BLOCK 1354.35 LOT 10 · C30-43 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 00-2213

CONSTRUCTION PERMIT APPLICATION

Cash

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

I. IDENTIFICATION

1. Propsed Work Site at: 175 Calvin Ct.
2. Name of Owner in Fee: Roy W Dunnigan Te [redacted]
   Address 5 Mno. / street / municipality / zip code
3. Ownership in Fee: ___ Public ___ Private ✓
4. Principal Contractor: Jersey Shore Fence Co. Tel. (732-) 341-200
   Address 2144 Rte 9.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (___) _____ FAX (___) _____

6/9/00

Fence

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 16		
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	2		
10.	Subtotal 200	15.-		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 33.-		

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		CRS	5/24/00				6/13/00		OK
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		mm	6/1/00		6/1/00				mm
	TOTAL COSTS									

OPTIONAL (for office use only)

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 10404484

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 Ryan Bayer Date 5-26-00

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.									
☐									
☐									

IMPORTANT
ABT - 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.				

0011
2213*# 0.00
BLOCK 135435 # 0.00
LOT 10 # 16.00
BUILDING 2.00
D.C.A. 15.00
ZONEPLOT 33.00
TOTAL 33.00
CASH 0.00
CHANGE -?:-?
15/-?/00 NO. 5 0012A005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/12/2000
Control #
Permit # 00-2213

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1354.35 Lot 10 Qual

Work Site Location 178 CALVIN CT
FENCE
Owner in Fee BUNNIGAN, ROY W
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor JERSEY SHORE FENCE CO
Address 2199 RT 9
TOMS RIVER, NJ 08755-
Telephone (732)341-2001
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2037982

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:
6' WOOD STOCKADE FENCE

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 $ 2,390

Construction Official

06/12/2000
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	16
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other PBA	15
Total	33 18
Check No.	
Cash	X
Collected By	SC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/26/2000
Date Issued 6/1/2000
Control # C30-43
Permit # 00-2213

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
FENCE
Owner in Fee BUNNIGAN, ROY W
Address SAME
BRICK NJ 08723-
Tele [redacted]
Contractor JERSEY SHORE FENCE CO
Address 2199 RT 9
TOMS RIVER, NJ 08755-
Tele.(732)341-2001 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2037982

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

6' WOOD STOCKADE FENCE

X FINISHED SIDE MUST FACE EXTERIOR 25' FROM Property LINE.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/2/2000	JKA
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 6-13-00
Approved By:

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

TYPE OF WORK

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other FENCE
Other
[ ] Demolition

FEE (Office Use Only)

$	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	16
	0
	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
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 $ 2,390
3. Total (1+2)$ 2,390

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 16
DCA Training Fee	$ 2

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: May 30, 2000 **No.2000-0937**

Block: 1354.35 **Lot** 10 **Zone**: R-7.5

Property Address: 178 Calvin Court

Owner : Roy Bannigan

Applicant:: Same **Phone:** [redacted]

Existing Use: single family residential

Proposed Use: same

Proposed Construction: stockade fence, 6' high

Conditions: The fence must be setback at least 25' from the front property line. The finished side of the fence must face the exterior of the property.

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
MAY 30 2000
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 1354.35 LOT 10

PROPERTY ADDRESS (number and street): 178 Calvin Ct.

NAME OF PROPERTY OWNER Ray W. Bannigan.

PERSONAL NAME OF APPLICANT Ray W. Bannigan.

BUSINESS NAME OF APPLICANT

MAILING ADDRESS OF APPLICANT 178 Calvin Ct. Brick NJ 08724

TELEPHONE NUMBER OF APPLICAN [redacted]

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-family dwelling
- ☐ Commercial (please describe)

PROPOSED CONSTRUCTION (please describe, specifically additions)
Fence

All dimensions: ____ Width ____ Length ____ Height

All dimensions: ____ Width ____ Length ____ Height

All dimensions: ____ Width ____ Length ____ Height

Deck or Garage: ____ Attached ____ Detached ____ Height

Fence: Stockade Style Wood Material 6 Height

CHECKLIST:

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

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 Ray W Bannigan Date 5/24/00

Reviewed by Zoning Officer JK Date 5-30 (X) Approved ( ) Rejected

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

Date: 5/26/00

Block: 1354.35 Lot: 10

Property Address: 178 Calvin Ct.

I, Roy W. Bannigan (name) of 178 Calvin Ct. (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

x Roy W Bannigan
Applicant's Signature

The following shall be submitted with this request:

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

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

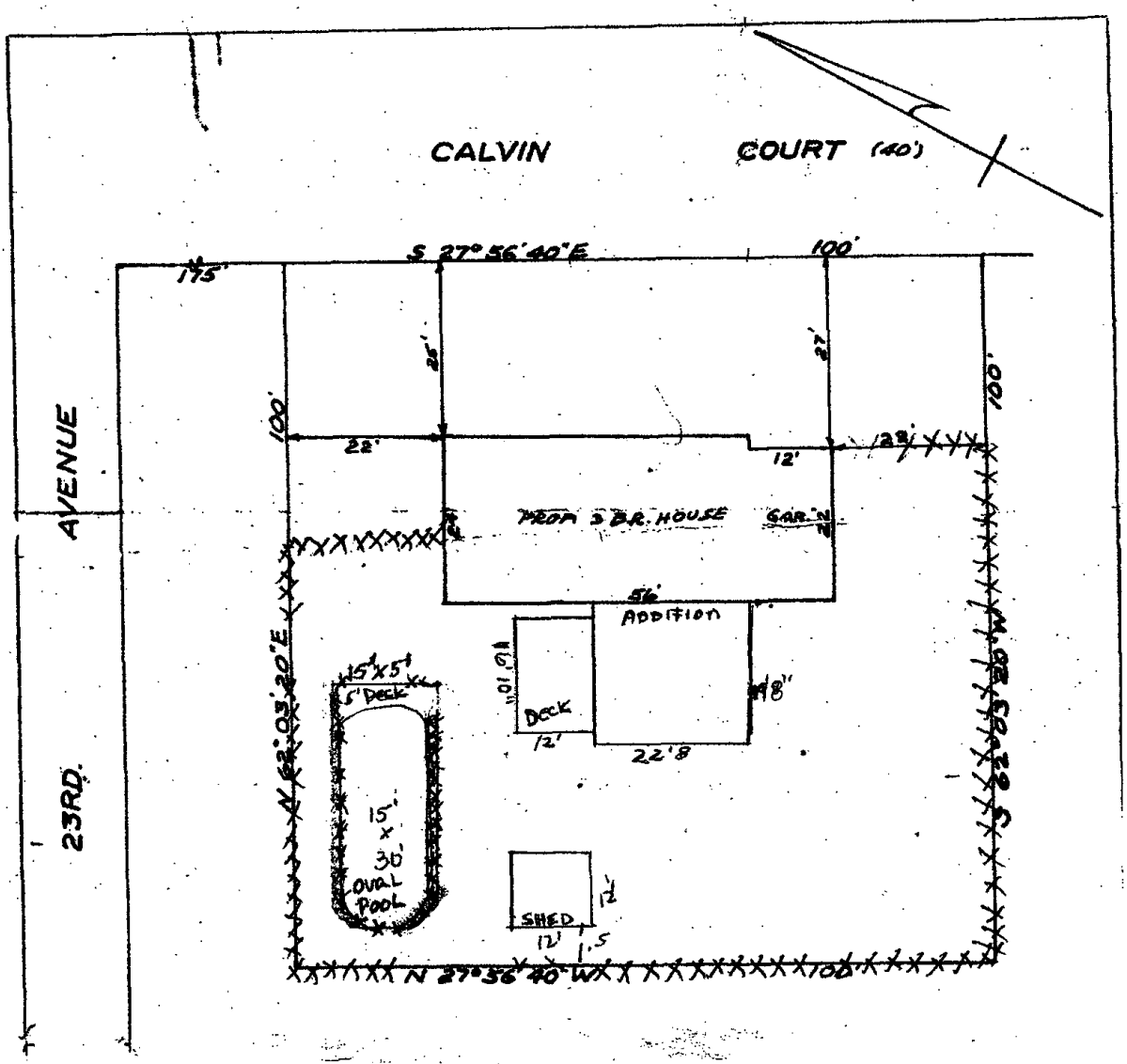
Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 6/7/00 Signed: MM

Rejected on: _____ Signed: _____

Comments:



LOTS 10,11,12 & 13
BLOCK 35
MAP OF RIVIERA BEACH
BRICK TOWNSHIP, OCEAN COUNTY, N.J.

SURVEYED FOR ROBERT E. CAMERON, SR.

APPROVED FOR ZONING COMPLIANCE
BRICK TOWNSHIP, OCEAN COUNTY, N.J.

SCALE: 1" = 20'
DATE JULY 12, 1966

Sherman H. Mills
SHERMAN H. MILLS, L. S.
LICENSE No. 8887
POINT PLEASANT, N. J.

178 Calvin Ct.

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 Pt.	135435	10
Work Site Address	Block	Lot

Roy W Bannigan
Owner's Name, Address, Phone

Self
Contractor's Name, Address, Phone

Construction _____
Describe type (Single -family home, etc.)

Demolition Chain Link Fence
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material _____
Aluminum

Name, address and phone of party responsible for removal of debris:
Home owner same as above -

Size of dumpster: _____

Destination of discarded debris: ✓ giving to my sister -

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.

X Roy W Bannigan	Roy W Bannigan	5/26/00
Printed/Typed Name	Signature	Date

****

FOR OFFICE USE ONLY

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

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

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 178 Calvin Ct.
Block: 1354.35 Lot: 10
Owner's Name: Roy W Banagan
Owner's Mailing Address: 178 Calvin ct
Brick NJ 08724
Phone: [redacted]

BUILDING

Contractor: Jersey Shore Fence Co
Address: 2199 Us Rte 9
Toms River NJ 08755
Phone#: 341 2001
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Fence.

Type of Work

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

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work: 2390 00

Signature: Roy W Banagan

Please Print Name

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	
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:

Signature:

Please Print Name

CONTRACTOR'S SEAL