BLOCK 809 LOT 8, 9, 10 QUALIFICATION CODE C13·80 ADDRESS (SITE) 1375 LARCHMONT AVE PERMIT NO. 02-3267

CONSTRUCTION PERMIT APPLICATION

Application Completion: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 1375 Larchmont Ave
2. Name of Owner in Fee: Rose Snyder [redacted]
   Address: 1375 Larchmont Ave Brick 08723
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: JM construction Tel. (732) 948-9068
   Address: 30 Diane Drive Brick 08723
   License No. OR, if new home, Builder Reg. No. 15080972 Exp. Date _____
   Federal Employee No. 150800972 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work John Mazzucq
   Tel. (732) 948-9068 FAX (_____) _____

ATT. DECK

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	110		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		4		
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	114		

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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	4000								

OPTIONAL (for office use only)

8/1/02 — 8/16/02 — 8-21-02 FHA — 11/6/02

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction 1
Net Gain or Loss 1

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10102438

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

X Signature _____ Date 8/9/02

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. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☒ Check if contractor.

Agent Name John Mazzuca

Address 30 Diane Dr Brick NJ 08723

Telephone (732) 948-9068

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

C3F

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/29/2002
Control #
Permit # 02-3267

NCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 805 Lot 8 Qual

Work Site Location 1325 LARCHMONT AVE
ATTACHED DECK

Owner in Fee SNYDER, ROSE
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor JOHN MAZZUCA
Address 30 DIANE DR
BRICK, NJ
Telephone (732)920-0969
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-0800972

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
20X20 GROUND LEVEL DECK AND ADD 6X13X8 DECK TO EXISTING 12X16X8 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 $ 4,800

DF Nauman Jr
Construction Official

08/29/2002
Date

B.C.C. F178 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	110
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	15 2P
Total	114 1 25
Check No.	
Cash	X
Collected By	JR

[illegible] 0000004388
4806 SERV.00o

02-3267
BUILDING $110.00
DCA $4.00
PA $5.00
TOTAL $129.00
CASH $129.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/12/2002
Date Issued 8/29/02
Control # C13-80
Permit # 02-3267

Only 1 Set Plans

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

Block 809 Lot 8 Qual

Work Site Location 1375 LARCHMONT AVE
ATTACHED DECK

Owner in Fee SNYDER, ROSE

Address SAME
BRICK, NJ 08723-

T [redacted]

Contractor JOHN MAZZUCA

Address 30 DIANE DR
BRICK, NJ -

Tele.(732)948-9068 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 15-0800972

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

20X20 GROUND LEVEL DECK AND ADD 6X13X8 DECK TO EXISTING 12X16X8 DECK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-21-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] C
Date: 11-6-02
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	9/6 no Plans / 5/02 am			
Foundation			9/6/02	
Slab				
Frame			10/10/02	
BarrierFree				
Insulation				
Finishes	10/24 am			
Energy				
Mechanical				
TCO				
Other				
Final			11/6/02	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,000
3. Total (1+2) $ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	110
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 110
DCA Training Fee	$ 4

Paid [ ] Check # Collected by:

U.C.C. F110 (rev. 3/96)

9/5 7+2 = 9 No Plans on site
12 x 36 10 x 3 6
9/6/2002 Passed PM per plan brought in JKL
10/24/02 Pile of Dirt & Const Debris on site JKL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/12/2002
Date Issued 8/12/02
Control # C13-80
Permit # 02-3267

Only 1 Set Plans

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT AVE
ATTACHED DECK
Owner in Fee SNYDER, ROSE
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor JOHN MAZZUCA
Address 30 DIANE DR
BRICK, NJ -
Tele.(732)948-9068 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-0800972

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

20X20 GROUND LEVEL DECK AND ADD 6X13X8 DECK TO EXISTING 12X16X8 DECK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-21-02	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,000
3. Total (1+2)$ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	110
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 110
DCA Training Fee	$ 4

Paid [ ] Check # Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: August 14, 2002 No. 2.1372

Block: 809 Lot: 8 Zone: R-7.5

Property Address: 1375 Larchmont Avenue

Applicant: John Mazzuca

Property Owner: Rose Snyder

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: 6' x 13', 8' high attached deck extension;
20' x 20' 1' high attached deck.

Conditions: The deck must be set back at least 6 feet from the side property lines and at least 15 feet from the rear property line.

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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
AUG 13 2002
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

Block 809 Lot 8, 9, 10 Qualifier _____

PROPERTY ADDRESS 1875 CARLMONT AVE

PERSONAL NAME OF APPLICANT JOHN MAZZUCA

BUSINESS NAME OF APPLICANT —

PROPERTY OWNER ROSE SNYDER

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) _____
☐ Addition
☐ Alteration
☑ Porch or deck (state heights) Ground level 1'2 # 8 ft addition to existing Dock
☐ Shed (state height) _____
☐ Fence (state 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

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

☐ 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.

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 John Mazz Date 8/10/02

Reviewed by Zoning Office _____ Date 8/14/02 (X) Approved ( ) Denied

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Contruction Official
(732) 262-1030
Fax: (732) 262-6954
http://www.twp.brick.nj.us

Date: 8/10/02

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 809 Lot: 8, 9, 10

Property Address: 1375 CARLTON AVE

I, JOHN MAZZUCA (name) of 30 DIANE DR (address)

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

John Mazzuca
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of 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.

OFFICE USE

Approved: 8/16/02 Signed:

Rejected: Signed:

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 8-19-02

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION 1375 Larchmont Ave.
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

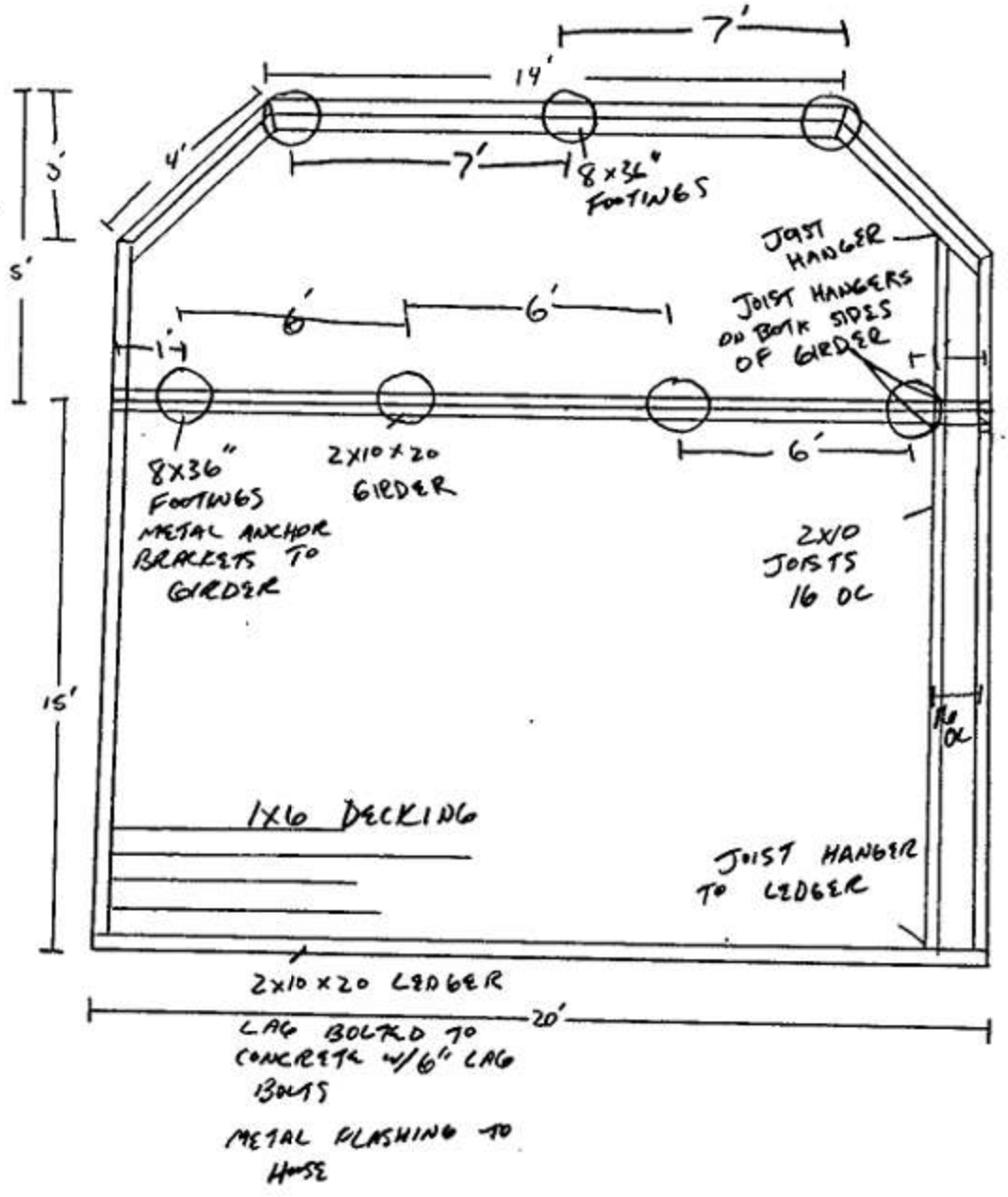
Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

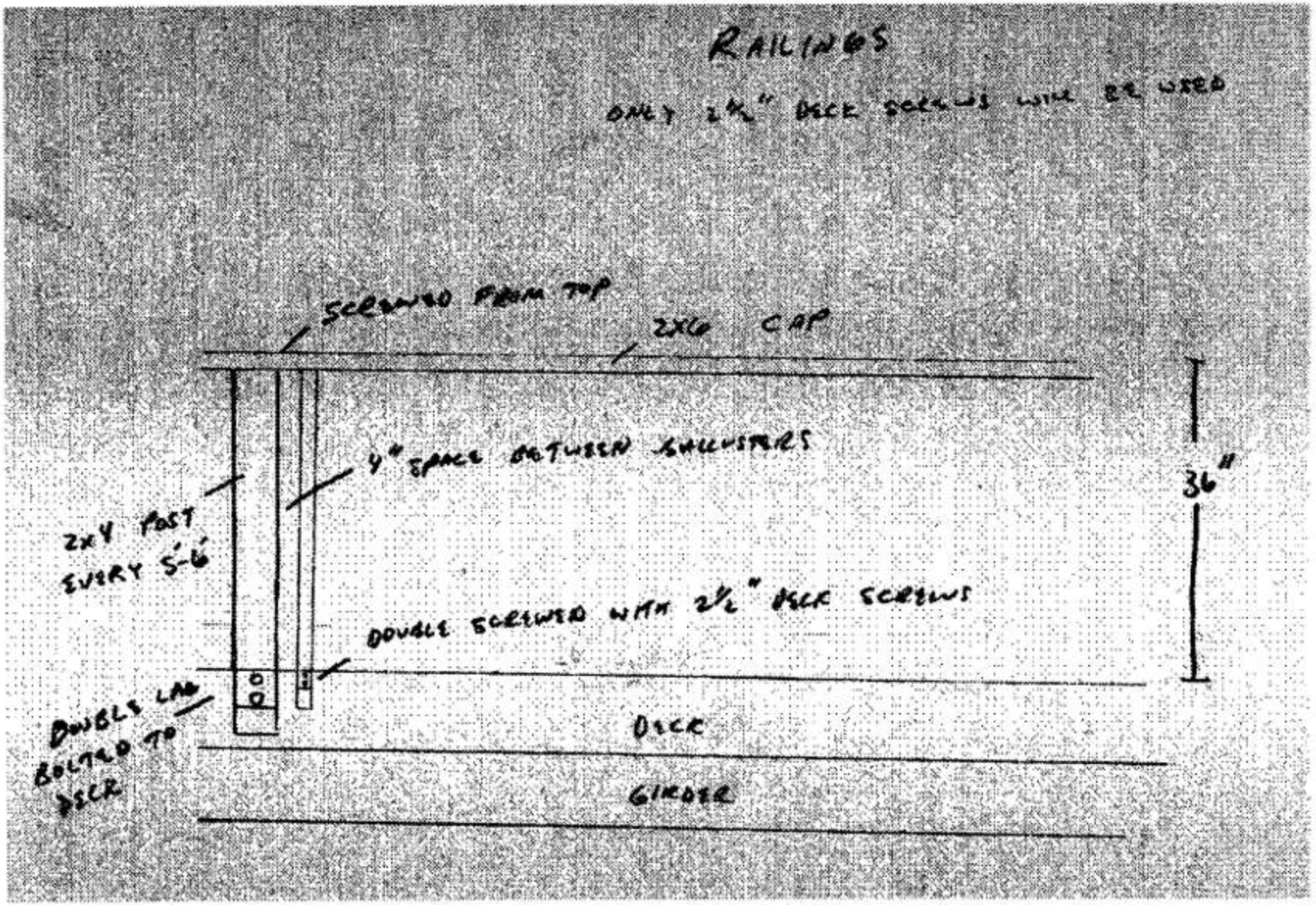
CORRECTION LIST

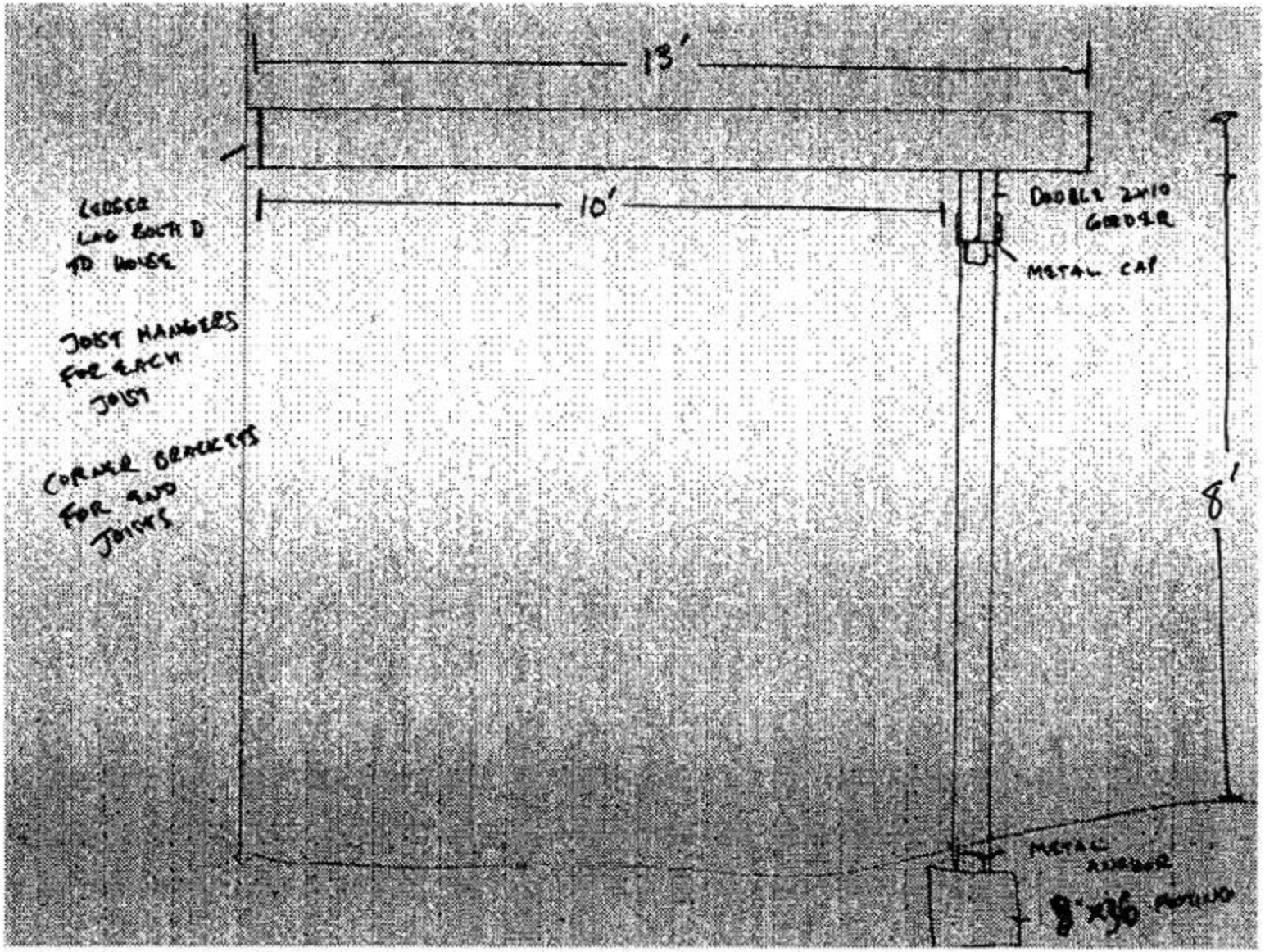
No.	DESCRIPTION	Code Section
(1)	Supports Should Be 6X6 NOT 4X4	
(2)	9" minimum Footing Size on New Addition	
(3)	Lower Deck Should Have 12" FOOTINGS	
	Resubmitted 9/20/02	
	CALLED H.O. LEFT Message 2.x	

Carl Snyder 8-9

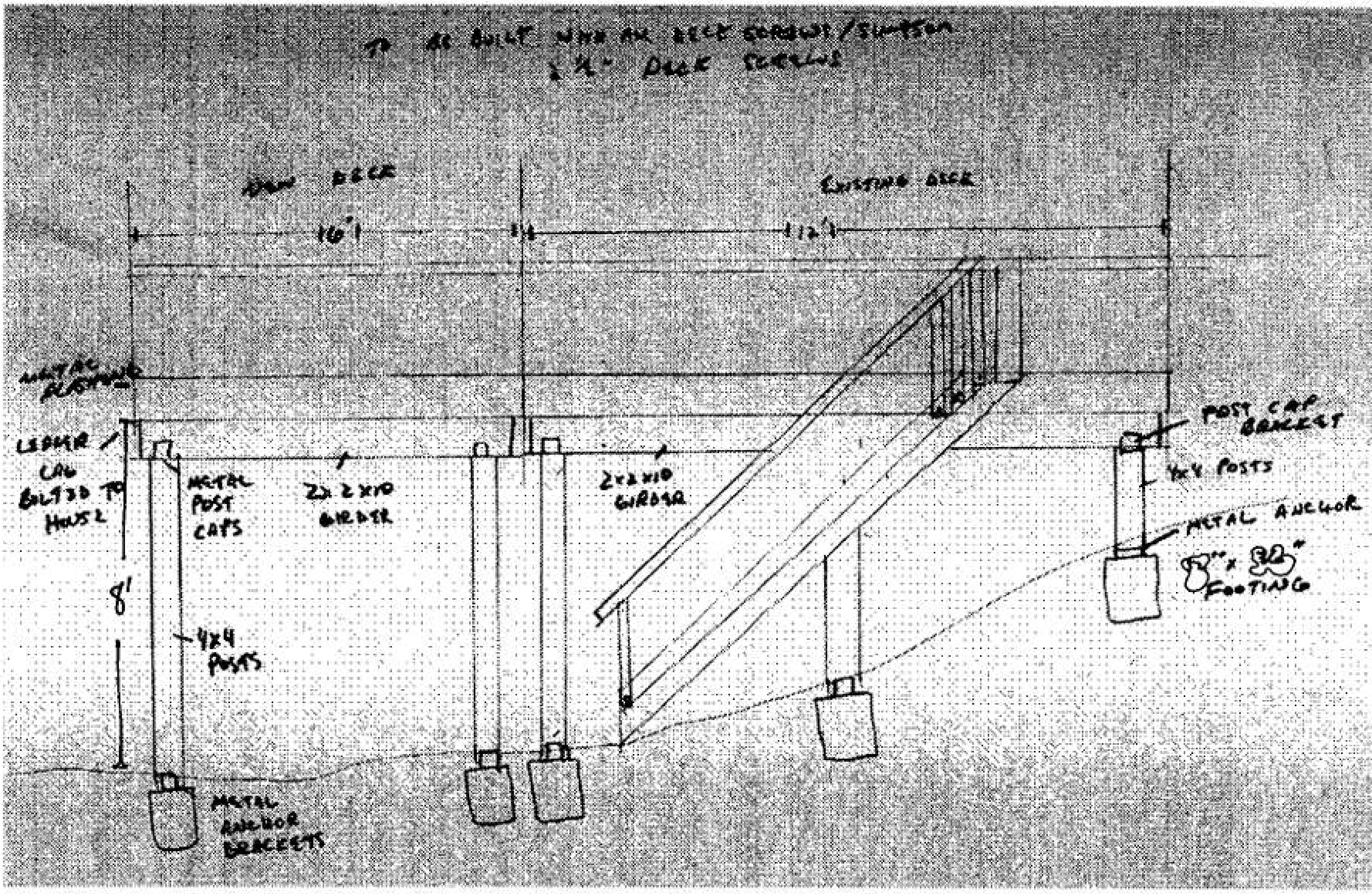
SCREWS WILL BE
2½" DECK SCREWS



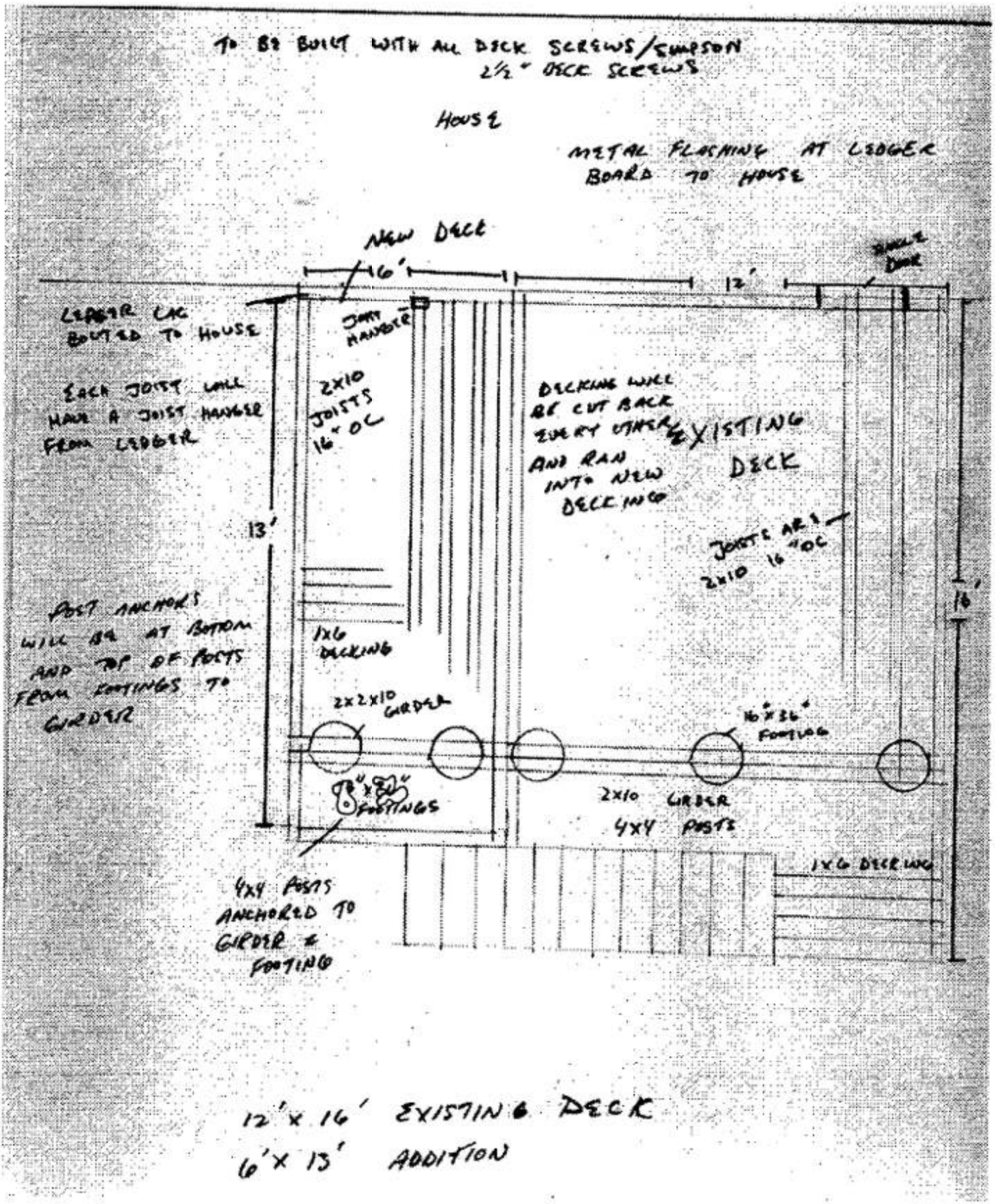

RAILINGS
ONLY 2½" DECK SCREWS WILL BE USED
SCREWED FROM TOP
2X6 CAP
4" SPACE BETWEEN BALUSTERS
36"
2X4 POST EVERY 5'-6'
DOUBLE SCREWED WITH 2½" DECK SCREWS
DOUBLE LAG BOLTED TO DECK
DECK
GIRDER



Barrie Snyder 5-9

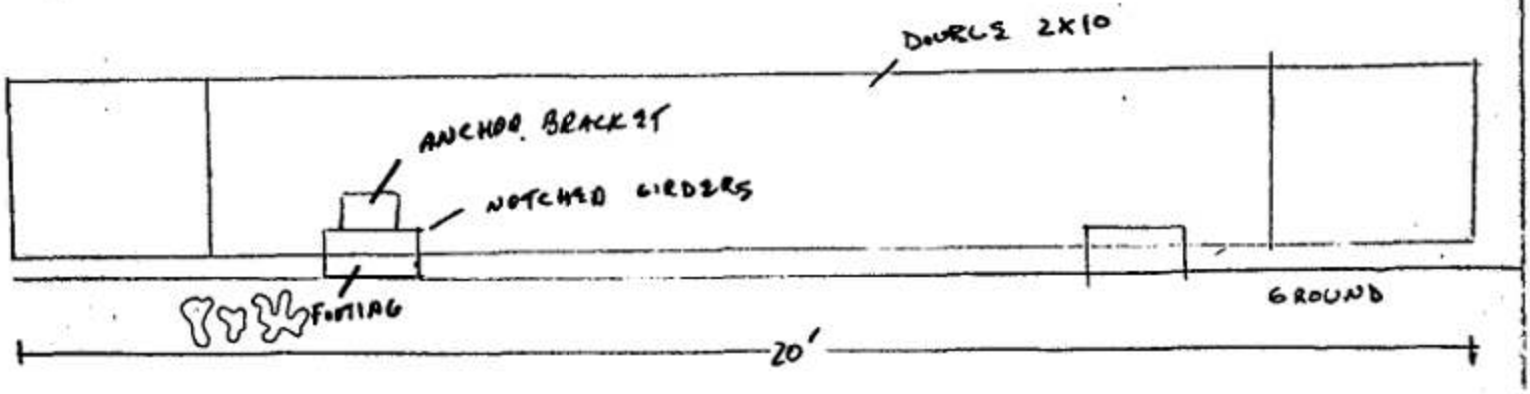

16'
12'
8'
METAL POST CAPS
2x2x10 GIRDER
2x2x10 GIRDER
4x4 POSTS
METAL ANCHOR BRACKETS
POST CAP BRACKET
4x4 POSTS
METAL ANCHOR
FOOTING

Can Snyder 8-4



12'X 16' EXISTING DECK
6'X 13' ADDITION

FRONT VIEW OF BOTTOM DECK



SAME FOR CENTER GIRDER

8-9

Plan Review BRICK TOWNSHIP

Zoning _____ Class _____ Date _____ By _____

Plumbing _____

Building _____ 8-21-02 FH

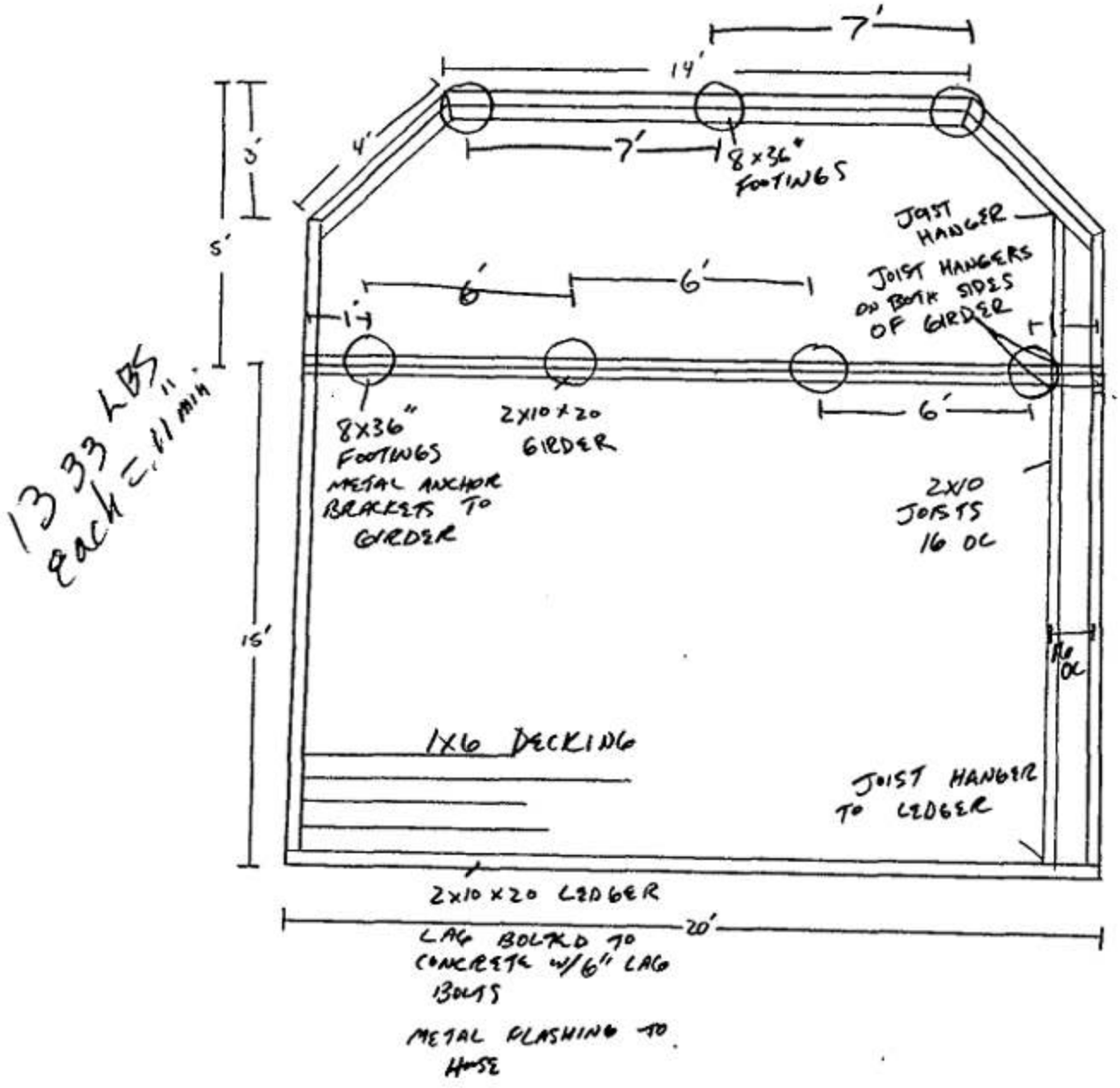
Fire _____

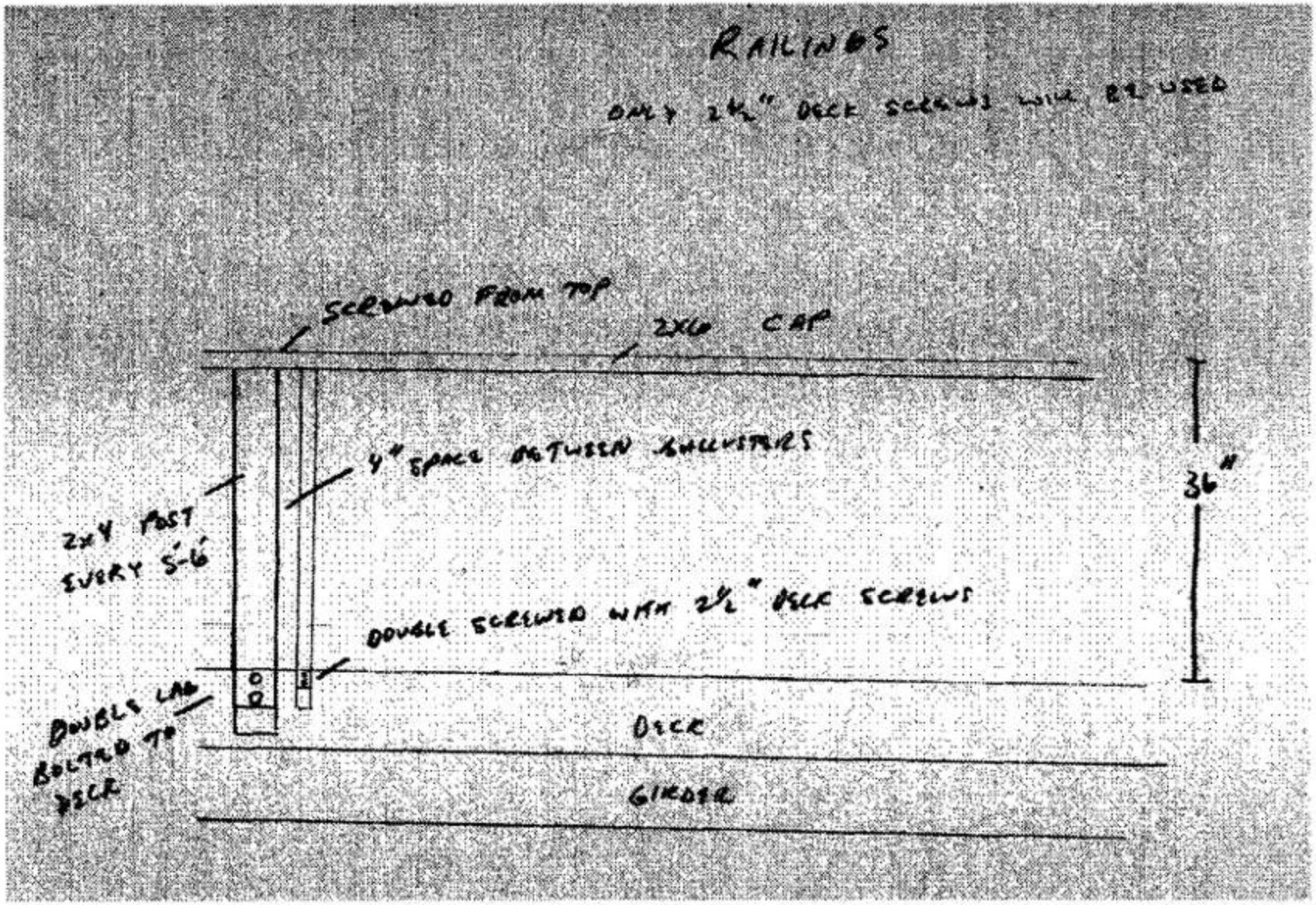
Energy _____

Electrical _____

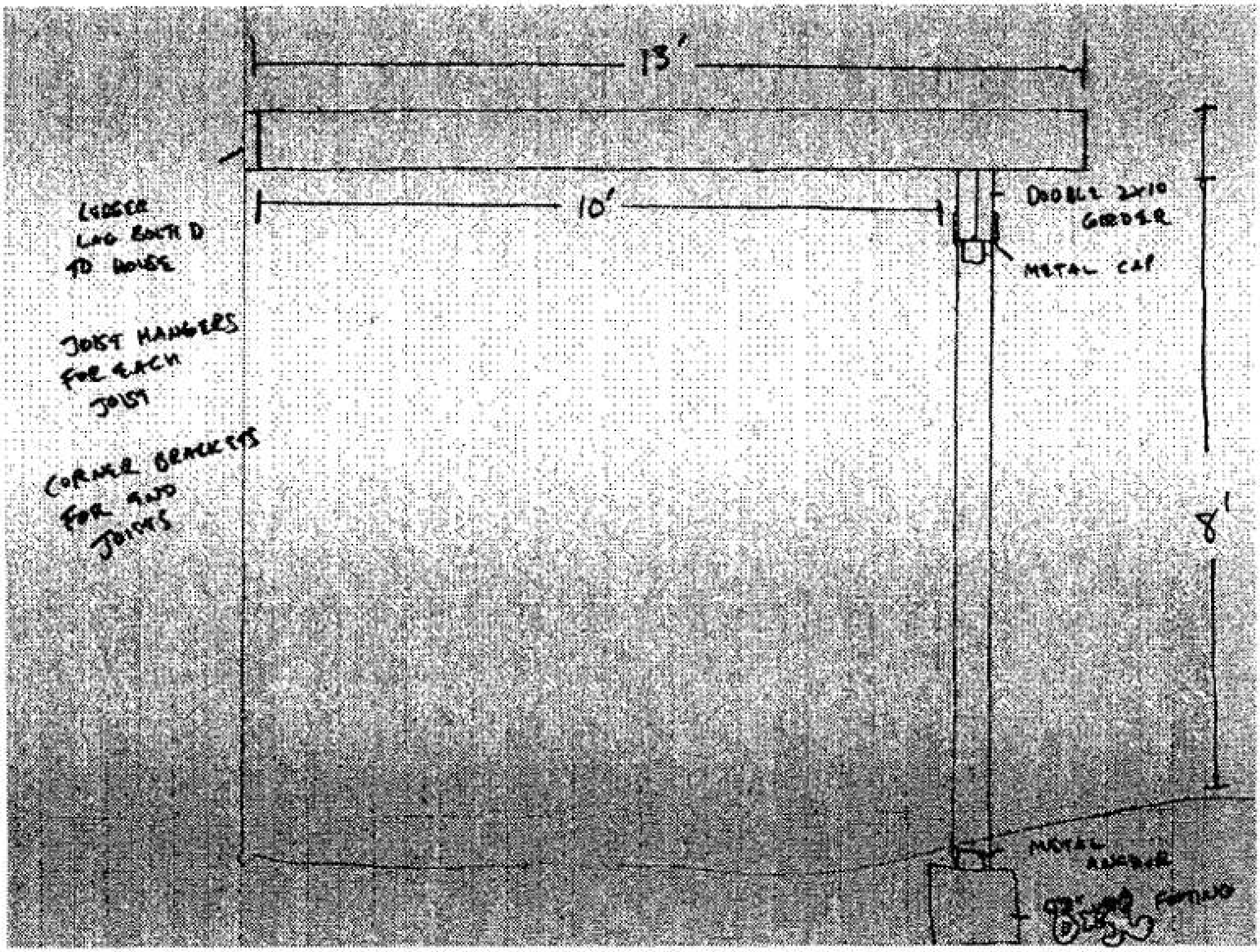
Rec Septic 8-9

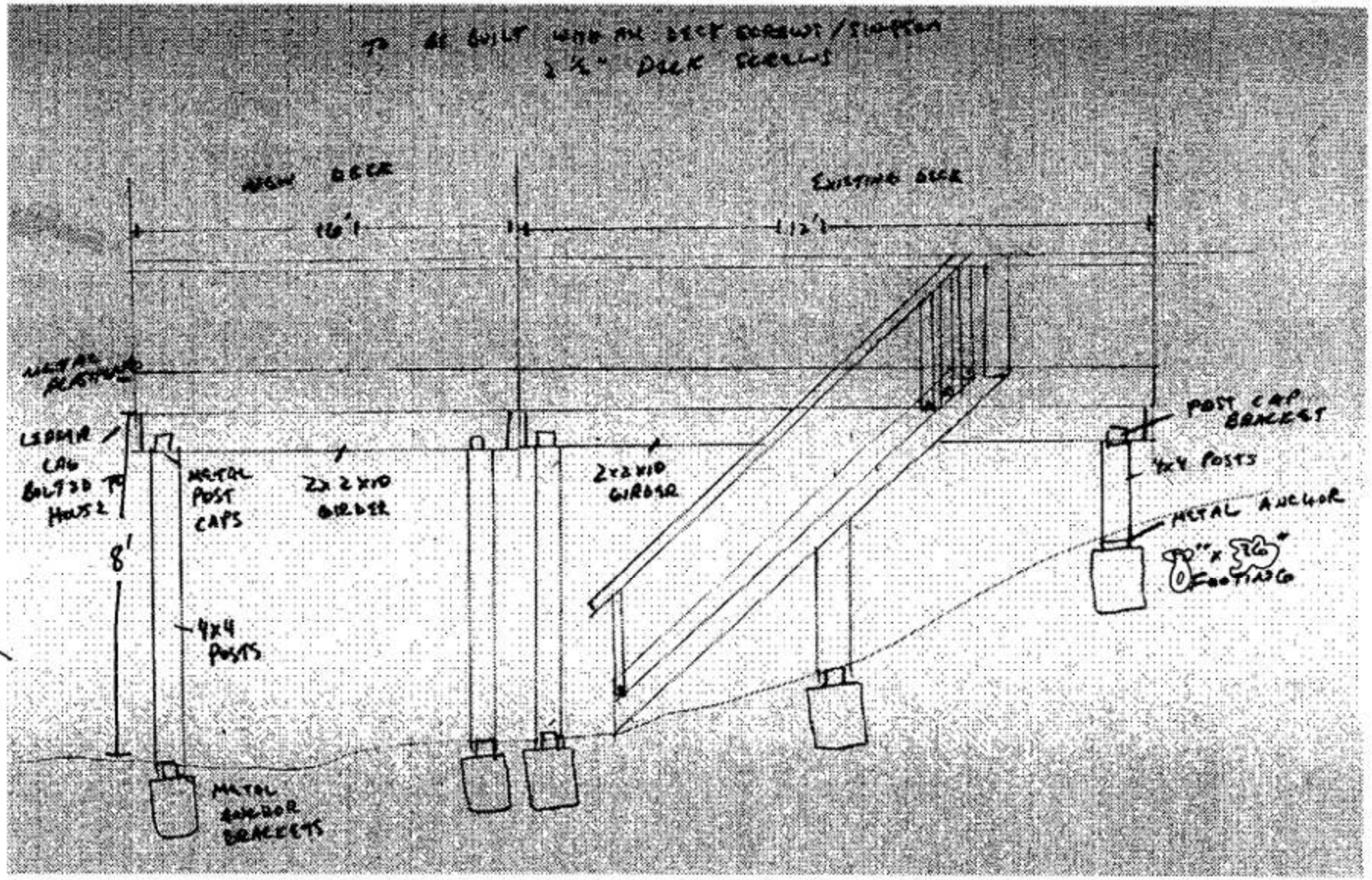
SCREWS WILL BE
2½" DECK SCREWS



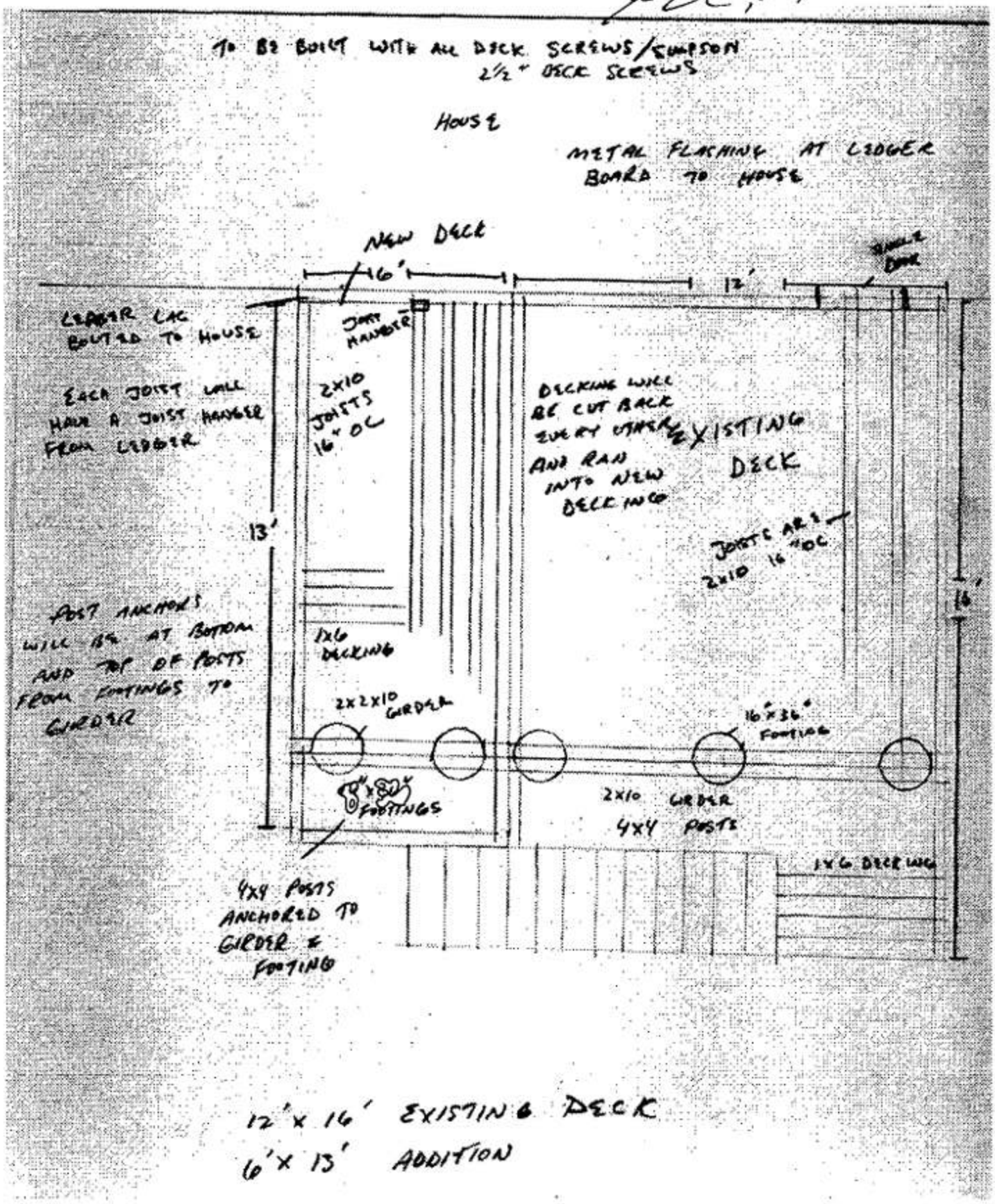


Ryan Snyder 8-7


13'
10'
LEDGER LAG BOLTED TO HOUSE
DOUBLE 2x10 GIRDER
METAL CAP
JOIST HANGERS FOR EACH JOIST
CORNER BRACKETS FOR END JOISTS
8'
METAL ANCHOR
FOOTING

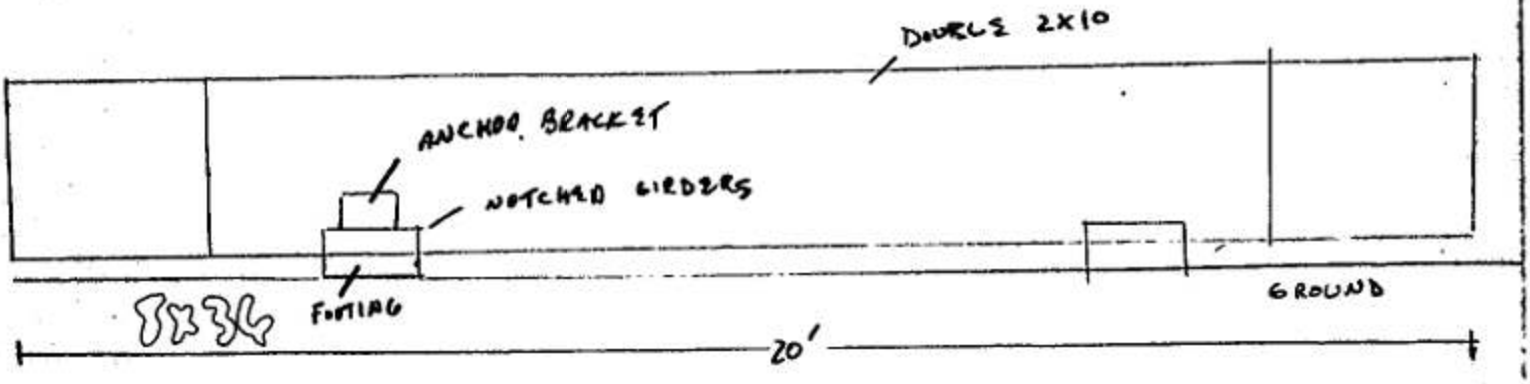

TO BE BUILT WITH ALL DECK HARDWARE / FASTENERS
3 ½" DECK SCREWS
NEW DECK
16'
EXISTING DECK
12'
METAL FLASHING
LEDGER LAG BOLTED TO HOUSE
METAL POST CAPS
2x2x10 GIRDER
2x2x10 GIRDER
POST CAP BRACKET
4x4 POSTS
METAL ANCHOR
FOOTING
8'
4x4 POSTS
METAL ANCHOR BRACKETS

Rachel Snyder, 8-4



12'X 16' EXISTING DECK
6'X 13' ADDITION

FRONT VIEW OF BOTTOM DECK



SAME FOR CENTER GIRDER

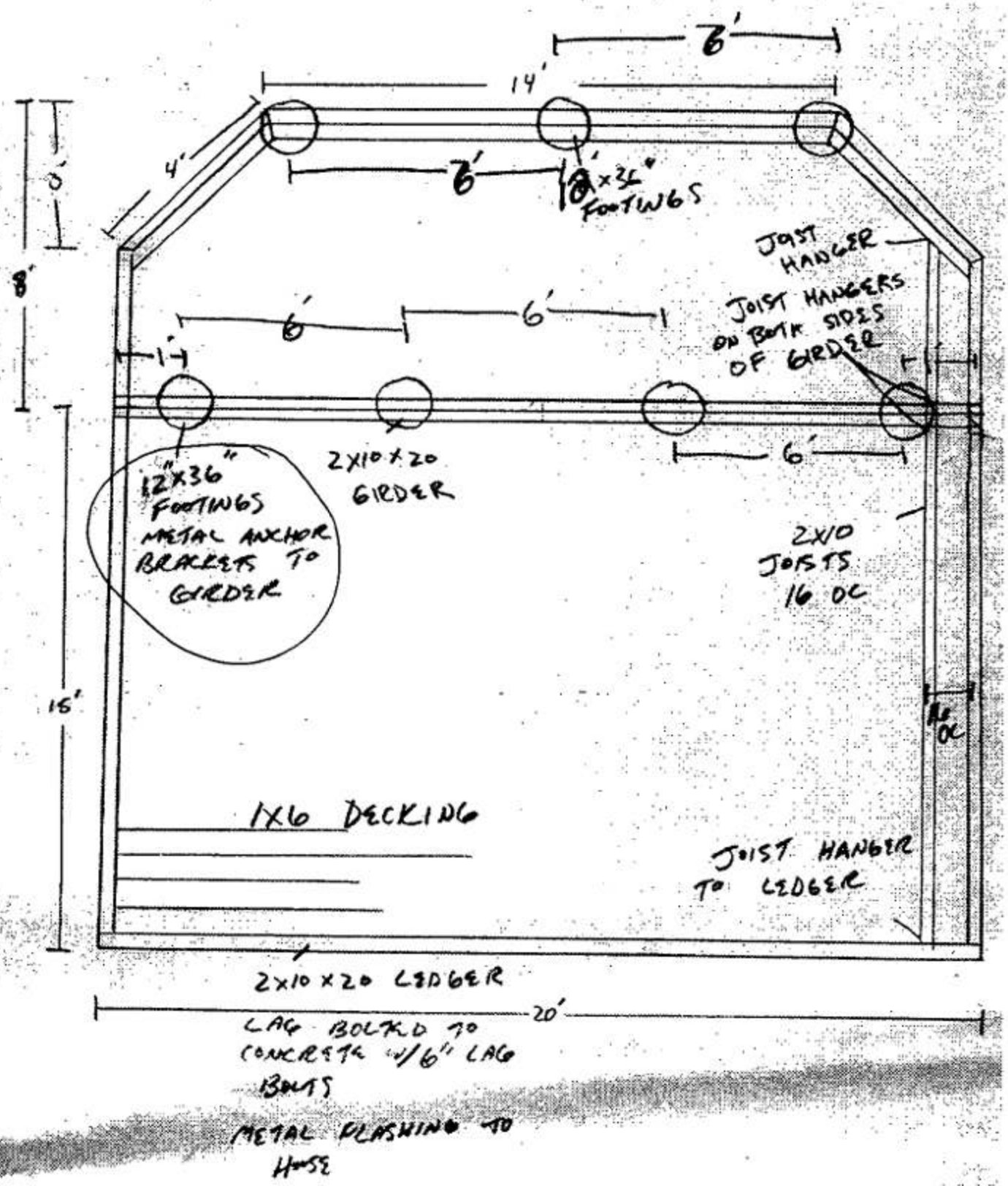
6-9

BRICK TOWNSHIP

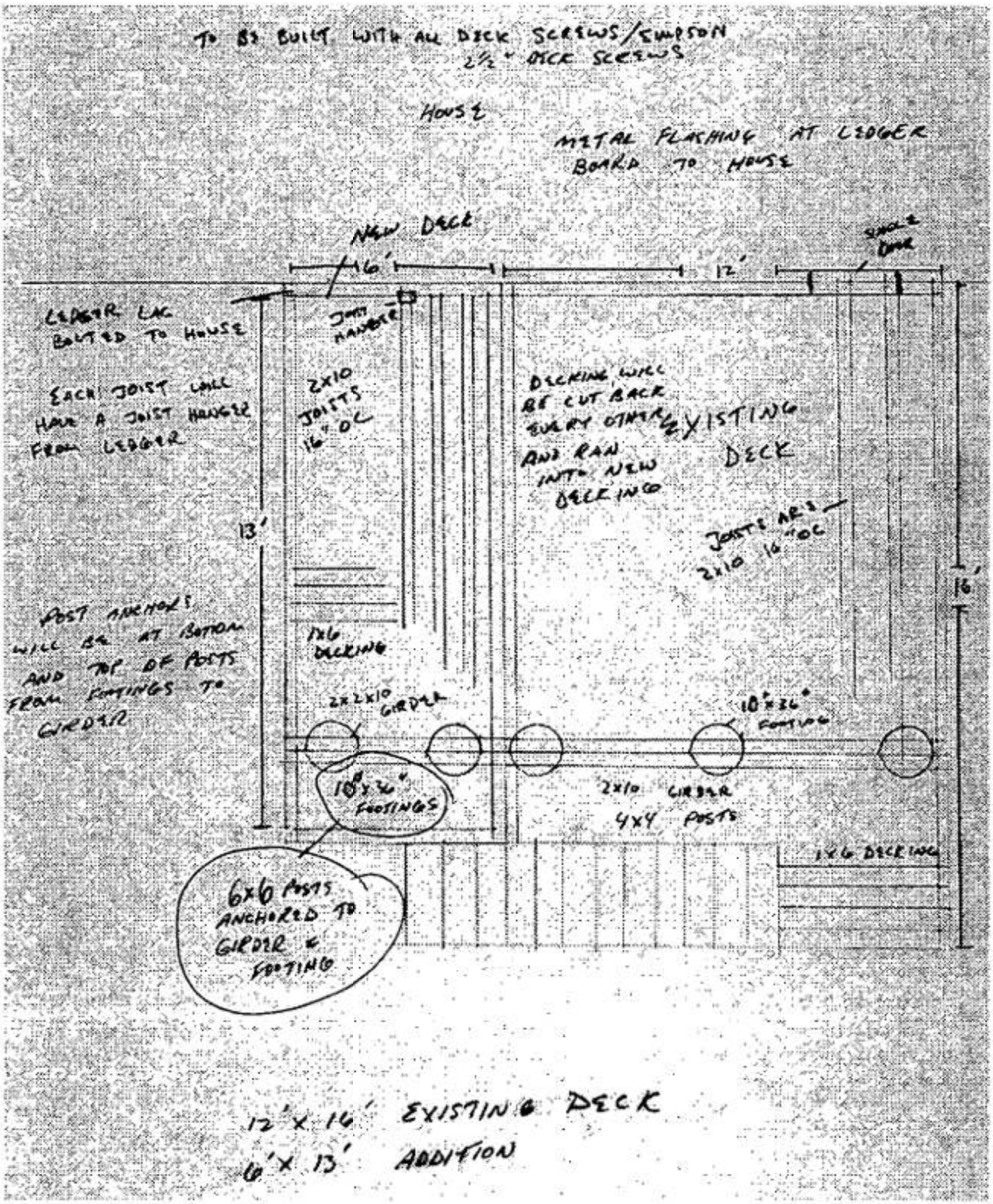
Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		8-21-02	
Fire			
Energy			
Electrical			

SCREWS WILL BE
2½" DECK SCREWS

1375 Larchmont
Brick
Lots 8, 9, 10 Block 809



1375 Larchmont
Brick
Lots 8, 9, 10 Block 809



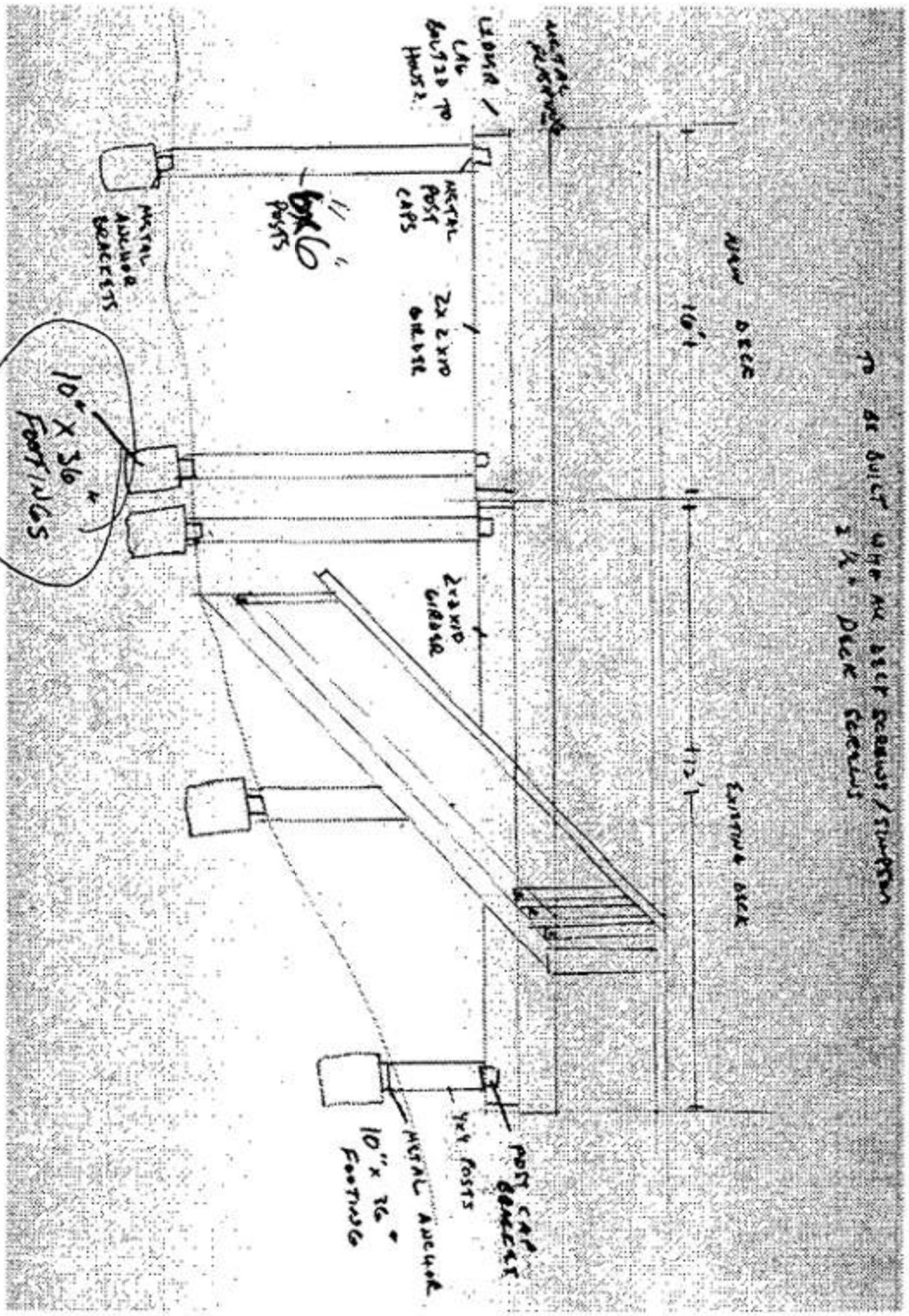
12' x 16' EXISTING DECK
6' x 13' ADDITION

8-21-02 FM

1375 Larchmont

Brick

Lots 8, 9, 10 Block 809



Site Location: 1375 CARCHMONT AVE
Block: 809 Lot: 8, 9, 10
Owner's Name: ROSE SHNYDER
Owner's Mailing Address: 1375 CARCHMONT AVE

Phone [redacted]

BUILDING

Contractor: JOHN MAZZUCA
Address: 30 DIANE DR
BRICK NJ
Phone#: 732. 948 9068
Lis # [redacted]
Federal Emp # or SSN

Technical Data

Description of Work:
BUILD 20X20 GROUND LEVEL DECK

ADD A 6'X 13'X 8' HIGH DECK TO EXISTING. 12'X16'X 8' DELK

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed: R
No of Stories:
Height of Structure: 8 ft. / GROUND LEVEL
Area of the largest floor: 78 SQ ft / 400 SQ ft
Area of New Structure: 78 SQ ft / 400 SQ ft
Volume of New Structure:
Total Land Disturbed: 400 SQ ft

Cost of Alteration: $ 2000

Cost of New Building: $ 2000

Total Cost of New Building Work: $ 4000

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

Signature: John Mazz

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am