



# CONSTRUCTION PERMIT APPLICATION

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

## IV. IDENTIFICATION

1. Proposed Work Site at: 2573 Hopper Ave, Brick NJ 08723
2. Name of Owner in Fee: Szpakowski Richard & Michelle Tel. [REDACTED]  
Address 2573 Hopper Ave, Brick NJ  
street municipality zip code
3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_
4. Principal Contractor: OWNER Tel. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
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 (\_\_\_\_) \_\_\_\_\_

## V. FEE SUMMARY (for office use only)

|                                   |                | Update | Update |
|-----------------------------------|----------------|--------|--------|
| 1. Building                       | \$ <u>40</u>   |        |        |
| 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               | <u>1</u>       |        |        |
| 10. Subtotal                      |                |        |        |
| 11. Cert. of Occupancy            |                |        |        |
| 12. Other <u>2PA DCA</u>          | \$ <u>7.25</u> |        |        |
| 13. TOTAL                         | \$ <u>56</u>   |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

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 \_\_\_\_\_

(office use only)

## II. PROPOSED WORK

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

Est. Cost

## OPTIONAL (for office use only)

| Plans Rec'd by | Date Rec'd      | Rejection Date | Approval Date   | Re-viewer  | Resubmission Dates Approval | Rejection | Re-viewer |
|----------------|-----------------|----------------|-----------------|------------|-----------------------------|-----------|-----------|
| <u>JP</u>      | <u>10/28/98</u> |                | <u>11/19/98</u> | <u>JKS</u> | <u>8/30/99</u>              |           |           |
| <u>GC</u>      | <u>11/16/98</u> |                | <u>11/16/98</u> | <u>SL</u>  |                             |           |           |

TOTAL COSTS ✓ 1,200.00

## 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 10408897

## 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

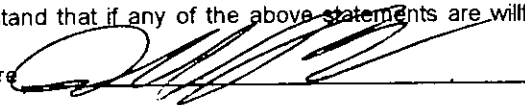
I further certify that I will perform the following work:

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 9/1/98

### 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<br>(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 |                                                                                                                                                           |
| <input type="checkbox"/> Zoning Officer                              |                   |            |                   |            |                   |            |                   |            | <div style="text-align: center; font-weight: bold; font-size: 2em;">                     IMPORTANT<br/>                     REPORT                 </div> |
| <input type="checkbox"/> Planning Board                              |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/> Zoning Board                                |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/> Sewer Authority                             |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/> Water Authority                             |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/> Utility Dig No.                             |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |                                                                                                                                                           |

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

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   |       |
| 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 |
|---------------------------------------------------------------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Compliance  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Compliance            | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy             | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Approval              | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Lead Abatement Clearance Certificate | No. _____   | _____        | _____         | _____        |

Date Received 10/29/98  
Date Issued 8/19/99  
Control # C29-101  
Permit # 04-3027

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

6' STOCKADE FENCE

| <i>* Must comply with all governing Conventions</i> |                    |
|-----------------------------------------------------|--------------------|
| <b>JOB SUMMARY</b> (Office Use Only)                | <b>INSPECTIONS</b> |
| Date<br>Initial                                     | Dates (Month/Day)  |
| <b>PLAN REVIEW</b>                                  |                    |

FEE (Office Use Only) \$ 0

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40  
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|    |    |
|----|----|
| \$ | 0  |
| \$ | 0  |
| \$ | 40 |

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
BUILDING  
SUBCODE  
TECHNICAL SECTION

Date Received 8/19/98  
Date Issued 8/19/98  
Control # 829-101  
Permit # 99-3027

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

Block 552 Lot 10 Qual  
Work Site Location 2573 HOPPER AVE  
FENCE STOCKADE

Owner in Fee SEPATONSKI, RICHARD/MICHELLE  
Address SAME  
ARICK NJ 08723-

Telephone ( ) Fax ( )  
Contractor  
Address

Lic. No. of Bldrs. Reg. No.  
Federal Emp. No. HQ-

*\* Must Comply with all zoning conditions*  
JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                 | Date     | Initial | INSPECTIONS | Dates (Month/Day)                |
|---------------------------------------------------------------------------------------------|----------|---------|-------------|----------------------------------|
| <input checked="" type="checkbox"/> No Plans Req.                                           | 11/19/98 | IKC     | Type        | Failure Failure Approval Initial |
| <input type="checkbox"/> Footing                                                            |          |         | Footing     |                                  |
| <input type="checkbox"/> Foundation                                                         |          |         | Foundation  |                                  |
| <input type="checkbox"/> Frame                                                              |          |         | Slab        |                                  |
| <input type="checkbox"/> Other                                                              |          |         | Frame       |                                  |
| Joint Plan Review Required:                                                                 |          |         | Barrierfree |                                  |
| <input type="checkbox"/> Eject <input type="checkbox"/> Plumb <input type="checkbox"/> Fire |          |         | Insulation  |                                  |
| SUBCODE APPROVAL <input type="checkbox"/> Elev                                              |          |         | Finishes    |                                  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA        |          |         | Energy      |                                  |
| Date:                                                                                       |          |         | Mechanical  |                                  |
| Approved By:                                                                                |          |         | TCO         |                                  |
|                                                                                             |          |         | Other       |                                  |
|                                                                                             |          |         | Final       |                                  |
|                                                                                             |          |         | Barrierfree |                                  |

8. BUILDING CHARACTERISTICS

| Use Group                 | Present U | Proposed U | Est. Cost of Bldg. Work:                |
|---------------------------|-----------|------------|-----------------------------------------|
| Constr. Class             | Present   | Proposed   | 1. New Bldg. \$                         |
| No. of Stories            | 0         | 0          | 2. Alteration \$ 1,200                  |
| Height of Structure       | 0 ft.     | 0 ft.      | 3. Total (1+2) \$ 1,200                 |
| Area Largest Floor        | 0 Sq. Ft. | 0 Sq. Ft.  |                                         |
| New Bldg. Area/All Floors | 0 Sq. Ft. | 0 Sq. Ft.  | Industrialized Building:                |
| Volume of New Structure   | 0 Cu. Ft. | 0 Cu. Ft.  | <input type="checkbox"/> State Approved |
| Total Land Area Disturbed | 0 Sq. Ft. | 0 Sq. Ft.  | <input type="checkbox"/> HUD            |

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' STOCKADE FENCE

| TYPE OF WORK                                             | HEIGHT (EXCEEDS 6') | FEE (Office Use Only) |
|----------------------------------------------------------|---------------------|-----------------------|
| <input type="checkbox"/> New Building                    |                     |                       |
| <input type="checkbox"/> Addition                        |                     |                       |
| <input checked="" type="checkbox"/> Alteration           |                     |                       |
| <input type="checkbox"/> Roofing                         |                     |                       |
| <input type="checkbox"/> Siding                          |                     |                       |
| <input type="checkbox"/> Fence                           | 0                   |                       |
| <input type="checkbox"/> Sign                            | 0                   |                       |
| <input type="checkbox"/> Pool                            |                     |                       |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 |                     |                       |
| <input type="checkbox"/> Lead Haz. Abatement NJAC 5:17   |                     |                       |
| <input type="checkbox"/> Other                           |                     |                       |
| Other                                                    |                     |                       |
| <input type="checkbox"/> Demolition                      |                     |                       |

|                                       |                          |       |
|---------------------------------------|--------------------------|-------|
| Paid <input type="checkbox"/> Check # | Administrative Surcharge | \$    |
| Collected by:                         | Minibus Fee              | \$    |
|                                       | TOTAL FEE                | \$ 40 |
|                                       | DCA Training Fee         | \$ 1  |

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

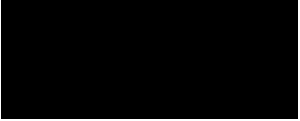
**TOWNSHIP OF BRICK**

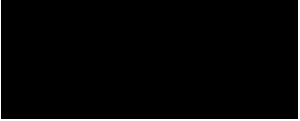
**ZONING PERMIT**

Date of Issue: November 9, 1998 1998 - 1832

Block 552 Lot 10 Zone R-7.5

Property Address: 2573 Hooper Avenue

Owner: Richard Szpakowski (Phone): 

Applicant: Same (Phone): 

Existing Use: Single-family dwelling.

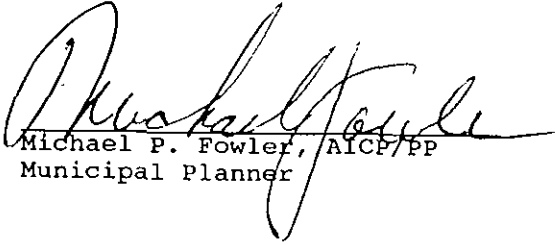
Proposed Use: Single-family dwelling.

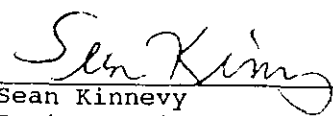
Proposed Construction (if any): Replace 6' high stockade fence.

Conditions: Fence must be setback at least 25' from the front property line.

The finished side of the fence must face the exterior of the lot.

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

B-2

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

BLOCK 552

LOT 16

PROPERTY ADDRESS 2573 Hopper Avenue, Brick, NJ

NAME OF OWNER Richard & Michelle Szpakowski

OWNER'S PHONE [REDACTED]

NAME OF APPLICANT Szymon Szpakowski Richard Szpakowski

APPLICANT'S COMPLETE ADDRESS Szymon Szpakowski 2573 Hopper Ave, Brick NJ 08723

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

All Dimensions \_\_\_\_\_ W \_\_\_\_\_ L \_\_\_\_\_ H

Deck or Garage ☐ Attached ☐ Detached

Fence

Type WOODEN STOCKADE

H 6 FT

CHECKLIST:

- ☐ All information completed above  
☐ Two (2) accurate Survey / Plot Plans containing:  
☐ 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



Date 9-15-98

Reviewed by Zoning Officer

Date

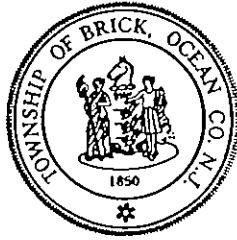
10/30/98

11/9/98

Approved



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



Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad – President  
Martin J. Anton  
Victor Cantillo  
Gregory S. Kavanagh  
Mary Lou Powner  
Kathy M. Russell  
Frederick J. Underwood, Sr.

Department of Administration & Finance

Division of Inspections  
Joseph Curiazza  
Construction Official  
(732) 262-1030  
Fax (732) 262-8954  
<http://www.gbshost.com/brick>  
<http://www.twp.brick.nj.us>

FINAL NOTICE  
SUMMONS TO FOLLOW

Richard Szpakowski  
2573 Hooper Ave.  
Brick, NJ 08723

Date: June 15, 1999

An application for a Building Permit has been approved for the following:

fence

Please be sure to pick up the permit or call for arrangements by mail. The fee for the permit is 56. If arrangements have not been made to pick up and pay for the permit and an inspection reveals that the work has been completed, we will have no other alternative but to issue a violation notice which can result in a fine and/or summons.

Very Truly Yours,

Joseph Curiazza  
Joseph Curiazza  
Construction Official

Please Pick-up by June 29, 1999



BLOCK 552

N.J.A.C. (Uniform Code) 5:23-2.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT 10

# APPROVED

## This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

Joseph T. ...  
Owner

Adam ...  
Contractor

PERMIT NO. \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

FEE PAID \_\_\_\_\_

Joe Camerota  
CONSTRUCTION OFFICIAL  
BRICK TOWNSHIP

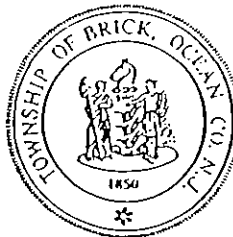
THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE,  
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS

- |                     |                          |
|---------------------|--------------------------|
| 1. FOOTING _____    | 6. SHEET ROCK _____      |
| 2. FOUNDATION _____ | 7. PLUMBING _____        |
| 3. SHEATHING _____  | 8. FIRE INSPECTION _____ |
| 4. FRAMING _____    | 9. FINAL _____           |
| 5. INSULATION _____ |                          |

*Permit*

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



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo – President  
Martin J. Anton  
Helen Fayad  
Gregory S. Kavanagh  
Mary Lou Powner  
Kathy M. Russell  
Frederick J. Underwood, Sr.

Department of Administration & Finance

Division of Inspections

Joseph Curiazza

Construction Official

(732) 262-1024

Fax (732) 262-8954

<http://www.gbshost.com/brick>

Date: 10-28-98

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

RE: Block: 552 Lot: 10

I, Michelle Szpakowski of 2513 Haver Ave, Brick  
(name) (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,

Michelle Szpakowski  
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.

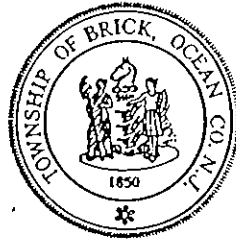
OFFICE USE

Approved ☒ Date: 11/16/98 By: [Signature]

Rejected ☐ Date: \_\_\_\_\_ By: \_\_\_\_\_

Remarks: \_\_\_\_\_

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



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo – President  
Martin J. Anton  
Helen Fayad  
Gregory S. Kavanagh  
Mary Lou Powner  
Kathy M. Russell  
Frederick J. Underwood, Sr.

Department of Administration & Finance

Division of Inspections

Joseph Curiazza

Construction Official

(732) 262-1024

Fax (732) 262-8954

<http://www.gbshost.com/brick>

R. Syrakowski  
2573 Old Hooper Ave.  
Brick NJ 08723

Date: 9-19-98

An application for a permit needs to be applied for the following work:

Fence

Please be sure to pick up the permit application as soon as possible. The applications can be picked up in the municipal complex, downstairs in the Building Department. If a further inspection reveals the completed work without a permit, we will have no other alternative but to issue a violation notice which can result in a fine and/or summons.

Very Truly Yours,

Joseph Curiazza  
Construction official

COUNTER FORM  
PLEASE PRINT

TOWNSHIP OF BRICK

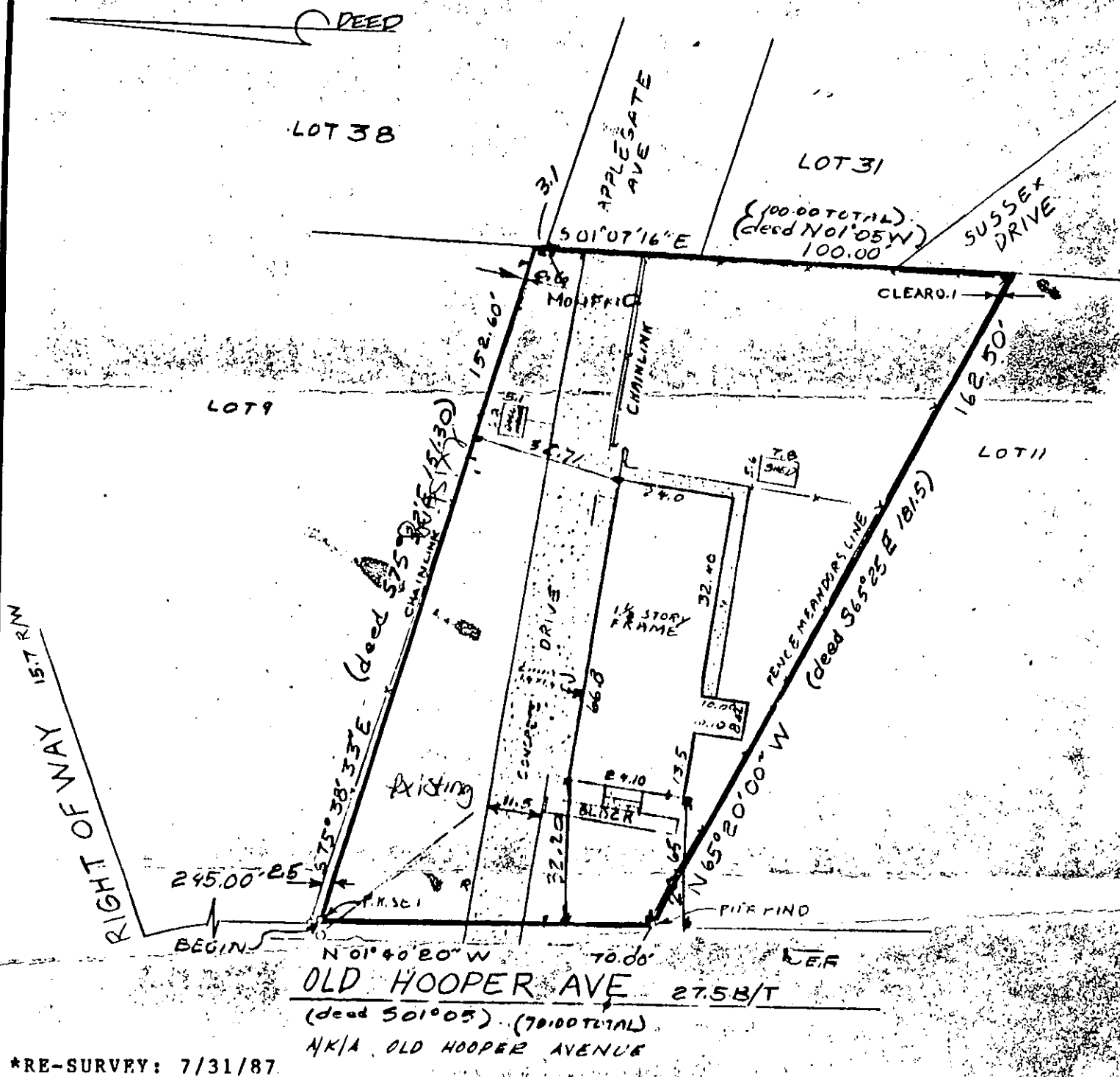
401 Chambers Bridge Road  
Brick, New Jersey 08723  
Tel: 732-262-1027

|                |                 |              |                                    |
|----------------|-----------------|--------------|------------------------------------|
| Site Location: | 2573 Hooper Ave | Date Rec'd.: |                                    |
| Block:         | 552             | Lot:         | 10                                 |
| Owner in Fee:  | L S ZPA + OWSE  | Date Issued: |                                    |
| Address:       | 2573 HOOPER AVE | Control #:   |                                    |
|                | BRICK           | Permit #:    |                                    |
| State:         | NJ              | Zip:         | 08723                              |
| SS #:          |                 | Phone:       |                                    |
|                |                 |              | Provide only if Applicant is owner |

| PLUMBING SUBCODE                                                           | BUILDING SUBCODE                                                           |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| CONTRACTOR:                                                                | CONTRACTOR: OWNER                                                          |
| ADDRESS:                                                                   | ADDRESS:                                                                   |
| PHONE:                                                                     | PHONE:                                                                     |
| LIC #:                                                                     | LIC #:                                                                     |
| LIC EXPIRATION DATE:                                                       | LIC EXPIRATION DATE:                                                       |
| FEDERAL EMP. # (or S.S. #):                                                | FEDERAL EMP. # (or S.S. #):                                                |
| TECHNICAL SITE DATA (LIST ALL FIXTURES)                                    | TECHNICAL SITE DATA                                                        |
| NO. FIXTURE/EQUIPMENT                                                      | DESCRIPTION OF WORK:                                                       |
| Water Closet                                                               | REPLACE CHAINLINK FENCE AROUND                                             |
| Urinal / Bidet                                                             | PROPERTY WITH WOOD STOCKADE.                                               |
| Bath Tub                                                                   | 6 ft                                                                       |
| Lavatory                                                                   |                                                                            |
| Shower                                                                     |                                                                            |
| Floor Drain                                                                |                                                                            |
| Sink                                                                       |                                                                            |
| Dishwasher                                                                 |                                                                            |
| Drinking Fountain                                                          |                                                                            |
| Washing Machine                                                            |                                                                            |
| 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                                                        |                                                                            |
| Vent Through Roof                                                          |                                                                            |
| Other                                                                      |                                                                            |
| Estimated Cost of Plumbing Work: \$                                        |                                                                            |
| Signature:                                                                 |                                                                            |
| Owner <input type="checkbox"/> Contractor <input type="checkbox"/>         |                                                                            |
| SUBCODE APPROVAL:                                                          | Estimated Cost of Building Work:                                           |
| PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/> | New Building (1): \$ 1200                                                  |
| Approved by:                                                               | Alteration (2): \$                                                         |
| Date:                                                                      | TOTAL (1+2): \$                                                            |
| CONTRACTOR AFFIX SEAL:                                                     | SUBCODE APPROVAL:                                                          |
|                                                                            | PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/> |
|                                                                            | Approved by:                                                               |
|                                                                            | Date:                                                                      |

COUNTER FORM  
PLEASE PRINT

| ELECTRICAL SUBCODE                                                         | FIRE PROTECTION SUBCODE                                                                                                                  |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACTOR:                                                                | CONTRACTOR:                                                                                                                              |
| ADDRESS:                                                                   | ADDRESS:                                                                                                                                 |
| PHONE:                                                                     | PHONE:                                                                                                                                   |
| LIC. #: EXP. DATE:                                                         | LIC. #: EXP. DATE:                                                                                                                       |
| FEDERAL EMPL. #: (or S.S. #):                                              | FEDERAL EMPL. #: (or S.S. #):                                                                                                            |
| TECHNICAL DATA (LIST ALL FIXTURES)                                         | TECHNICAL DATA (DESCRIPTION OF WORK)                                                                                                     |
| DESCRIPTION QTY SIZE                                                       |                                                                                                                                          |
| ITEMS                                                                      |                                                                                                                                          |
| Lighting Fixtures                                                          |                                                                                                                                          |
| Recepracles                                                                |                                                                                                                                          |
| Switches                                                                   |                                                                                                                                          |
| Detectors                                                                  |                                                                                                                                          |
| Light Poles                                                                |                                                                                                                                          |
| Motors - Fract. HP                                                         | Heating Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solar |
| Emergency & Exit Lights                                                    | Heating Sys: <input type="checkbox"/> New <input type="checkbox"/> Existing                                                              |
| Communications Points                                                      | Location of Furnace / Boiler                                                                                                             |
| Alarm Devices/F.A.C. Panel                                                 |                                                                                                                                          |
| TOTAL NUMBERS                                                              |                                                                                                                                          |
| Pool Permit w/UW Lights                                                    | Water Supply Source                                                                                                                      |
| Storable Pool/Spa/Hot Tub                                                  | Method of Valve Supervision                                                                                                              |
| KW Elec. Range / Receptacle KW                                             | Local Alarm Supervision                                                                                                                  |
| KW Oven / Surface Unit KW                                                  | Central Supervision                                                                                                                      |
| KW Elec. Water Heater KW                                                   | Proprietary Supervision                                                                                                                  |
| KW Elec. Dryer / Receptacle KW                                             |                                                                                                                                          |
| KW Dishwasher KW                                                           | Flammable Liquip Storage Tanks Capacity: Fuel:                                                                                           |
| HP Garbage Disposal HP                                                     | Combustable Liquid Storage Tanks Capacity: Fuel:                                                                                         |
| KW Central A/C Unit KW                                                     | L.G.P. Storage Tanks Capacity: Fuel:                                                                                                     |
| HP/KW Space Heater/Air Handler HP/KW                                       |                                                                                                                                          |
| KW Baseboard Heat KW                                                       | DESCRIPTION NUMBER                                                                                                                       |
| HP Motors 1/+ HP HP                                                        | Wet Sprinkler Heads                                                                                                                      |
| KW Transformer/Generator KW                                                | Dry Sprinkler Heads                                                                                                                      |
| AMP Service AMP                                                            | Total                                                                                                                                    |
| AMP Subpanels AMP                                                          |                                                                                                                                          |
| AMP Motor Control Center AMP                                               | Smoke Detectors                                                                                                                          |
| AMP Elec. Sign/Outline Light KW                                            | Heat Detectors                                                                                                                           |
| Other                                                                      | Total                                                                                                                                    |
| Other                                                                      |                                                                                                                                          |
| Other                                                                      | Stand Pipes                                                                                                                              |
| Other                                                                      | Kitchen Hood Exhaust Systems                                                                                                             |
| Estimated Cost of Electrical Work: \$                                      |                                                                                                                                          |
| Signature (print name):                                                    | Pre-Engineered Systems                                                                                                                   |
| Estimated Cost of Electrical Work: \$                                      | Co2 Suppression                                                                                                                          |
| Signature (print name):                                                    | Halon Suppression                                                                                                                        |
| Owner <input type="checkbox"/> Contractor <input type="checkbox"/>         | Foam Suppression                                                                                                                         |
| SUBCODE APPROVAL:                                                          | Dry Chemical                                                                                                                             |
| PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/> | Wet Chemical                                                                                                                             |
| Approved by:                                                               |                                                                                                                                          |
| Date:                                                                      | Gas or Oil Fired Appliance                                                                                                               |
| CONTRACTOR AFFIX SEAL:                                                     | Other                                                                                                                                    |
|                                                                            | Other                                                                                                                                    |
|                                                                            | Estimated Cost of Fire Protection Work: \$                                                                                               |
|                                                                            | Signature:                                                                                                                               |
|                                                                            | Owner <input type="checkbox"/> Contractor <input type="checkbox"/>                                                                       |
|                                                                            | SUBCODE APPROVAL:                                                                                                                        |
|                                                                            | PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/>                                                               |
|                                                                            | Approved by:                                                                                                                             |
|                                                                            | Date:                                                                                                                                    |



### SURVEY of PROPERTY

LOT(S) 10 BLOCK 552 TAX SHEET 36A  
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

HOUSE NO. 2573 OLD HOOPER AVE 1 1/2 STORY FAMILY DWELLING

CERTIFIED TO RICHARD SZPAKOWSKI MICHELLE  
SZPAKOWSKI, MURRAY FINANCIAL ASSOCIATES, INC.  
AND/OR ITS ASSIGNS STARKY, KELLY, BLANEY & WHITE  
ESP. MIDSTATE ABSTRACT COMPANY / FIRST AMERICAN  
TITLE INSURANCE CO.

THIS CERTIFICATION IS MADE ONLY TO NAMED PARTIES  
FOR PURCHASE AND OR MORTGAGE OF HEREIN  
DELINEATED PROPERTY BY NAMED PURCHASER. NO  
RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR  
FOR USE OF SURVEY FOR ANY OTHER PURPOSE  
INCLUDING, BUT NOT LIMITED TO, USE OF SURVEY FOR  
SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY  
OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER  
DIRECTLY OR INDIRECTLY.

### CERTIFICATION

IN CONSIDERATION OF FEE PAID, I HEREBY CERTIFY THIS A TRUE AND ACCURATE SURVEY  
MADE ON THE GROUNDS AND CONDITIONS SHOWN ARE AS THEY EXIST THIS DATE.

Registered Architect Lic. No. C-6316  
Professional Engineer Lic. No. 13450  
Licensed Surveyor Lic. No. 13450  
Professional Planner Lic. No. 69



EDWARD ANGSTER

ARCHITECTURE ENGINEERING SURVEYING PLANNING

29 CENTRAL AVENUE

TOMS RIVER, N.J.

DATE 10/14/86 SCALE 1" = 30' DWN. BY M.P. FILE NO. 27186-0-6873 A

APPROVED FOR TOWING ONLY  
SEAN KINNEY, EOWIAO OFFICER  
DATE November 9, 1998  
Sean Kinney - replace fence