RECEIVED
MAY 15
BUILDING

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 448 CORNELL DRIVE, BRICK TWP.
2. Owner Name: MIKE CLAYTON-L. TORGERSEN Tel. (201) 920-7686
   Address 448 CORNELL DRIVE, BRICK TWP.
3. Principal Contractor: MIKE CLAYTON Tel. (201) 920-7686
   Address 448 CORNELL DRIVE, BRICK TWP
   Lic. No. or Builder Reg. No. N/A Federal Emp. No. 150-58-3657
4. Architect or Engineer: N/A Tel. ( )
   Address N/A
5. Responsible Person in Charge of Work MIKE CLAYTON Tel. (201) 920-7686

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: NEW DECK 16' X 20'

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 400.00
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 400.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☒ One-Family (R–3a)

If new construction, enter no. of dwelling units ____

If other than new construction, enter no. of dwelling units:

Before Construction: ____

After Construction: ____

Net Gain (or loss): ____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other ____

State Specific Use: ONE FAMILY HOUSE

If Change in Use Group, Indicate Former: N/A

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ____

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure 14' Ft.
16. Area—Largest Floor ____ Sq. Ft.
17. Bldg. Area—All Fls. ____ Sq. Ft.
18. Volume of Structure ____ Cu. Ft.
19. Total Land Area Disturbed ____ Sq. Ft.

LDS BR 10309756

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☒ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☒ I further certify that I will perform the work below.

B1. ☒ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE Mike Clayton DATE 5-15-87

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 446 D13 LOT NO. 2 SUBDIVISION 448 CORNELL DR PERMIT NO. 110604

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing		☐ Other			

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING	5/15/87	[illegible]	5-18-87	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 2			7/10/87	JC	6/14/88 J K [illegible]
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING				5-18-87	[illegible]
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 7.50
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$ 7.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____ =	.
CERTIFICATE OF OCCUPANCY	20.00
OTHER Siding	7.50
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 90.00

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
fence & Siding CERTIFICATE OF OCCUPANCY	6/1/88	Pala	15.00
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ 15.00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

7-1-88

TOWNSHIP OF BRICK

NEW JERSEY UNIFORM CONSTRUCTION CODE

NOTICE OF PERMIT UPDATE

PERMIT NO. 11064
DATE ISSUED 5-26-87
Block 446-D-13 Lot 2
Subdivision

IDENTIFICATION

Owner MIKE + LINDA CLAYTON Agent SELF
Address 448 CORNELL DR Address SAME
BRICK NJ 08723
Tel. (201) 920-7686 Tel. (201) 920-7686
Work Site Address 448 CORNELL DRIVE Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 15.00
Fees Remitted $ 11
☐ Check No.
☑ Cash
☐ Other
Collected By: Pals
Date:

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work: 7.50

(1) SIDING HOUSE (CEDAR FRONT)

(2) ERECT FENCE FOR 50 FT. ON NORTH BOUNDRY OF PROPERTY 7.50

TOTAL 15

Estimated Cost of Work: $ 700.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-190 (8/83) Light Green = Office Copy White = Applicant Copy

BRICK TWP

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 11064
DATE ISSUED 5-26-87
REVISION DATE

Block 446 013 Lot 2
Subdivision LAKE RIVERIA

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner MIKE CLAYTON - LINDA TORGERSEN
Address 448 CORNELL DRIVE
BRICK TWP. N.J. 08723
Tel. (201) 920-7686 HOME #
Work Site Address 448 CORNELL DRIVE, BRICK TWP.

Contractor SELF
Address SAME
Tel. (609) 567-3653 WORK #
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

- 16' X 20' WOOD DECK
- ALL LUMBER PRESSURE TREATED
- DECK LOCATED IN REAR OF PROPERTY

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☒ Other WOOD DECK

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: R-3A Present R-3A Proposed

No. of Stories 1
Total Building Area–All Floors ____ Sq. Ft.
Height of Structure 14 Ft.
Volume of Structure ____ Cu. Ft.
Area–Largest Floor ____ Sq. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Estimated Cost of Building Work: $ 400.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 4064
DATE ISSUED 5-26-87
REVISION DATE 7-10-87
Block 446 D-13 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner MIKE + LINDA CLAYTON Contractor SELF
Address 448 CORNELL DR Address SAME
BRICK TWP. 08723
Tel. (201) 920-7686 Tel. (201) 920-7686
Work Site Address 448 CORNELL DR Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

(1) SIDING HOUSE (CEDAR FRONT)

(2) ERECT 4' FENCE FOR 50 FOOT ON NORTH BOUNDRY OF PROPERTY

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☒ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☒ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
	7.50
	7.50
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee (Greater of Minimum or Subtotal)	$ 15.00

C. BUILDING CHARACTERISTICS

USE GROUP: R-3A Present R-3A Proposed

No. of Stories 1 Total Building Area–All Floors ____ Sq. Ft.

Height of Structure ____ Ft. Volume of Structure ____ Cu. Ft.

Area–Largest Floor ____ Sq. Ft. Total Land Area Disturbed ____ Sq. Ft.

Estimated Cost of Building Work: $ 700.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green - Office Copy White - Applicant Copy Beige - Inspector Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 4064
DATE ISSUED 5-26-88
REVISION DATE 7-1-88
Block 446 D-13 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner MIKE + LINDA CLAYTON Contractor SELF
Address 448 CORNELL DR Address SAME
BRICK TWP 08723
Tel. (201) 920-7686 Tel. (201) 920-7686
Work Site Address 448 CORNELL DR Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

(1) SIDING HOUSE (CEDAR FRONT)

(2) ERECT 4' FENCE FOR 80 FOOT ON NORTH BOUNDRY OF PROPERTY

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☒ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☒ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
	750
	750
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee (Greater of Minimum or Subtotal)	$ 15—

C. BUILDING CHARACTERISTICS

USE GROUP: R-3A Present R-3A Proposed

No. of Stories 1 Total Building Area—All Floors ____ Sq. Ft.

Height of Structure ____ Ft. Volume of Structure ____ Cu. Ft.

Area—Largest Floor ____ Sq. Ft. Total Land Area Disturbed ____ Sq. Ft.

Estimated Cost of Building Work: $ 700.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☑ No Plans Required	7-1-88	IM
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other _____		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

BRICK TWP

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. ______
DATE ISSUED ______
REVISION DATE ______
Block 446 013 Lot 2
Subdivision LAKE RIVERIA

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner MIKE CLAYTON - LINDA TORLERSEN
Address 448 CORNELL DRIVE
BRICK TWP. N.J. 08723
Tel. (201) 920-7686 HOME #
Work Site Address 448 CORNELL DRIVE BRICK TWP.

Contractor SELF
Address SAME
Tel. (609) 567-3653 WORK #
Lic. No. ______
Federal Emp. No. ______

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

______
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

- 16' X 20' WOOD DECK
- ALL LUMBER PRESSURE TREATED
- DECK LOCATED IN REAR OF PROPERTY

☒ See Plans

TYPE OF WORK:

Type of Work	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other ______		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☒ Other WOOD DECK		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: R-3A Present R-3A Proposed

No. of Stories 1
Height of Structure 14 Ft.
Area—Largest Floor ______ Sq. Ft.
Total Building Area—All Floors ______ Sq. Ft.
Volume of Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.
Estimated Cost of Building Work: $ 400.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	5-18-87	IGH
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 5-18-87

Inspected By: IGH

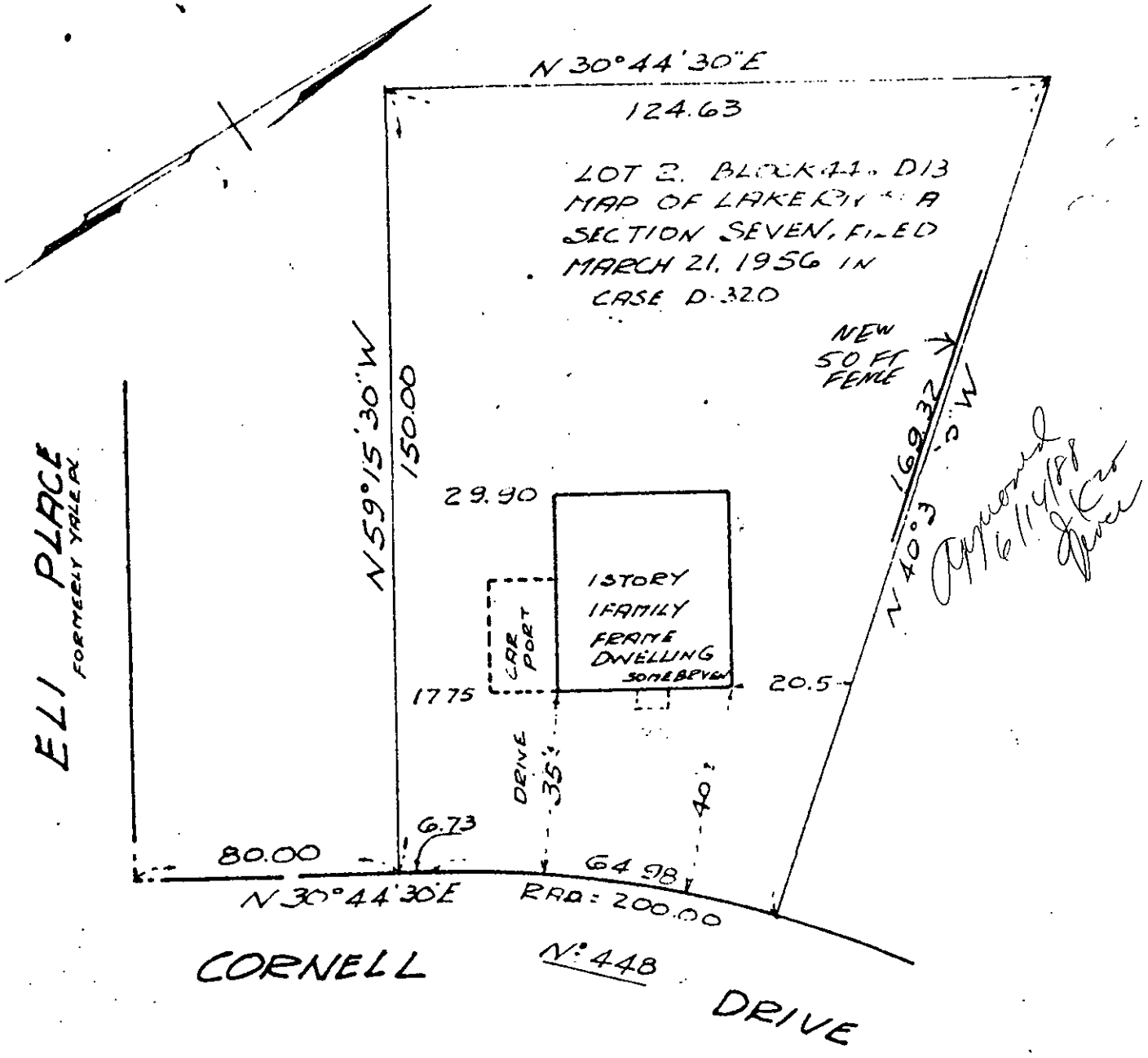
INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

SURVEY OF PROPERTY

SITUATED IN LAKE RIVIERA, BRICK TOWNSHIP, OCEAN CO., N. J.

BELONGING TO AUSTEN AND HELEN WOODLEY



CERTIFICATION

THIS SURVEY IS MADE UPON REQUISITIO[illegible] CERTIFIED T[illegible]

AND FOLLOWS THE INF[illegible] CONTAINED

SURVEY NO. C-884

REFERENCE MAP

SCALE 1"=30

DATE 1/16/67

BERNA[illegible] CHAMBERS & ASSOCIATES

SURVEYORS

97 FLORENCE AVENUE, IRVINGTON N J 07111

ESSEX 3-3497

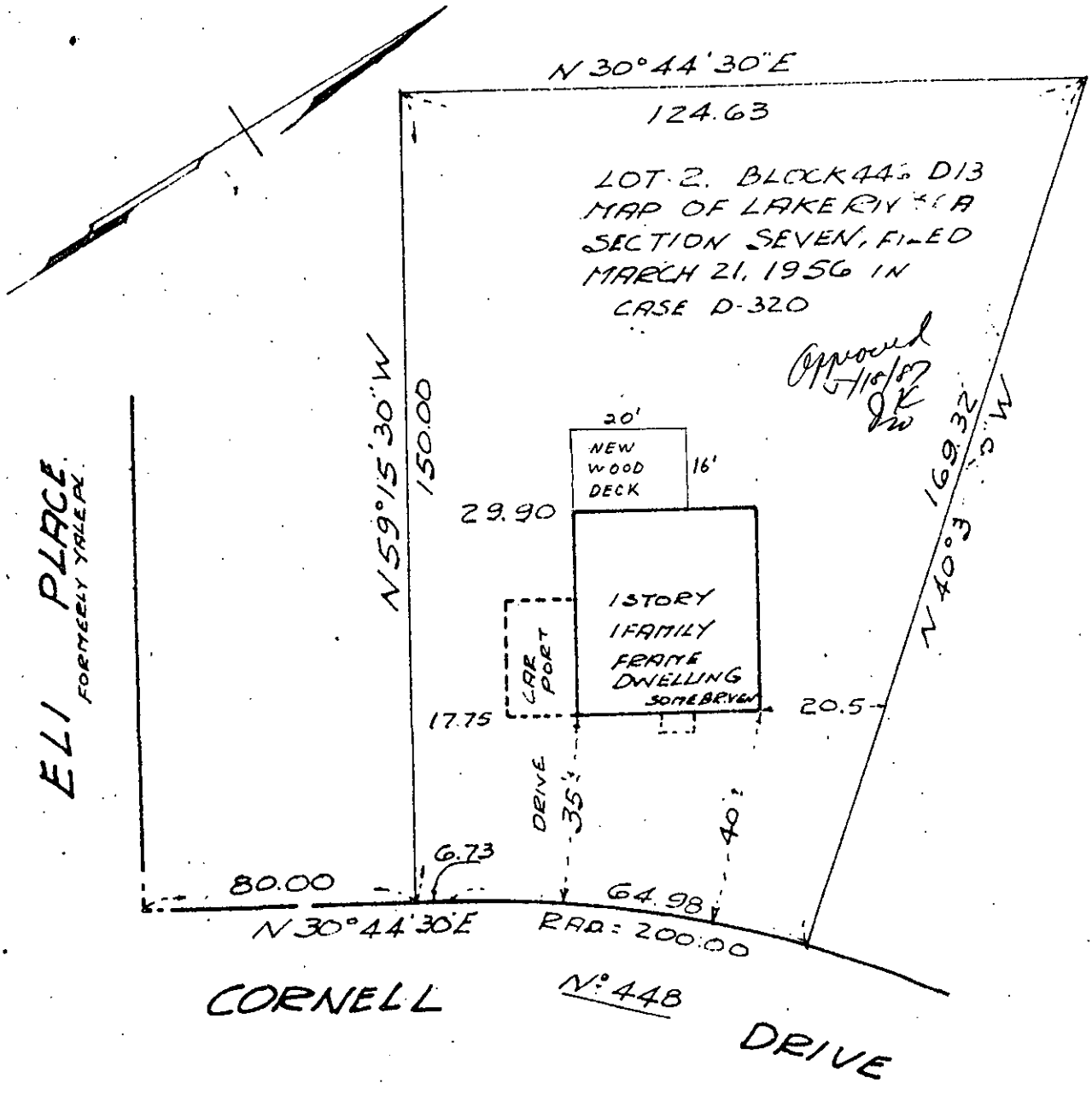
LICENSE NO. 439

[illegible]

SURVEY OF PROPERTY

SITUATED IN LAKE RIVIERA, BRICK TOWNSHIP, OCEAN CO., N. J.

BELONGING TO AUSTEN AND HELEN WOODLEY



CERTIFICATION

THIS SURVEY IS MADE UPON REQUISITIO... ...ERTIFIED TO ... AND FOLLOWS THE INF... ...ONTAINED

SURVEY NO. C-884

REFERENCE MAP

SCALE 1" = 30

DATE 1/16/67

BERNA... CHAMBERS & ASSOCIATES
SURVEYORS
97 FLORENCE AVENUE, LIVINGSTON, N. J. 07111
ESSex 5-3497

Bernard C. Chambers

LICENSE No. 4396