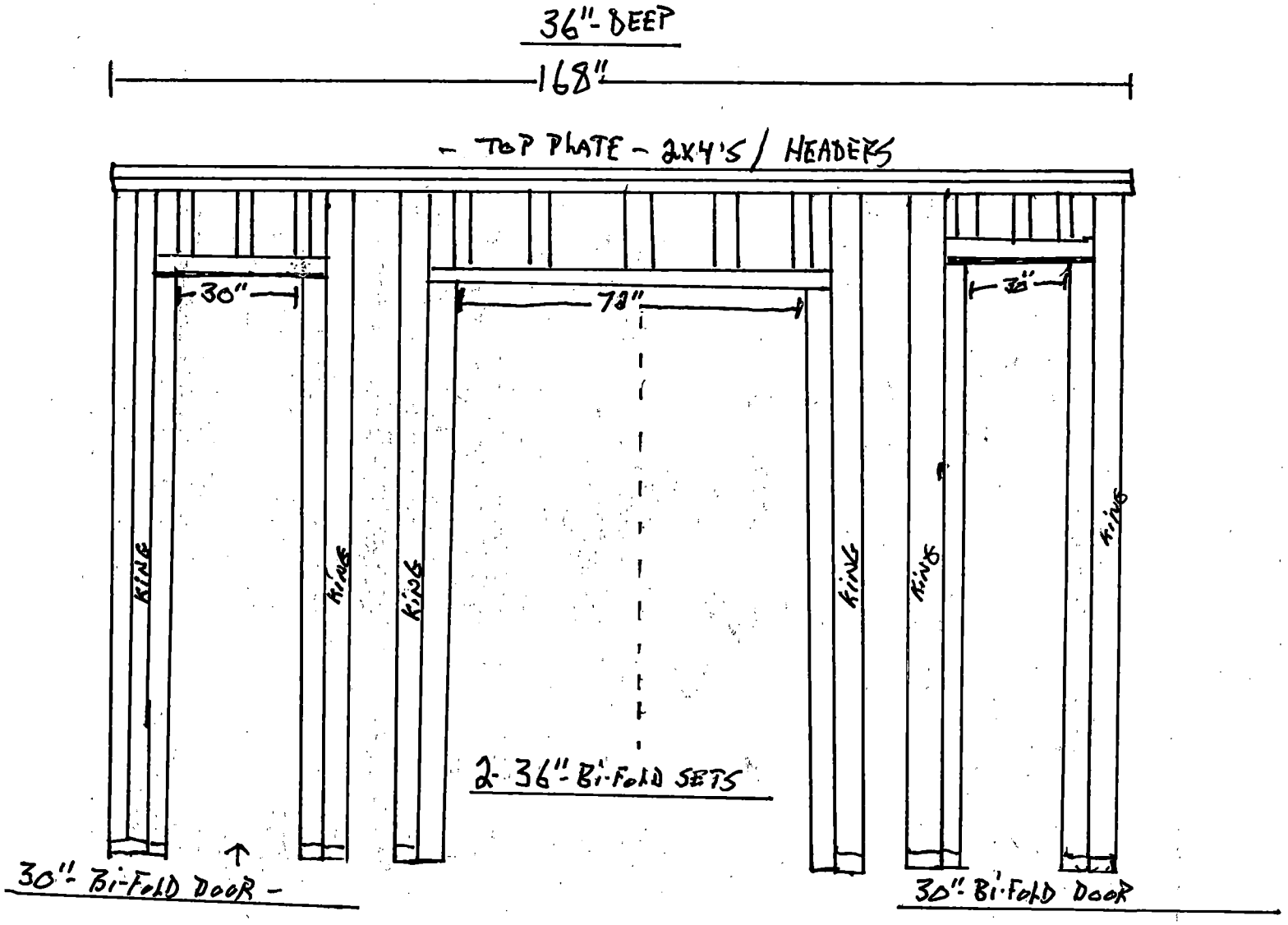
As Noted look on Electrical Copy

FILE COPY

BK-211.15 LOT-3 - 17-SEVINE DR. BRICK NJ 08723

MARK BARANOWSKI - 732-580-9901

CLOSET FRAMING - INTO EXISTING RM.



"ALL WALLS ARE NONE LOAD BEARING"

MARK A BARANOWSKI

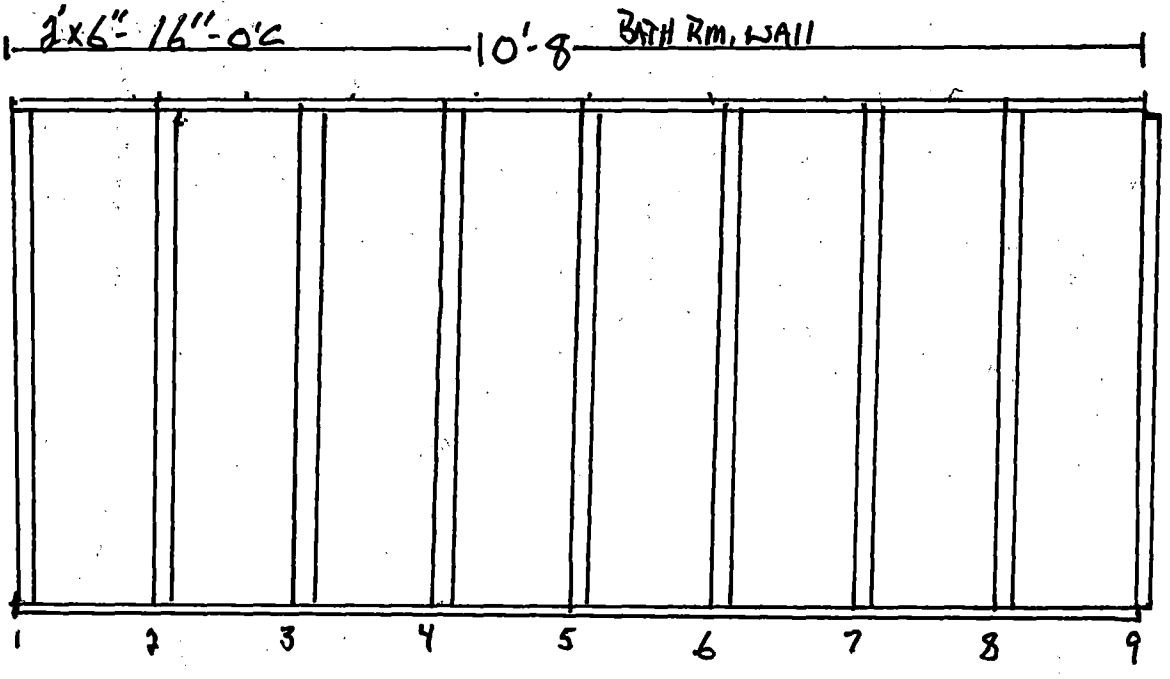
2-28-22

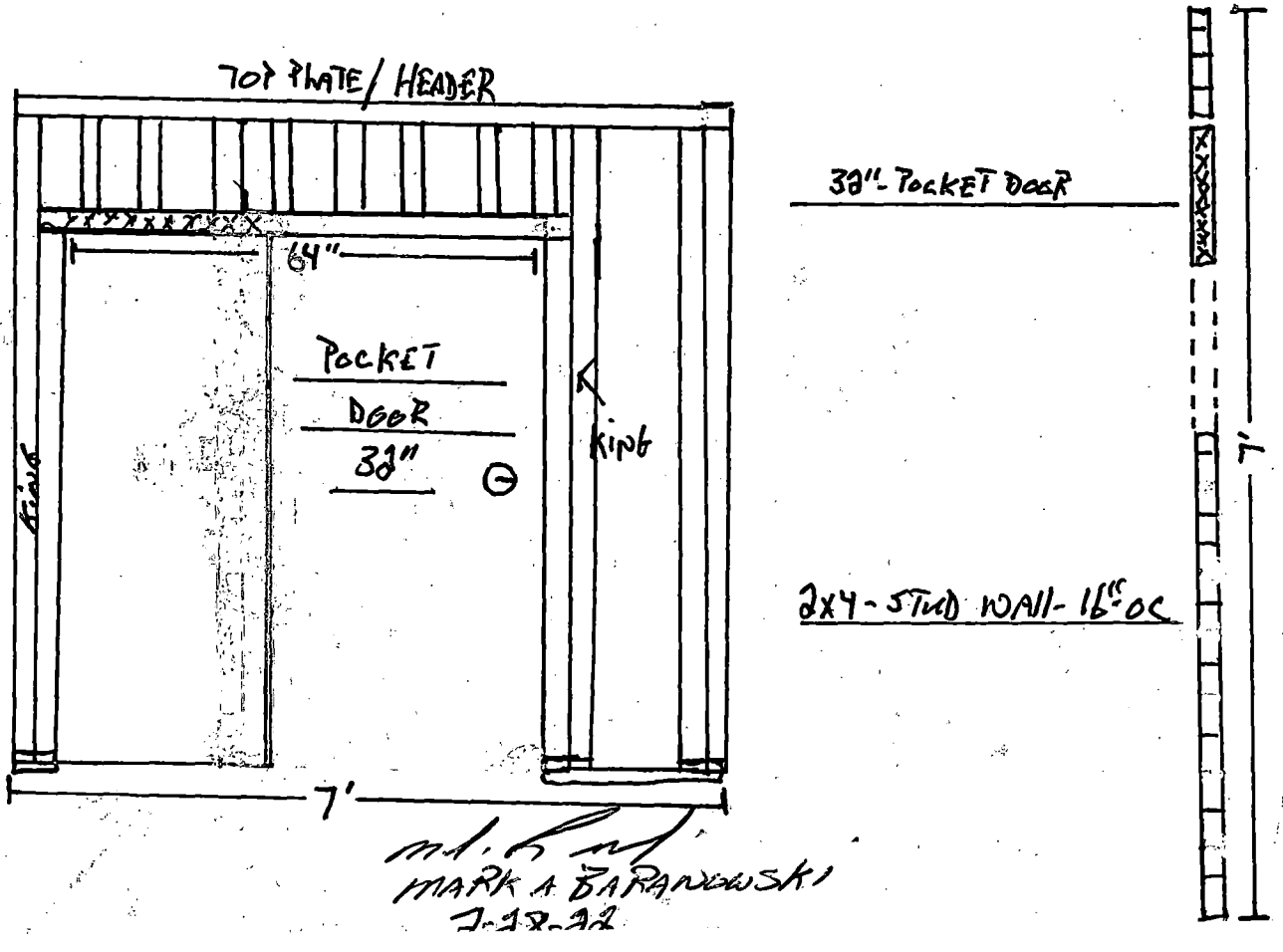
K-311.15 - LOT-3 - 17 SEVILLE DR, BRICK NJ 08723

MARK BARANOWSKI - 732-580-9901

BATHROOM FRAMING LAYOUT - "INTO EXISTING ROOM"

"ALL WALLS ARE NONE LOAD BEARING"



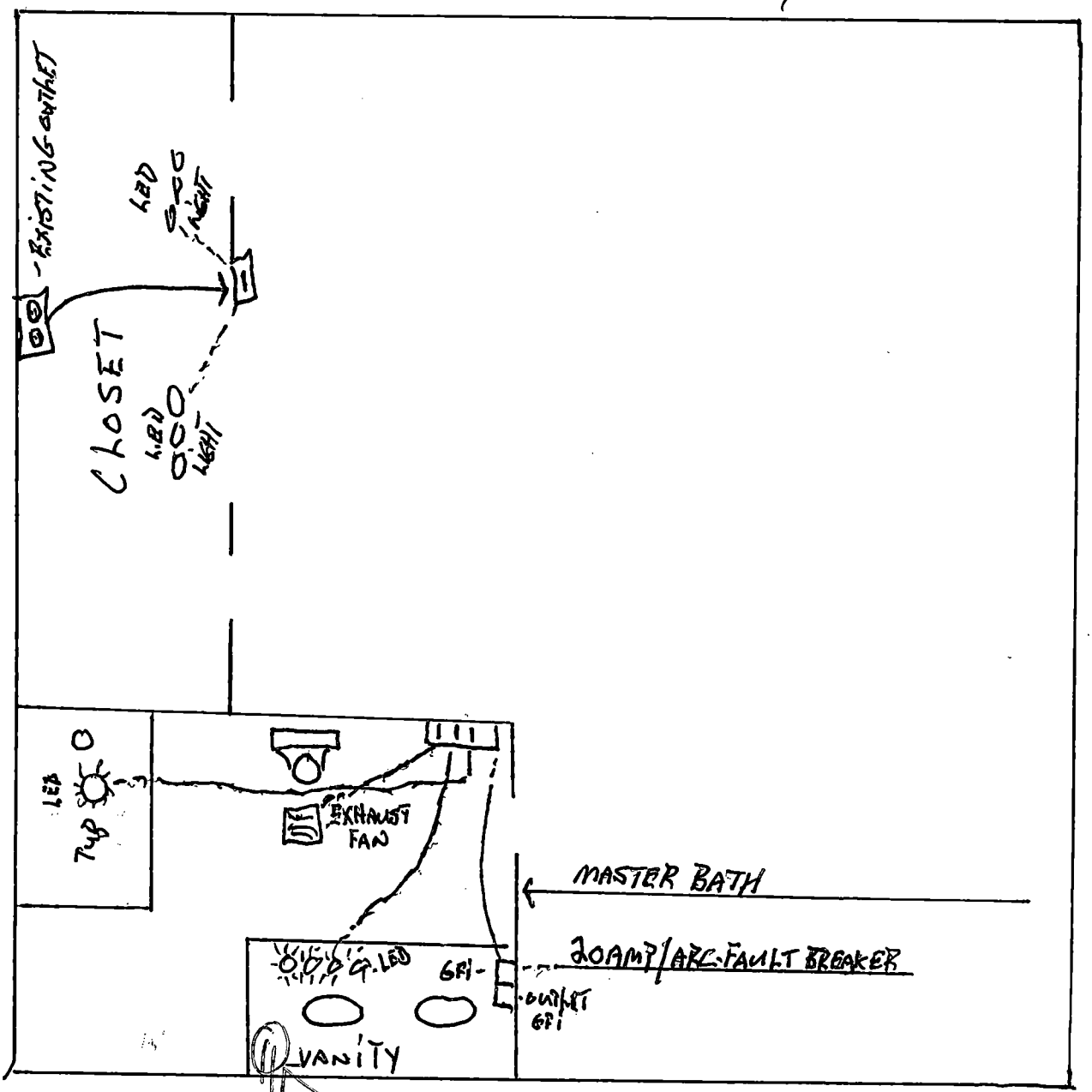


MARK A BARANOWSKI
7-18-22

Blk- 211.15 Lot-3 - 17-Seville Dr. Brick NJ 08723

MARK BARANOWSKI - 732-580-9901

"ELECTRIC DIAGRAM." MASTER BATH + CLOSET



GFCI By Both Sinks

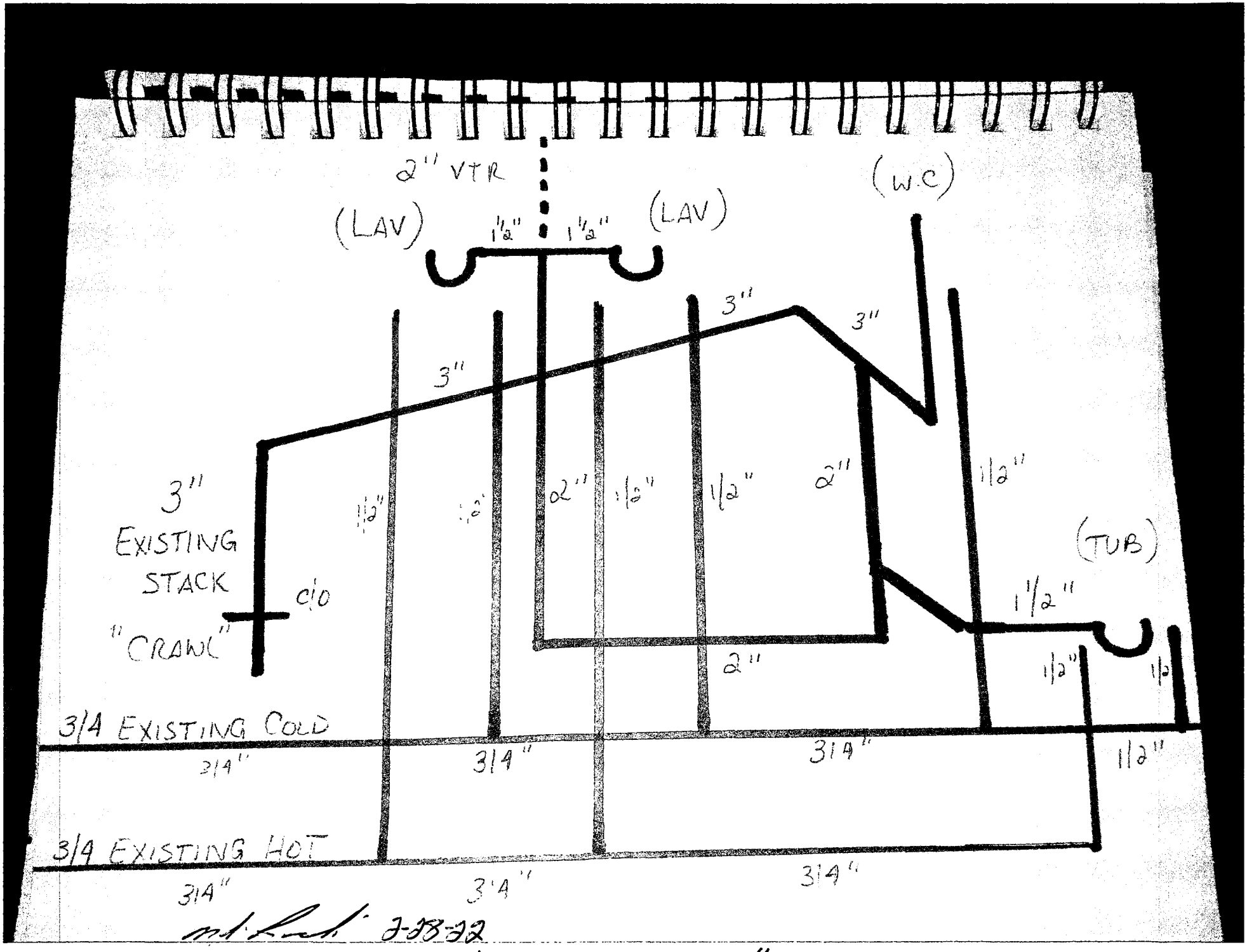
Bath room Must Be Wired With 12-2 NM Wire

3-8-22

MARK A. BARANOWSKI

2-28-22

BLK-211.15 LOT-3 - 17-SEVILLE DR. BRICK NJ 08723



2-28-22

MARK RARANOWSKI - 732-580-9901 - "DRAIN+WASTE", MASTER BATH

CONSTRUCTION PERMIT

Date Issued 3/4/22
Control # C-22-000707
Permit # 22-0101

IDENTIFICATION Block: 211.15 Lot: 3 Qualifier
Work Site Location: 17 SEVILLE DR. Brick Township, NJ
Owner in Fee BARANOWSKI, MARK & DONNA
17 SEVILLE DRIVE BRICK NJ 08723
Telephone: [redacted]

Contractor BARANOWSKI, MARK & DONNA
Address 17 SEVILLE DRIVE BRICK NJ 08723
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL ...BATHROOM & CLOSET

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	
Other	$0
Total	$459
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $4,500

Construction Official Date 3/4/22

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER MARK BARANOWSKI DATE 3.7.22

PROPERTY ADDRESS 17 Seville Dr BLOCK 211.15 LOT 3

ZONING _____ USE GROUP _____

CONTRACTOR H.O. LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP	3½	( )	9.5	( )	
2. KITCHEN GROUP	1	( )	2	( )	
3. WATER CLOSETS		( )		( )	
4. LAVATORY		( )		( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1	( )	4	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	2	( )	3.5	( )	
TOTALS			19		

GALLONS PER MINUTE 14

SIZE of SERVICE 1"

DATE: 3.7.22 APPROVED BY: Matthew McFee

TOWNSHIP OF BRICK

LIST OF EXISTING PLUMBING FIXTURES

BLOCK: 211.15 **LOT:** 3

ADDRESS: 17 SEVILLE DR.

OWNER: MARK BARANOWSKI

3	WATER CLOSET (TOILET)
	URINAL/BIDET
2	BATH TUB
4	LAVATORY (BATHROOM SINKS)
2	SHOWER
1	SINK (KITCHEN)
1	DISHWASHER
1	WASHING MACHINE
2	HOSE BIBS (TOWNSHIP WATER ONLY)
1	MOP SINK

ONLY FILLOUT ABOVE IF YOU ARE ADDING PLUMBING TO YOUR ADDITION

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 17 SEVILLE DR

BLOCK: 911.15 **LOT:** 3

CONTRACTOR: SELF - MARK BARANOWSKI

CONTRACTOR'S ADDRESS: ~

Type of Construction(minor, new home): MINOR-

Type of Debris (shingles, siding, wood, etc.): small WOOD / small SHEET ROCK

Party responsible for removal: SELF

Dumpster Size: NONE

Destination of Debris: SALLEY IKE DUMP

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

M. Lah
Signature

7/24/22
Date

MARK BARANOWSKI
Print Name