BLOCK 1069.89 LOT 1-4 ADDRESS (SITE) 300 Prospect Dr. PERMIT NO. 3114-94

RECEIVED
OCT 14 1994

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: 300 Prospect Dr
2. Name of Owner in Fee: Carol Jablonski Tel. [redacted]
   Address 300 Prospect Dr. (street) Brick (municipality) N.J. 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Robert Martin Tel. (908) 458-3336
   Address 1415 Forest Ave Brick NJ 08724
   License No OR, if new home, Builder Reg. No. 05300 Exp. Date 9-95
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Te [redacted]
   Address 300 Prospect Dr. Brick NJ 08724
6. Responsible Person In Charge of Work Robert Martin Tel. (908) 458-3336

V. FEE SUMMARY (for office use only)

ALT=L

			Update	Update
1. Building	$	~~122~~ 90	212	
2. Electrical		38.-		30
3. Plumbing		46.-		
4. Fire Protection				
5. Other				
6. Subtotal	$	296.		
7. Less 20% for State Plan Review		30.	3.-	3.-
8. Subtotal	$	~~444~~	15.-	
9. DCA Training Fee				3.-
10. Subtotal	$			
11. Cert. of Occupancy		35.		
12. Other ZPA/I		$30.00		
13. TOTAL	$	406		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	15' ft.	
3. Area—Largest Floor	462 sq. ft.	
4. Building Area—All Floors	462 sq. ft.	
5. Volume of Structure	7161 cu. ft.	
6. Construction Classification	R-3	
7. Total Land Area Disturbed	462 sq. ft.	
8. Flood Hazard Zone	NO	
9. Base Flood Elevation	NA ft.	
10. Wetlands yes	sq. ft.	
no	X	
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	~~15,000~~
4. ☒ Addition	15,000
5. ☒ Alteration	5,000
6. ☒ Fire Protection	100
7. ☒ Plumbing	3,000
8. ☒ Electrical	2,000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	25,100

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
WB	10/14/94		12/1/94		3/30/95		
			10/26/94	JR	4-6-95		
			10/20/94	SC	4/4/95		
					5/29/95		
GM	10/19/94		10/19/94	Dno			

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 1
After Construction 1
Net gain or loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10505879

UCC Form 1-100A

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. (X) 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 X _____ Date 10/13/94

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

OFFICE DATE RECEIVED: _____

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

COMMENTS

Please check if one has been

IMPORTANT
A.H.B.T. - EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☑ Certificate of Approval	No. 3144	4-6-95	
☐ None			

New Jersey
UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 4/17/95
Control #
Permit # 3114-94

IDENTIFICATION

Block 1069-89 Lot 1-4
Work Site Location 300 Prospect Dr
Brick, N.J.
Owner in Fee Carol Jablonski
Address Same

Tele. ( )
Contractor Robert Martin
Address 1415 Forest Ave
Brick, N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Enclose existing porch, install 2 windows and addition to single family dwelling

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur Hoffman

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CERTIFICATE

Date Issued 4-6-95
Control #
Permit # 3114-94

IDENTIFICATION

Block 1069.89 Lot 1-4
Work Site Location 360 Prospect Drive

Owner in Fee Carol Jablonski
Address same

Tele. ( )
Contractor Robert Martin
Address 1415 Forest Ave.
Brick, NJ

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Enclose existing porch, install 2 new windows and addition to single family dwelling

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXX☒ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Ciezzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 10-27-94
Control #
Permit # 3114-94

IDENTIFICATION Block 1069.89 Lot 1-4

Work Site Location 300 Prospect St

Owner in Fee Carol Oakconski

Address 300 Prospect St

Tele. ( )

Contractor Robert Martini

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

462.
7161.

add'n. & alter.

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 $ 25100.-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)			
Building	212.	BUILDING	212.00
Plumbing	38.	PLUMBING	38.00
Electrical		FIRE	46.00
Fire Protection	46.	PLAN RVW	30.00
Other Plan	30	D.C.A.	5.00
Other Eng	15	C / O	5.00
DCA Training Fee	5	ZONE/FLOT	5.00
Cert. of Occ.	35	ENG R.R.	5.00
Other 3 mos	15	TOTAL	346.00
Total	346.	CHECK	346.00
Check No.		CHANGE	0.00
Cash		OUTBOUND	14:30
Collected By:			

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

PERMIT UPDATE

Date Update Issued 12-12-94
Control #
Permit # 3114-94
Date Permit Issued 5-31

IDENTIFICATION Block 1069.89 Lot 1-4
Work Site Location 300 Bayonne St
Owner in Fee Dablowski
Address [redacted]
Tele. ( ) [redacted]

Contractor Starlight Alum
Address 2717 Hillwood Lakewood
Tele. ( ) 905 7253
Lic. No. or Bldrs. Reg. No. 22-32 Home
Federal Emp. No.
or Social Security No. [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK: Alum Patio Cover + Screen Room on Existing Deck

Estimated Cost of Work $ 2400

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	BUILDING	30.00
Plumbing	PLAN RVW	3.00
Electrical	ELECTRI	3.00
Fire Protection	ZONEPLOT	15.00
Other	TOTAL	51.00
Other	CHECK	51.00
DCA Training Fee	CASH	0.00
Cert. of Occ.	12/12/94 BU15A005	10.35
Other		
Total		
Check No.		
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12-12-94
Date Issued
Control #
Permit # 3114-94

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

Block 1069.89 Lot 1-4
Work Site Location 300 PROSPECT Dr. Dick
Owner in Fee Jablonski
Address SAME
Tele. ( ) [redacted]
Contractor J. HARRISON MUM
Address 2712 WATERWOOD LAKEWOOD Rd HOWELL
Tele. ( ) 458-9253
Lic. No. or Bldrs. Reg. No. 22-3280345
Federal Emp. No. _____ or Social Security No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Alum Pdt.
COVER & SCREEN ROOM ON EXISTING DECK 14'x16'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	12/16/94	RJC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CK
Date: 12/30/94
Approved By: J. Kwasko

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		

No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. 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. $ _____
2. Alteration $ _____
3. Total (1+2) $ 2800

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12-12-94
Date Issued
Control #
Permit # 3114-94

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

Block 1069.89 Lot 1.4
Work Site Location 300 PROSPECT Dr. Dock
Owner in Fee J Ablonski
Address 6 S. 7 AVE
Tele. ( ) [redacted]
Contractor STARLIGHT Alum
Address 2712 ALLENWOOD LAKEWOOD NJ
HOWELL
Tele. ( ) 458-9853
Lic. No. or Bldrs. Reg. No. 13-3280345
Federal Emp. No. _____ or Social Security No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Alum P.D.O Cover & Screen Room on existing deck 14'x16'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[x] All	12/12/94	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. 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. $ _____
2. Alteration $ _____
3. Total (1+2) $ 2500

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B

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4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-27-94
Control #
Permit # 3114-94

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

Block 1069.89 Lot 1-4
Work Site Location 360 Prospect Dr
Brick N.J. 08724
Owner in Fee Carol Jablonski
Address 300 Prospect Dr
Brick N.J. 08724
Tele. ([redacted]
Contractor Robert Martin
Address 1415 Forest Ave
Brick N.J. 08724
Tele. (908) 458-3336
Lic. No. or Bldrs. Reg. No. 05300
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing			11-3-94	JC
[ ] Footing			Foundation			11/14/94	RM
[ ] Foundation			Slab				
[ ] Frame			Frame			12/16/94	JC
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 3/30/95			Other				
Approved By: J. Chwalek			Final				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 15' Ft.
Area—Largest Floor 462 Sq. Ft.
New Bldg. Area/All Floors 462 Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed 462 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

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.

Robert Martin
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

21'x22' Addit. Bedroom + Bath
14'x16' woolmanized Deck
Add 2 new windows in Living Room
Install new Kitchen Cabinets
Existing porch 4'x12' has Roof but is open—
inclose 2 walls

TYPE OF WORK:
[ ] New Building
[X] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
1 White = Inspector Copy
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3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-27-94
Control #
Permit # 314-94

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

Block 1069.89 Lot 1-4
Work Site Location 360 Prospect Dr
Brick N.J. 08724
Owner in Fee Carol Jablonski
Address 300 Prospect Dr
Brick N.J. 08724
Tele. [redacted]
Contractor Robert Martin
Address 1415 Forest Ave
Brick N.J. 08724
Tele. (908) 458-3336
Lic. No. or Bldrs. Reg. No. 05300
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 15' Ft.
Area—Largest Floor 462 Sq. Ft.
New Bldg. Area/All Floors 462 Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed 462 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

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.

Robert Martin
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

21' x 22' Addit. Bedroom + Bath
14' x 16' Woolmanized Deck
Add 2 new windows in Living Room
Install new Kitchen Cabinets
Existing Porch 4' x 12' has Roof but is open—
inclose 2 walls

TYPE OF WORK:
[ ] New Building
[X] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

6 DEC 1994
CK. # 58.00
8393
Brick

PERMIT No. 3114-94
DATE: 10-27-94

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # DEC 794010887

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

Block 1069.89 Lot 1-4
Work Site Location 300 PROSPECT DR. & HARVEY AVE. BRICK.
Owner in Fee CAROL JABLONSKI
Address SAME.

Tele. ( )
Contractor BASS ELECTRIC
Address 156 BURRSVILLE RD. BRICK. N.J.
Tele. (908) 899-1750
Lic. No. 2991
Federal Emp. No. 210719435 or Social Security No. —

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as DWELLING Utility Co. _____
Est. Cost of Elec. Work $ 1580 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 3.21.95
Approved By: B Kerlin 24

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			12.9.94	
Temporary				
Constr. Serv.				
TCO				
Other			5.24.95	
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 3.29.95

PP

C. CERTIFICATION IN LIEU OF OATH

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

Harry S. Bassinder
Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

SOMEONE HOME ALL THE TIME "R.U.-READY FRIDAY"

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
8		Fixtures (1)	
15		Receptacles (2)	
21		Switches (3)	
44		Total 1 + 2 + 3	44
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
1	1/3 hp	Dishwasher	7
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
____	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
5		Smoke Detectors	____
1	1 hp	Whirlpool/spa	7
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
____	____ Kw	Central heat: oil, gas or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
____	____	Light Standards	____
1	____ hp	Motors—Fractional H.P BATH FAN.	____
9	____ hp	Motors—All Others PAD. FANS.	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
____	____	Other	____

Paid [✓] Check # 8393
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 58.—

U.C.C. Form F-1208
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

6 DEC 1994.
CK. # 58.00
8393
BWD

PERMIT No. 3114-94
DATE: 10-27-94

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # DEC 7940108847

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

Block 1069.69 Lot 1-4
Work Site Location 300 PROSPECT DR. & HARVER AVE. BRICK.
Owner in Fee CAROL TABLONSKI
Address SAME.
Tele. ( )
Contractor BAIS ELECTRIC
Address 1561 BURRSVILLE RD. BRICK. N.J.
Tele. (908) 899-1750
Lic. No. 2291
Federal Emp. No. 21-0719435 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as DWELLING Utility Co.
Est. Cost of Elec. Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

SOMEONE HOME ALL THE TIME 2 R.W. READY FRIDAY!!

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
8		Fixtures (1)	
15		Receptacles (2)	
21		Switches (3)	44
44		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
1	1/3 hp	Dishwasher	7
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
5		Smoke Detectors	
1	1 hp	Whirlpool/spa	
		Pool Bonding	7
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
1	___ hp	Motors—Fractional H.P. BATH FAN	
9	___ hp	Motors—All Others PAD. FANS.	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
		Other	

Paid [✓] Check # 8393
PF
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 58.

U.C.C. Form F-120B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-27-94
Control #
Permit # 3114-94

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

Block 1069.59 Lot 1-4
Work Site Location 300 Prospect Dr
Brick N.J. 08724
Owner in Fee Carol Jablonski
Address 300 Prospect Dr.
[redacted]
Tele.
Contractor Robert Martin
Address 1415 Forest Ave
Brick N.J. 08724
Tele. (908) 458-3336
Lic. No. 05300
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 100 — [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 10/26/94
Approved by: JC

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 4/6/95
Approved by: JC

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			4/6	JC
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Robert Martin
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source City
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC		4/6
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 4/6
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-27-94
Control #
Permit # 3114-94

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

Block 1069.84 Lot 1-4
Work Site Location 300 Prospect Dr
Brick N.J. 08724
Owner in Fee Carol Jablonski
Address 300 Prospect Dr.
Tele. [redacted]
Contractor Robert Martin
Address 1415 Forest Ave
Brick N.J. 08724
Tele. (908) 458-3336
Lic. No. 05300
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 100 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 10/26/94
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Robert Martin
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source City
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		46
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 11/2
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-27-94
Control #
Permit # 3114-94

One bathroom

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

Block 1069.89 Lot 1-4
Work Site Location 300 Prospect Dr.
Brick N.J. 08724
Owner in Fee Carol Jablonski
Address 300 Prospect Dr.
Brick N.J. 08724
Tele. [redacted]
Contractor MARK IANNARIA
Address 1446 LAKEWOOD BLVD
BRICK
Tele. (___) 458-2996
Lic. No. 5768
Federal Emp. No. ___ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed ___
Building Sewer Size 4" Public Sewer ___ Private Septic ___
Water Service Size 3/4" Public Water ___ Private Well ___
Estimated Cost of Plumbing Work $ ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/20/94
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] COO [X] CA
Approved By:
Date: 11/4/94

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	Partial 12/16/94		12/16/94	DW
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO ___				

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7.
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	7.
	Shower	7.
	Floor Drain	
	Sink	
1	Dishwasher	
	Drinking Fountain	7.
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 38-
Paid [ ] Check # ___ Minimum Fee $ ___
DCA Training Fee $ ___
Collected by: ___ TOTAL $ ___

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

① VALVES on tub + shower or the BATHROOM by finish
② still needs Diverter on Front shower
③ vent cut on front LAU.
④ WATER service must be buried

BACK bath ok to cover up Don 12/16/94

12/16/94 - VALVES still MUST be inspected 12/16/94
everything else ok 12/16/94 Afternoon

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-27-94
Control #
Permit # 3118-94

One bathroom

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

Block 1069.89 Lot 1-4
Work Site Location 300 Prospect Dr.
Brick N.J. 08724
Owner in Fee Carol Jablonski
Address 300 Prospect Dr.
Brick N.J. 08724
Tele. [redacted]
Contractor [illegible]
Address 1440 Hamilton Blvd.
Brick
Tele. (908) 458-2586
Lic. No. 5768
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size 3/4 Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/20/94
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: _____
Date: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7.
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	7.
	Shower	7.
	Floor Drain	
	Sink	
1	Dishwasher	
	Drinking Fountain	7.
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	17.5
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 38-
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: Oct. 18, 1994 10/94 Z0109

Block 1069.89 **Lot** 1 **Zone** R-7.5

Property Address: 300 Prospect Drive

Owner: Carol Jablonski **(Phone):** [redacted]

Applicant: Robert Martin **(Phone):** 458-3336

Use: SingleFamily dwelling

Proposed Construction (if any): 21' by 22' addition, bedroom and bathroom. 14' by 16' deck.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

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.

Sean Kinney

Land Use Officer

Please type or
PRINT NEATLY

TOWNSHIP OF BRICK
ZONING PERMIT APPLICATION
RESIDENTIAL PROPERTIES

Applicant's Name and Address Jablowski

Phone 206-0344

Owner's Name and Address SAME

300 Prospect Dr. Phone

Property Address SAME

Block 1069.89 Lot 1-4 Zone

Present Use: Vacant ___ Single-family ✓ Two-family ___ Multi-family ___

Proposed construction: House ___ Multi-family Unit ___ Addition ✓

Alteration ___. Fence ___. Shed ___. Swimming pool ___. Retaining wall ___.

Attached garage ___. Detached garage ___. Attached deck ___ Height ___.

Detached deck ___ Height ___. Dock/bulkhead ___. Repair/roof/siding ___.

Other ___ Please explain Alum Patio Cover & Screen Room

Building height: Feet ___. Stories ___. Number of kitchens ___.

Floor areas: First ___. Second ___. Third ___. Attic ___.

Number of on-site parking spaces: In driveway ___. In garage ___.

Prior approvals: Zoning Board: Yes ___. No ___. Planning Board: Yes ___ No ___.

If yes, state date of resolution and/or map filing ___.

Additional information 14'x16' on existing deck

Please submit with application an accurate plot plan either drawn by a surveyor or engineer, or hand-drawn on an 8½" by 11" sheet of paper by the owner or applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

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 [signature]. Date 12/9/94.

Received by zoning office: Date ___. Complete ___. Incomplete ___.

Please type or
PRINT NEATLY

TOWNSHIP OF BRICK
ZONING PERMIT APPLICATION
NONRESIDENTIAL PROPERTIES
MULTIFAMILY PROPERTIES

Applicant's Name and Address_____

_____Phone_____

Owner's Name and Address_____

_____Phone_____

Property Address_____Block_____Lot_____

Existing or most recent use_____

Proposed use_____

Proposed construction_____

Check and give dates of prior approvals:

Abridged site plan___. Resolution No._____. Date_____.

Minor site plan___. Resolution No._____. Date_____.

Full site plan___. Resolution No._____. Date_____.

Subdivision exemption___. Resolution No._____. Date_____.

Minor subdivision___. Resolution No._____. Date_____.

Major subdivision___. Resolution No._____. Date_____.

Zoning Board of Adjustment___. Planning Board___. Other_____.

Additional information_____

_____

NOTE: All maps must be signed before a zoning permit can be issued.

If no Board approval is required a plot plan must be submitted which shows all existing and proposed structures and setbacks. Proposals for signs must show all sign dimensions, area, clearance from ground, location and wording. Wall signs must show location on building.

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_____.

Received by zoning office: Date_____. Complete___. Incomplete_____.

New sizing — adding Bath etc

SIZING FOR WATER AND SEWER SERVICES

Property Owner Jablonski — Date 11/22/94

Property Address 300 Prospect — Block 1069.89 Lot 1-4

Zoning _____ — Use Group _____

Contractor Mark Hibbard — License No. Registration 5968

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1: Water Closet	3	( ) 9	( )
2. Lavatory	3	( ) 3	( )
3. Bath Tub	3	( ) 6	( )
4. Shower Stall	1	( ) 2	( )
5. Kitchen Sink	1	( ) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	( ) 1	( )
9. Washing Machine	1	( ) 3	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

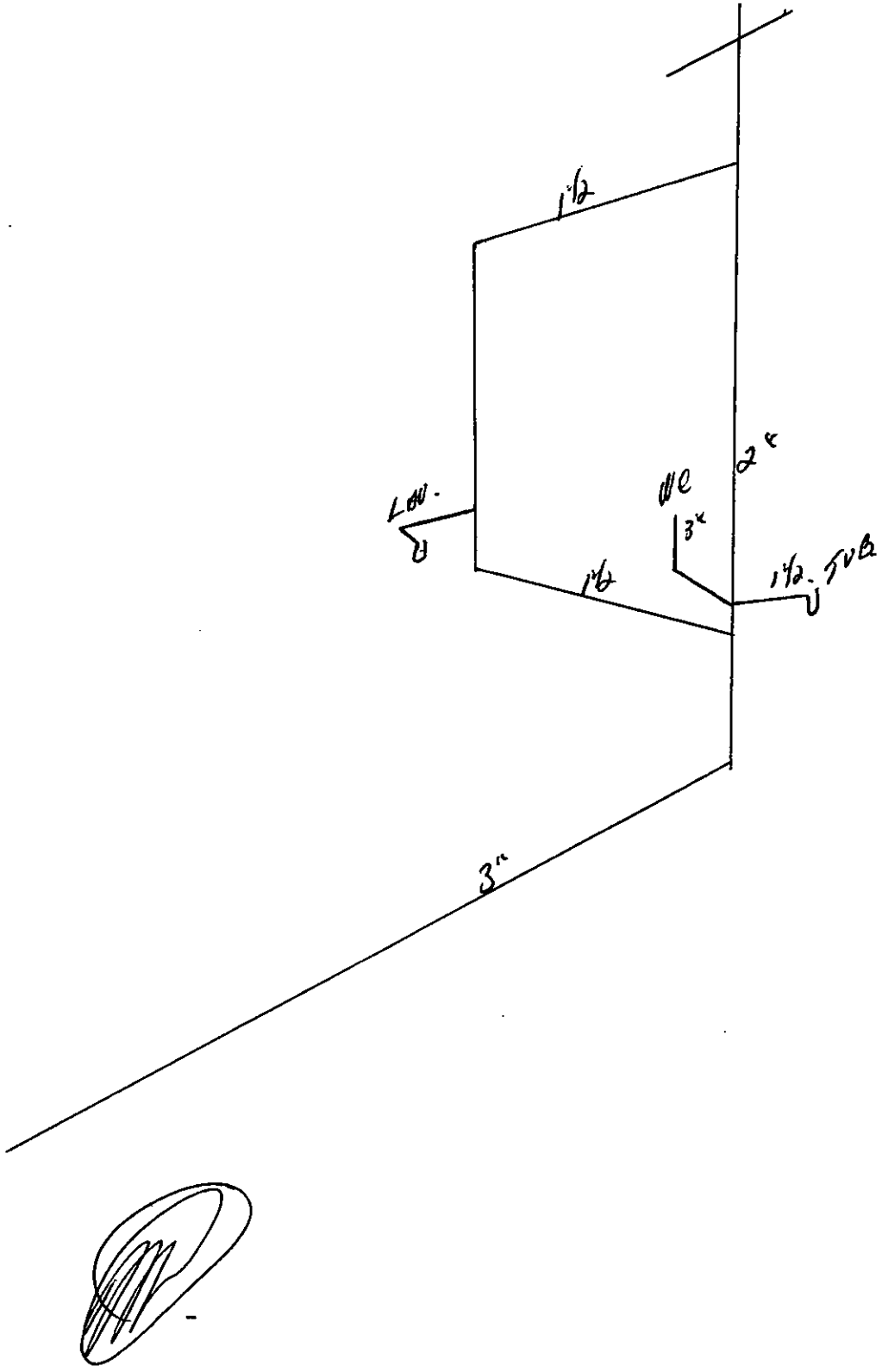
Total 26

Gallons per minute 17.5

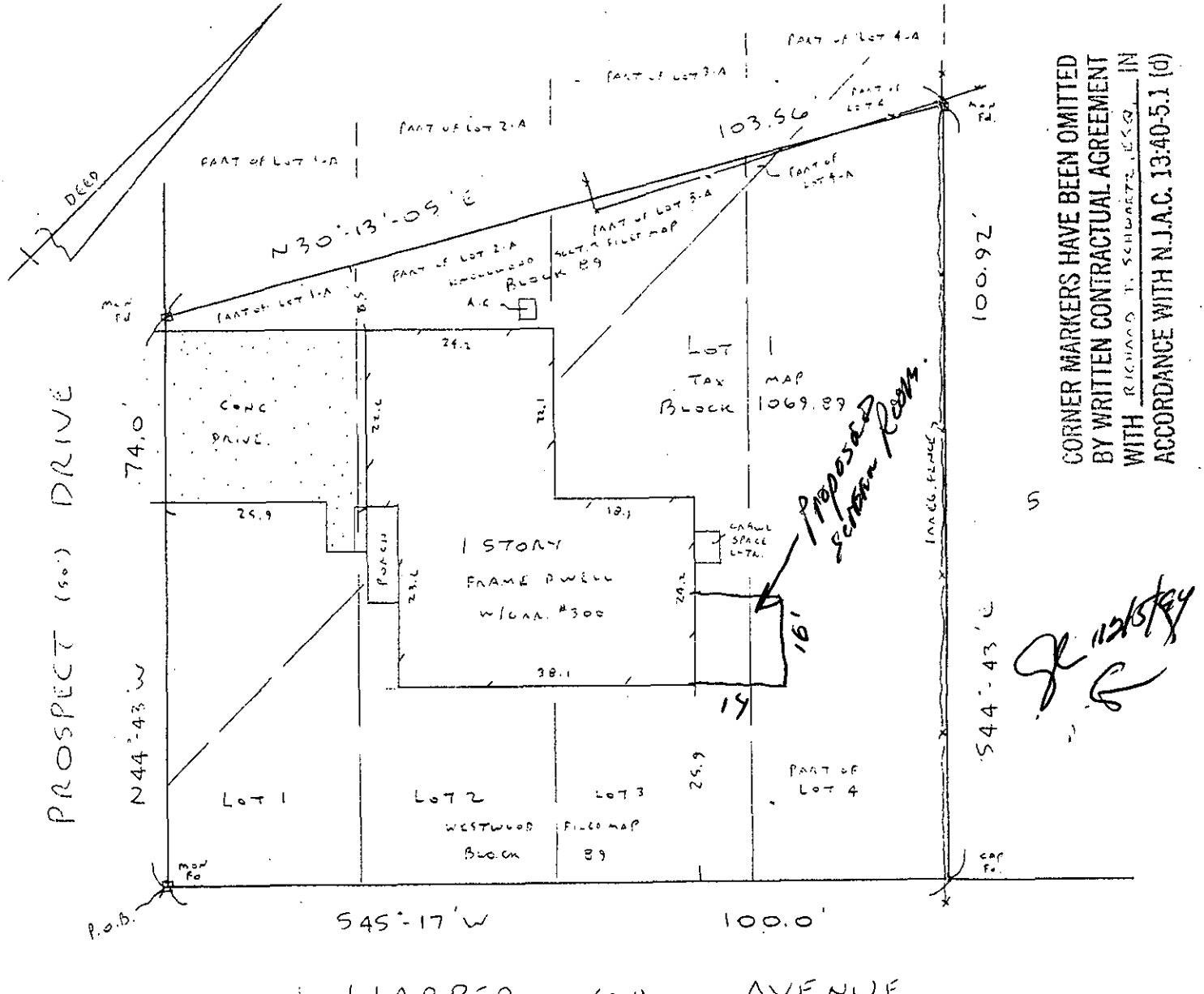
Size of Service 1"

Date: 11/22/94

Approved: JA per aJC
Brick Township Plumbing Inspector


1½
LAV.
WC
2"
3"
1½
1½ TUB
3"

FILED MAP REF. WESTWOOD PART OF RIVIERA BEACH, SECTION 2, BRICK TOWNSHIP, OCEAN CO., N.J., DATED: JULY 15, 1948, FILED: SEPT. 30, 1948, MAP # C-74. AND REVISED MAP OF KNOLLWOOD, SECTION 3, PART OF RIVIERA BEACH, BRICK TOWNSHIP, OCEAN COUNTY, N.J., DATED: MARCH 27, 1952, FILED: APRIL 12, 1952, MAP # B-87.



CORNER MARKERS HAVE BEEN OMITTED BY WRITTEN CONTRACTUAL AGREEMENT WITH RICHARD T. SCHWARTZ, ESQ. IN ACCORDANCE WITH N.J.A.C. 13:40-5.1 (d)

11/15/94

SURVEY OF PROPERTY FOR: Carole A. Jablonsky,single
SITUATED IN: Bricktown, Ocean County,N.J.
PREPARED BY: THOMAS M. ERNST & ASSOCIATES-PROFESSIONAL LAND SURVEYORS,I
388N SPOTSWOOD ENGLISHTOWN ROAD, JAMESBURG,N.J.
DATED: March 21,1991 SCALE: 1"=20'

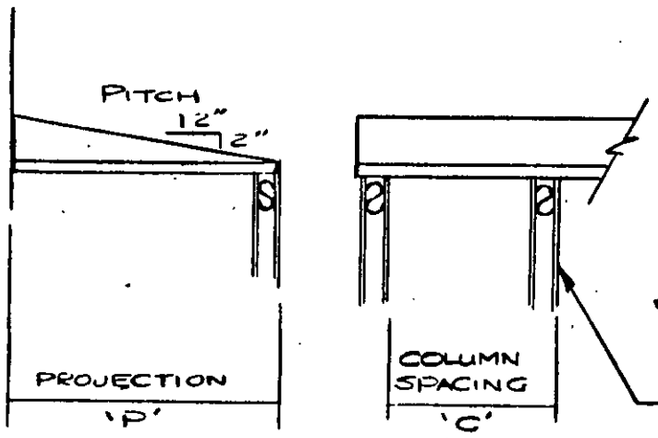
CERTIFIED TO: Carole A. Jablonsky,single;
Mid-State Abstract Company;and
Schwartz & Schwartz,Esqs.

THOMAS M. ERNST
N.J.P.L.S. LIC. #19000

LOAD CAPACITY

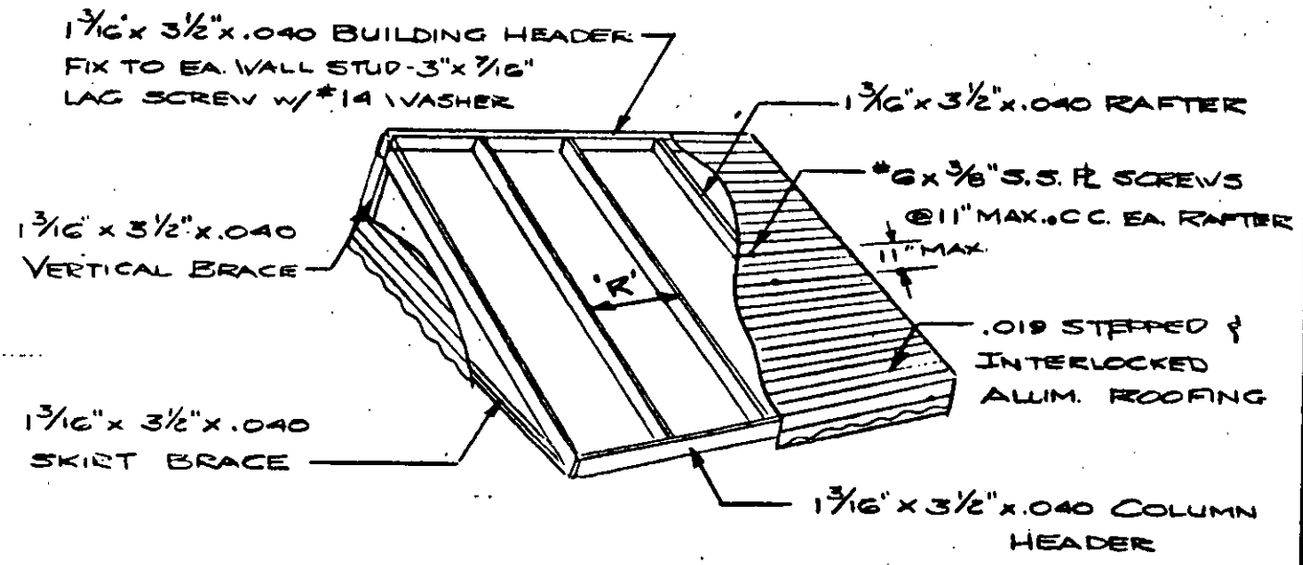
NEW JERSEY STATE UNIFORM CONSTRUCTION CODE - 20LB./SF SNOW : 13LB/SF WIND

PROJECTION 'P'	RAFTER SPACING 'R'	COLUMN SPACING 'C'
4'	32"	100"
5'	32	96"
6'	32"	84"
7'	32'	78"
8'	32"	72"
9'	28"	68"
10'	23	63"
11'	19"	57"
12'	16"	52"
13'	14"	48"
14'	12"	45"

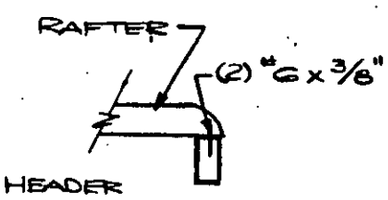


SIDE ELEVATION

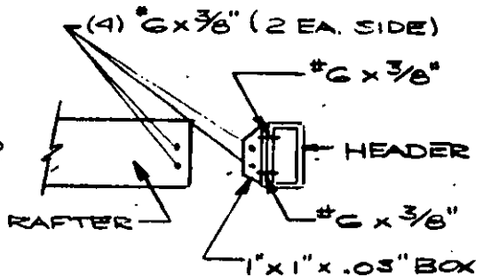
FRONT ELEVATION

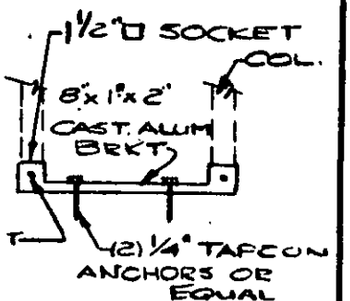


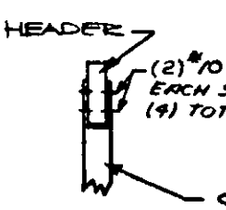
ISOMETRIC VIEW



CURVED RAFTER TO HEADER CONNECTION







HEADER - RAFTER - BRACE CONNECTOR DETAIL

COLUMN-HEADER DETAIL

COLUMN BASE ANCHORAGE DETAIL

DEAD LOAD 1400# MIN SAFETY FACTOR - 4

SPECIFICATION

1) LOAD CAPACITY DESIGN NEW JERSEY UNIFORM CONSTRUCTION CODE: 20 LBS/S.F. - SNOW LOAD 13 LBS/S.F WIND LOAD
2) MACHINE SCREWS - STAINLESS STEEL PLATE
3) LAG SCREWS - GALVANIZED STEEL
4) ALUM. STRUCTURE & COVER ALLOY 3003 H 14, HIG. BRACKETS-ALLOY 6063
5) COLUMN BASE - WIND UPLIFT RESISTANCE - SAFETY FACTOR -4

THE BIRDSALL CORPORATION

BELMAR, N.J. NOV.-23, 1982

Barry D Wolk

BARRY D WOLK, P.E. LIC.-17608

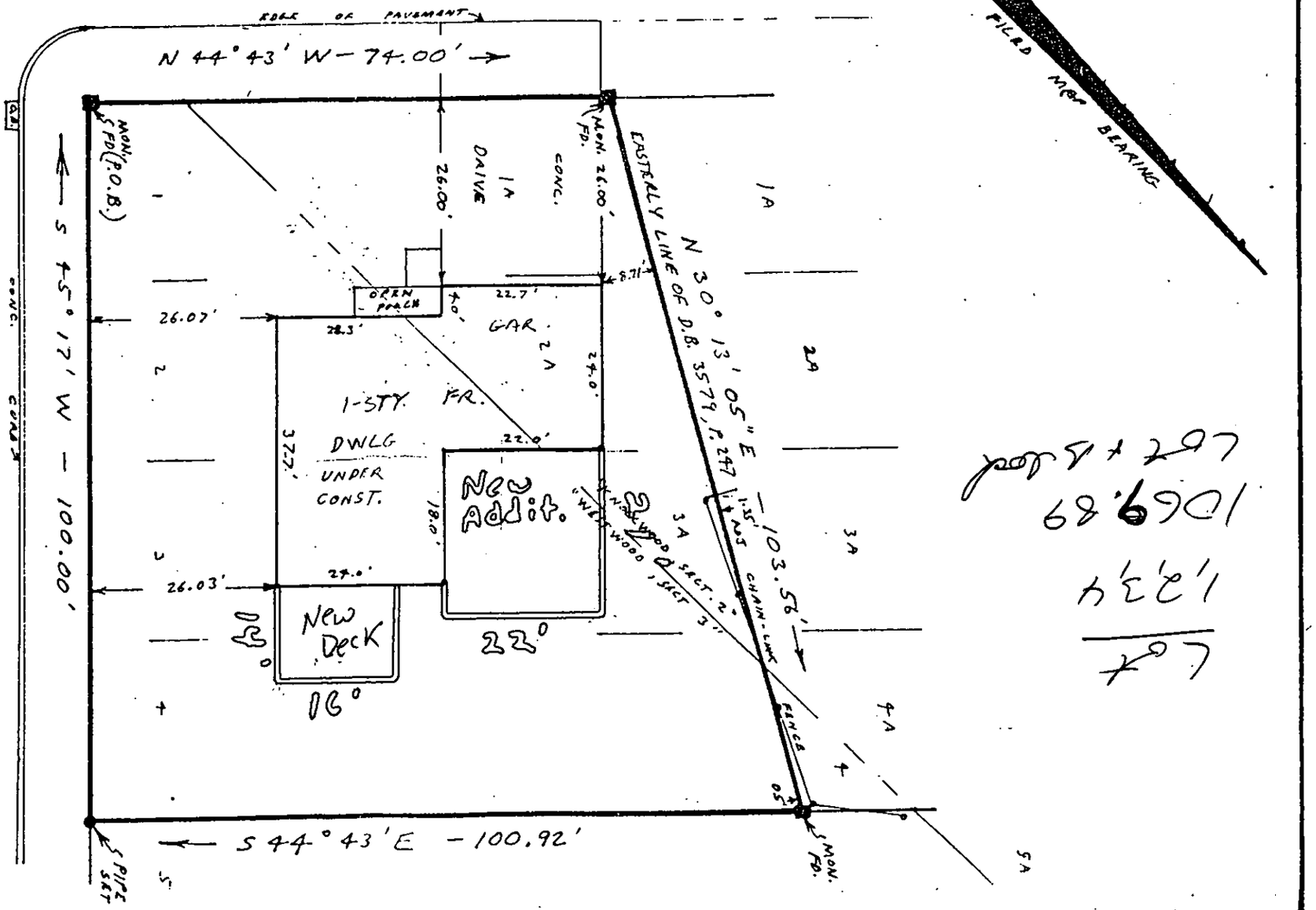
Starlight Mfg. Co.
490 ALLENWOOD - LAKEWOOD RD.
HOWELL, NJ 07731

ROBERT SIMMONS - OWNER 458-9253

HARRY'S SURVEY

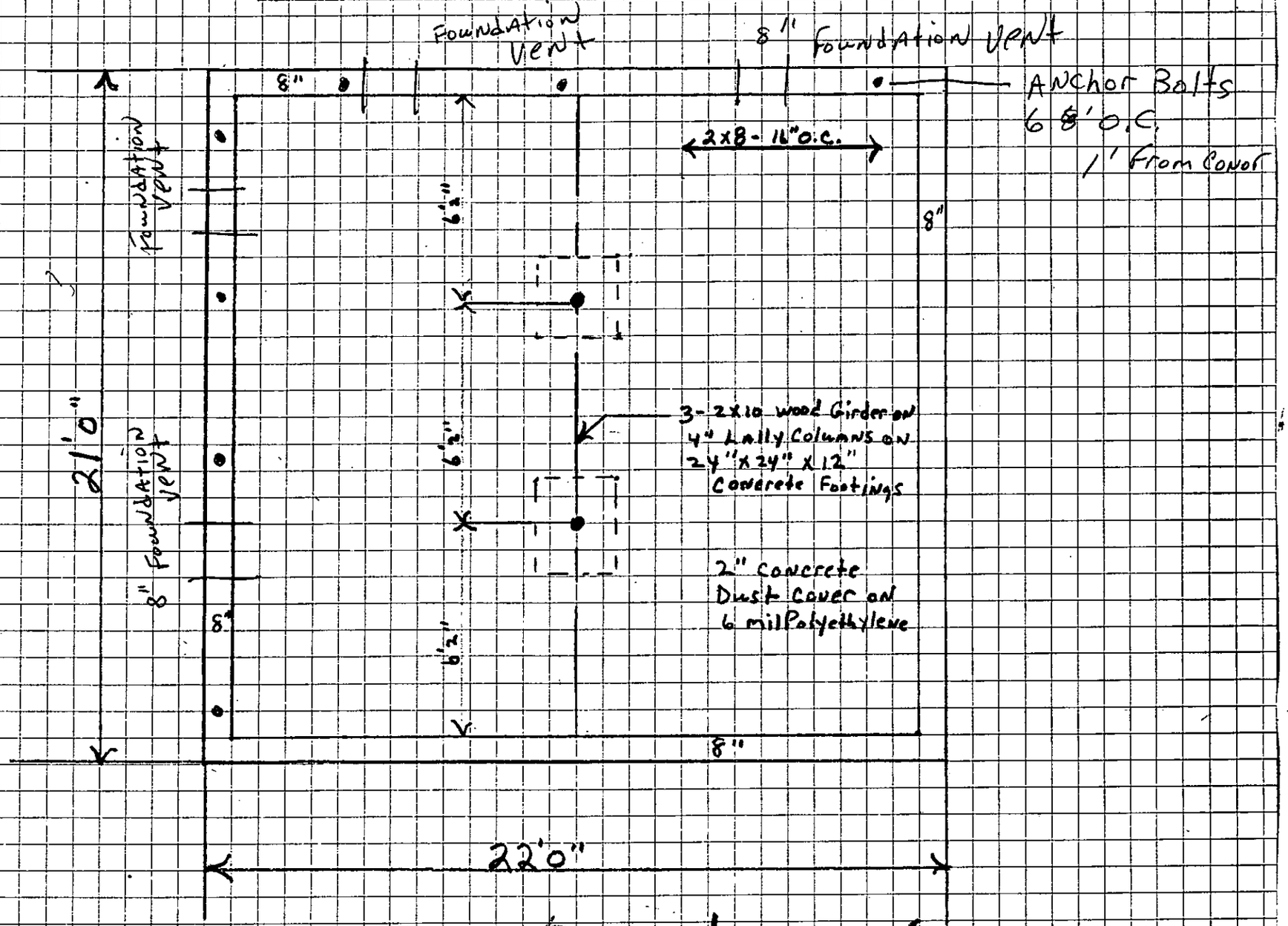
PROSPECT DRIVE (50')

BLK- 1069.89
Lot- 1-4



HARPER AVENUE (50')

FOUNDATION PLAN - CRAWL



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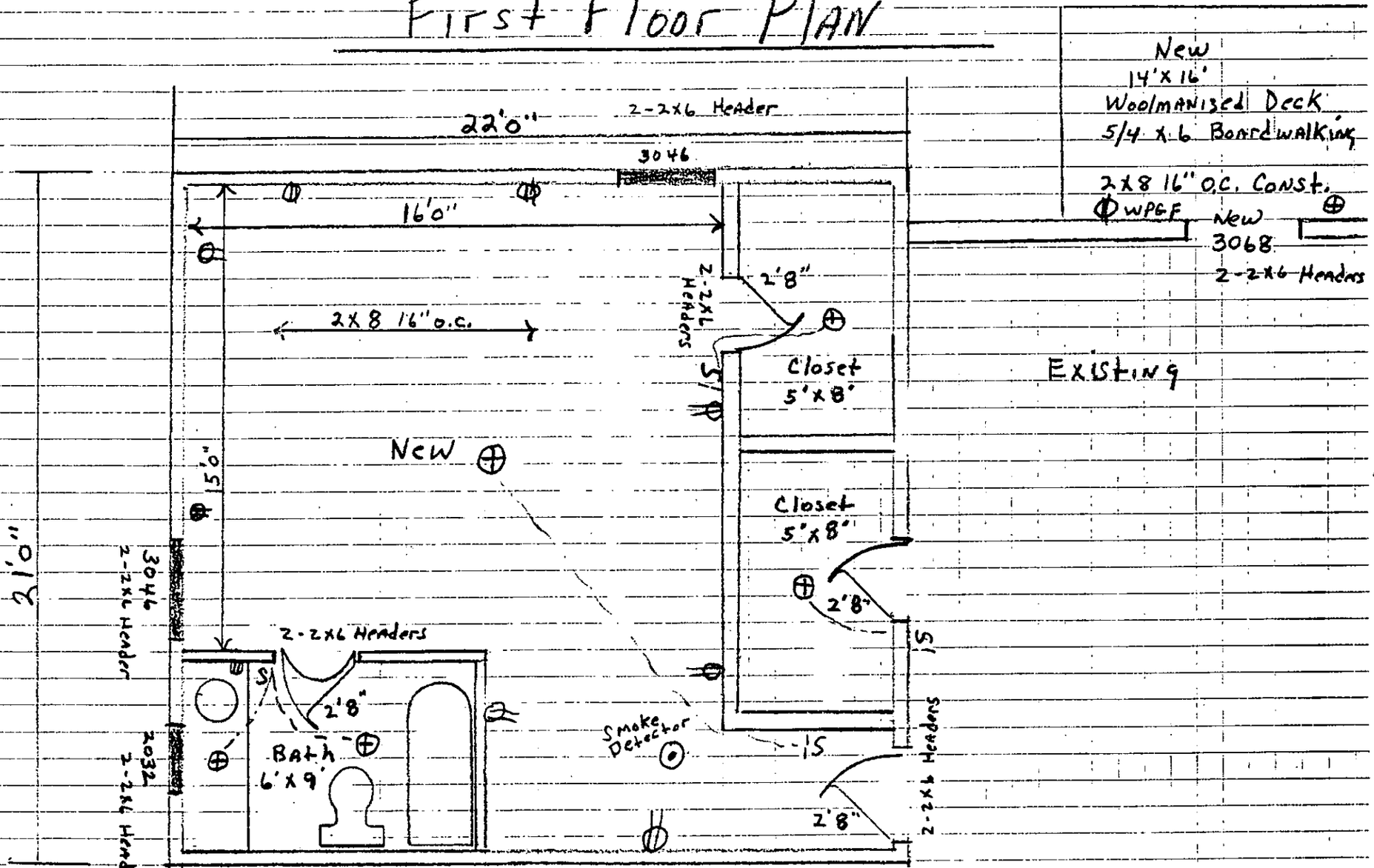
10/13/94

First Floor Plan



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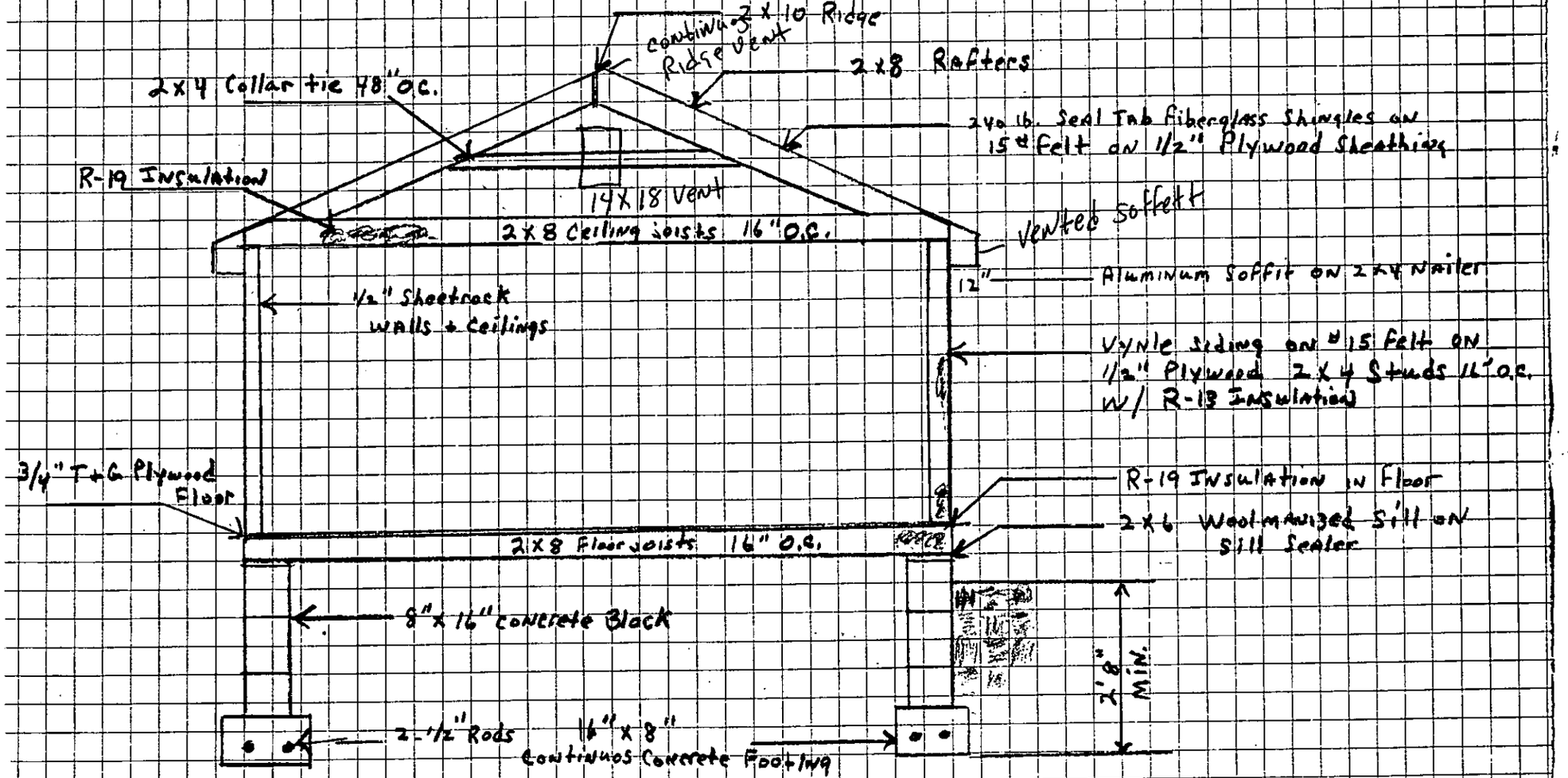
CROSS Section



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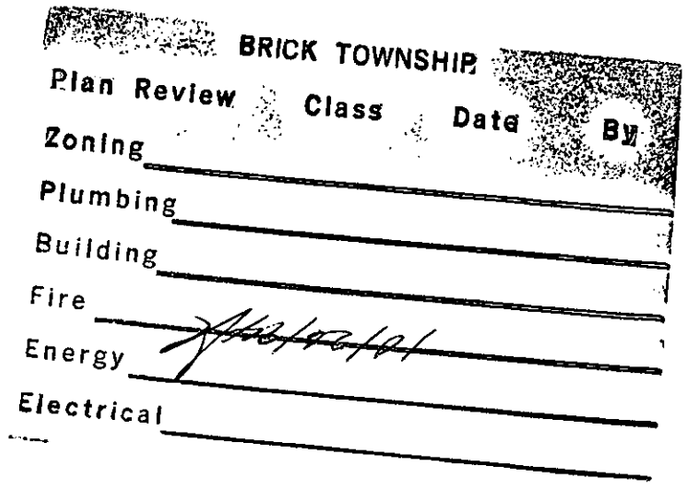
BRICK TOWNSHIP
Plan Review
Class
Date
By
Zoning
Plumbing
Building
Fire
Energy
Electrical

BLOCK

LOT

DATE

PLUMBING & MECHANICAL CHECK LIST

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

Please Check All That Apply