BLOCK 1354.35 LOT 10 QUALIFICATION CODE C12-35 ADDRESS (SITE) 178 CALVIN CT PERMIT NO. 99-0798

RECEIVED MAR 1999

DIVISION OF CODE ENFORCEMENT

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 178 CALVIN CT.
2. Name of Owner in Fee: Siccardi Tel. [redacted]
   Address 178 CALVIN CT. (street) BRICK NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: MICHAEL DOUGHERTY Tel. (732) 840 0375
   Address 346 19TH AVE BRICK 08724
   License No. OR, if new [redacted] Exp. Date ____
   Federal Employee No. [redacted] FAX: (____) ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person in Charge of Work M DOUGHERTY
   Tel. (732) 840 0375 FAX (____) ____

deck / shed / addition

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 203.-		
2.	Electrical	40.-		
3.	Plumbing	40.-		
4.	Fire Protection	35.-		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	10.-		
10.	Subtotal			
11.	Cert. of Occupancy	35.-		
12.	Other ZPA	30		
13.	TOTAL	$ 393.		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1	
2.	Height of Structure	APPROX 17. ft.	
3.	Area — Largest Floor	1334 sq. ft.	
4.	New Building Area	1791 sq. ft.	
5.	Volume of New Structure	5200 cu. ft.	
6.	Construction Classification		
7.	Total Land Area Disturbed	457 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	20000.		3/10/99		3-25-99	FM	7/8/99		JL
4.	☑ Alteration	2500.								
5.	☑ Fire Protection	300.-				3-25-99	BB	7/6/99		BH
6.	☑ Plumbing	1400.-				3/24/99	[illegible]	7/6/99		BH
7.	☑ Electrical	1400.-				3/24/99	[illegible]	7-6-99		BH
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		EWR	3/23/99		3/23/99				
	TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

LDS BR 10517875

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature Robert Leonardi Date 3/4/99

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 _____

Address _____

_____

Telephone (_____) _____

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/12/99
Control #
Permit # 99-0798

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1354.35 Lot 10 Qual
Work Site Location 178 CALVIN CT
ADDITION/DECK/SHED
Owner in Fee/Occupant SICCARDI,R
Address SAME
BRICK, NJ 08724-
Telephone [redacted]
Contractor MICHAEL DOHERTY
Address 346 19TH AVE
BRICK, NJ 08724-
Telephone (732)840-0375 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ADDITION, ATTACHED DECK, AND SHED

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

J. Ciuzza Dup
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 35
Paid [X] Check No. 303
Collected by: CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/25/99
Control #
Permit # 99-0798

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1354.35 Lot 10 Qual

Work Site Location 178 CALVIN CT
ADDITION/DECK/SHED
Owner in Fee SICCARDI,R
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor MICHAEL DUGHERTY
Address 346 19TH AVE
BRICK, NJ 08724-
Telephone (732)840-0375
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ADDITION, ATTACHED DECK, AND SHED

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 $ 25,600

J. Carangi/cas/
Construction Official

03/25/99
Date

U.C.C. #170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	203
Electrical	40
Plumbing	40
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	10
Cert. of Occupancy	35
Other 2 PKP	3
Total	363
Check No.	303
Cash	
Collected By	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/10/99
Date Issued 3/25/99
Control # C12-35
Permit # 99-0098

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

Block 1354.35 Lot 10 Qual
Work Site Location 178 CALVIN CT
ADDITION/DECK/SHED
Owner in Fee SICCARDI,R
Address SAME
BRICK, NJ 08724-
Tel [redacted]
Contractor MICHAEL DUGHERTY
Address 346 19TH AVE
BRICK, NJ 08724-
Tele.(732)840-0375 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

ADDITION, ATTACHED DECK, AND SHED

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-25-99	FP
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 3-8-99
Approved By

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			3/30/99	JK
Foundation			3/31/99	JKG
Slab				
Frame			5-5-99	JK
BarrierFree				
Insulation			5/20/99	JKG
Finishes				
Energy				
Mechanical				
TCO				
Other	Deck & Shed Foot.		5/13/99	JK
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-3
Constr. Class	Present	Proposed	
No. of Stories			1
Height of Structure			12 Ft.
Area Largest Floor			1,334 Sq. Ft.
New Bldg. Area/All Floors			1,791 Sq. Ft.
Volume of New Structure			5,200 Cu. Ft.
Total Land Area Disturbed			0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 20,000
2. Alteration $ 2,500
3. Total (1+2)$ 22,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	130
[X] Alteration	73
[ ] 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	$ 203
DCA Training Fee	$ 10

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/10/99
Date Issued 3 12 99
Control # CI2-35
Permit # 99-0798

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

Block 1354.35 Lot 10 Qual
Work Site Location 178 CALVIN CT
ADDITION/DECK/SHED
Owner in Fee SICCARDI,R
Address SAME
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[Y] Plumb. Plans Approved
Date: 3-24-99
Approved By:
SUBCODE APPROVAL
[Y] CO [ ] CCO [ ] CA
Approved By:
Date: 7-6-99

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough			6-1-99	DW
Water				
Sewer				
Fixtures			7-6-99	DW
Gas Equip.				
Gas Piping				
Solar				
TCO Partial Rough			5-4-99	DW

NO SEWER PAN YET

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
1	Shower	10
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
1	Hose Bib	10
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	40
DCA Training Fee	$	0

U.C.C. F130 (rev. 3/96)

E4

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/10/99
Date Issued 3/25/99
Control # C12-35
Permit # 99-0798

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

Block 1354.35 Lot 10 Qual
Work Site Location 178 CALVIN CT
ADDITION/DECK/SHED
Owner in Fee SICCARDI,R
Address SAME
BRICK, NJ 08724-
Tele.(__)__ Fax (__)__
Contractor
Address
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present__ Proposed R-3
[ ] Pole/Pad # __ [ ] Temporary [X] Other ADDITION
Building Occupied as __ Utility Co. __
Estimated Cost of Electrical Work $ 1,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 3/24/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/6/99
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			4/27/99	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			7/6/99	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2	4	Lighting Fixtures	
10	13	Receptacles	
7		Switches	
7		Detectors	
0		Light Poles	
0	1	Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
27		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

changed in computer cor. 3-25-99

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 Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # __
Collected by: __

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	40
DCA Training Fee	$	0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received ~~03/10/99~~
Date Issued 3/25/99
Control # C12-35
Permit # 99-0198

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

Block 1354.35 Lot 10 Qual
Work Site Location 178 CALVIN CT
ADDITION/DECK/SHED
Owner in Fee SICCARDI,R
Address SAME
BRICK, NJ 08724-
Tele.(__) Fax (__)
Contractor
Address
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: UTILITY ROOM
Total Est Cost of Fire Prot Work $ 300

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 3-25-99
Approved By: GB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-6-99
Approved By: KCB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			7-6-99	GB
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	7	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	7	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 18, 1999 1999- 0276

Block 1354.35 Lot 10 Zone R-7.5

Property Address: 178 Calvin Court

Owner: Mr. & Mrs. Siccardi (Phone): [redacted]

Applicant: Robert Siccardi (Phone): [redacted]

Existing Use: Single family dwelling

Proposed Use: single family dwelling

Proposed Construction (if any): 19'8"x22'8" addition 13' high, 12'x16'10" attached deck, 22" high, 12'x12' shed, 10' high

Conditions: The addition and deck must be setback at least 6' from the side property lines and 15' from the rear property line.

The shed must be setback at least 5' from the rear and side property lines.

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

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 1354.35 LOT 10

PROPERTY ADDRESS 178 CALVIN CT

NAME OF OWNER MR-MRS SICCARDI OWNER'S PHONE [redacted]

NAME OF APPLICANT ROBERT SICCARDI

APPLICANT'S COMPLETE ADDRESS 178 CALVIN CT BRICK NJ 08724

APPLICANT'S PHONE NUMBER [redacted] APPLICANT'S BUSINESS NAME _____

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☑ Single Family Dwelling
- ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☑ Single Family Dwelling
- ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION 19'8" X 22'8" ADDITION

All Dimensions 22'8" W 19'8" L 8 Ht APPROX 13' AT GABLE

Deck or Garage ☒ Attached ☐ Detached

Fence Type EXISTING STOCKADE Ht _____

CHECKLIST: deck 12 W 16'10" L ~~APPROX~~ 22" ABOVE GROUND

- ☑ All information completed above
- ☑ Two (2) accurate Survey / Plot Plans containing: shed 12 W 12 L 10 Ht
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

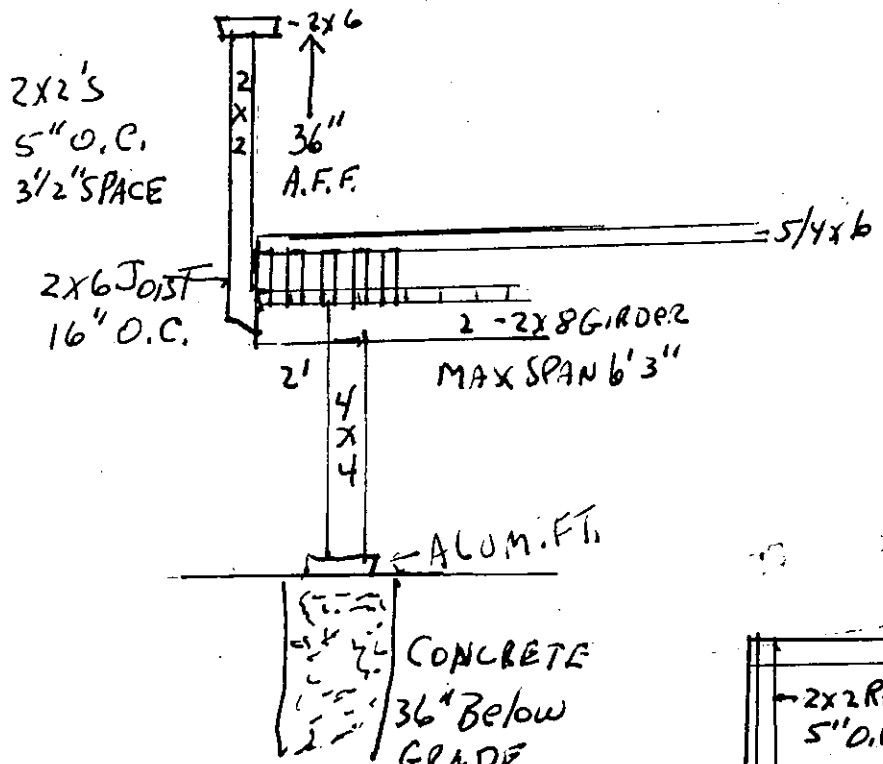
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County,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

Signature of Applicant Robert Siccardi Date 3/5/99

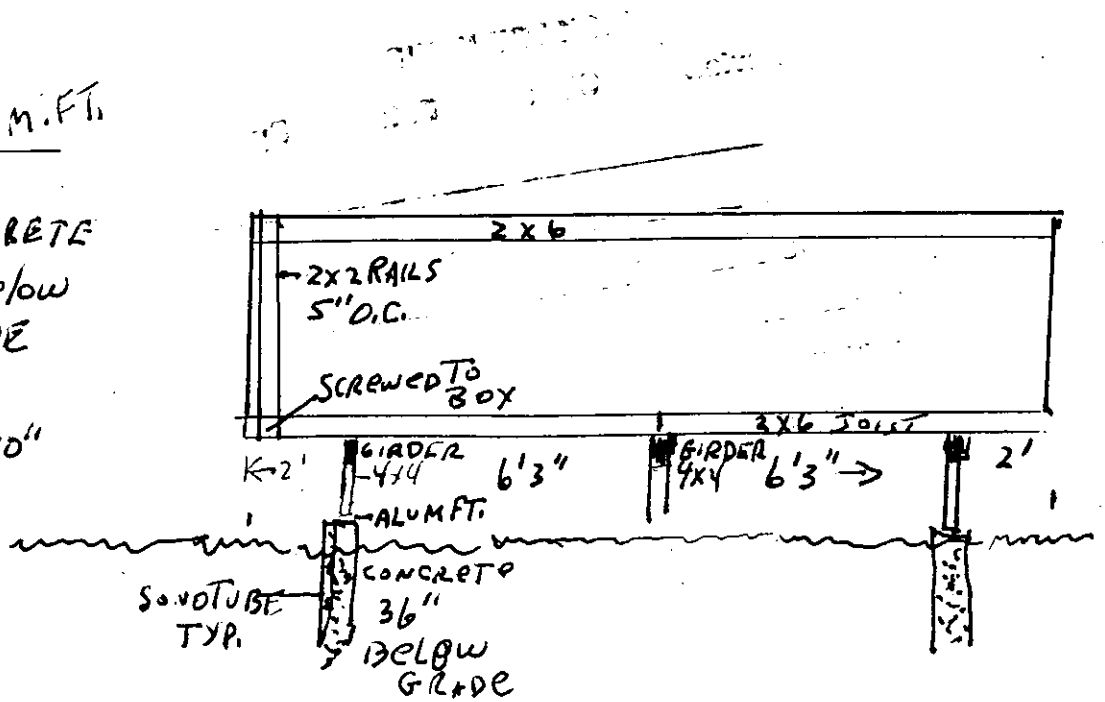
Reviewed by Zoning Officer Date 3/15/99 ☐ Approved ☒ Rejected

PROPOSED DECK
R8

ALL TREATED LUMBER
STEPS 7-11
RAILS - 3½ SPACING
ALL GALVANIZE HDW.



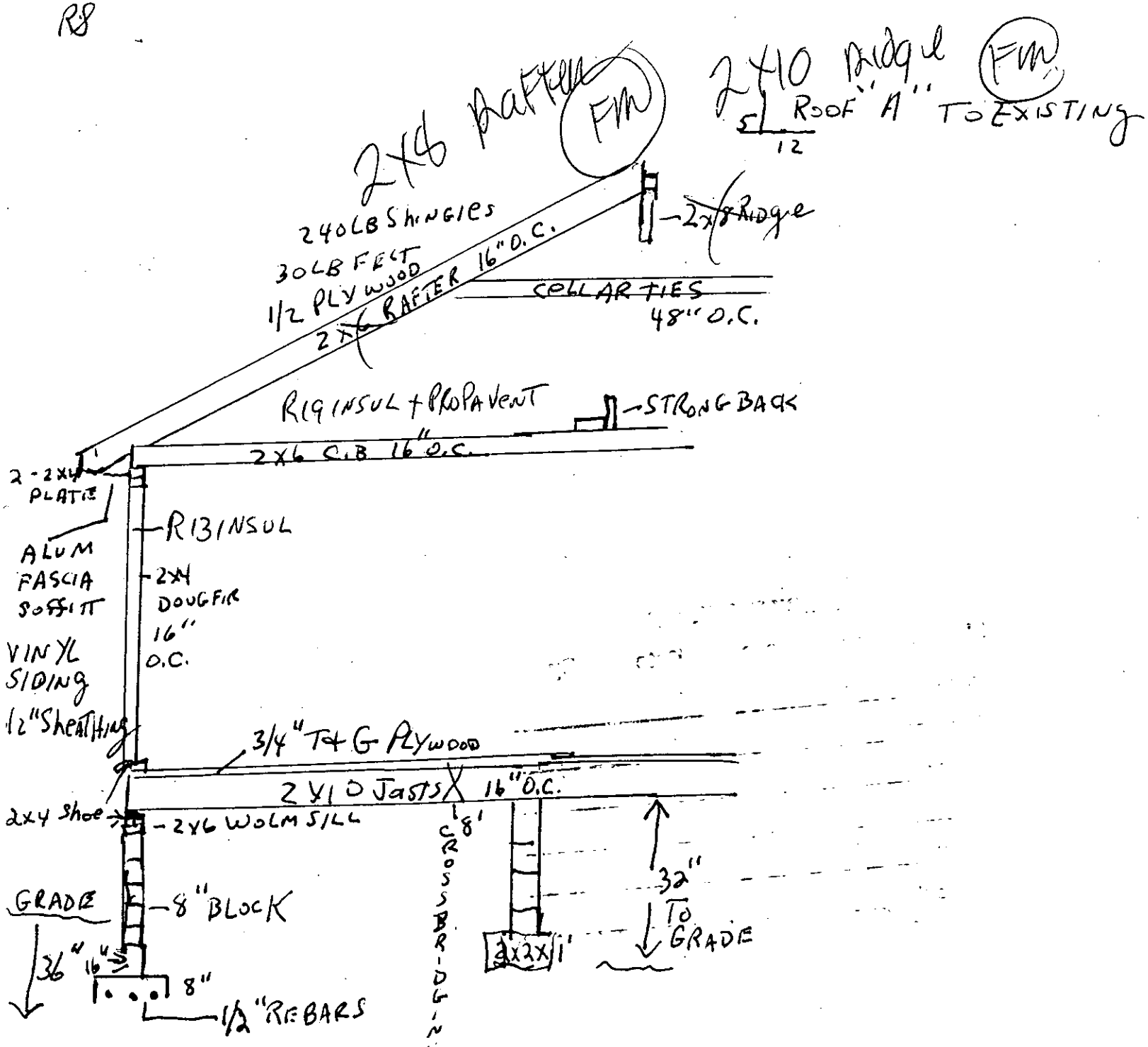
DECK 12 X 16'10"



BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		3-25-99	
Fire			
Energy			
Electrical			

CROSS SECTION
R8



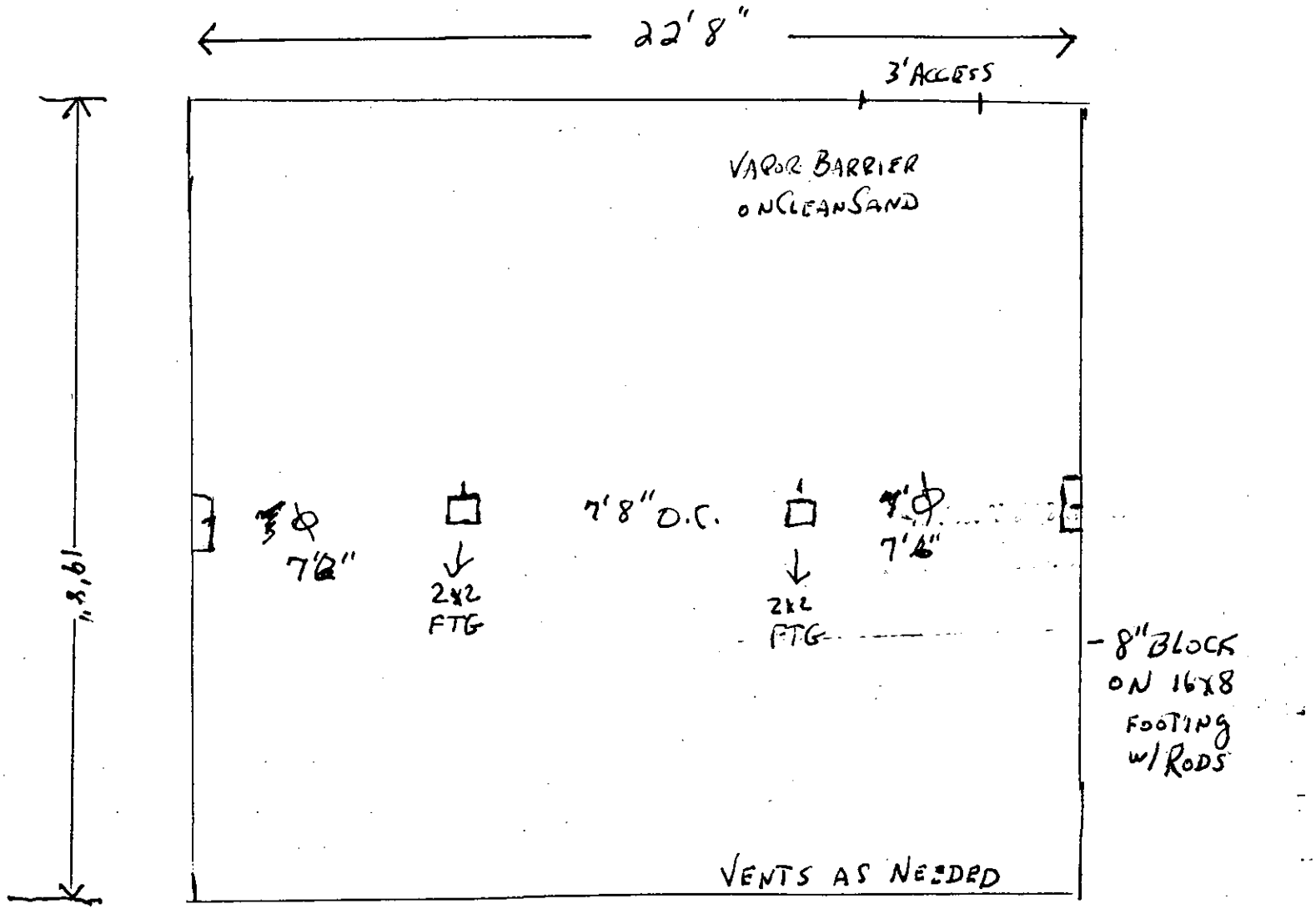
BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		3-25-99	
Fire			
Energy			
Electrical			

PROPOSED ADDITION

R8

FOUNDATION

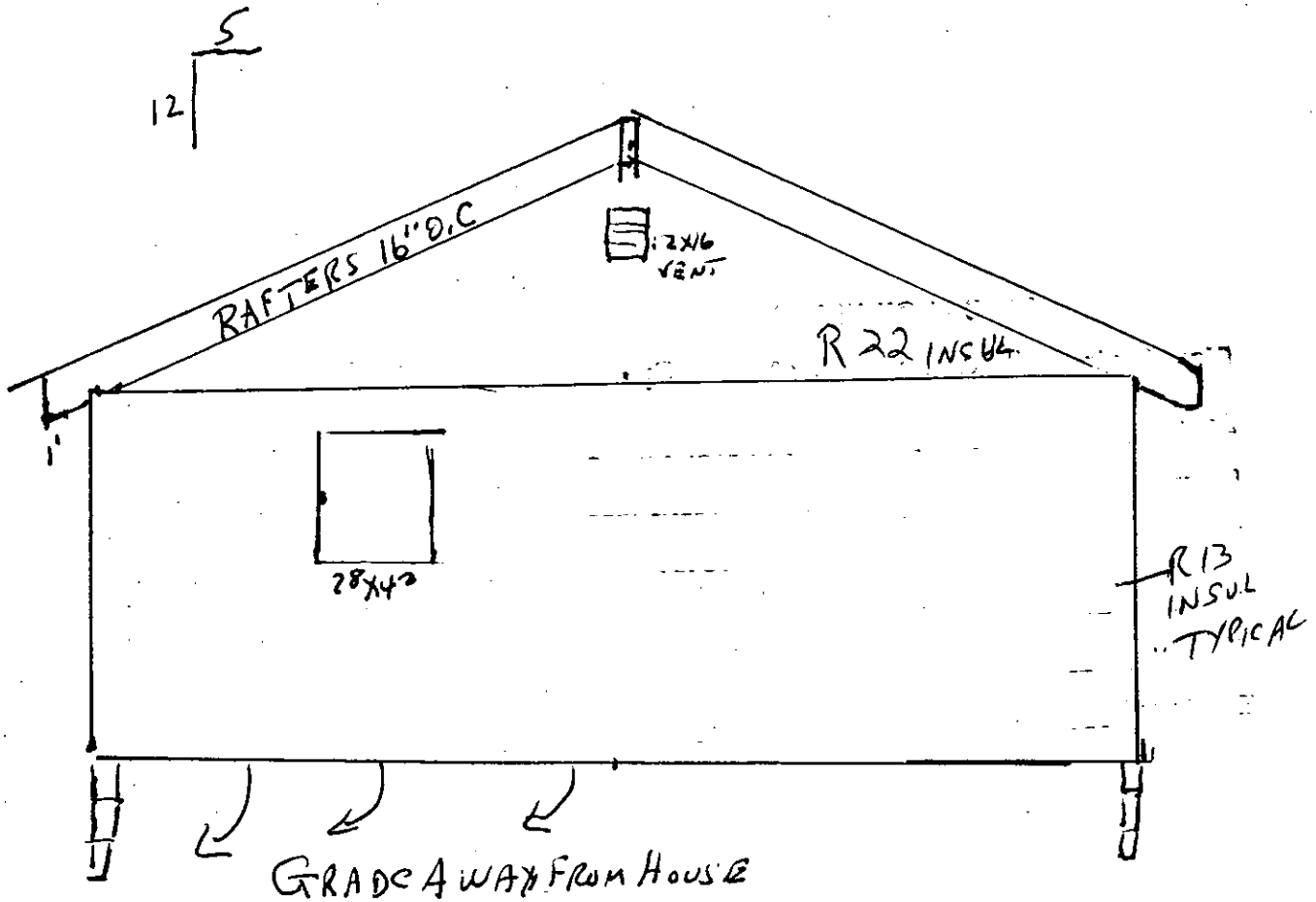


BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		3-25-99	TM
Fire			
Energy			
Electrical			

REAR ELEVATION SOUTH

R8.

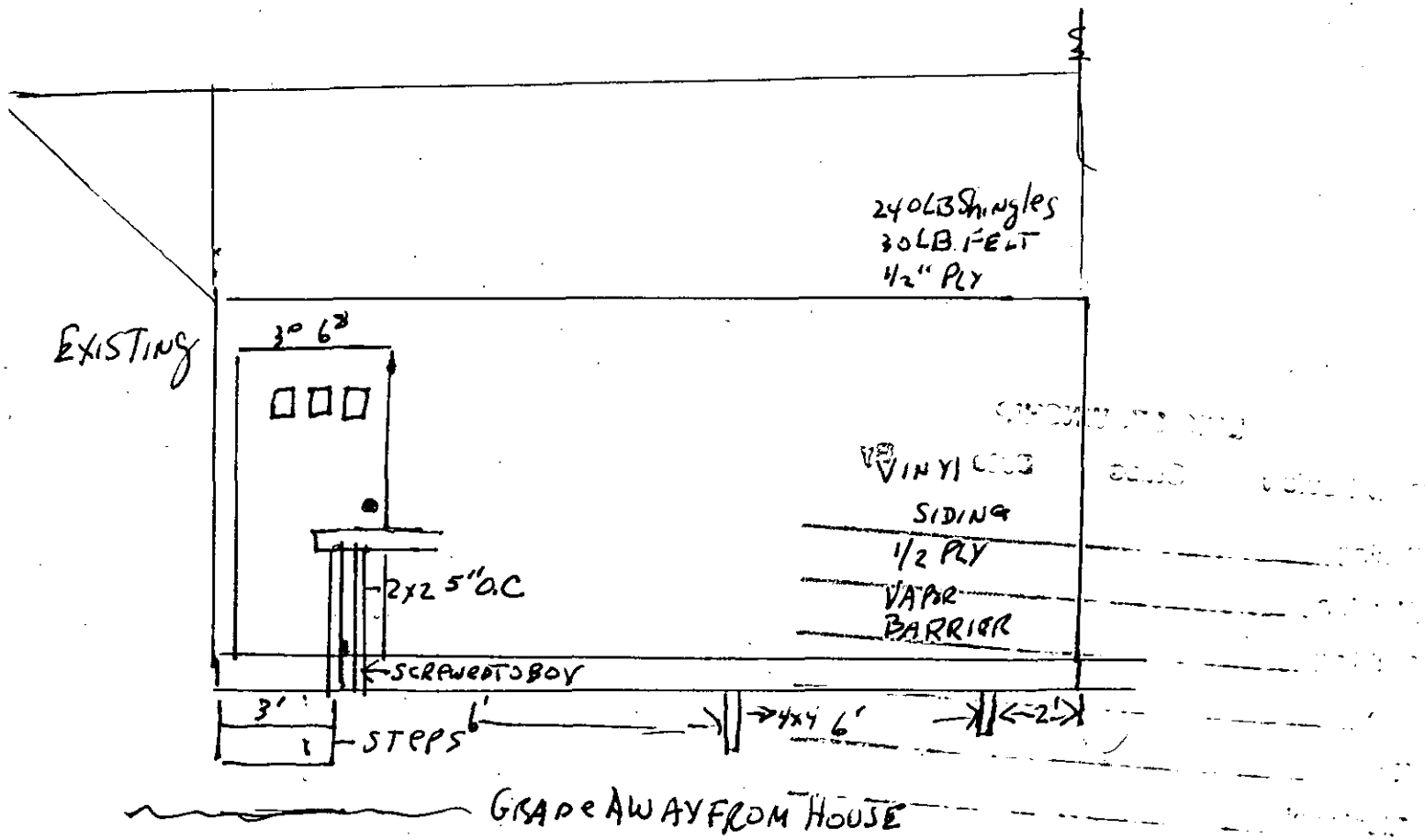


BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		3-25-99	
Fire			
Energy			
Electrical			

SIDE ELEVATION WEST

R8

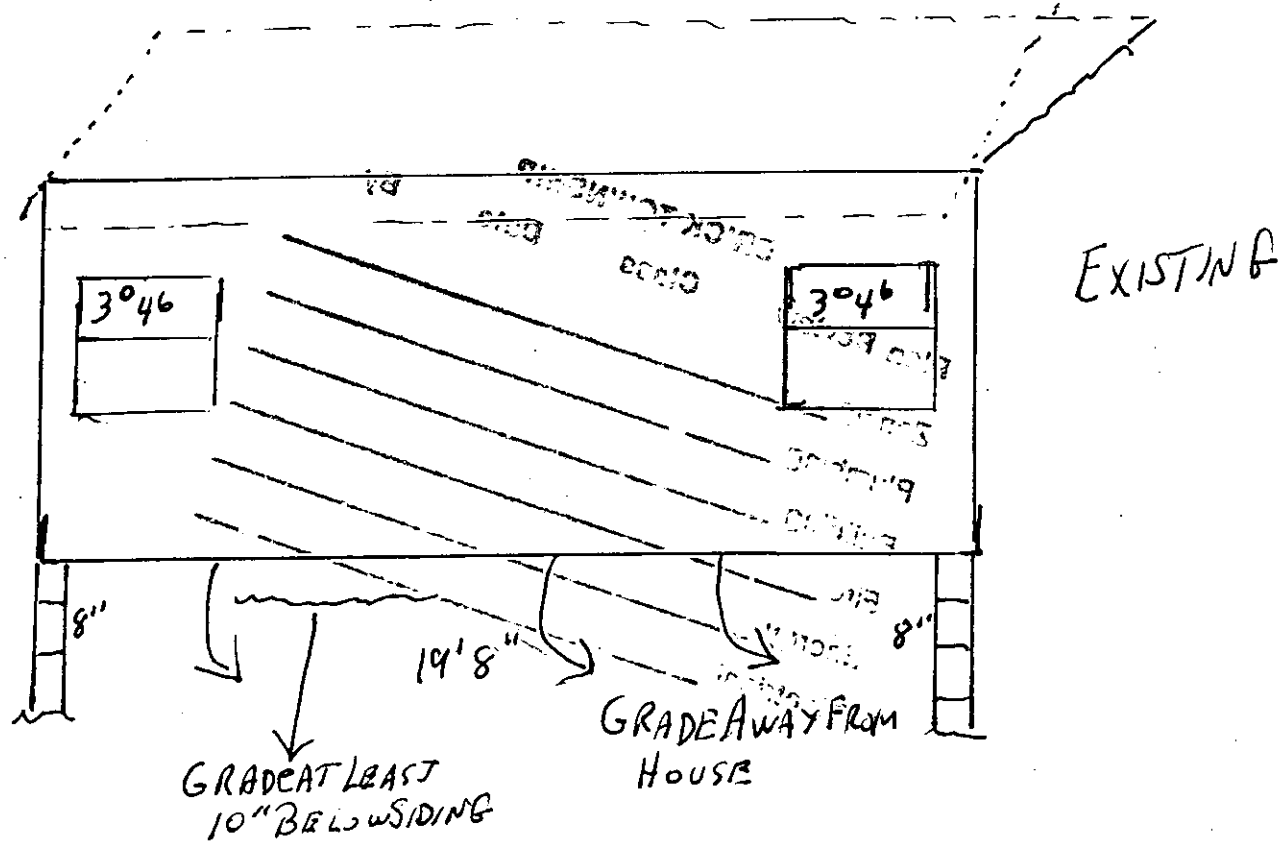


BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		3-25-99	FJ
Fire			
Energy			
Electrical			

SIDE ELEVATION EAST

R8



EXISTING

BRICK TOWNSHIP

	Class	Date	By
Plan Review	addition deck + shed	3/18/99	SC
Zoning			
Plumbing			
Building	3-25-99 EM		
Fire			
Energy			
Electrical			

TOWNSHIP OF BRICK

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

Department of Administration & Fina

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: 3/5/99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 1354/35 Lot: 10

I, Siccodi (name) of 178 Calvin Ct (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

Robert Siccardi
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 3/23/99 By:

Rejected Date: _____ By: _____

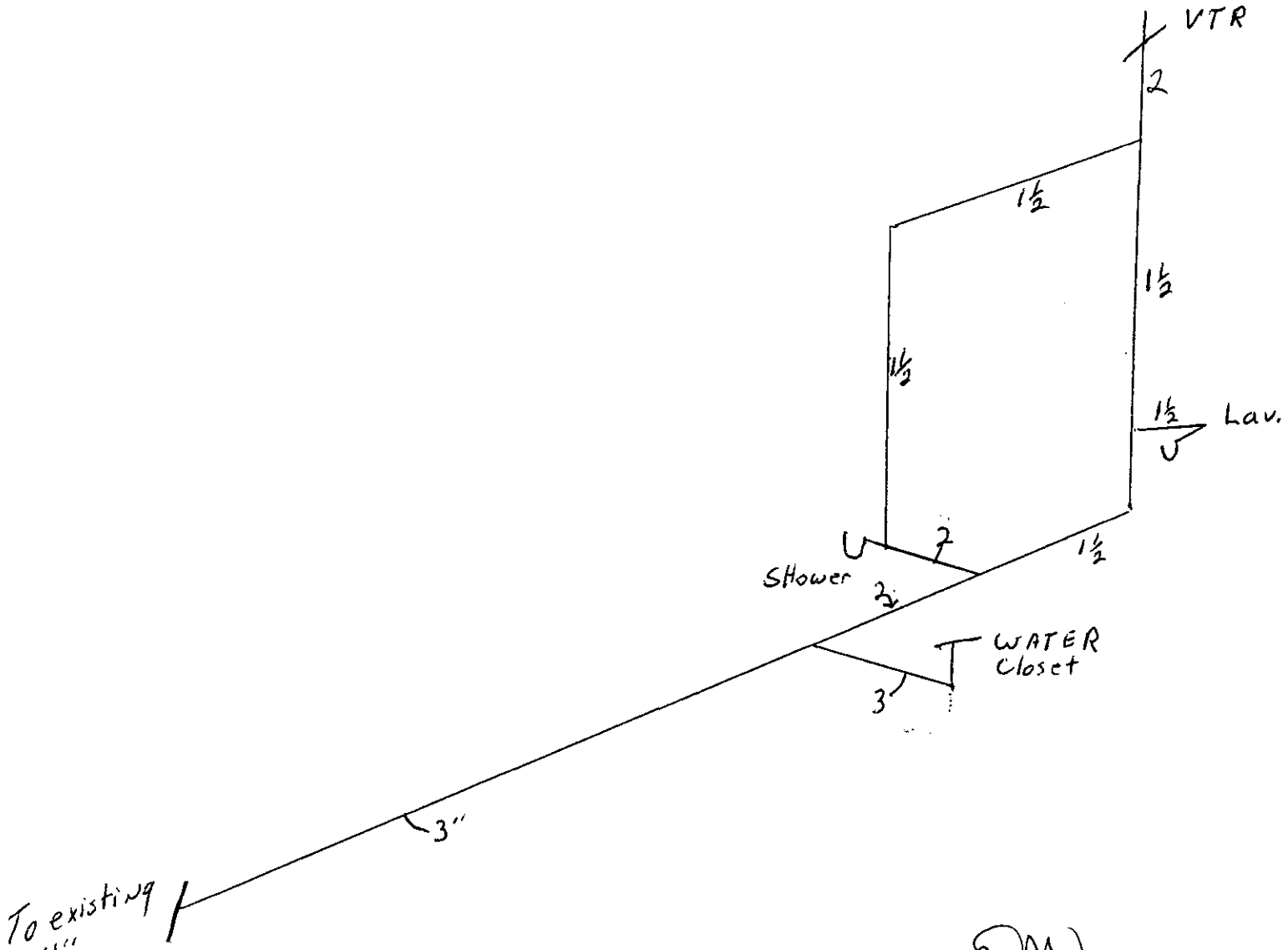
Remarks: All water to remain on property

EXISTING PLUMBING FIXTURES

1 BATH - TOILET, TUB, SINK

1 WASHER, DRYER

1 OUTSIDE HOSE



RB 3/5/99

3-24-99

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Siccardi DATE 3-24-99

PROPERTY ADDRESS 178 Calvin Ct BLOCK 135-4.35 LOT 10

ZONING _____ USE GROUP R-3

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

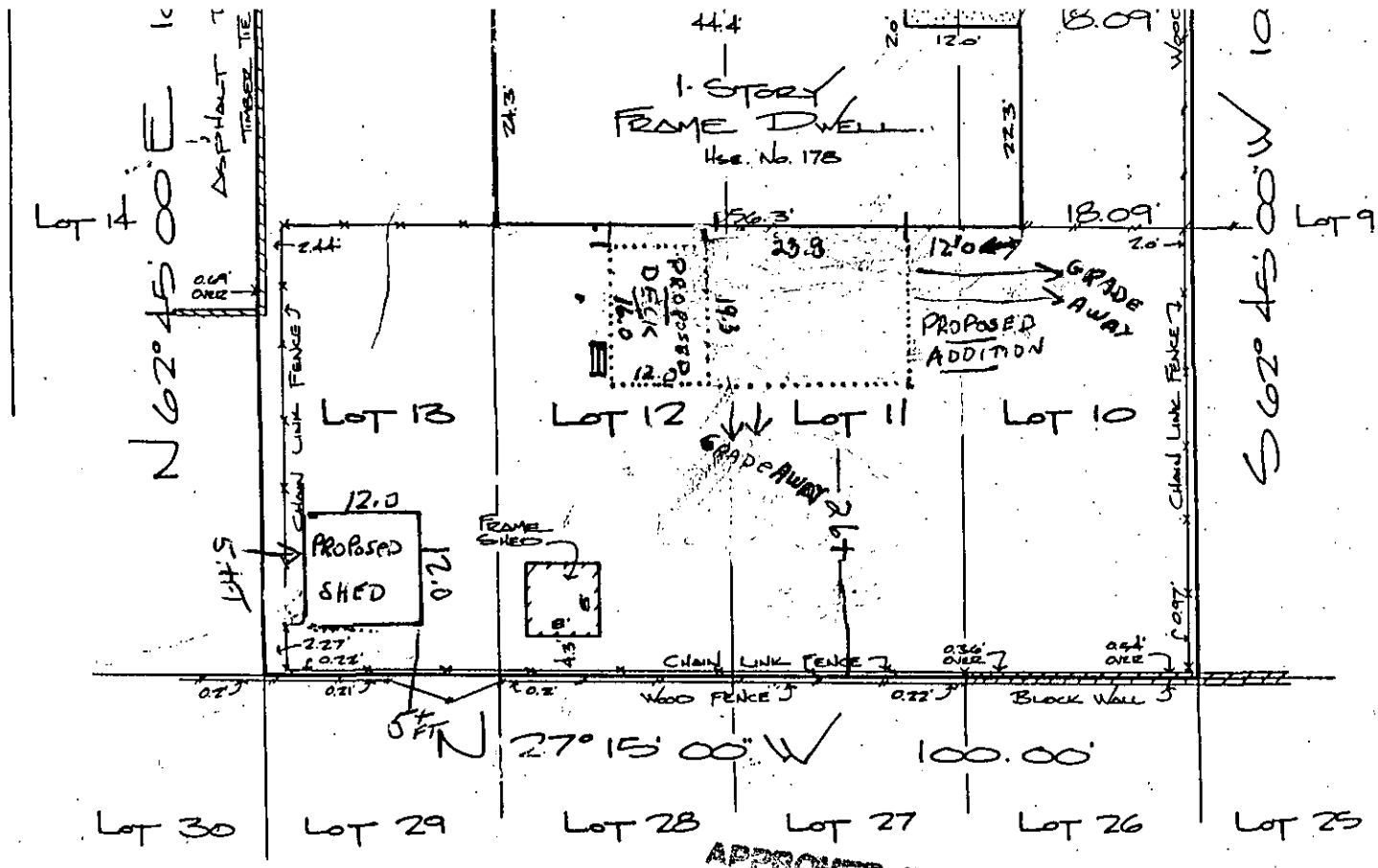
PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	2	7	
2:KITCHEN GROUP	1	2	
3:WATER CLOSETS			
4:LAVATORY			
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK			
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE	1	4	
12:URINAL			
13:FLOOR DRAIN			
14:DRINK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

TOTAL 16.5

GALLONS PER MINUTE 11

SIZE OF SERVICE 3/4

DATE: 3-24-99 APPROVED: [signature]



APPROVED FOR ZONING ONLY
SUSAN KINNEVY, ZONING OFFICER
DATE: March 18, 1999

ALSO KNOWN AS LOT 10, BLOCK 1354.35
AS SHOWN ON THE BRICK TWP. TAX MAP.

I declare that to the best of my professional knowledge, information and belief, that this map or plan is the result of a field survey made 12/29/94 by me or under my direct supervision in accordance with the rules and regulations promulgated by the State Board of Professional Engineers and Land Surveyors N.J.A.C. 13:40-5.1 "Land Surveyors, preparation of land surveys".
The information shown hereon correctly represents the conditions found at and as of the date of the field survey except such improvements or easements if any below the surface of the ground and not visible.
This declaration is given to parties named hereon solely for this transaction only and is not transferable except as follows:

A) To the title insurer so it may insure title to the premises shown hereon.
B) To the mortgage holder, this declaration shall survive to its successors or assigns.

Caution: If this document does not contain the raised impression seal of the professional, it is not an authorized original document and may have been altered.

Note: Corner markers not set at clients request

SURVEY PLAT OF

LOTS 10, 11, 12 & 13 BLOCK 35
AS SHOWN ON A MAP ENTITLED
MAP OF
RIVIERA BEACH
PROPERTY OF COAST FINANCE COMPANY, INC.
TOWNSHIP OF BRICK
OCEAN COUNTY
MAP NO. B-73
NEW JERSEY
FILED: DEC. 15, 1928

TO: ROBERT SICCARDI AND MARGARET SICCARDI, HUSBAND & WIFE
NAVY FEDERAL CREDIT UNION
CONGRESS TITLE DIVISION

PROJ. No. 4675

WILLIAM J. FIORE, INC.
Professional Land Surveyors
757 Fischer Blvd.
Toms River, NJ, 08753
Tel. (908) 270-1488
Fax (908) 270-1194

William J. Fiore

William J. Fiore P.L.S.
GS # 35362

Dec 29, 1994

078467

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

March 15, 1999

Resubmit
3-17-99

Mr. Robert Siccardi
178 Calvin Court
Brick, NJ 08724

RE: Block 1354.35, Lot 10
178 Calvin Court
Zoning Permit Application

Dear Mr. Siccardi:

Your zoning permit application for an addition, deck and a shed on the above referenced property is denied.

Under Section 190-11 of the Township Code, a shed larger than 100 square feet must be setback at least 5 feet from the rear and side property lines.

In order to build a 144 square foot shed less than 5 feet from the rear and side property lines, a variance must first be approved by the Zoning Board of Adjustment.

Sincerely,

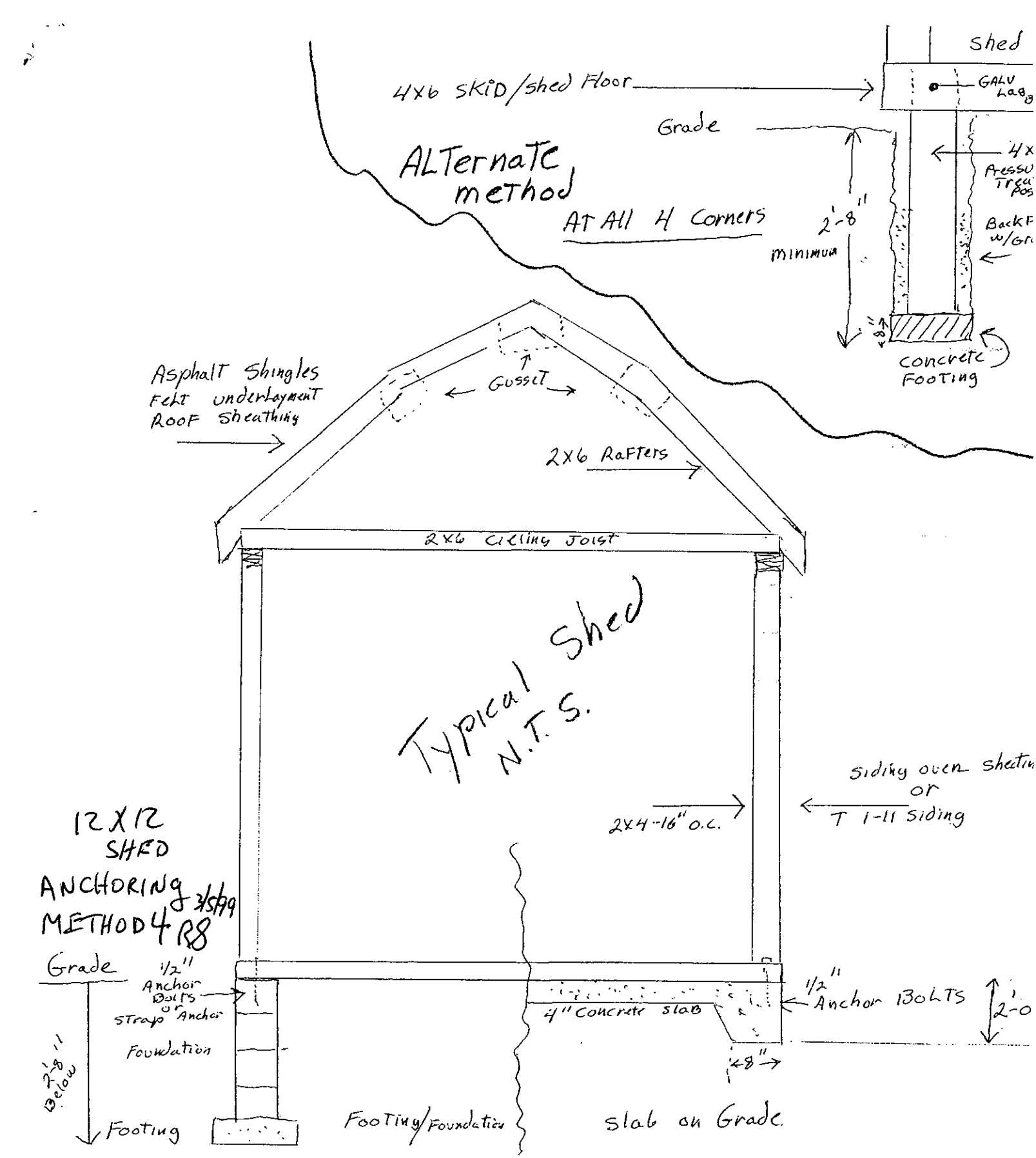
Sean Kinnevy

Sean P. Kinnevy
Zoning Officer

SPK/bmb

c: Joseph C. Scarpelli, Mayor
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Code Official
Christine Papa, Sec. Board of Adjustment

OK 3/18


Shed
4X6 SKID/shed Floor
GALV Lag
Grade
ALTernaTe method
AT All 4 Corners
2'-8"
minimum
4X
Pressu
Treat
Backf
w/Gr
concrete
Footing
Asphalt Shingles
Felt underlayment
ROOF Sheathing
Gusset
2X6 RaFters
2X6 CieLing JoisT
Typical Shed
N.T.S.
12X12
SHED
ANCHORING
METHOD 4 R8
3/5/99
Grade
1/2"
Anchor
Bolts
or
Strap Anchor
Foundation
2'-8"
Below
Footing
Footing/Foundation
4" Concrete slab
8"
Slab on Grade
2X4-16" o.c.
Siding over sheetin
or
T 1-11 Siding
1/2" Anchor BOLTS
2'-0

ADDITION CHECK LIST

1 Construction Permit Application (jacket) yes ✓ no ____
Make sure jacket is signed yes ✓ no ____

2 Zoning application completed yes ✓ no ____

3 Engineering Form for an Addition yes ✓ no ____

4 Two plot plans showing addition and size L-W-H & setbacks of property yes ✓ no ____

5 Building, Plg, Fire, and Electrical Technical Forms Completed yes ✓ no ____

6 Two sets of plans drawn by an Architect with seal or can be drawn by homeowner for homeowners use. Existing floor plan and new addition floor plan showing alterations through existing walls and ceiling. yes ✓ no ____

7 Building Characteristics must be completed before accepting on front of jacket and/or application. yes ✓ no ____

8 Furnace/Boiler/AC Brochure if applicable yes ____ no EXISTING

9 Gas Diagram if applicable yes N/A no ____
Plumbing Diagram if applicable yes ✓ no ____

10 Floor plan of original house is needed showing smoke detectors. as well as proposed addition showing smoke detectors.

11 If addition is 25% more of house, we need to know:
1-window sizes in original house
2-Smoke Detectors hard wire battery back-up are needed. OK

12 Cost of alteration separate from addition cost. yes ____ no ✓

13 List of existing plumbing fixtures that are in the house already. yes ✓ no ____

14 If adding gas burning fireplace, brochure is needed as well as gas piping sketching showing where it will be hooked up. Be sure to show TOTAL length of run as well as BTU's. N/A

APPLICATION FOR SHADE TREE PERMIT
ORDINANCE #158-72

NO TREES INVOLVED 158

Telephone # _____

1. Name of Applicant & Address _____

Give name and address of person applying for permit. If applicant is other than owner, give and identify names and addresses of both.

2. Property is Block _____ Lot (s) _____

This information is available from your deed or tax bill.

3. Address if different from applicant _____

Give street and number if one is assigned. If there is no street number, estimat distance and direction from nearest intersection or other easily recognizable lan

4. Location of trees on property _____ and number of trees presently on property _____.

A. For individual building lots:

Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch.

Include existing buildings, driveways and other constructions in SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and A D for deciduous trees.

*Note Trees to be removed will have an X through the circle.

If removal is desired because of proposed construction of any kind, include such construction in dotted lines and identify. If planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any other reason, show approximate proposed location with a dotted circle and specify species and approximate planting size (height and caliper).

There should be a minimum of one tree for each 2000 sq. ft. after all proposed tree removal and replacement. (e.g. an 80 X 100 lot includes 8000 sq. ft. and would require a minimum of 4 trees.

B. For other acreage.

Include copy of subdivision plot plan or equivalent outlining all wooded areas and solitary trees. Identify each (e.g. "heavily wooded mature oak with scattered Dogwood" or "sparsely wooded mixed Pitch Pine and small Oak, etc

Same minimum of one tree per 200 sq. ft. as above should be observed.

NOTE: "Tree" for the purposes of this permit, means (1) any live coniferous tree 4" or more DBH (diameter breast high) (2) any deciduous tree (live) 3" or more DBH (3) any live American Holly or Dogwood 1" or more, one foot above the ground; and (4) any live Laurel 3" or more across root crown.

THE RESPONSIBILITY OF HAVING THIS APPLICATION PROCESSED BY THE SHADE TREE COMMISSION, RESTS SOLELY UPON THE APPLICANT.

DATE: _____

Name of Applicant _____

Address _____

_____

Property is Block _____ Lot(s) _____

Residential _____ Commercial _____

Address if different from applicant _____

_____

Location of trees on property:

Number of trees presently on property:

Additional information to enable the application to be properly evaluated:

Fee: $5.00 for trees located on individual building lot.

$15.00 per acre for all other lands.

Recommendation from Shade Tree Commission:

_____ _____

Date Signature of Chairman

Action by Council: Approved _____ Denied _____

_____ _____

Date Township Clerk

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 178 CALVIN CT — Date Rec'd:
Block: 10 Lot: 135.35 — Date Issued:
Owner in Fee: MR-MRS SICCARDI — Control #:
Address: SAME — Permit #:

State: Zip: Phone: ( )
SS #: [redacted] Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: R SICCARDI
ADDRESS: 178 CALVIN CT.
BRICK NJ 08724
PHONE [redacted]
LIC #: H10
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
1	Shower
	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
1	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
1	Vent Through Roof
	Other

stimated Cost of Plumbing Work: $ 1400
gnature: Robert N Siccardi
ner ☒ Contractor ☐
BCODE APPROVAL:
ANS: Required ☐ Approved ☐
proved by:
e:
NTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: M DOUGHERTY
ADDRESS: 346 19TH AVE
BRICK NJ 08724
PHONE: 732 840 0375
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. [redacted]
TEC[redacted]ICAL SITE DATA
DESCRIPTION O[redacted]'ORK:
APPROX 19 x 22' ADDITION TO EXISTING ONE STORY DWELLING
CONSTRUCTION OF 12X16 DECK BESIDE ADDITION
CONSTRUCTION OF 12X12 SITED AS PER TWPS ILLUSTRATED BROCHURE
ADDITION WILL HAVE "A" ROOF DYING INTO EXISTING ROOF

TYPE OF WORK

☐ New Building
☒ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: 1
Height of Structure: 13' HIGHEST PT.
Area - Largest Floor: 1334
New Building Area / All Floors: 1791
Volume of Structure: ADDITION 5200 CU/FT Total Land Disturbed: 4570 SQ FT
Signature: Michael J Dougherty

Estimated Cost of Building Work: 22,500
New Building (1): $ 20,000
Alteration (2): $ 1,000 DECK 1500
TOTAL (1+2): $ 22,500
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: R SICCARDI
ADDRESS: 178 CALVIN CT
BRLGC
PHONE: [redacted]
LIC. #:
FEDERAL EMPL. # (or S.S. #):
[redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION ITEMS	QTY.	SIZE
Lighting Fixtures	3	BATH/2 BULBS OUTSIDE/1 BULB
Receptacles	10	
Switches	4 or 4	
Detectors	AT LEAST 6 (UPGRADE)	
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service UPGRADE TO 150	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $ 1400
Signature (print name): ROBERT SICCARDI
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☒ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: R SICCARDI
ADDRESS: 178 CALVIN CT
B[illegible]
PHONE: [redacted]
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):
[redacted] ION OF WORK)

UPGRADE EXISTING
PLUS 2 OR 3 IN ADDITION

Heating Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☒ Existing - ADDED TO
Location of Furnace / Boiler UTILITY ROOM

Water Supply Source TOWN BTMUA
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	~~APPROX 6-7~~
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	EXISTING. HEATER H/W HTR.
Other	NOT Replacing w/ NU
Other:	

Estimated Cost of Fire Protection Work: $ 300
Signature: Robert Siccardi
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

178 CALVIN CT. 1354.35 10
Work Site Address Block Lot

MR-MRS R SICCARDI
Owner's Name, Address, Phone

M. DOUGHERTY 346 19TH AVE BRICK 08724 [redacted]
Contractor's Name, Address, Phone

Construction 19 X 22 ADDITION
Describe type (Single -family home, etc.)

Demolition
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material NORMAL CONST. DEBRIS PROBABLY 5-6 YDS TOTA

Name, address and phone of party responsible for removal of debris:

M. DOUGHERTY 346 19TH AVE BRICK 840 0375

Size of dumpster: NONE DEBRIS REMOVED AS ACCUMULATED

Destination of discarded debris: OCEAN CTY LANDFILL

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

ROBERT SICCARDI Robert Siccardi 3/5/99
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant