BLOCK 446.13 LOT 2 C2-2 QUALIFICATION CODE 0492 ADDRESS (SITE) 448 CORNELL DR PERMIT NO. 98-1947

5/11/98

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 448 CORNELL DR.
2. Name of Owner in Fee: MR. + MRS J. MORRES Te [redacted]
   Address SAME (street) BRICK (municipality) (zip code)
3. Ownership in Fee: Public ____ Private
4. Principal Contractor: ALL PURPOSE CONST Tel. (732) 929-4334
   Address 3247 MYSTIC PORT PL
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-3271833 FAX: (____) ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person in Charge of Work CHRIS FLORENTINO
   Tel. (732) 929-4334 FAX (732) 506-0358

Convert garage to fam. Room

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	167.-	
2.	Electrical		35.	
3.	Plumbing			
4.	Fire Protection		35.-	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		5.-	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other CPA		$15	
13.	TOTAL	$	242.-	35.-

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 12 ft.	
3.	Area — Largest Floor ____ sq. ft.	
4.	New Building Area ____ sq. ft.	
5.	Volume of New Structure ____ cu. ft.	
6.	Construction Classification ____	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone ____	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes ____ no ____	
11.	Max. Live Load ____	
12.	Max. Occupancy Load ____	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☑ Alteration		WP	5/11/98		6-15-98		10/1/98		
5.	☐ Fire Protection									
6.	☐ Plumbing					6/8/98		10/1/98		
7.	☑ Electrical					7/29/98				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	6280.	ENV	6/1/98		6/5/98				

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

LDS BR 10206230

U.C.C. F100-1 (rev. 3/96)

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 X John D. Mancini Jr Date 5-11-98

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 ALL PURPOSE CONST INC.
Address 3247 MYSTIC PORT PL.
TOMS RIVER 08753
Telephone (732) 929-4334
Signature Christopher Flowers

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

0002
98-1947**#

LOT	0.00
2 #	
BUILDING	167.00
FIRE	35.00
D.C.A.	5.00
ZONEPLOT	15.00
TOTAL	222.00
CHECK	222.00
CHANGE	0.00

06/17/98 NO. 5 00254005 13:23

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/17/98
Control #
Permit # 98-1947

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 446.13 Lot 2

Work Site Location 448 CORNELL DR
CONVERT GARAGE
Owner in Fee MORRES
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor ALL PURPOSE INC
Address 3247 MYSTIC PORT PLACE
TOMS RIVER, NJ 08753-
Telephone (908)929-4334
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 22-3271833
or Social Security No. _____

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
CONVERT GARAGE TO FAMILY ROOM

PAYMENTS (Office Use Only)

Building	167
Electrical	0
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occ.	0
Other	15
Total	~~207~~ 222
Check No.	0492
Cash	
Collected By:	MP

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 $ 6,290

J. Cuniaffe MP
CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 07/30/98
Control #
Permit # 98-1947+A
Permit Issued 06/17/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 446.13 Lot 2 Qual

Work Site Location 448 CORNELL DR
ELECTRICAL
Owner in Fee MORRES
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor HARRY LECUYER ELECTRIC CON
Address 806 WARREN ST
TOMS RIVER, NJ 08753-
Telephone (732)288-0253
Lic. No. or Bldrs. Reg. No. 9258
Federal Emp. No. 13-6665424

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GARAGE CONVERSION

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	
Cash	X
Collected By	PAA

Estimated Cost of Work $ 400

Construction Official

07/30/98
Date

07/30/98 NO. 5
0016A005 10:04
CHANGE 0.00
CASH 35.00
TOTAL 35.00
ELETRIC* 35.00
2 #
LOT 0.00
44613 #
BLOCK 0.00
1947*#
005

U.C.C. P130 (rev. 1/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/29/98
Date Issued 6/17/98
Control # C2-2
Permit # 98-1947

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

Block 446.13 Lot 2
Work Site Location 448 CORNELL DR
CONVERT GARAGE
Owner in Fee MORRES
Address SAME
BRICK NJ 08723-
Tele [redacted]
Contractor ALL PURPOSE INC
Address 3247 MYSTIC PORT PLACE
TOMS RIVER, NJ 08753-
Tele.(908)929-4334
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3271833
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

CONVERT GARAGE TO FAMILY ROOM

Must Verify Foundation under Door Area Before Proceeding with Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-15-98	Emp
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elect [ ] Plumb [ ] Fire		
SUBCODE APPROVAL [ ] Elev		
[ ] CO [ ] CCO [X] CA		
Date: 6/17-98		
Approved By:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing	ext		7/10/98	JC
Foundation				
Slab				
Frame			7/14/98	
Insulation			8/19/98	JC
Finishes				
Energy				
Mechanical				
TCO				
Other	FL. INSUL		8/C 7/14	
Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 6,280
3. Total (1+2)$ 6,280

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	167
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[ ] Demolition	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 167
	DCA Training Fee	$ 5

U.C.C. Form F-110B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/29/98
Date Issued 6/17/98
Control # C2-2
Permit # 98-1947

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

Block 446.13 Lot 2
Work Site Location 448 CORNELL DR
CONVERT GARAGE
Owner in Fee MORRES
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor ALL PURPOSE INC
Address 3247 MYSTIC PORT PLACE
TOMS RIVER, NJ 08753-
Tele.(908)929-4334
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3271833
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

CONVERT GARAGE TO FAMILY ROOM

Must Verify Foundation under Door Area Before Proceeding with Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-15-98	KM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] 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		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		167
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 6,280
3. Total (1+2)$ 6,280

Industrialized Building:
[ ] State Approved
[ ] HUD

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 167
	DCA Training Fee	$ 5

U.C.C. Form F-110B

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7/30/98
Control #
Permit # 98-1947+A

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

Block 446.13 Lot 2
Work Site Location 448 Cornell Dr.
Brick N.J.
Owner in Fee/Occupant J. Morres
Address 448 Cornell Dr.
Brick N.J.
Tele. [redacted]
Contractor [illegible] Elec. Con.
Address 806 Warren St.
Toms River N.J.
Tele. (732) 288-0253 Fax ( )
Lic. No. 5258
Federal Emp. No. 136 66 8424

B. ELECTRICAL CHARACTERISTICS

Use Group Present Garage Conversion Proposed Family Room
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7-29-98
Approved by: [illegible]

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
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.

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
7		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
	1	KW Elec. Range/Receptacle	
	1	KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	1
Minimum Fee	$	
DCA Training Fee	$	35
TOTAL FEE	$	35

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/29/98
Date Issued 6/17/98
Control # C2-2
Permit # 98-1947

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

Block 446.13 Lot 2
Work Site Location 448 CORNELL DR
CONVERT GARAGE
Owner in Fee MORRES
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor ALL PURPOSE INC
Address 3247 MYSTIC PORT PLACE
TOMS RIVER, NJ 08753-
Tele.(908)929-4334
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3271833
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Construction Class Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 10 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6/8/98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-1-98
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppr Test				
F-Alarm Tst			10-15	tlg
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks	( ) Capacity	0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	0	Fuel	
L.P.G. Storage Tanks	( ) Capacity	0	Fuel	
L.N.G. Storage Tanks	( ) Capacity	0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	1	
Heat Detectors	0	
TOTAL	1	35
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other		0
Other		0

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

Paid [ ] Check #
Collected by:

U.C.C. Form F-140B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/29/98
Date Issued 6/17/98
Control # C2-2
Permit # 98-1947

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

Block 446.13 Lot 2
Work Site Location 448 CORNELL DR
CONVERT GARAGE
Owner in Fee MORRIS
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor ALL PURPOSE INC
Address 3247 MYSTIC PORT PLACE
TOMS RIVER, NJ 08753-
Tele.(908)929-4334
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3271833
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Construction Class Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 10 [ ] Other
JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6/8/98
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity 0 Fuel
Combustible Liquid Storage Tanks ( ) Capacity 0 Fuel
L.P.G. Storage Tanks ( ) Capacity 0 Fuel
L.N.G. Storage Tanks ( ) Capacity 0 Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	1	
Heat Detectors	0	
TOTAL	1	35
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other		0
Other		0

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

Paid [ ] Check #
Collected by:

U.C.C. Form F-1408

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: June 3, 1998 1998 - 0848

Block 446.13 Lot 2 Zone R-7.5

Property Address: 448 Cornell Drive

Owner: Mary Ann Morrison (Phone): [redacted]

Applicant: Same (Phone): Same

Existing Use: Single Family Dwelling

Proposed Use: Single Family Dwelling

Proposed Construction (if any): Convert existing attached garage to family room.

Conditions: Two (2) off street parking spaces must be maintained.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 446.13 LOT 2

PROPERTY ADDRESS 448 Cornell DR Brick, NJ 08723

NAME OF OWNER MARYANN Morrison OWNER'S PHO[redacted]

NAME OF APPLICANT MARYANN Morrison

APPLICANT'S COMPLETE ADDRESS 448 Cornell DR Brick, NJ 08723

APPLICANT'S PHONE NUMBER [redacted] PLICANT'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 Convert Existing GARAGE into Family Room

All Dimensions 12 W 20 L 10 Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

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 applica true to the best of the applicant's knowledge, information and belief. The applicant further states th applicant will comply with all other Municipal approvals and ordinances, and all County, State, and F Regulations.

Signature of Applicant MaryAnn Morrison Date 5-11-98

Reviewed by Zoning Officer Date 6/2/98 ☑ Approved ☐ Reject

EMO

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick

DATE 5/29/98

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Block 446.13 Lot 2

Dear Sir:

I, MaryAnn Morrison (Name) of 448 Cornell Dr (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,

MaryAnn Morrison
Applicant's Signature

477-3356
Phone #

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

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

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

OFFICE USE

Approved X Date 6/5/98 BY

Rejected Date BY

REMARKS:

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 6-9-98

JURISDICTION Building
(City, County, Township, etc.)

BUILDING LOCATION 446 Cornell
(Street address)

BUILDING DESCRIPTION Garage Conversion

REVIEWED BY FM Resubmitted 6/12/98

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	No information Supplied For Foundation under Area OF old Garage Door	✓
(2)	Ceiling Height Not Shown	—
(3)	Need Framing info on New opening into Living Room	—
(4)	No Framing info on New window (Header Jack studs)	✓
(5)	2x6 Rafters must be Doubled up Along side Sky Light opening	✓
	Spoke-To Builders OFFICE will Call Back	

06/93

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN
Governor

PETER VERNIERO
Attorney General
MARK S. HERR
Director

Mailing Address:
P.O. Box 45006
Newark NJ 07101
973-504-6410

May 13, 1998

TO WHOM IT MAY CONCERN

Our records indicate that **Harry Lecuyer**
License and Business Permit No. **9258B** has applied to the Board for a seal press which has not yet been issued to him by the vendor.

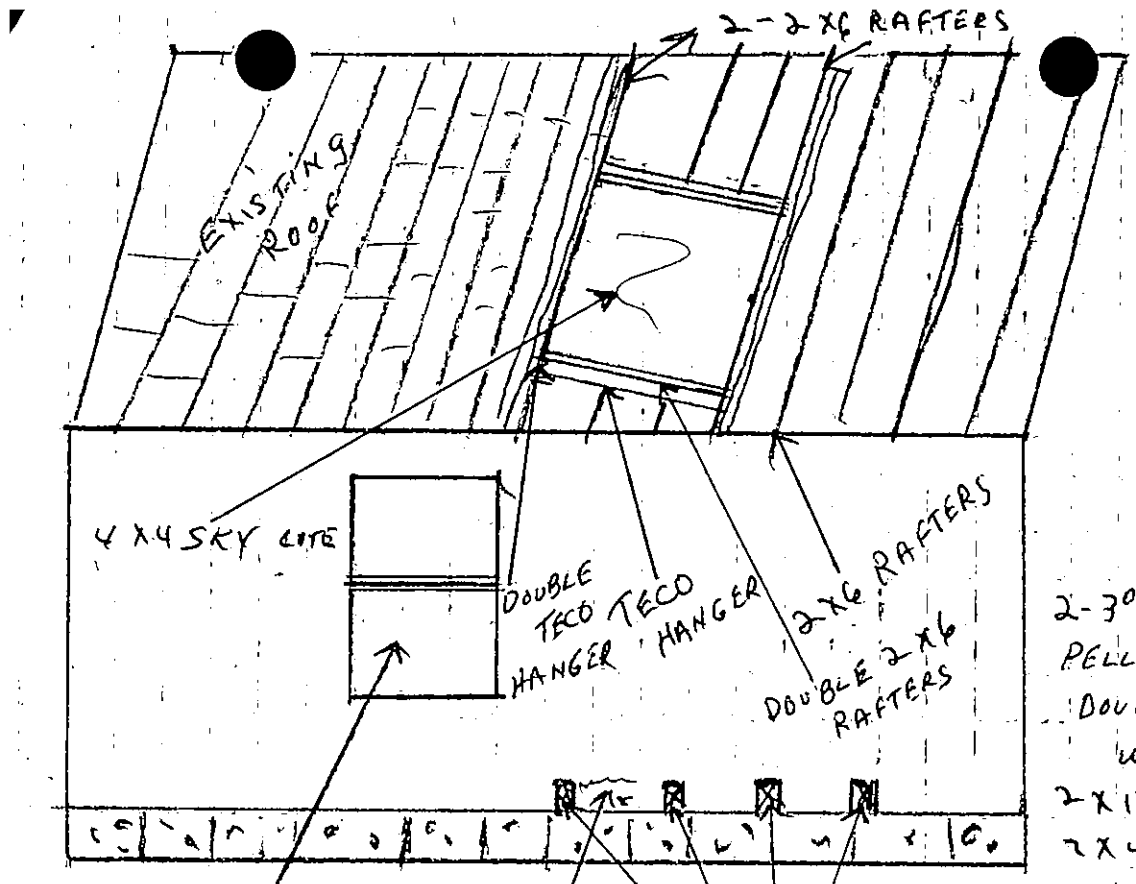
Please accept this letter as an interim device pending the furnishing of a seal to **Harry Lecuyer Electrical Contractor**
806 Warren Street
Toms River, NJ 08753

This letter should be rendered invalid 140 days after the date of its issuance.

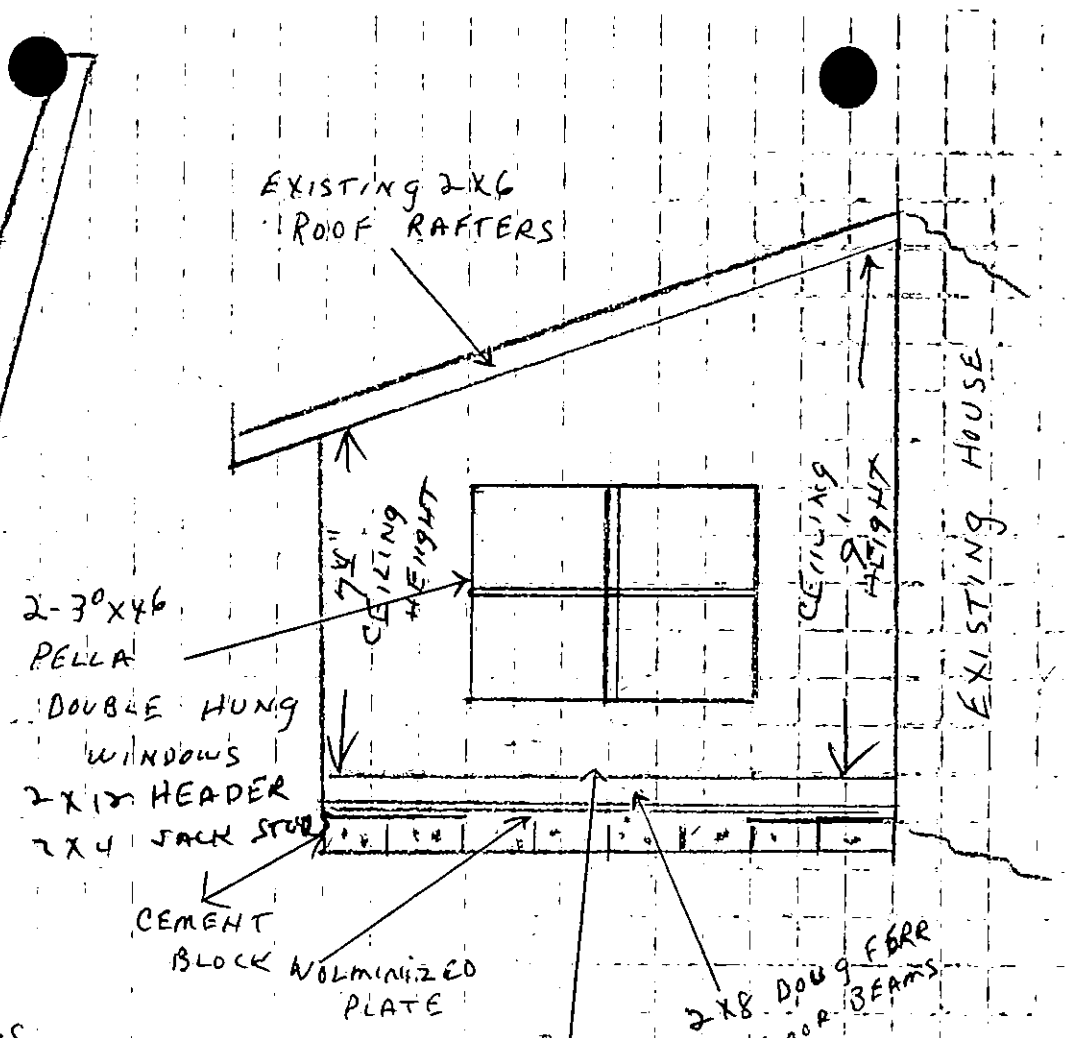
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

Christine T. DeGregorio, Executive Director

CTDeG:lm

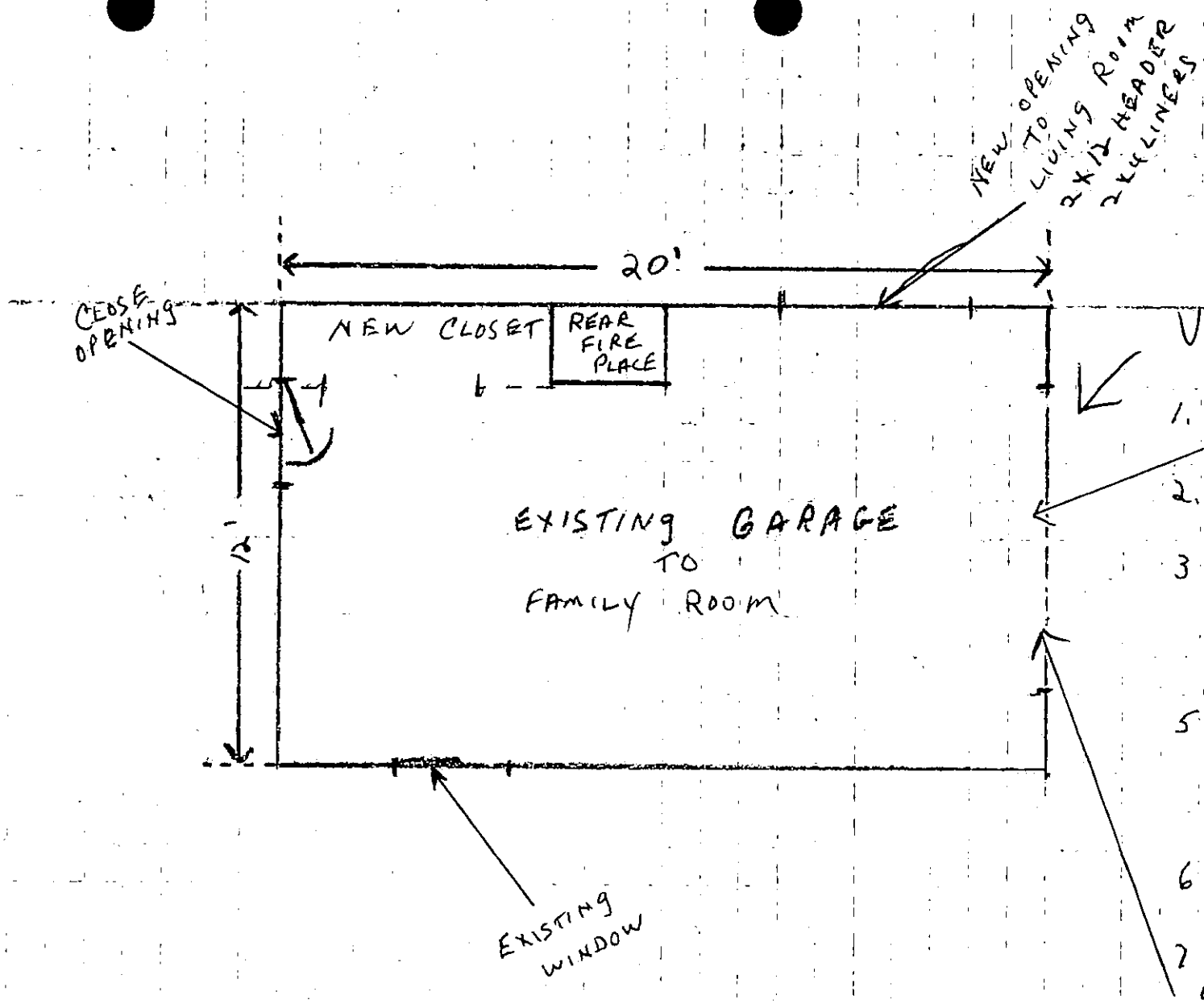


SIDE VIEW
¼ = 1 FT.



FRONT VIEW ¼ = 1 FT.

JOHN MORRISON
448 CORNELL DR
NOVATO, CA 94



FLOOR PLAN 1/4" = 1 FT.

VERIFY FOUNDATION UNDER SLAB AREA

1. TAKE OUT GARAGE DOOR
2. CLOSE IN REAR DOOR
3. TAKE OUT SIDE WINDOW AND REPLACE WITH NEW PELLA DOUBLE HUNG WINDOW
5. INSTALL 4'X4' SKY LITE IN ROOF OR CEILING
6. BUILD CLOSET NEXT TO FIRE PLACE
7. BLOCK WORK FROM FOOTING UNDER GARAGE DOOR

JOHN MORRIS
478 CONNOR DR
BLUE BELL PA

BLOCK 446.13 LOT 2 SITE LOCATION 448 Cornell Dr

BUILDING INSPECTION

ntractor ALL PURPOSE CONST INC.
ldress 3247 MYSTIC PORT PL Phone (732) 929-4334
wn TOMS RIVER State NJ Zip 08753
C# FEDERAL EMP. NO.(or SSN#)

ESTIMATED COST OF BUILDING WORK

EW BUILDING (1) $ ALTERATION (2) $ 6280 ~~00~~
DDITION (3) $ TOTAL (1+2+3) $ 6280 ~~00~~

BUILDING CHARACTERISTICS

DDITION or SINGLE FAMILY DWELLING

SE GROUP	PRESENT	PROPOSED
ONSTRUCTION CLASS	PRESENT	PROPOSED
O. OF STORIES	HT. OF STRUCTURE	FT.
REA: LARGEST FLOOR		SQ. FT.
OTAL BLDG. AREA: ALL FLOORS		SQ. FT.
OLUME OF STRUCTURE		CU. FT.
OTAL LAND AREA DISTURBED		SQ. FT.

TYPE OF WORK

YPE OF WORK	COST	MISC.	COST
IEW BLDG.		FENCE Ht.	
DDITION		SIGN Sq. Ft.	
LTERATION	$6280 ~~00~~	POOL	
OOFING		ASBESTOS ABATEMENT	
IDING		DCA	
EMOLITION		TOTAL	$6280 ~~00~~

DESCRIPTION OF WORK

OMMENTS TURN GARAGE INTO FAMILY ROOM

CERTIFICATION IN LIEU OF OATH

HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM UTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED N THIS APPLICATION.
EAL &
IGNATURE Christopher Florent

PLUMBING INSPECTION

Contractor
Address Phone ( )
Town State Zip
LIC # FEDERAL EMP. NO. (or SSN#)

ESTIMATED COST OF PLUMBING WORK: $

Sewer Size Water Size

TECHNICAL SITE DATA (List all Fixtures)

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

DESCRIPTION OF WORK

COMMENTS NO PLUMBING

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.
SEAL &
SIGNATURE (Contractor's Seal)

FIRE INSPECTION

Contractor ALL PURPOSE CONST INC.
Address 3247 MYSTIC PORT PL Phone (732) 929-4334
Town TOMS RIVER State NJ. 2 08753
LIC # FEDERAL EMP. NO. (or SSN#) 22-3271833

ESTIMATED COST OF FIRE PROT. WORK: $
Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System: ☐ New ☐ Existing
Location of Furnace / Boiler

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE
METHOD OF VALVE SUPERVISION
LOCAL ALARM SUPERVISION
CENTRAL SUPERVISION
PROPRIETARY SUPERVISION
Flammable Liquid Storage Tanks ☐ Capacity F
Combustible Liquid Storage Tanks ☐ Capacity F
L.P.G. Storage Tanks ☐ Capacity F
L.N.G. Storage Tanks ☐ Capacity F

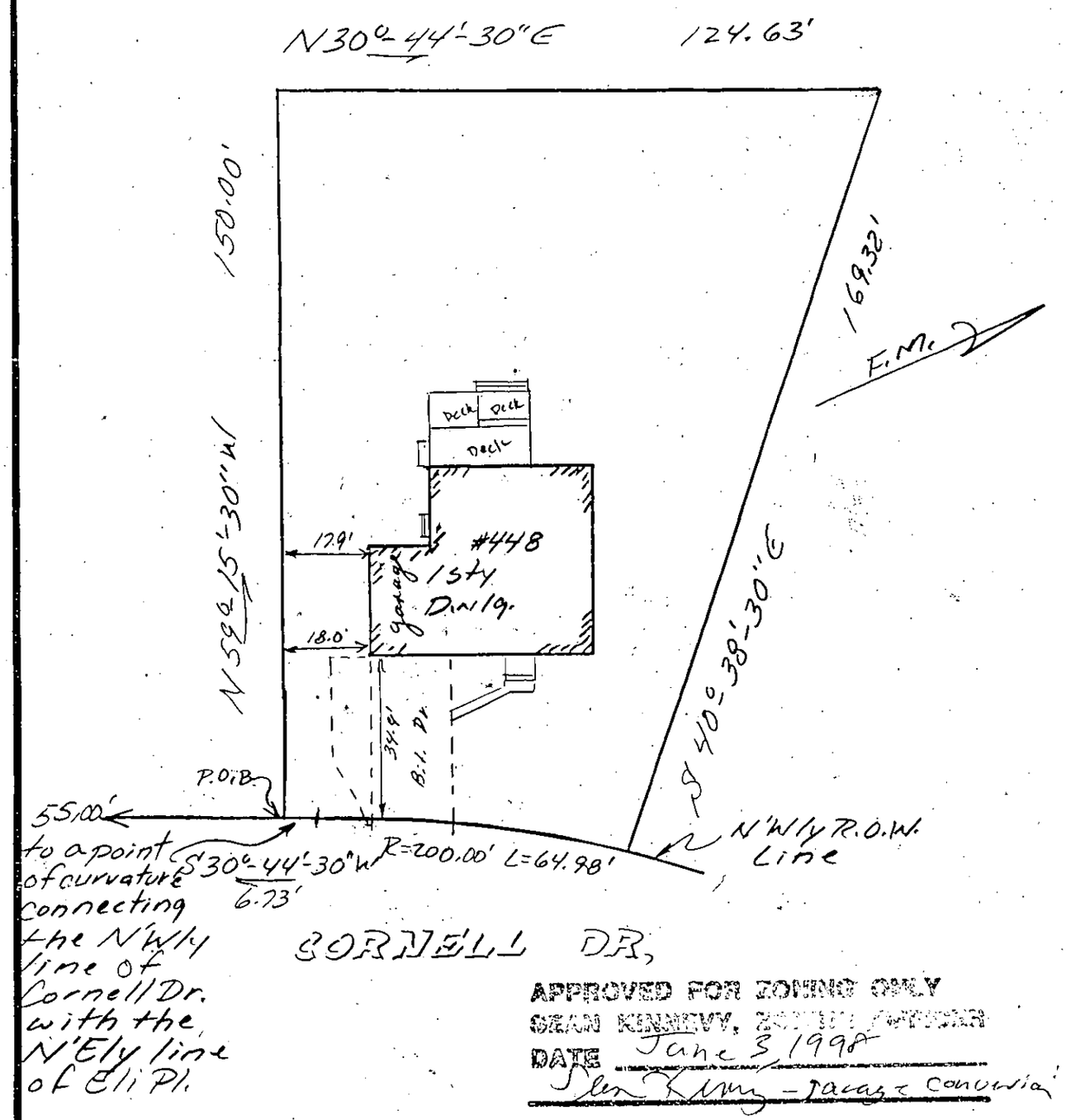
NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered S
	Dry Sprinkler Heads		CO_2 Suppressio
	TOTAL		Halon Suppressi
			Foam Suppressic
11	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired
			Other
	Stand Pipes		
	Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS 6/8/98 JL

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECOR AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE W ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal)



APPROVED FOR ZONING ONLY
SEAN KENNEVY, ZONING OFFICER
DATE June 3, 1998
Sean Kenney - Zoning Officer

Certified to:
John Morrison and Mary Ann Morrison, (h/w)
Charles A. Gallagher, Esq.
Vetsed Title, Inc./TRW Title Insurance of New York Inc.
Midlantic Home Mortgage Corporation, its successors and/or assigns as their interest may appear

Survey Ref.; Deed Book 4496, Pg. 172 and being Lot 2 in Block 446 D-13 as shown on a plat entitled "Map of Lake Riviera, Brick Twp., Ocean Co., N.J." as filed in the Ocean County Clerk's Office on March 20, 1956 as Map. No. D-320.

Notes:
1. The survey description above is subject to Title Review.
2. This survey is not for the purpose of erecting structures or fences.

MAP OF PROPERTY 448 Cornell Dr. Twp. of Brick Ocean Co. N.J.

Block: 446 D-13	Lot: 2 (T.M.)	Scale: 1"=30'	Date Sur. 5-20-91	Stakes not set per Contr. Req.

ARTHUR F. MEAD, JR.
Professional Engineer & Land Surveyor
N.J. License No. 13773
172 Montclair Ave. Montclair, N.J. 07042

31162

File No. VTT#24033