BLOCK 383.31 LOT 27 QUALIFICATION CODE _____ ADDRESS (SITE) 360 Dogwood Dr. PERMIT NO. 09-0373

CONSTRUCTION PERMIT APPLICATION C09-000213

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

I. IDENTIFICATION

1. Proposed Work Site at: 360 Dogwood Dr. Brick NJ 08723
2. Name of Owner in Fee: Michael + Sandra Gautier
   Tel [redacted] e-mail [redacted]
   Address 360 Dogwood Dr. Brick NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Homeowner/Self Tel. ([redacted]
   Address Same as above. e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 ✓		
2. Electrical	40 ✓		
3. Plumbing	40 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 6		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	35		
12. Other ZP + EP	50		
13. TOTAL	$ 231		

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

☐ 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 Req'd/on	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		✓	1/28/09	2/10/09 KA			2/25/09		KA
☐ Electrical					3-18-9	AS			
☐ Plumbing				2-18-09		✓	3-5-09		✓
☐ Fire Protection									
☐ Elevator		Exempt	2/17/09		2/17/09	AS			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

U.C.C. F100-1 (rev. 12/07)

Called 3/5/09

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
2-3-9	ZOK INSPECTED PROPERTY AT 230 – WORK ALREADY BEGUN	JK, 30
2-3-9	ZOK CALLED M. GAWLER AT 4:00 – HE SAID PLAYROOM WAS EXISTING	JK, 25

□ Zoning Application deemed complete Initialed: ________ Date: ________

□ Zoning Application approved Initialed: ________ Date: ________

□ Zoning permit updates:

IMPORTANT

A.H.B.T. - MANDATORY FEE - RESIDENTIAL

PD prelim 8/6/09

CONSTRUCTION PERMIT

Date Issued 3/5/09
Control # C-09-000213
Permit # 09-0373

IDENTIFICATION Block: 383.31 Lot: 27 Qualifier
Work Site Location: 360 DOGWOOD DR Brick Township, NJ
Owner in Fee GAWLER, MICHAEL & SANDRA
360 DOGWOOD DR BRICK NJ 08723
Telephone: [redacted]

Contractor GAWLER, MICHAEL & SANDRA
Address 360 DOGWOOD DR BRICK NJ 08723
Telep[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:
GARAGE CONVERSION TURNING EXISTING GARAGE INTO A BATHROOM AND LIVING SPACE

Note: If constuction 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 $3,000

Construction Official

Date 3-11

PAYMENTS (Office Use Only)

Building	$40
Electrical	$40
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	$35.00
Other	$60
Total	$221
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

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.

- [ ] 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.

#0373
BUILDING $40.00
PLUMBING $40.00
DCA $6.00
C/O $35.00
CHECK $221.00

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:

- [ ] 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".

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

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

Township of Brick
Zoning Permit

Approved: Tuesday, February 03, 2009 **Number:** 2009-29

Block 383.31 **Lot** 27 **Zone:** R-7.5

Property Address: 360 Dogwood Drive

Applicant: Sandra Gawler

Property Owner: Sandra & Michael Gawler

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Alteration of the garage area to create a bathroom and a closet/storage room.
NOTE: Work as already been done without the required zoning and construction permits.

Conditions: A minimum of two (2) off-street parking spaces must be maintained.
An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

RECEIVED
FEB 2 2008
ZONING

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 383.31 LOT 27 QUALIFIER

PROPERTY ADDRESS 300 Dogwood Dr. Brick NJ 08723

PERSONAL NAME OF APPLICANT Sandra + Michael Gawler

BUSINESS NAME OF APPLICANT

MAILING ADDRESS OF APPLICANT 300 Dogwood Dr. Brick NJ 08723

PROPERTY OWNER'S FULL NAME Sandra + Michael Gawler

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Height
☐ Addition - Height
☒ Alteration
☐ Porch or deck - Height
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

☑ All information completed above
☑ Two (2) copies of a plot plan containing:
☑ All existing and proposed structures
☑ All dimensions of the lot and structures
☑ All setbacks from the structures to the property lines
☑ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Sandra Gawler Michael Gawler Date 1/26/09

Reviewed by Zoning Office SK Date 2/3/9 (X) Approved ( ) Denied

KB 1/28/09

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/24/2009
Control Number C-09-000213
Permit Number 09-0373
Permit Issue Date 03/05/2009
Certificate Number 09-0373

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 360 DOGWOOD DR Brick Township, NJ Block: 383.31 Lot: 27 Qual:

Owner in Fee: GAWLER, MICHAEL & SANDRA

Owner Address: 360 DOGWOOD DR BRICK NJ 08723

Telephone: [redacted]

Contractor GAWLER, MICHAEL & SANDRA

Address 360 DOGWOOD DR BRICK NJ 08723

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. 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: GARAGE CONVERSION TURNING EXISTING GARAGE INTO A BATHROOM AND LIVING SPACE.

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:

Construction Official

Fee: $35.00
Check Number: 1873
Collected By: Kim Bogan

Date Printed: 09/24/2009 U.C.C. F250 (rev. 08/05)

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	*383.31*	LOT:	*27*
SITE ADDRESS:	*360 Dogwood Dr.*		
CONTROL #:	*09-000213*	WORK TYPE:	*Garage conversion*
APPLICANT:	*Michael & Sandra Gawler*	PHONE #	[redacted]
APPLICANT ADDRESS:	*360 Dogwood Dr.*	CITY/STATE/ZIP:	*Brick, NJ 08723*

MANDATORY DEVELOPER FEES

_X__ Residential is 1% Business Name:
___ Commercial is 2.5%
___ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value: Residential $ *5,400.00*
Commercial

02/11/2009
Date

The final equalized assessed value at the above referenced site is: Residential *$15,100.00*
Commercial

08/25/2009
Date

Prel. Fee (Res)	*$27.00*	Final Fee (Res)	*$124.00*
Prel. Fee (Comm)	*$0.00*	Final Fee (Comm)	$ -
Waiver Fee(Res. Only)			
Check #	*1858*	Check #	*1939*
Date Paid	*02/12/2009*	Date Paid	*09/24/2009*
Paid by	*H/O*	Paid by	*H/O*

Total Fee Paid (Res) $ *151.00*
Total Fee Paid (Com) $ -

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Authorized Signature – Township of Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/5/09
Control #
Date Issued
Permit # 09-0373

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

Block 383.31 Lot 27 Qualification Code

Work Site Location 360 Dogwood Dr. Brick, NJ 08723

Owner in Fee: Sandra + Michael Gawler

Tel [redacted] e-mail gawler@comcast.net

Address 360 Dogwood Dr. Brick NJ 08723
(street, municipality, zip code)

Contractor: Homeowner (Self) Tel. (732) 451-1308

Address 360 Dogwood Dr. Brick NJ 08723 e-mail gawler@comcast.net

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 single family residence Utility Co. JCP+L

Est. Cost of Elec. Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date 2-26-9 Approved by: A.S

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by: M. Bocchio

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-20-9
Approved by: A.S

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			3-16-09	MD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-18-09	DD
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. Sandra Gawler MK Bocchio

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK - See ATTACHED DRAWING.
Install dedication circuit for 3 GFIs in bathroom. Install 2 Light Fixtures and 1 Light/Exhaust fan in Bathroom with 3 switches. Install 1 Light Fixture and switch in front of closet. Install 2 Lights and 1 switch in closet. Install 6 convience outlets near Elec. Panel and closet.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
8		Receptacles	
5		Switches	
		Detectors	
		Light Poles	
1		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	
		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 $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 3/5/09 09-0373

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 383.31 Lot 27 Qualification Code

Work Site Location 360 Dogwood Dr. Brick NJ 08723

Owner in Fee Michael + Sandra Gawler

Tel [redacted] e-mail gawler2@comcast.net

Address 360 Dogwood Dr. Brick NJ 08723
(street, municipality, zip code)

Contractor: A. Lim. Plumbing Heating Tel. ( )

Address 103 Bay Ave Lit Bay Are e-mail Atlantic Highlands

Contractor License No. 12066 Exp. Date 07/10

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

Federal Emp. ID No. [redacted] FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Residential Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ $1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 3-5-09

Approved by: CJ

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 8-20-09

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	03.16.09		3.20.09	CJ
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL			08.16.09	AP

See back

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.

Dan C Gawler
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install a water closet, lavatory + shower
(see attached paperwork)

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	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	
	Other	

PCA

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

03.16.09 PA

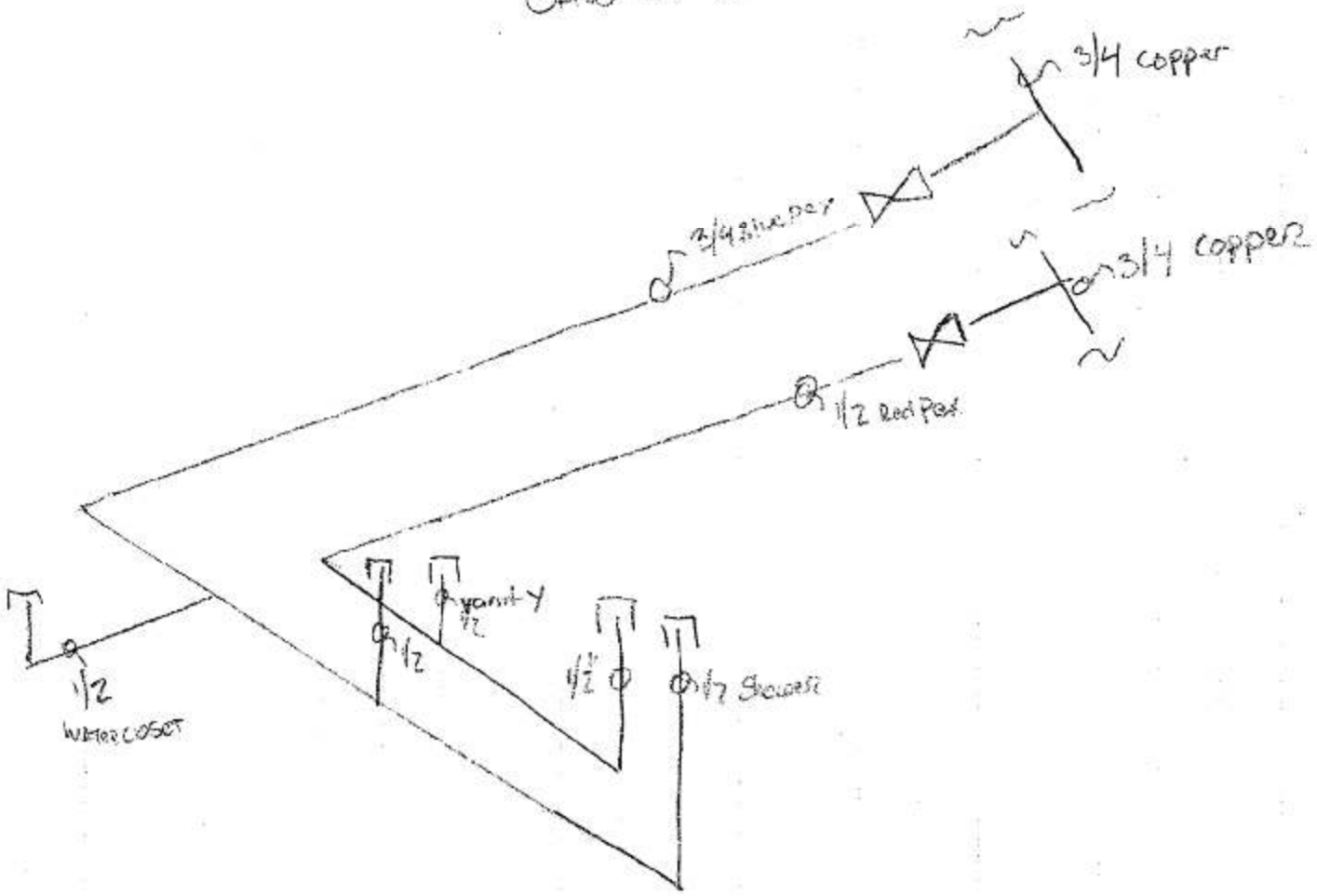
(1) NEED SHIELDED CONDUCTORS @ TIE-IN @ CRAWL SPACE
(2) HORIZONTAL VENT FOR SHOWER BELOW FLOOD RIM OF FIXTURE
(3) VENT NOT OUT ROOF
(4) SHOWER VALVE NEEDS ISOLATION VALVES
(5) TEST DRAIN, WASTE & VENT
(6) " WATER PIPING

3-20-09 PA

Check For missing 2 Hangers in crawl - OK 08.18.09PA

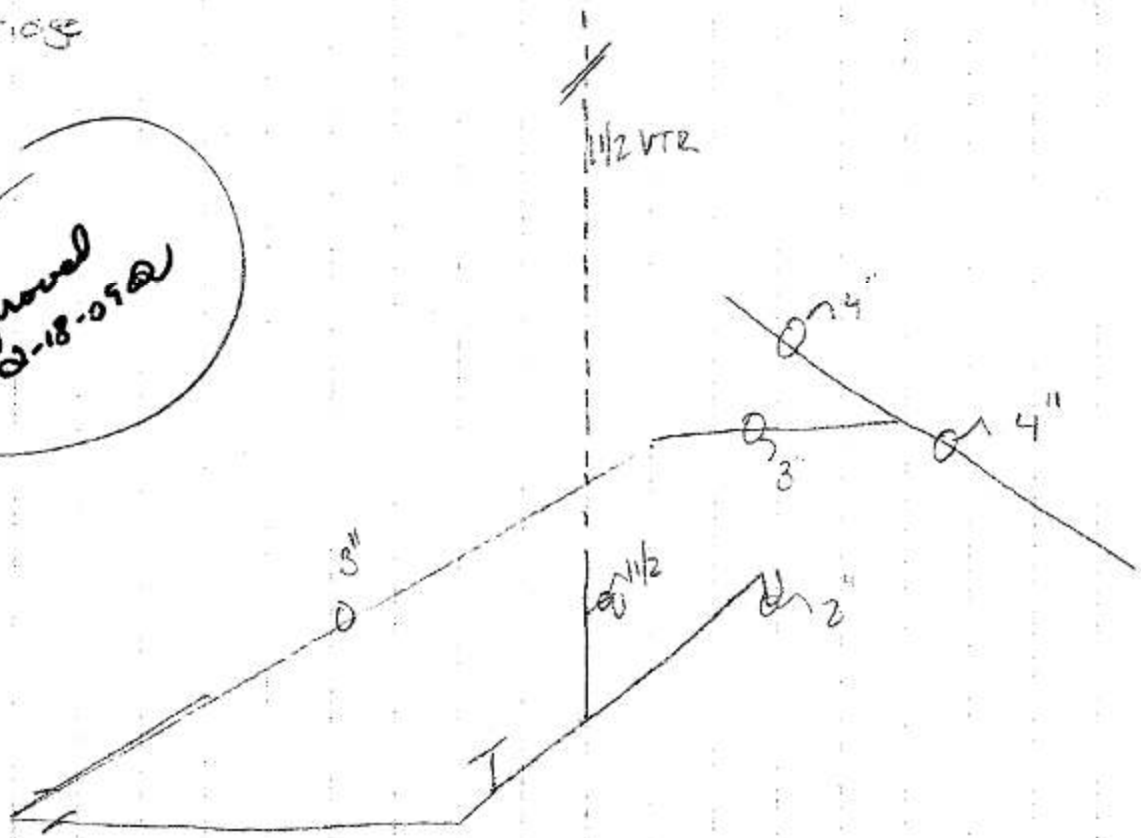
A.N.M. Plumbing & Heating
103 Bay Ave

Gawlez residence



A.H.M
Plumbing-Heating
Master Plumbers
Lic. # 12056
David Eldridge

Gower Residence



approved
2-18-09

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/5/09
Control #

Date Issued
Permit # 09-0373

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

Block 383.31 Lot 27 Qualification Code

Work Site Location 360 Dogwood Dr. Brick, NJ 08723

Owner in Fee: Michael + Sandra Gawler

Tel. [redacted] e-mail gawlerd@comcast.net

Address 360 Dogwood Dr. Brick NJ 08723
street municipality

Contractor: Home owner (se if) T [redacted]

Address same as above e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	2/25/09	

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 8/19/09
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame + Insula tion			3/16/09	G.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy O.DECK			3/16/09	G.P.
Mechanical				
TCO				
Other S.H.			3/16/09	G.P.
Final			8/18/09	
Barrier-Free				

Dates (Month/Day)

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. $ 1000.00
2. Rehabilitation $
3. Total (1+ 2) $ 1000.00

U.C.C. F110
(rev. 12/07)

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 Sandra Gawler

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Turning existing garage into a bathroom + living space.
See attached paper.

TYPE OF WORK:
[ ] New Building
[ ] 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
[X] Other Renovation of existing garage
[ ] Demolition

FEE (Office Use Only)
$

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 383.31 Lot 27 Qualification Code

Work Site Location 360 Dogwood Dr. Brick NJ 08723

Owner in Fee Michael & Sandra Fowler

Tel [redacted] e-mail gawlere comcast.net

Address 360 Dogwood Dr. Brick NJ 08723
(street, municipality, zip code)

Contractor: A Lim. Plumbing Tel ( )

Address 63 Pan Ave Bay Are e-mail Atlantic Highlands

Contractor License No. 13066 Exp. Date CTHV

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

Federal Emp. ID No. 36 62 9812 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 $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date 3 5 08

Approved by: DJ

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

#2066

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install a water closet, lavatory + shower
(see attached paperwork)
1

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	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	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-0373

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 383.31 Lot 27 Qualification Code

Work Site Location 36 Ridgewood Dr. Brick NJ 08723

Owner in Fee:

Tel [redacted] e-mail

Address 36 Ridgewood Dr. Brick NJ 08723
street municipality zip code

Contractor: 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. 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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install waterheater, lavatory + shower
(see attached paperwork)

QTY	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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/5/09
Control # 373
Date Issued
Permit # 09-0373

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

Block 383.31 Lot 27 Qualification Code

Work Site Location 360 Dogwood Dr. Brick, NJ 08723

Owner in Fee: Michael & Sandra Gawler

T [redacted] e-mail gawler2@comcast.net

Address 360 Dogwood Dr. Brick NJ 08723 (street / municipality)

Contractor: Home owner (self) Te [redacted]

Address Same as above e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	2/25/09	KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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. $ 1000.00
2. Rehabilitation $
3. Total (1+2) $ 1000.00

2/25/09 KA

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 Sandra Gawler

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Turning existing garage into a bathroom + living space.
See attached paper.

TYPE OF WORK:
[ ] New Building
[ ] 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
[X] Other Renovation of existing garage
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 12/07)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 3/5/09
Date Issued / Permit # 09-0373

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

Block 383.31 Lot 27 Qualification Code

Work Site Location 360 Dogwood Dr.
Brick NJ 08723

Owner in Fee: Michael / Sarika Gawler

Tel. ([redacted]) e-mail gawler@comcast.net

Address 360 Dogwood Dr. Brick NJ 08723
street municipality

Contractor: Home owner (self) Tel [redacted]

Address Same as above e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	2/25/09	KH

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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. $ 1000.00
2. Rehabilitation $
3. Total (1+ 2) $ 1000.00

U.C.C. F110
(rev. 12/07)

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
Turning existing garage into a bathroom + living space.
See attached paper.

TYPE OF WORK:
[ ] New Building
[ ] 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
[X] Other Removal (1/2) of existing garage
[ ] Demolition

FEE (Office Use Only)
$

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 09-0373

3/5/09

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

Block 383.31 Lot 27 Qualification Code

Work Site Location 360 Dogwood Dr. Brick, NJ 08723

Owner in Fee: Sandra + Michael Gawker

Tel. [redacted] e-mail gawker@comcast.net

Address 360 Dogwood Dr. Brick NJ 08723 (street / municipality / zip code)

Contractor: Home owner (Self) Tel [redacted]

Address 360 Dogwood Dr. Brick NJ 08723 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 single family residence Utility Co. JCP&L

Est. Cost of Elec. Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date 2-26-9 Approved by: A S

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by: A. Scanlon

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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. Sandra Gawker MK Gawker

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK – See ATTACHED DRAWING.
Install dedication circuit for GFIs in bathroom. Install 2 Light Fixtures and 1 Light/Exhaust Fan in Bathroom with 3 switches. Install 1 Light Fixture and Switch in front of closet. Install a Lights and 1 switch in closet. Install 6 convience outlets near Elec. Panel and closet.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
8		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
1		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	
		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. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/5/09
Control #
Date Issued
Permit # 09-0373

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

Block 383.31 Lot 27 Qualification Code

Work Site Location 360 Dogwood Dr. Brick NJ 08723

Owner in Fee: Sandra + Michael Gawker

[redacted] e-mail gawker@comcast.net

Address 360 Dogwood Dr. Brick NJ 08723
street municipality

Contractor: Homeowner (Self) Te[redacted]

Address 360 Dogwood Dr. Brick NJ 08723 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 Single family residence Utility Co. JCP&L

Est. Cost of Elec. Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 2-26-9 Approved by: A. S

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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. Sandra Gawker

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK - SEE ATTACHED DRAWING.
Install dedication circuit for GFIs in bathroom. Install 2 Light Fixtures and 1 Light/Exhaust fan in Bathroom with 3 switches. Install 1 Light Fixture and switch in front of closet. Install 2 Lights and 1 switch in closet. Install 6 convience outlets near elec. Panel and closet.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
8		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
1		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	
		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 $

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 360 DOGWOOD DR BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 383.31 Lot: 27 Qual:
360 DOGWOOD DR
Permit Number: Control Number: C-09-000213
Last Submit Date: Wednesday, February 18, 2009

Date: Wednesday, February 18, 2009

Dear GAWLER, MICHAEL & SANDRA,

The following comments were made during the Plan Review process:
how will new addition be heated/cooled? If using existing equipment state b.t.u. output of heater and b.t.u. of a/c.also suppy heat loss/gain for entire house

02-18-09
732-854-4213

Sincerely,

Robert Wennlund

Robert Wennlund, Subcode Official

2/27/09

(3 pages total)

Attn: Allison

FROM: Sandra Gawler
360 Dogwood Dr.
Brick NJ 08723
732-604-5795 cell#

Here is the heat plan + heat loss gain for the permit. Since everything else has been approved, please let me know if I can pick up permit after plumbing approval. Thanks so much for your help!

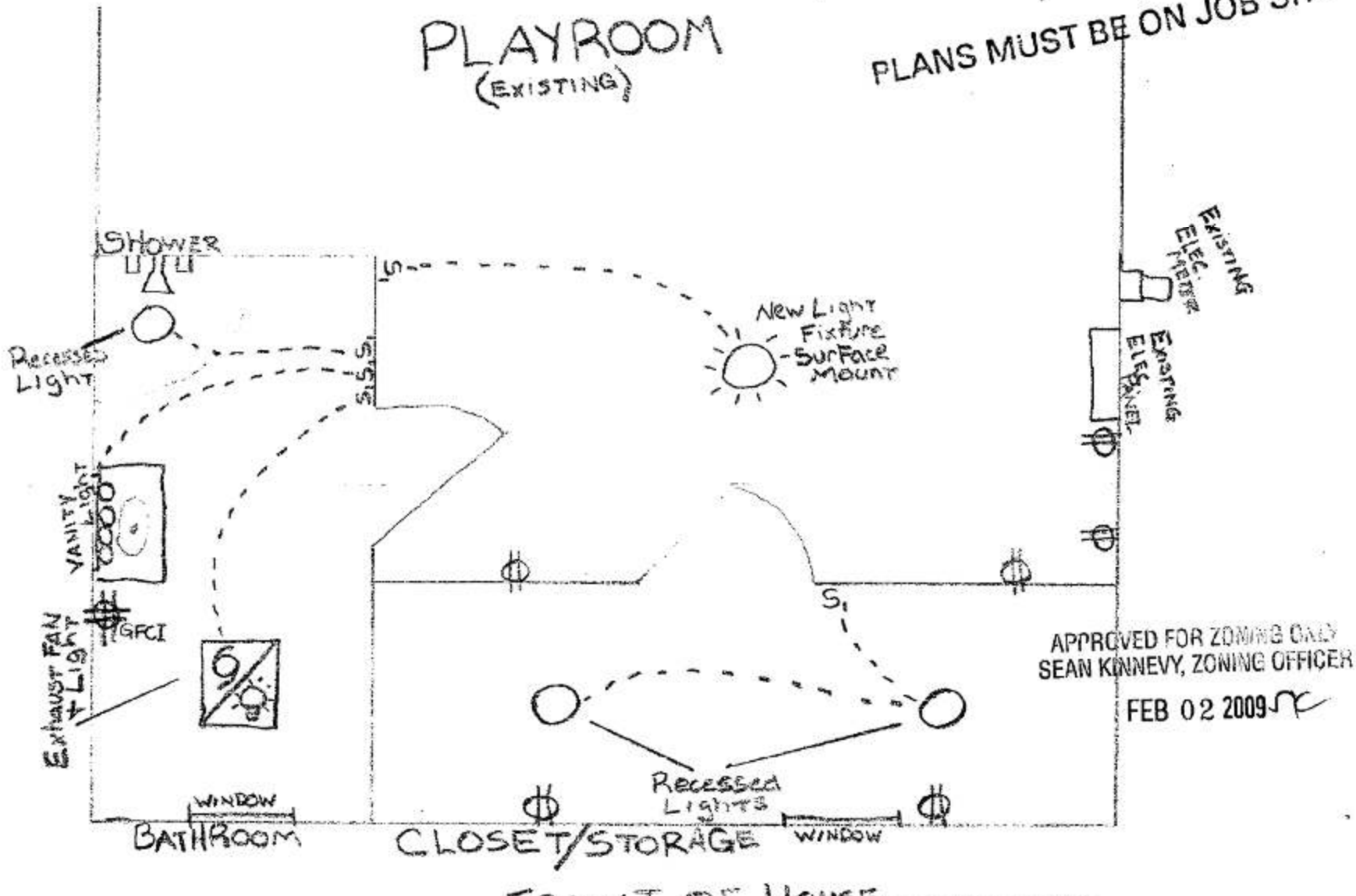
(:)

Sandra

GAWLER RESIDENCE

Building Subcode Release
2/25/09 BA

PLANS MUST BE ON JOB SITE

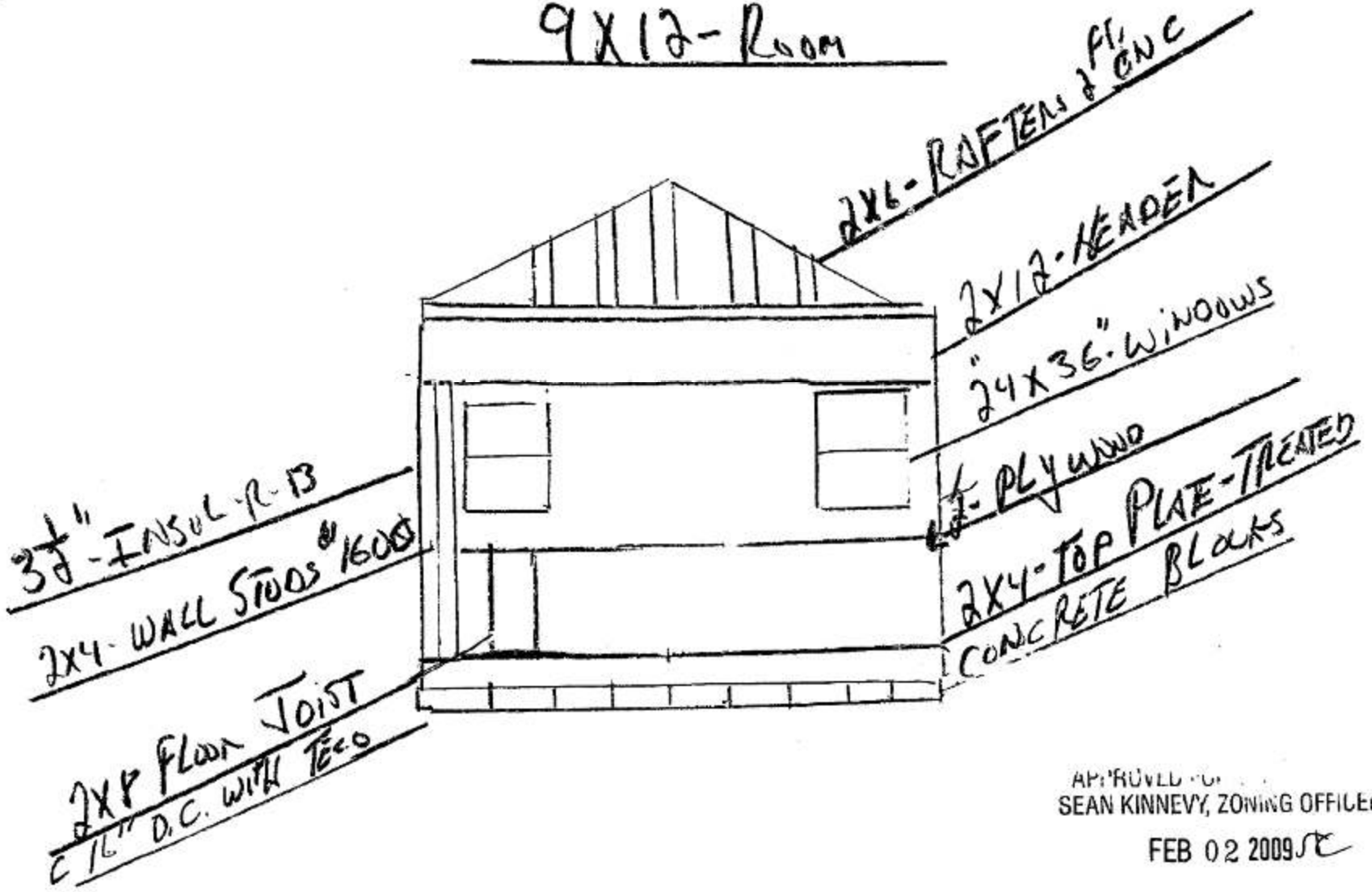


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
FEB 02 2009

Sandra Gawler

- FLOOR PLAN

9X12-Room



APPROVED
SEAN KINNEVY, ZONING OFFICER
FEB 02 2009

Sandra Ebwell

Attn: Allison

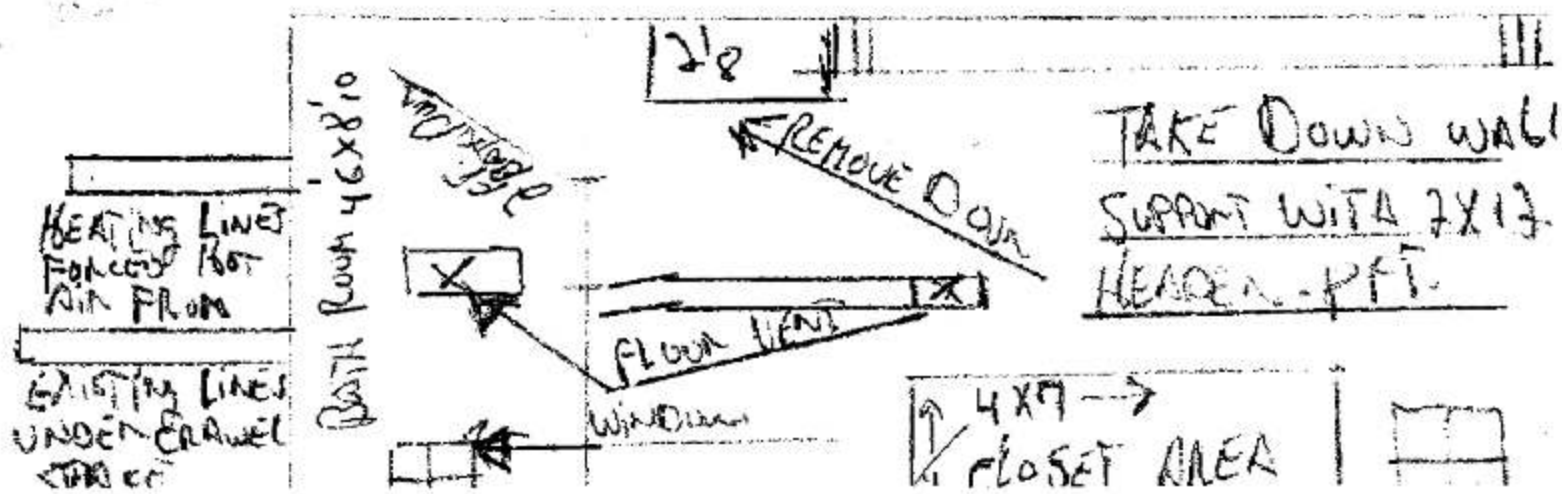
732-262-8454

Re: 360 Dogwood Dr.
Brick, NJ

Any questions please call me :)

Sandra Gawler
732-451-1308
cell- 732-604-5795

CW 6/6/13


2'8
REMOVE DOOR
TAKE DOWN WALL
SUPPORT WITH 7X17
HEADER - PT.
HEATING LINES
FORCED HOT
AIR FROM
EXISTING LINES
UNDER CRAWL
BATH PLUMB 4'6X8'10
FLOOR VENT
WINDOW
4X9 →
CLOSET AREA

Land Use/ Bldg Dept Fax:732-262-8954

**** Transmit Conf.Report ****

P.1 Feb 18 2009 12:03

Telephone Number	Mode	Start	Time	Page	Result	Note
19739544213	NORMAL	18,12:01	1'25"	1	O K	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 360 DOGWOOD DR BRICK, NJ 08723 CC:

RE: Building Subcode
Block: 383.31 Lot: 27 Qual:
360 DOGWOOD DR
Permit Number: Control Number: C-09-000213
Last Submit Date: Tuesday, February 17, 2009

Date: Wednesday, February 18, 2009

Dear GAWLER, MICHAEL & SANDRA,

The following comments were made during the Plan Review process:

Expansion of family room involves wall removal? Show support of structure above.

Provide dimensions on all spaces.

Provide heat plan, heat loss required if expanding system.

02-18-09
Called h/o
732-451-1308
left message on machine
to contact office -
02-20-09
#
973-954-4213

Sincerely,

K Anderson 2/18/09

Kenneth Anderson, Subcode Official

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Michael & Sandra Gawler DATE 2-18-09

PROPERTY ADDRESS 360 Dogwood BLOCK 383.31 LOT 27

ZONING _____ USE GROUP R-5

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	2	7	
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 COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE	2	3	
18:FIRE SPRINKLE			
19:HOSE BIBS	1	2.5	

TOTAL 15.5

GALLONS PER MINUTE _____

SIZE OF SERVICE 3/4"

DATE: 2-18-09 APPROVED: _____

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf. Report **

P.1 Feb 18 2009 16:39

Telephone Number	Mode	Start	Time	Page	Result	Note
19739544213	NORMAL	18,16:37	1'15"	1	O K	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 360 DOGWOOD DR BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 383.31 Lot: 27 Qual:
360 DOGWOOD DR
Permit Number: Control Number: C-09-000213
Last Submit Date: Wednesday, February 18, 2009

Date: Wednesday, February 18, 2009

Dear GAWLER, MICHAEL & SANDRA,

The following comments were made during the Plan Review process:
how will new addition be heated/cooled? If using existing equipment state b.t.u. output of heater and b.t.u. of a/c.also suppy heat loss/gain for entire house

02-18-09
f 9543 4213

Sincerely,

Robert Wennlund, Subcode Official

List of Existing Plumbing

1 toilet

2 sinks

1 Bath/shower

1 washing machine

sprinkler system

1 hose (outback)

1 dishwasher

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date:_____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block:_____ Lot:_____

Property Address:_____

I,_____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 2/17/09 Signed: NSS

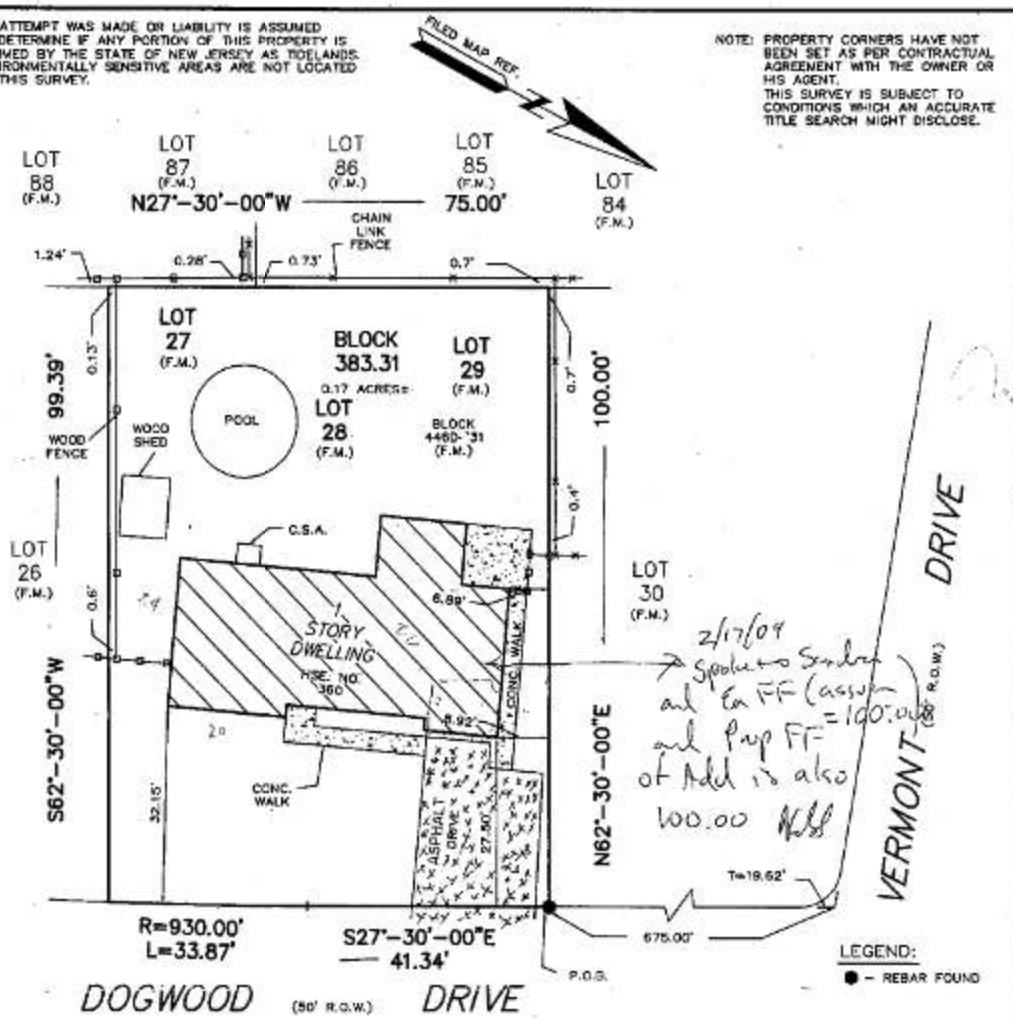
Rejected on:_____ Signed:_____

Comments:

311

NOTE: NO ATTEMPT WAS MADE OR LIABILITY IS ASSUMED TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY.

NOTE: PROPERTY CORNERS HAVE NOT BEEN SET AS PER CONTRACTUAL AGREEMENT WITH THE OWNER OR HIS AGENT.
THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE.



2/17/09
Spoke to Sandra and Ea FF (assume = 100.00) and Prop FF of Add is also 100.00 NJS

DEED DESCRIPTION:
BEING KNOWN AS LOTS 27, 28 & 29 IN BLOCK 446D 31 AS SHOWN ON A MAP ENTITLED, "MAP OF LAKE RIVIERA, SECTION FOUR, SITUATED IN BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY," FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON JANUARY 17, 1955 AS MAP NO. A-365.

A.K.A. LOTS 27, 28 & 29 IN BLOCK 383.31 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY.

DEED REFERENCE:
BOOK 5089-765.

THIS SURVEY IS CERTIFIED TO:

MICHAEL GAWLER & SANDRA GAWLER, H/W

CENTURY/INTERCOUNTY TITLE AGENCY, INC.(87243)
CHICAGO TITLE INSURANCE COMPANY

MICHAEL A. LETTIERI, ESQUIRE

BANK OF AMERICA, N.A., ITS SUCCESSORS AND/OR ASSIGNS AND/OR THE SECRETARY OF HOUSING AND URBAN DEVELOPMENT OF WASHINGTON, D.C., HIS/THEIR SUCCESSORS AND/OR ASSIGNS, AS THEIR INTEREST MAY APPEAR.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
FEB 02 2009

"TO ANY INSUROR OF TITLE RELYING HEREON AND ANY OTHER PARTY IN INTEREST," IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS THAT ARE NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON. THIS RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.

DATE	REVISIONS

157392

PLAN OF SURVEY

SITUATE

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

BLOCK 383.31 LOTS 27, 28 & 29

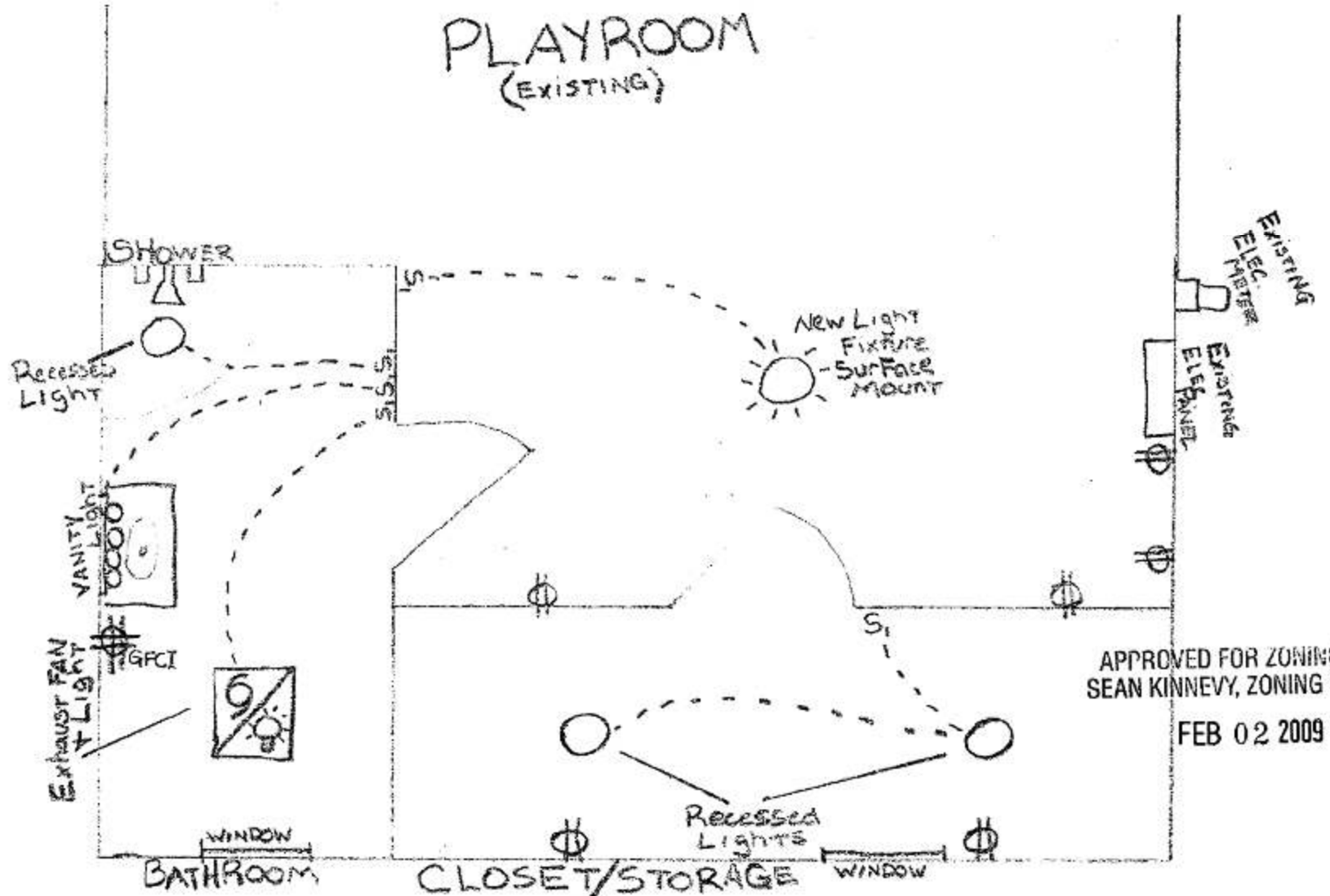
10/28/99
DATE

FRANK J. ERNST
PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 28308
PROFESSIONAL PLANNER NO. 2864

SENECA SURVEY CO., INC.
SURVEYORS & PLANNERS
1314 HOOPER AVENUE
SUITE 3
TOMS RIVER, NEW JERSEY 08753
(732) 341-7744

Date: 10/28/99	Drawn by: A-PLAT
Scale: 1" = 20'	Proj. No.: 99-16936

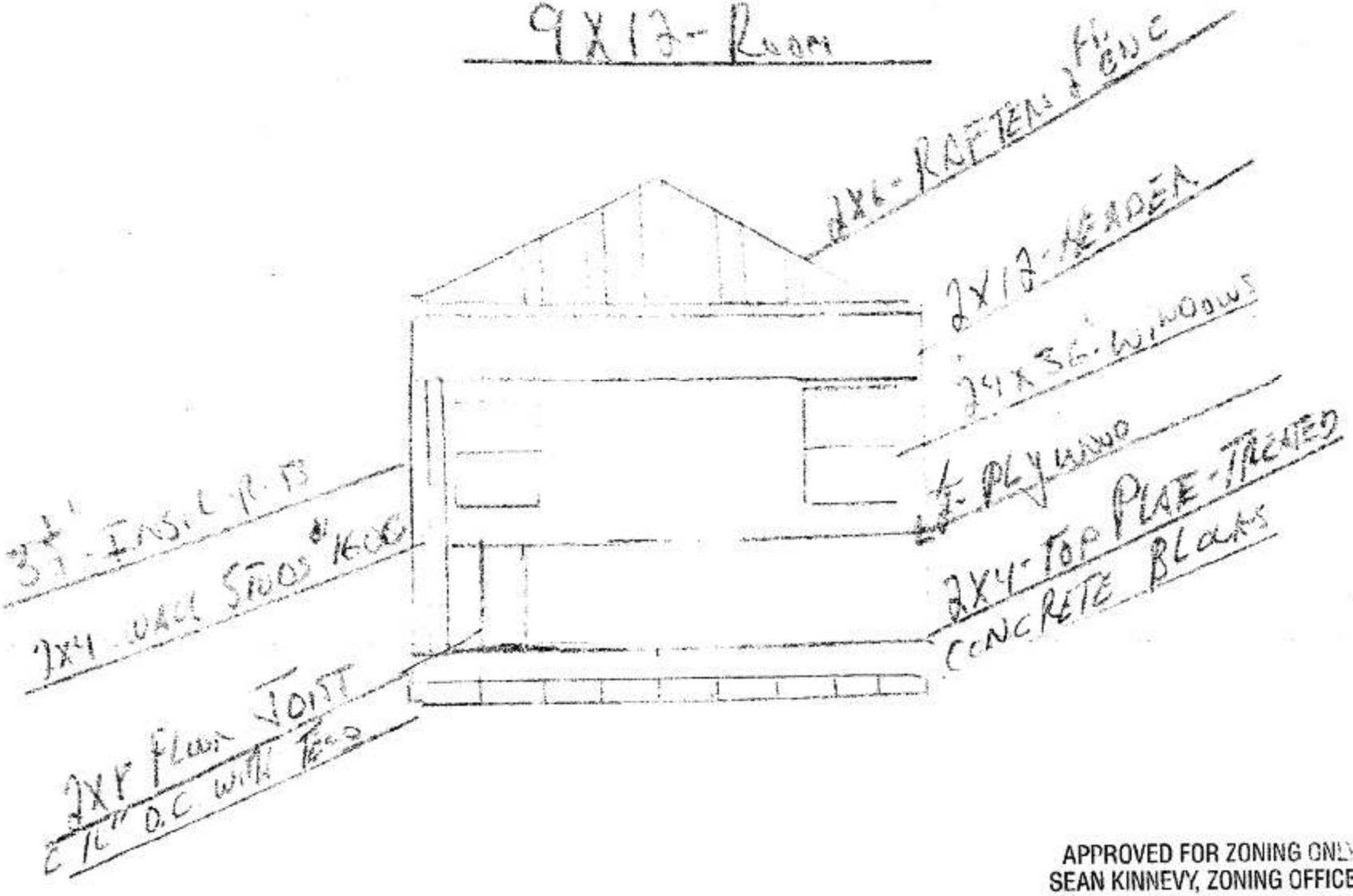
GAWLER RESIDENCE



Sandra Gawler

- FLOOR PLAN

9X13- Room



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

FEB 02 2009

Sandra Kinney

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 360 Dogwood Dr. Brick NJ 08723

Block: 383.31 Lot: 27

Contractor: Homeowner

Contractor's Address: Same as above

Type of Construction (minor, new home): renovating garage into living space

Type of Debris (shingles, siding, wood, etc.): garage door, sheetrock

Party responsible for removal: self

Dumpster size:

Destination of debris:

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

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 that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Sandra Gawler
Signature

1/26/09
Date

Sandra Gawler
Print Name

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use
Division of Land Use & Planning
Office of Zoning
732-262-1041
732-262-1043
Fax: 732-262-8954
www.twp.brick.nj.us

February 3, 2009

Michael Gawler
360 Dogwood Drive
Brick, NJ 08723

Re: Block 383.31, Lot 27
360 Dogwood Drive
Zoning Permit Applications

Dear Mr. Gawler:

As per our telephone conversation today, the referenced property is located in the R-7.5, Single Family Residential Zone, as per Section 245-9 of Chapter 245 of the Township Code. The garage area in the house may be partitioned to create a bathroom and a closet and another storage shed may erected after the issuance of zoning and construction permits, one for the alteration of the dwelling and one for the shed building. An inspection of the property today has revealed that the work on each building has already begun without the required permits. Please obtain your permits from the Permit Clerk, as soon as they are ready to be picked up.

Please feel free to contact this office for any additional information or assistance.

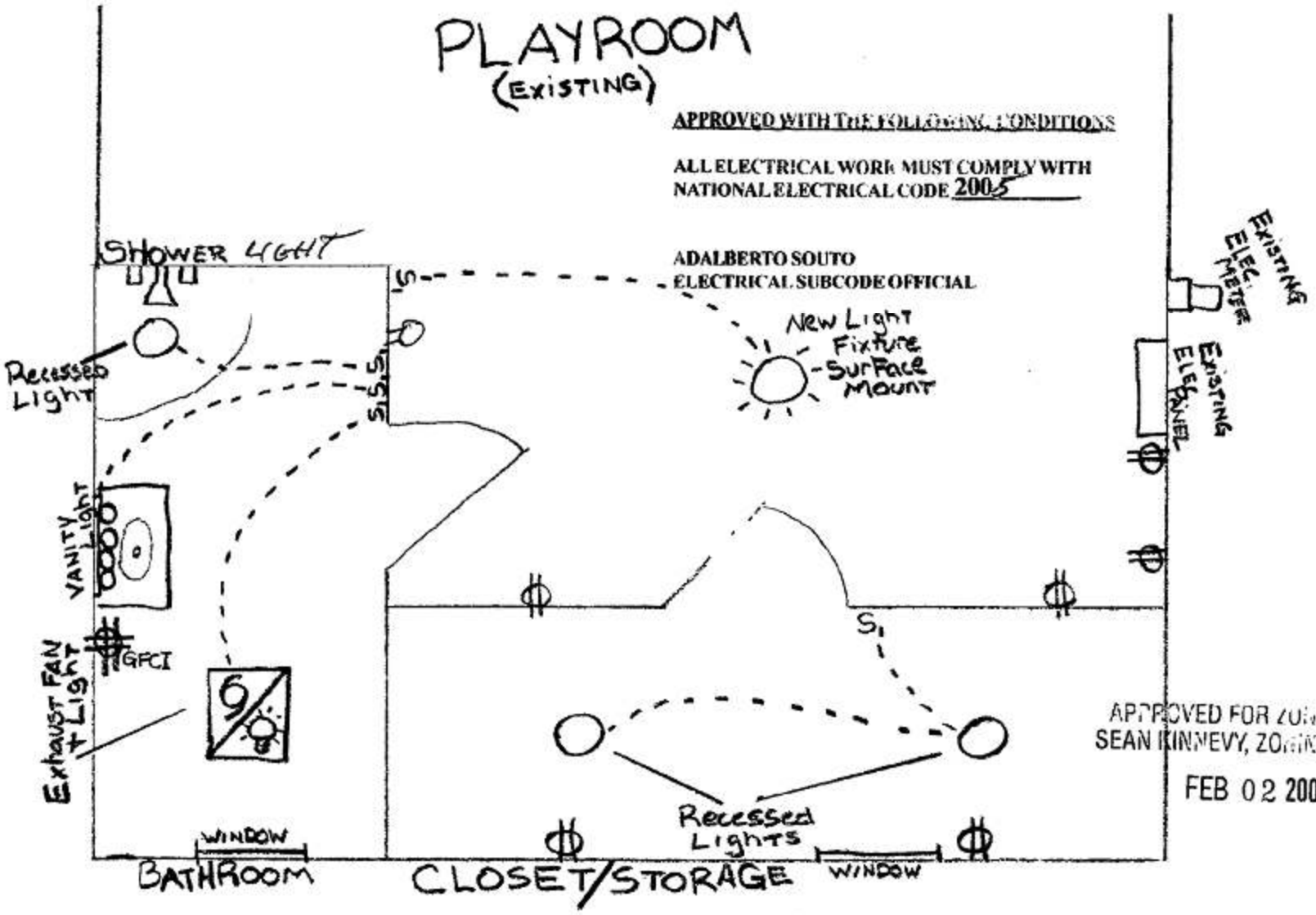
Very truly yours,

Sean Kinnevy
Zoning Officer

C: James Priolo, Township Engineer
Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Juan Bellu, Administration
Zoning Office File

311 ACCESS. BRICK TOWNSHIP

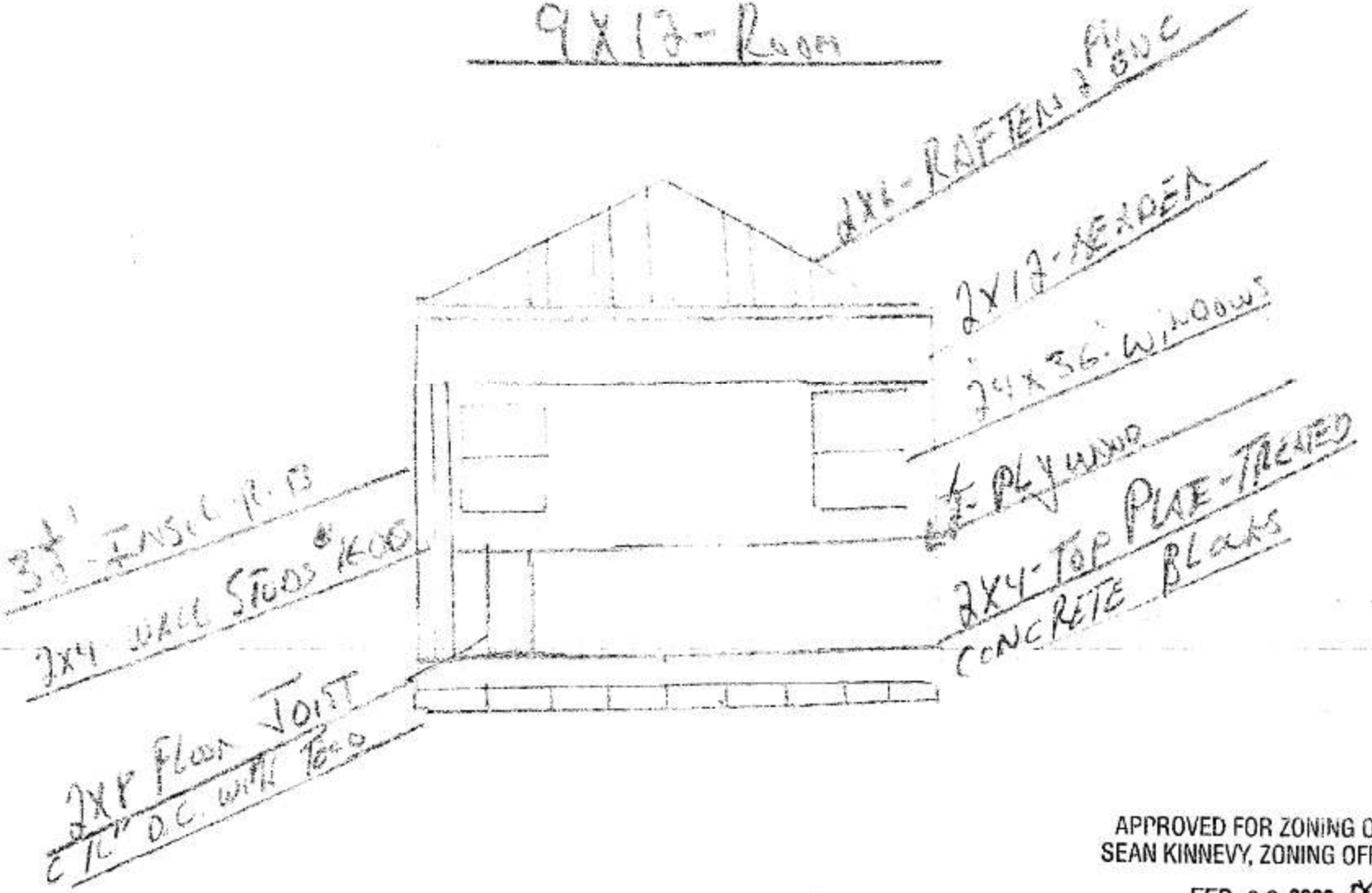
GAWLER RESIDENCE



- FLOOR PLAN ELECTRICAL NEW CONST.

Sandra Gawler

9X17- Room



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
FEB 02 2009

Sandra Gaulden

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 360 DOGWOOD DR BRICK, NJ 08723 CC:

RE: Building Subcode
Block: 383.31 Lot: 27 Qual:
360 DOGWOOD DR
Permit Number: Control Number: C-09-000213
Last Submit Date: Tuesday, February 17, 2009

Date: Wednesday, February 18, 2009

Dear GAWLER, MICHAEL & SANDRA,

The following comments were made during the Plan Review process:

Expansion of family room involves wall removal? Show support of structure above.

Provide dimensions on all spaces.

Provide heat plan, heat loss required if expanding system.

Sincerely,

K Anderson 2/18/09

Kenneth Anderson, Subcode Official

02-18-09
Called h/o
732-451-1308
left message on machine
to contact office -
02-20-09
fax 973-954-4213

resubmit
02-18-09

In accordance with ACCA Manual J
IS YOU'R CLIMATE RITE?

Report Prepared By:

Climate Tech Mechanical
259 DRUM POINT RD.
BRICK NJ. 08723
732-477-4400

For: Mike Gawler
360 Dogwood Dr
Brick, N.J. 08723

Design Conditions: Brick

Indoor:		**Outdoor:**	
Summer temperature:	75	Summer temperature:	90
Winter temperature:	68	Winter temperature:	20
Relative humidity:	55	Summer grains of moisture:	96
		Daily temperature range:	Medium

Building Component	**Sensible Gain (BTUH)**	**Latent Gain (BTUH)**	**Total Heat Gain (BTUH)**	**Total Heat Loss (BTUH)**
Whole House	**23,086**	**4,550**	**27,636 (2.5 tons)**	**67,472**
First Floor	10,362	2,267	12,629	37,135
All Rooms	10,362	2,267	12,629	37,135
Main Floor	12,724	2,283	15,007	30,337
All Rooms	12,724	2,283	15,007	30,337
Whole House	**23,086**	**4,550**	**27,636 (2.5 tons)**	**67,472**

Climate Tech Mechanical LLC

REFRIGERATION • HEATING • AIR CONDITIONING
COMMERCIAL • RESIDENTIAL

P.O. BOX 4130
BRICK, NEW JERSEY 08723
(732) 477-4400 FAX (732) 477-1199

PROPOSAL

Proposal Submitted To: Michael & Sandra Gawler
360 Dogwood Dr.
Brick, NJ 08723

Date: February 27, 2009

Phone: 732-604-5795

The following is an estimate to install ductwork for a new bathroom and existing addition. Running one duct from under the house in to the addition area and splitting off to the bathroom and new rec. room. Providing there are no unforseen issues with access to the under floor area. This includes all parts, materials, labor and heat loss.

COMPLETE .....$ 625.00

Estimate does not include an electrical work that may need done or door frame repair if needed.

If you have any questions, please call us....732-477-4400

ACCEPTANCE

You are hereby authorized to furnish all materials and labor required to complete the work in the above proposal and according to the terms thereof.

Print Name Sandra Gawler Signature Sandra Gawler Date 2/27/09

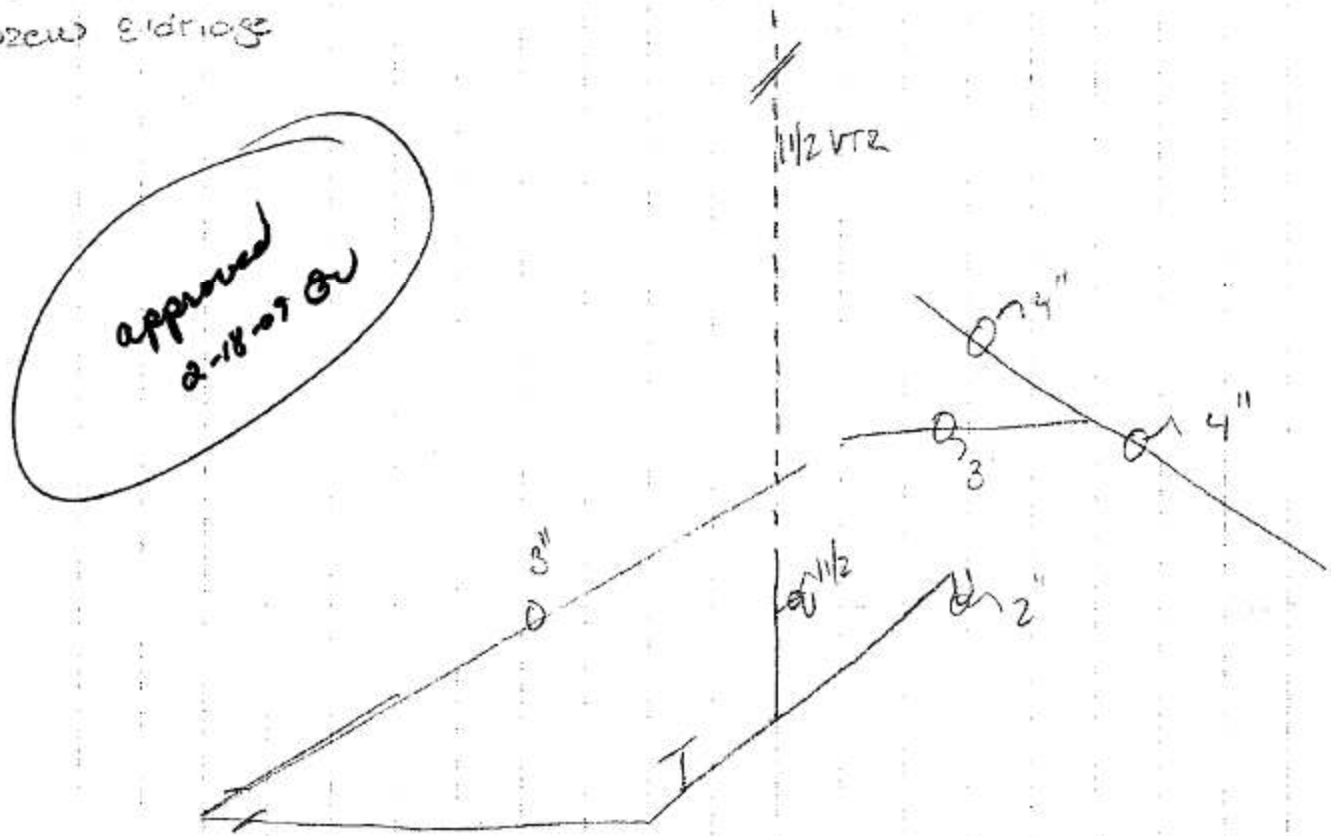
Print Name _____ Signature _____ Date _____
Climate Tech Rep

*Note – Any deviation from the original plan or proposal, whether prior to or after commencement of work, must be written as a separate proposal, additional charges will be applicable and the acceptance must be signed by both parties.

This proposal is valid for 30 days.
****Financing available, Cash, Checks, Visa, MasterCard, and American Express Accepted.**
50% DUE AT SIGNING BALANCE DUE UPON COMPLETION

A.H.M
Plumbing Heating
Master Plumber
License # 12066
Drew Eldridge

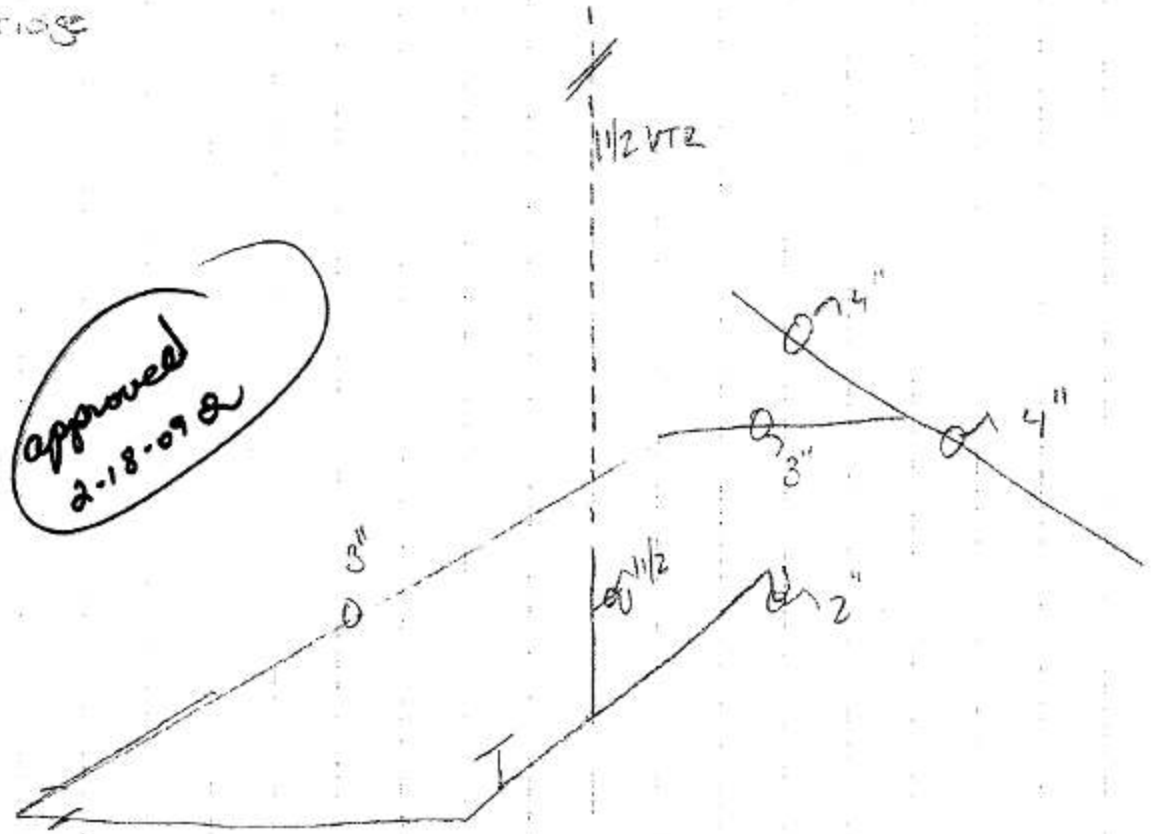
Gower Residence



approved
2-18-09 GW

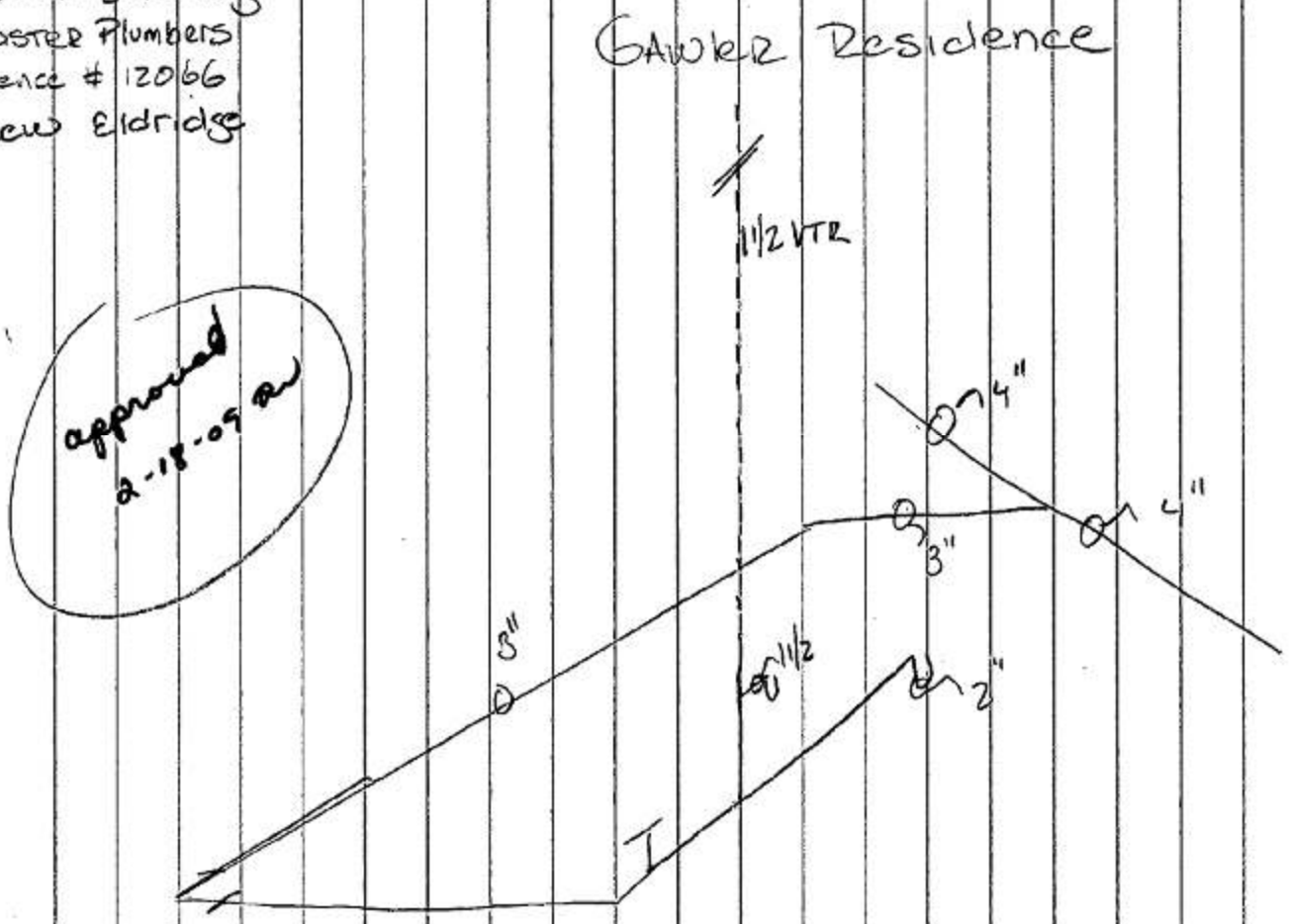
A.H.M
Plumbing Heating
Master Plumber
License # 12966
Jason Eldridge

Gaver Residence



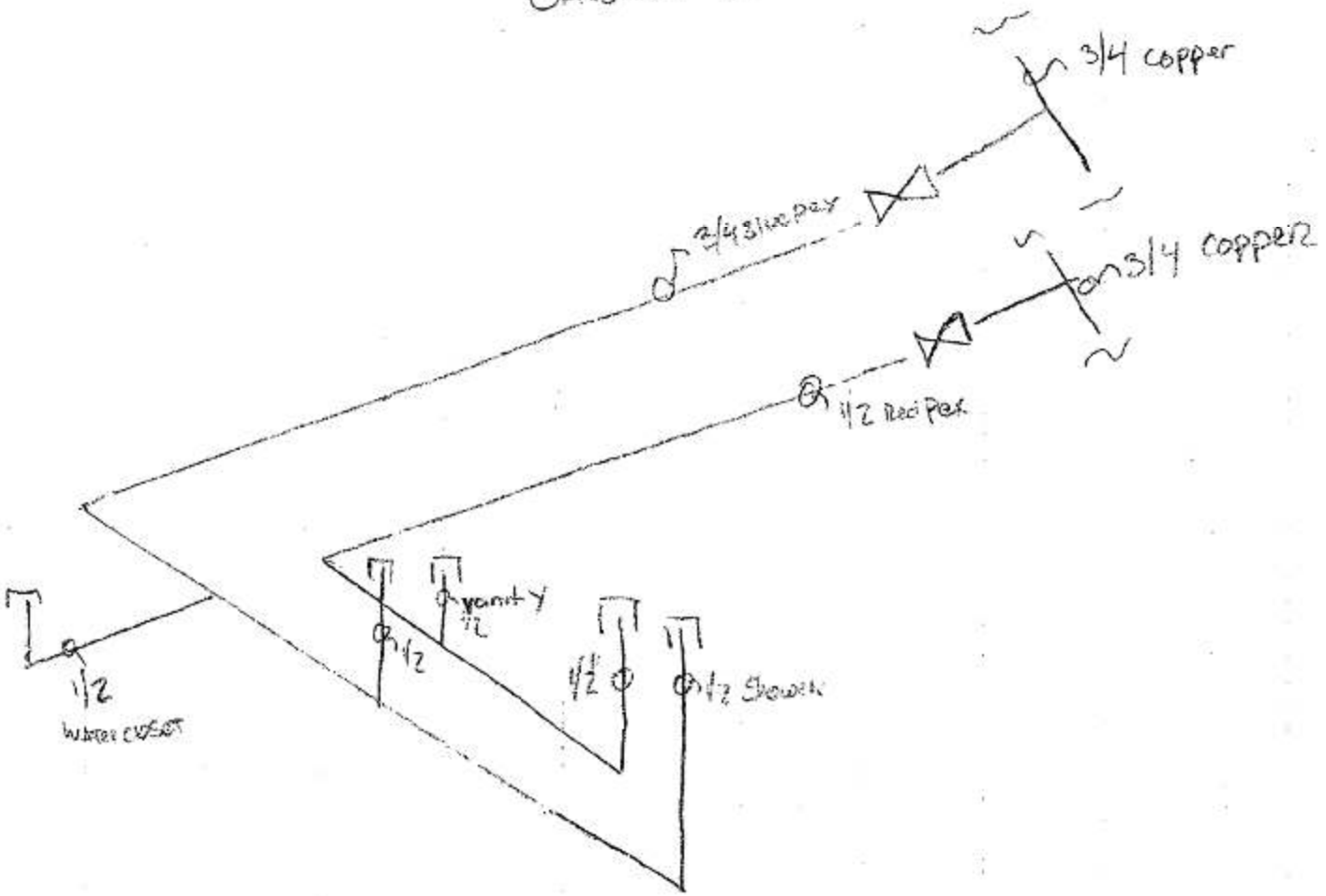
A.H.M
Plumbing Heating
Master Plumbers
license # 12066
Drew Eldridge

Gawker Residence



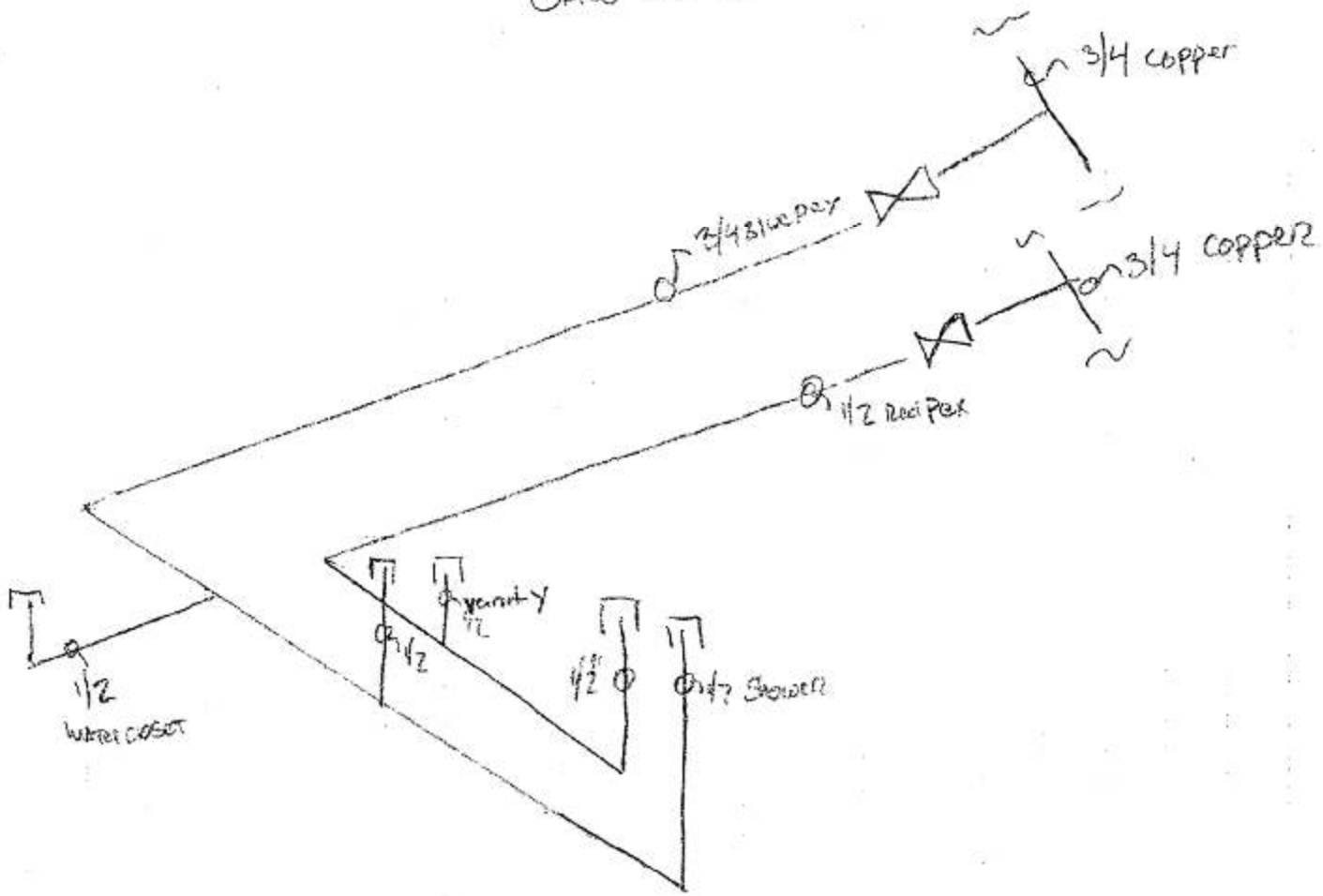
A.H.M. Drawing heating
103 Bay AVE

Gawlez Residence



A.H.M Plumbing & Heating
103 Bay Ave

GAW'ez Residence



A.H.M. Plumbing Heating
103 Bay Ave

GAWler Residence