BLOCK 210.03 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 17-3814

CONSTRUCTION PERMIT APPLICATION

17-004708

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

I. IDENTIFICATION

1. Proposed Work Site at: 12 HOLLYCREST DR. BRICK 08723
2. Name of Owner in Fee: TONIA DUSZA
   Tel. [redacted] e-mail _____
   Address 12 HOLLYCREST DR. BRICK 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ALVA BUILDERS Tel. (732) 920-2139
   Address 670 WINDSOR RD. e-mail PHILA1040@AOL.COM
   BRICK NJ 08723
   License No. OR, if new home, Builder Reg. No. 13VH04391100 Exp. Date 3-31-18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3029543 FAX: (732) 920-4368
5. Architect or Engineer OWNER Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun PHIL AVMACK
   Tel. (732) 920-2139 FAX: (732) 920-4368

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 200✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	$ 75.-		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 275.-		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
2. Height of Structure 9 ft.
3. Area — Largest Floor 316 sq. ft.
4. New Building Area 316 sq. ft.
5. Volume of New Structure NA 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 ____

FLOOD ZONE

IIa. PROPOSED WORK

- ☑ Minor Work DECK
- ☐ 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		CW	10/19/17		11-15-17				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	11/2/17		11/2/17	N/A			
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)

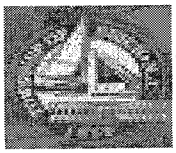
DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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/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

UCC F100-1 (rev 8/08)

02-24 WDH & Plan Rec



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/29/2017
Control Number C-17-004708
Permit Number 17-3814
Permit Issue Date 11/20/2017
Certificate Number 17-3814

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 12 HOLLYCREST DR. Brick Township, NJ Block: 210.03 Lot: 8 Qual:

Owner in Fee: DUSZA, JONATHAN

Owner Address: 12 HOLLYCREST DR BRICK NJ 08723

Telephone: [redacted]

Contractor ALVA BUILDERS

Address 670 WINDSOR RD BRICK NJ 08723

Telephone: (732) 920-2139 Fax: (732) 920-4368

License Number or Builders Registration Number: 13VH04391100 Federal Emp. Number: 22-3829543

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: DECK

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: $0.00
Check Number:
Collected By:

Date Printed: 12/29/2017

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

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(f)1.ix:

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 James Duzza Date 10-19-17

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(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 PHIL AUMACK ALVA BUILDERS

Address 670 WINDSOR DR BRICK NJ 08723

Telephone (732) 920-2139

Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-17-01384
DATE ISSUED 11/20/17

BLOCK: 210.03 LOT: 8 QUALIFIER: _____ SITE ADDRESS: 12 HOLLYCREST DR. BRICK

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Tonia Dusza
   COMPLETE ADDRESS: 12 Holly Drive Brick NJ 08723
   PHONE [redacted] EMAIL [redacted]
2. NAME OF APPLICANT: Owner
   APPLICANT ADDRESS: _____
   PHONE # _____ EMAIL: _____
3. RESPONSIBLE PERSON FOR WORK: PHIL Aumack
   PHONE# 732 920 2139 FAX# 732-920 4368
4. SIGNATURE OF APPLICANT: Tonia Dusza

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: X
COMMERCIAL: _____
EXISTING USE: SFD
PROPOSED USE: SFD

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK X

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: 9' (*IF APPLICABLE)

OTHER _____

DESCRIPTION: OVERALL 31'x14' DECK

ZONING REVIEW:
DATE REVIEWED: 10-26-17 DATE DENIED: _____ DATE APPROVED: 10-26-17 INTLS: CL

(SEE BACK PAGE)

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:
1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/20/17
Control #
Date Issued
Permit # 17-3814

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

Block 210.03 Lot 8 Qualification Code

Work Site Location 12 HOLLYCREST DR. BRICK NJ 08723

Owner in Fee: Tonia Dusza

Te [redacted]

Address 12 Hollycrest Drive (street) (municipality)

Contractor: ALVA Builders Tel. (732) 920-2139 (zip code)

Address 670 WINDSOR RD. e-mail

BRICK NJ 08723

Contractor License No. or Builder Registration No. 13VH04391100 Exp. Date 3-31-18

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

Federal Emp. ID No. 22-3829543 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: Tonia Dusza Phil Avmack

Print name here: Tonia Dusza Phil Avmack

TECHNICAL SITE DATA

DESCRIPTION OF WORK

DECK

* AS NOTED

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11-15-17	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/20/17
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/27/17
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing 6 Ali	Failed		12-1-17	
Footing Bonding				
Foundation				
Slab				
Frame			12/27/17	[signature]
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12/27/17	[signature]
Barrier-Free				

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
- [ ] Other DECK
- [ ] 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 1
Height of Structure 9 ft.
Area — Largest Floor 316 sq. ft.
New Bldg. Area/All Floors 316 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. $ 4,000
2. Rehabilitation $
3. Total (1+ 2) $ 4,000

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

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

CONSTRUCTION PERMIT

Date Issued 11/30/17
Control # C-17-004708
Permit # 17-3814

IDENTIFICATION Block: 210.03 Lot: 8 Qualifier
Work Site Location: 12 HOLLYCREST DR. Brick Township, NJ
Owner in Fee DUSZA, JONATHAN
12 HOLLYCREST DR BRICK NJ 08723
Telephone: [redacted]

Contractor ALVA BUILDERS
Address 670 WINDSOR RD BRICK NJ 08723
Telephone: (732) 920-2139
Lic. No. or Bldrs. Reg. No. 13VH04391100 13VH04391100
Federal Employee. No. 22-3829543

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DECK

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 $4,000

C Newman JR JBU
Construction Official

Date 11/30/17

PAYMENTS (Office Use Only)

Building	$200
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$208
Check No.	1917
Cash	$0
Credit	$0
Collected By	

$75
$283.

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.

KN10 SERV.010
BUILDING $200.00
SUR $8.00
ZPN $75.00
CHECK $283.00

- [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.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS

PERMIT #:

BLOCK: 210.03 LOT: 8 ADDRESS: 12 HOLLYCREST DR BRICK NJ

IDENTIFICATION:

1. WORK SITE ADDRESS: 12 HOLLYCREST DR
2. NAME OF OWNER IN FEE: TONIA OUSZA

   ADDRESS: 12 HOLLYCREST PHONE #: (__) _____

   BRICK NJ 08723 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: ALVA BUILDERS

   ADDRESS: 670 WINDSOR RD PHONE #: 732 920-2139

   BRICK, NJ FAX #: 732 920-4368
4. ARCHITECT OR ENGINEER: OWNER

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: PHIL AVMACK

   ADDRESS: 670 WINDSOR RD BRICK NJ

PHONE #: (__) _____ FAX #: (__) _____ E-MAIL: PHILAVO@AOL.com

FEE SUMMARY:

APPLICATION FEE:	$ _____
REVIEW FEE:	$ _____
INSPECTION FEE:	$ N/A
OTHER _____:	$ _____
BOND(S):	$ _____
TOTAL:	$ _____

FLOOD ZONE

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☑ OTHER DECK

LENGTH: 31' WIDTH: 14' HEIGHT: 9'

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 11/2/17 DATE REJECTED: _____ DATE APPROVED: 11/2/17 INITIALS: KSS

0'2-34 WIDE

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-17-01376
Application Date: 10/26/2017
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite **12 HOLLYCREST DR.**
Location: **Brick Township, NJ 08723**

Block: **210.03**
Lot: **8**
Qualifier:
Zone: **R-7.5**

Owner: **DUSZA, JONATHAN**
Address: **12 HOLLYCREST DR**
BRICK, NJ 08723

Applicant: **DUSZA, JONATHAN**
Address: **12 HOLLYCREST DR**
BRICK, NJ 08723

Application Approved Date: 10/26/2017

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential
Nonconforming Use is:

Work Description:
Deck/Porch - Construction of a 31' X 14' deck and staircases.

The deck must be minimum 25' from the front property line, 6'/15' combined on the side, and 15' from the rear property line.

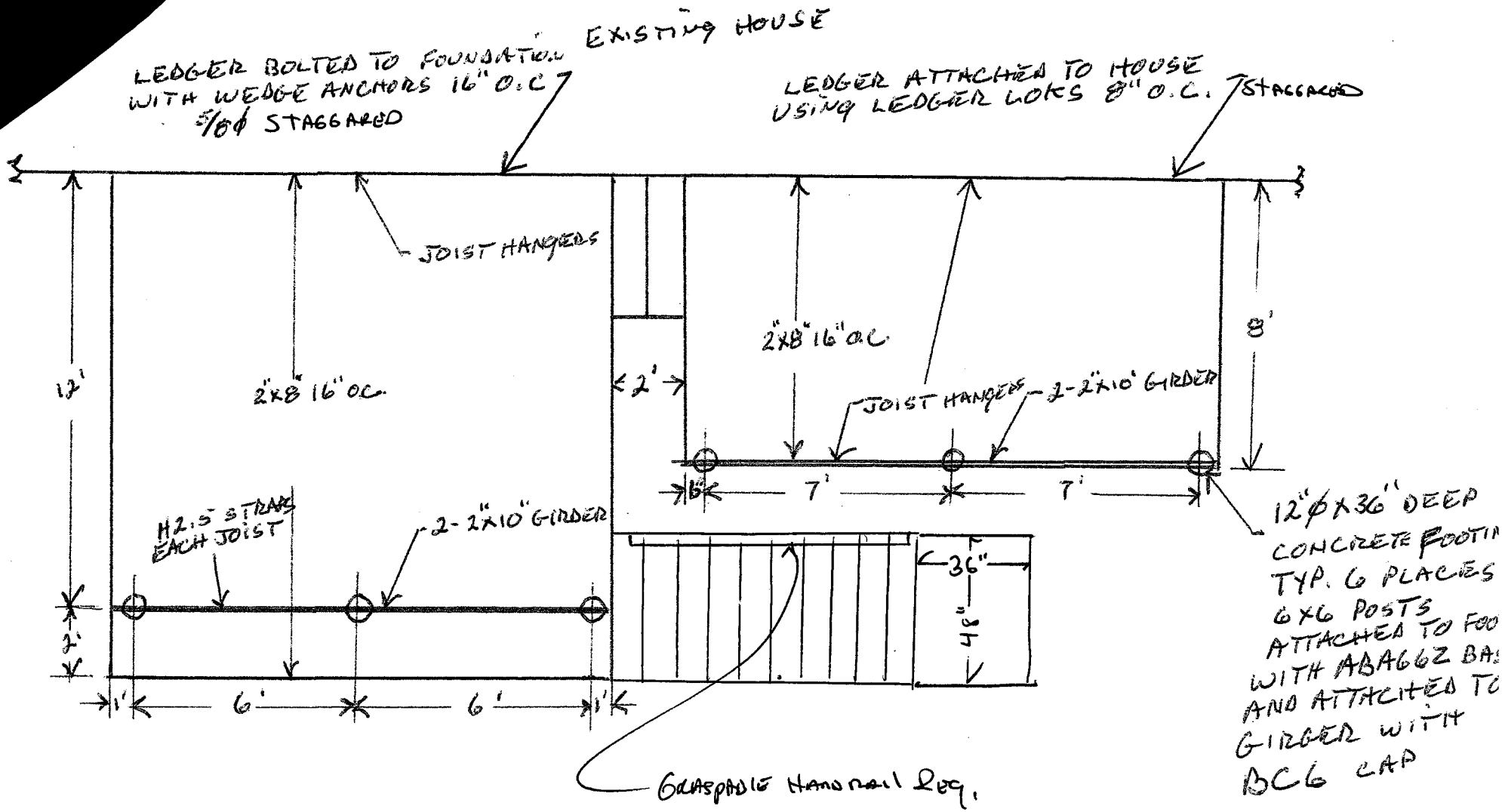
Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on:
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 10/26/2017 Date

Sean Kinnevy, Zoning Officer — 10/26/17 **Date**



DRAWN BY:

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		11-15-16
Plans Released		
Construction Official		

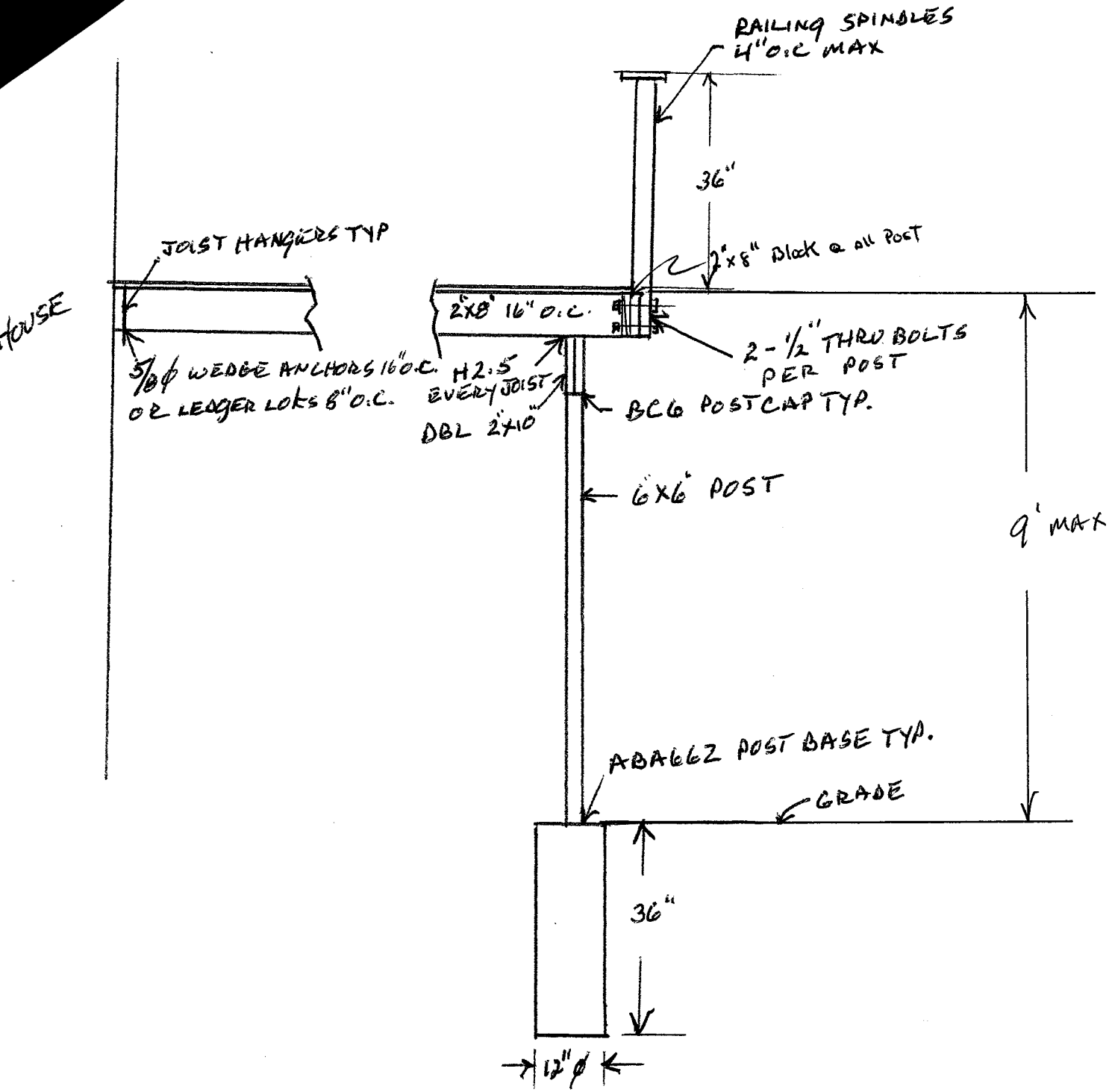
AS NOTED

FILE COPY

Zoning Review Approval

By: CW DCCK

Date: 10/26/16


RAILING SPINDLES
4" O.C MAX
36"
2"x8" Block @ all Post
JOIST HANGERS TYP
2"x8" 16" O.C.
2 - 1/2" THRU BOLTS
PER POST
5/8ϕ WEDGE ANCHORS 16" O.C.
OR LEDGER LOKS 8" O.C.
H2.5
EVERY JOIST
DBL 2"x10"
BC6 POSTCAP TYP.
6"x6" POST
9' MAX
ABA66Z POST BASE TYP.
GRADE
36"
12"ϕ

Township of Brick

DECK CHECKLIST

REVISED 10/25/14

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely.	Yes ✓	No ___
2. Zoning Application completely filled out (All Sections)	Yes ✓	No ___
3. Engineering Form completely filled out (All Sections)	Yes ✓	No ___
4. Four true size surveys to scale showing all dimensions & setback of existing and proposed structures and highlight area of proposed work.	Yes ✓	No ___
5. Building Sub-code Tech completed.	Yes ✓	No ___
6. Electric Sub-code if adding lighting/receptacles to deck. Indicate specific wiring methods to be used	Yes ___	No ___
7. Two sets of plans – Architecturals signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath.	Yes ✓	No ___
8. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes ✓	No ___
9. Completed Debris Form	Yes ✓	No ___
10. If Condo or in an association, need approval from association	Yes ___	No ___

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs

HAS REGISTERED

ALVA BUILDERS
Philip Aumack
670 Windsor Rd
Brick NJ 08723

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/07/2017 TO 03/31/2018
VALID

13VH04391100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
ALVA BUILDERS
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/07/2017 TO 03/31/2018
VALID

SIGNATURE

DIRECTOR

13VH04391100
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 12 HOLLYCREST DR.

BLOCK: 210.03 **LOT:** 8

CONTRACTOR: ALVA BUILDERS

CONTRACTOR'S ADDRESS: 670 WINDSOR RD. BRICK NJ 08723

Type of Construction(minor, new home): DECK

Type of Debris (shingles, siding, wood, etc.): WOOD

Party responsible for removal: ALVA BUILDERS

Dumpster Size: 10yD

Destination of Debris: OCEAN COUNTY LANDFILL

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."

Signature

10/19/17
Date

PHIL AVMACK
Print Name