BLOCK 901.22 LOT ✓ 45 QUALIFICATION CODE _____ ADDRESS (SITE) ✓ 28 LENAPE TRAIL PERMIT NO. 05-0912

CONSTRUCTION PERMIT APPLICATION

C115-133718

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

I. IDENTIFICATION

1. Propsed Work Site at: 28 LENAPE TRAIL,
2. Name of Owner in Fee: SCOTT M. LILLEY [redacted]
   Address 28 LENAPE TRAIL (street) BRICK (municipality) [redacted] (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: SCOTT M. LILLEY (SELF) [redacted]
   Address 28 LENAPE TRAIL, BRICK, NJ 08724
   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 (_____) _____

Relocate HOT TUB / 7" wood boardwalk

Called 4-10-05 @ 10:15

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	40 50	
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			
10.	Subtotal			
11.	Cert. of Occupancy		90 —	
12.	Other			
13.	TOTAL	$		

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	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☒ Minor Work	10 ✓		3/29		4/10/05	KP	3-8-07		
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical	10 ✓				4/10/05	MN			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	20 ✓								

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:

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 _____ Date 4/18/71

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.

11-01-05

Per Planic

No zoning needed

on deck

hot tub

CONSTRUCTION PERMIT

Date Issued 04/01/2005
Control # C-05-133718
Permit # 05-0912

IDENTIFICATION Block: 901.22 Lot: 45 Qualifier

Work Site Location: 28 LENAPE TRAIL Brick Township, NJ

Owner in Fee LILLEY, SCOTT M & MARTIN, SEAN
Address 28 LENAPE TRAIL BRICK NJ 08724

Telephone:

Contractor LILLEY, SCOTT M & MARTIN, SEAN
Address 28 LENAPE TRAIL BRICK NJ 08724

Telephone:

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

HOT TUB

RELOCATE HOT TUB/7" BOARDWALK

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $20

Construction Official

04/01/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$40
Electrical	$50
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$90
Check No.	1001
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 04/01/2005
Control # C-05-133718
Date Issued 4-1-05
Permit # 05-0912

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

Block 901.22 Lot 45 Qualification Code

Work Site Location: 28 LENAPE TRAIL

Owner in Fee: LILLEY, SCOTT M & MARTIN, SEAN

Address 28 LENAPE TRAIL BRICK NJ

Tel.

Contractor: LILLEY, SCOTT M & MARTIN, SEAN

Address 28 LENAPE TRAIL BRICK NJ

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☒ No Plan Required	4-1-05	
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: 3-6-07
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $0
2. Rehabilitation $10
3. Total (1+2) $10

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HOT TUB, RELOCATE HOT TUB/7" BOARDWALK

TYPE OF WORK

	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☑ Rehabilitation	$0
☐ Roofing	$0
☐ Siding	$0
☐ Fence ____ Height (exceeds 6')	$0
☐ Sign ____ Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$0
TOTAL FEE	$40

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 04/01/2005
Control # C-05-133718
Date Issued 4-1-05
Permit # 05-0912

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

Block 901.22 Lot 45 Qualification Code

Work Site Location: 28 LENAPE TRAIL

Owner in Fee: LILLEY, SCOTT M & MARTIN, SEAN

Address 28 LENAPE TRAIL BRICK NJ

Tel.

Contractor: LILLEY, SCOTT M & MARTIN, SEAN

Address 28 LENAPE TRAIL BRICK NJ

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $0
2. Rehabilitation $10
3. Total (1+2) $10

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HOT TUB, RELOCATE HOT TUB/7" BOARDWALK

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☑ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☐ Sign Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)	
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$0
TOTAL FEE	$40

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Complaint
Mun. Code: 1506
SC 15095

MUNICIPAL COURT
TOWNSHIP OF BRICK
401 Chambersbridge Road
Brick Town, NJ 08723

The State of New Jersey
(Please Print) **VS.**

Defendant's Name: First: Martin Initial: Sean Last: Lilley

Address: 23 Lenape Trail City: Brick

State: NJ Zip Code: 08724 Telephone: SOCIAL SECURITY NUMBER

Birth Date: Mo. Day Yr. Sex CODE Eyes CODE Height Restrictions CODE

Driver's License # State Exp. Date

STATE OF NEW JERSEY
COUNTY OF **OCEAN** } SS:

COMPLAINT

Complaining Witness: Frank Mizen (Name)

of Brick Building Dept. (Identify Dept./Agency Represented) (Badge No.)

Residing at 401 Chambers Bridge rd.

by certification or on oath, says that to the best of his/her knowledge or information and belief, the named defendant on or about the

05 (Month) 15 (Day) 2001 (Year) 10AM (Time)

in **BRICK** **1506** (CODE) County of **OCEAN** NJ

did commit the following offense: working without Proper Building Permits
(DESCRIPTION OF OFFENSE)

in violation of (one charge only) 300-77- chapter 21
(Statute, Regulation or Ordinance Number)

LOCATION OF OFFENSE: 1. 501 Describe Location: 25 Lenape Trail

OATH: Subscribed and sworn to before me this 12 day of July, yr. 2001

(Signature of Complaining Witness)

(Signature of Person Administering Oath)

CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

OR

(Date)

(Signature of Complaining Witness)

COMPLAINT

SUMMONS

PROBABLE CAUSE DETERMINATION FOR ISSUANCE OF PROCESS:

COURT USE ONLY	LAW ENFORCEMENT USE ONLY
Probable cause is found for the issuance Of this Complaint-Summons. Yes / No / Yes / No	The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

(Signature of Judicial Officer)

(Signature of Judge)

SUMMONS

YOU ARE HEREBY SUMMONED TO APPEAR

BEFORE THIS COURT TO ANSWER THIS COMPLAINT. IF YOU FAIL TO APPEAR ON THE DATE AND AT THE TIME STATED, A WARRANT MAY BE ISSUED FOR YOUR ARREST.

NOTICE TO APPEAR

COURT APPEARANCE REQUIRED	COURT DATE	Month	Day	Year	Time	AM / PM
☒		8	23	01	9	00 AM

(Date Summons Issued) (Signature of Person Issuing Summons)

Complaint-Summons SF-1 (9-98)

TAKEN DOWN

CHANGE IN COURT DATE

BRICK TOWNSHIP MUNICIPAL COURT
401 CHAMBERS BRIDGE

BRICK NJ 08723

TELEPHONE: 732-477-3000
9:00 AM - 3:00 PM

NEW COURT DATE - 11/07/2001--09:00 AM
ROOM - 0001
JUDGE - BRANT S COLLINS
DATE OF NOTICE - 09/18/2001

NOTICE GENERATED BY: JUPAS4
COMPLAINANT COPY

YOU ARE HEREBY NOTIFIED THAT THE COURT MATTERS(S), LISTED BELOW HAS BEEN RESCHEDULED FOR 09:00 AM ON 11/07/2001 IN COURT ROOM 0001.

COMPLAINT NO.	COMPLAINT NO.	COMPLAINT NO.	COMPLAINT NO.
SC 2001 015095			

11-1-01 Warrent 15500

901.22 45

28 Lenape.

STATE V. MARTIN S LILLEY

BY ORDER OF THE JUDGE
BRANT S COLLINS

FRANK MIZER
BUILDING DEPT.
401 CHAMBERS BRIDGE RD
BRICK NJ 08723

BRICK TOWNSHIP MUNICIPAL COURT
401 CHAMBERS BRIDGE

BRICK NJ 08723

TELEPHONE: 732-477-3000
9:00 AM - 3:00 PM

NEW COURT DATE - 01/30/2002--09:00 AM
ROOM - 0001
JUDGE - BRANT S COLLINS
DATE OF NOTICE - 11/13/2001

NOTICE GENERATED BY: JUPAS4
COMPLAINANT COPY

YOU ARE HEREBY NOTIFIED THAT THE COURT MATTERS(S), LISTED BELOW HAS BEEN RESCHEDULED FOR 09:00 AM ON 01/30/2002 IN COURT ROOM 0001.

COMPLAINT NO.	COMPLAINT NO.	COMPLAINT NO.	COMPLAINT NO.
SC 2001 015095			

STATE V. SCOTT LILLEY

BY ORDER OF THE JUDGE
BRANT S COLLINS

FRANK MIZER
BUILDING DEPT.
401 CHAMBERS BRIDGE RD
BRICK NJ 08723

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Frederick J. Underwood, Sr. - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

DEPARTMENT OF ADMINISTRATION & FINANCE

DIVISION OF INSPECTIONS
Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
http://www.twp.brick.nj.us

DATE: 5-15-01

Resident
28 Tenape Trail
Brick N.J. 08724.

RE: 901-22 45

BLOCK: LOT:

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

Pool, deck, dock, 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 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 a summons.

Very truly yours,

Construction Official

Summons Sent on 7-17-01 Per Joe Curiazza

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/04/2001
Control #
Permit #

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 28 LENAPE TRAIL Block 391.12 Lot 43

Owner in Fee _____ Agent/Contractor _____
Address _____ Address _____

ACTION

Date of Notice 06/01/2001 Compliance Due Date 06/25/2001 Date of Inspection 06/25/2001

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
NJAC 5:23:2.14 PERMIT REQUIRED
FAILURE TO OBTAIN STATE AND LOCAL PERMITS

You are hereby ordered to terminate the said violations on or before 06/25/2001. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 500 for each violation for a total penalty of $ 500. Each week that any of the said violations remain outstanding after 06/25/2001 shall result in an additional penalty of $500 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN COUNTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in Writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

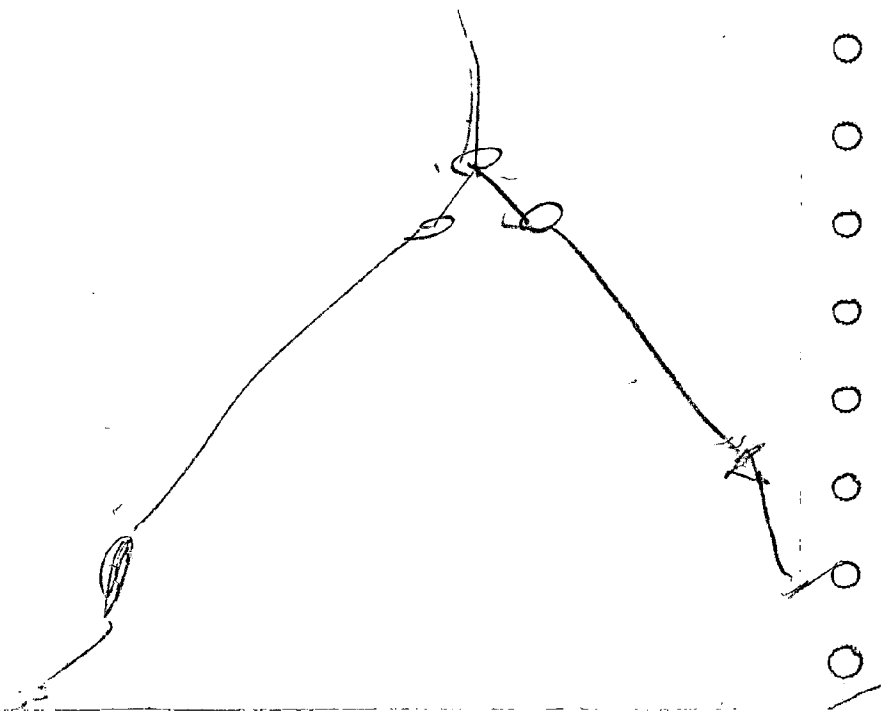
The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: JOE CURIALE, CONSTRUCTION OFFICIAL 732-262-1600.
NOTICE OF VIOLATION AND ORDER TO TERMINATE. _____ BCO DATE: 6-4-01
NOTICE AND ORDER OF PENALTY: _____ CO DATE: _____

U.C.C. 7010 (rev. 3/96)

U.C.C. F210 (rev. 3/96)

Extend Dock.
Pool - Removed
moved Hot Tub into Flood Zone
Deck.
Fence.



E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/04/2001
Control #
Permit #

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 28 LENAPE TRAIL Block 201.22 Lot 45

Owner in Fee _____ Agent/Contractor _____
Address _____ Address _____

ACTION

Date of Notice 06/04/2001 Compliance Due Date 06/25/2001 Date of Inspection 05/25/2001

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated
NJAC 5:23:2.14 PERMIT REQUIRED
FAILURE TO OBTAIN STATE AND LOCAL PERMITS

You are hereby ordered to terminate the said violations on or before 06/25/2001. No Certificate of Occupancy or Approval will be is
ns are
corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 500 for each violation for a total penalty of $ 500. Each week that
remain outstanding after 06/25/2001 shall result in an additional penalty of $ 500 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the
COUNTY
within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question,
ecific sections
of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement se
d the nature
of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE

If you have any questions concerning this matter, please call: JOE CURIAZZA, CONSTRUCTION OFFICIAL 732-262-1030.
NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ sco DATE: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1030
Fax: (732) 262-8054
http://www.twp.brick.nj.us

Date: 4/18/11

Block: 901. 22 Lot: 45

Property Address: 28 LENAPE TRAIL BRICK, NJ 08724

I, Scott M. Lilley (name) of 28 LENAPE TRAIL, BRICK, NJ 08724 (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.

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: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

Block 29.01.22 Lot 45 Qualifier _____

PROPERTY ADDRESS 28 LENAPE TRAIL BRICK, NJ 08724

PERSONAL NAME OF APPLICANT Scott M. Lilley

BUSINESS NAME OF APPLICANT —

PROPERTY OWNER Scott M. Lilley

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☐ Alteration
☒ Porch or deck (state heights) 7' boardwalk
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) HOT TUB RELOCATION

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ 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.

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

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 4/18/02

Reviewed by Zoning Office _____ Date _____ ( ) Approved ( ) Denied

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 04/01/2005
Date Issued ~~12/31/1899~~ 4-1-05
Control # C-05-133718
Permit # 05-0912

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

Block 901.22 Lot 45 Qualification Code

Work Site Location: 28 LENAPE TRAIL

Owner in Fee: LILLEY, SCOTT M & MARTIN, SEAN

Address 28 LENAPE TRAIL BRICK NJ

Tel.

Contractor: LILLEY, SCOTT M & MARTIN, SEAN

Address 28 LENAPE TRAIL BRICK NJ

Tel. Fax.

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed U

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $10

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved
Date: 4/10/05
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy that I am the (agent of) owner of the 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 Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
0		TOTAL NUMBERS	$0
0	moved not used	Pool Permit/with UW Lights	$0
1		Storable Pool/Spa/Hot Tub	$50
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$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	$0
0	0	KW 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 Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$0
TOTAL FEE	$50

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 28 LENAPE TRAIL
Block: 90.22 Lot: 45
Owner's Name: SCOTT M LILLEY
Owner's Mailing Address: 28 LENAPE TRAIL, BRICK, NJ 08724
Phone [redacted]

BUILDING

Contractor: Homeowner
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:
Relocate hot tub (existing) (no brochure)
7" x boardwalk

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 Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Total Cost of New Building Work: $ ✓ $10.00

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

Signature:
Please Print Name

ELECTRICAL

Contractor: Homeowner
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	1
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: ✓ $10.00

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

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures Quantity

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

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

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

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

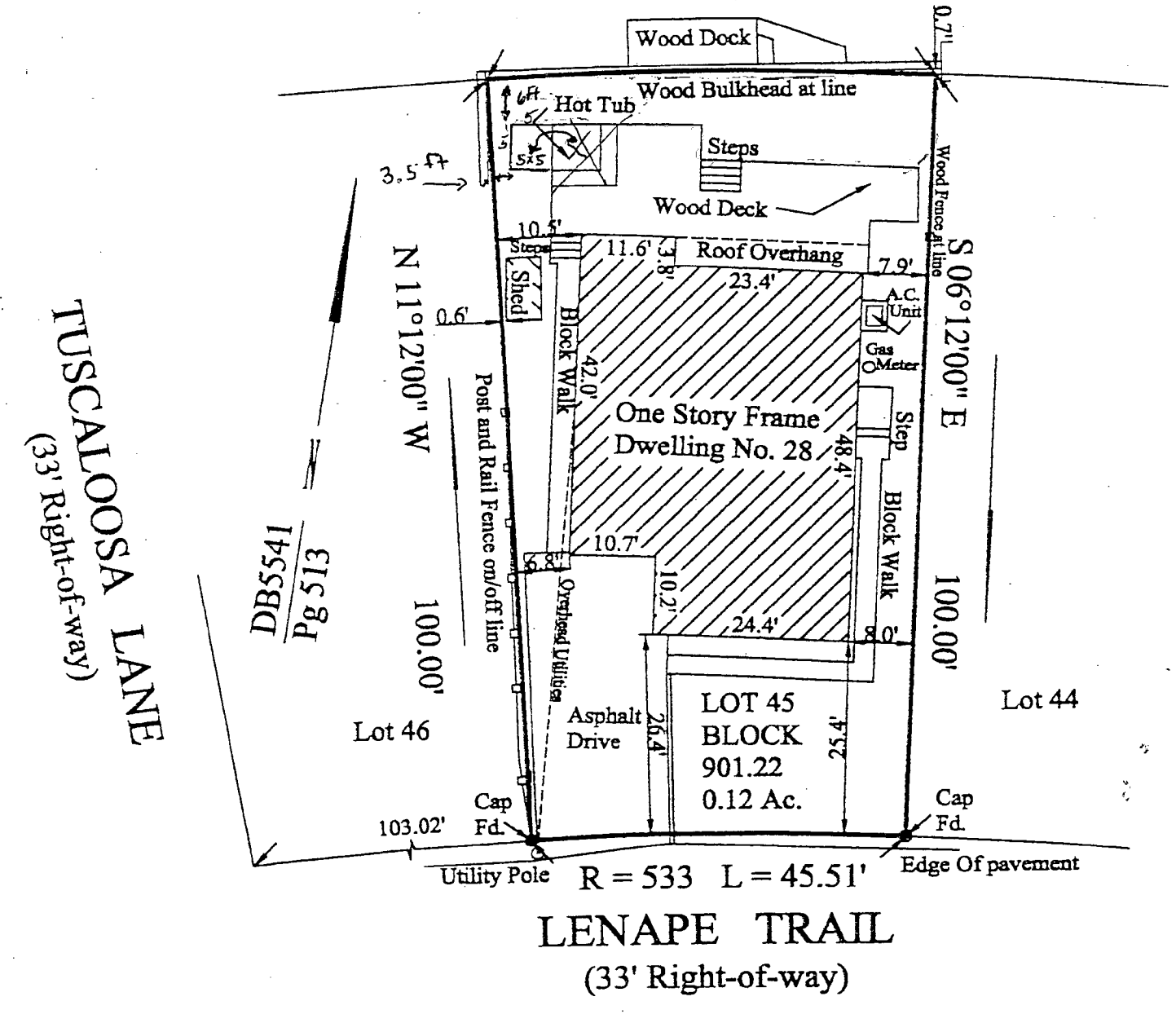
Signature:_____

Print Name:_____

THIS CERTIFICATION IS MADE ONLY TO THE ABOVE NAMED PARTIES FOR THE PURCHASE AND/OR MORTGAGE OF THE HERIN DELINEATED PROPERTY BY THE ABOVE NAMED PURCHASERS. NO RESPONSIBILITY IS ASSUMED BY THE SURVEYOR FOR USE OF THE SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF THE SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN THE CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELEIF, THIS SURVEY HAS BEEN ACCURATELY PREPARED ON THE GROUND AND THAT NO VISIBLE ENCROACHMENTS EXIST EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN HERON
NO PROPERTY CORNER MARKERS REQUESTED AS PER N.J.A.C. 13:40-5.1

SURVEY OF PROPERTY
MADE FOR
SCOTT M. LILLEY and
SEAN MARTIN
SITUATED IN THE
TOWNSHIP OF BRICK

OCEAN COUNTY **NEW JERSEY**
SCALE: 1"= 20' **NOVEMBER 28, 2000**



KNOWN AS LOT 45 IN BLOCK 22 AS SHOWN ON A MAP ENTITLED "CEDARCROFT, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY" DATED JANUARY, 1938, WITH REVISIONS TO AUGUST, 1952, AND DULY FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON AUGUST 5, 1957 AS MAP NO. C-307.

ALSO KNOWN AS LOT 45 BLOCK 901.22 AS SHOWN ON THE TAX MAPS OF THE TOWNSHIP OF BRICK , OCEAN COUNTY, NEW JERSEY, SHEET 49.02, LATEST REVISION.

This Survey Is Certified To:

SCOTT M. LILLEY, single and **SEAN MARTIN,** single;
FIRST AMERICAN TITLE INSURANCE COMPANY;
GENERAL LAND ABSTRACT COMPANY;
OCEANFIRST BANK, its successors and/or assigns as their interest may appear;
RICHARD ALJIAN, Esq.

RAGAN LAND SURVEYING P.C.
1913 COTTAGE PLACE, WALL TOWNSHIP, NEW JERSEY 07719
Tel. (732) 280-7000

ROBERT M. RAGAN P.L.S.
PROFESSIONAL LAND SURVEYOR
N.J. LICENSE NO. 38977

GLA183170M S00-312

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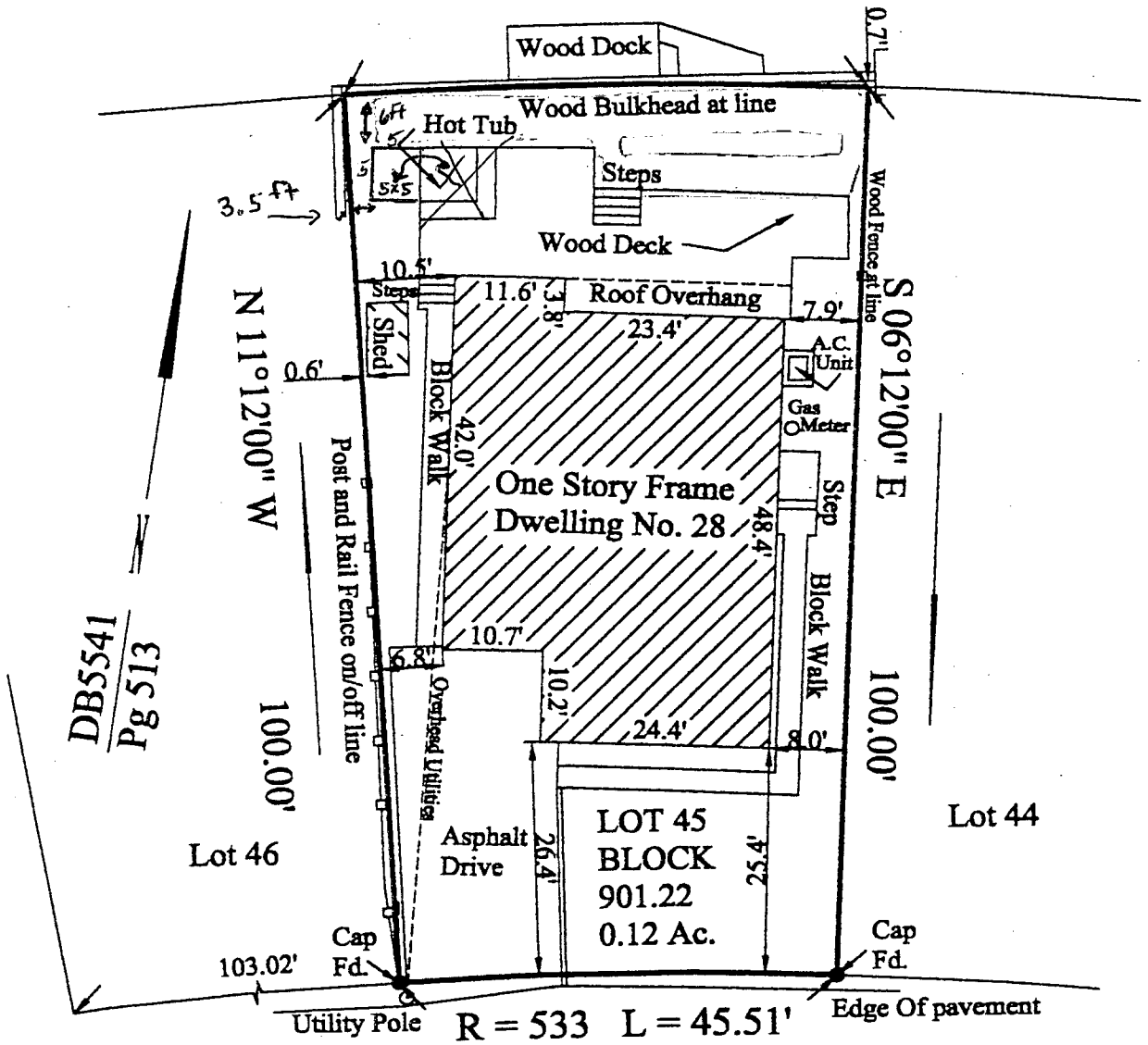
NO PROPERTY CORNER MARKERS REQUESTED AS PER N.J.A.C. 13:40-5.1

BOARDWALK

LENAPE LAGOON

R = 633 L = 55.24'



GLA183170M S00-312

SURVEY OF PROPERTY MADE FOR SCOTT M. LILLEY and SEAN MARTIN

SITUATED IN THE TOWNSHIP OF BRICK

OCEAN COUNTY **NEW JERSEY**
SCALE: 1"= 20' **NOVEMBER 28, 2000**

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