

BLOCK 1429.03 LOT 2 QUALIFICATION CODE C0051 ADDRESS (SITE) _____

PERMIT NO. 08-0738


CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 51 Valerie CT

2. Name of Owner in Fee: Sprague

Tel. () _____ e-mail _____

Address Same street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: Charles Russo LLC Tel. (732) 323-8451

Address 2425 Woodland Rd Manchester, NJ 08759 e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12-08

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02663600

Federal Emp. ID No. 04-363-7086 FAX: (732) 323-8452

5. Architect or Engineer Home owner Contact _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun Charles Russo ✓

Tel. (732) 323-8451 FAX: (732) 323-8452

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>12</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>4</u>		
8. Subtotal			
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other <u>214</u>	\$ <u>3906</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS 2

1. Number of Stories	<u>25'</u>	ft.
2. Height of Structure	<u>800</u>	sq. ft.
3. Area - Largest Floor	<u>180</u>	sq. ft.
4. New Building Area		cu. ft.
5. Volume of New Structure		sq. ft.
6. Construction Classification		
7. Total Land Area Disturbed		
8. Flood Hazard Zone		
9. Base Flood Elevation		
10. Wetlands	yes _____ no _____	
11. Max. Live Load		
12. Max. Occupancy Load		

(office use only)

IIa. PROPOSED WORK

☐ Minor Work ☒ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional)					
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval Rejection
☒ Building	<u>3000</u>	<u>8/22/08</u>	<u>8/22/08</u>		<u>3/19/08</u>	<u>3/19/08</u>	<u>4-18-08</u>
☐ Electrical							
☐ Plumbing							
☐ Fire Protection							
☐ Elevator		<u>ENR</u>	<u>3/4/08</u>		<u>3/4/08</u>		

TOTAL COSTS 3000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units Income-restricted

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:

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

10. ☐ Swimming Pools, Spas and Hot Tubs



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/01/2008
Control Number C-08-000788
Permit Number 08-0738
Permit Issue Date 03/28/2008
Certificate Number 08-0738

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 51 VALERIE CT. , NJ Block: 1429.03 Lot: 2 Qual: C0051
Owner In Fee: BERGEN, ERICA L & SPRAGUE, JOSEPH
Owner Address: 51 VALERIE CT. BRICK NJ
Telephone:
Contractor CHARLES RUSSO LLC
Address 2425 WOODLAND ROAD MANCHESTER NJ 08759
Telephone: 732-323-8451 Fax: 732-323-9452
License Number or Builders Registration Number: 13WH02663600 Federal Emp. Number: 04-363-7086

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DECK PRESSURE TREATED DECK 12X15 FREE STANDING (RESIDENTIAL)

Certificate Comments:

☐ Certificate of Occupancy

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

☒ Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ 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 Compliance

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____

Conditions to be met:

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ Certificate of Compliance

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued 3/28/2008
Control # C-08-000788
Permit # 08-0739

IDENTIFICATION Block: 1429.03 Lot: 2

Contractor
Address

Qualifier C0051

CHARLES RUSSO LLC
2425 WOODLAND ROAD, MANCHESTER NJ 08759

Owner in Fee
BERGEN, ERICAL & SPRAGUE, JOSEPH
51 VALERIE CT. BRICK NJ

Telephone: 732-323-8451

Lic. No. or Bldrs. Reg. No. 13VH02663600
Federal Employee No. 04-363-7086

Telephone:

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

DECK PRESSURE TREATED DECK 12X15 FREE STANDING (RESIDENTIAL)

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 \$3,000

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site. If you do not understand any of this information, please ask.

PAYMENTS (Office Use Only)

Building	\$72
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$30
Total	\$106
Check No.	364
Cash	\$0
Credit	\$0
Collected By	Inspection Account



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

08-0738

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

Block 1429.03 Lot 2 Qualification Code C0051
Work Site Location 51 Valerie Ct

Owner in Fee Sprague
Address Same

Tel. () Given Reluctantly By Boulder
Contractor Charles Russo LLC
Address 2425 Woodland Rd
Manchester, NJ 08759

Tel. (732) 323-8451 FAX (732) 323-8452
Contractor License No. or Builder Registration No. 13VHD02663600
Federal Emp. No. 043637086

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Pressure treated
deck 12X15'
Free standing
POOR Plans submitted.

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)
☐ No Plans Required			Type:	Failure	Approval
☒ All	<u>3-17-08</u>	<u>[Signature]</u>	☒ Footing		<u>3/31/08</u>
☐ Footing			☐ Footing Bonding		
☐ Foundation			☐ Foundation		
☐ Frame			☒ Frame		<u>4/7/08</u>
☐ Other			☐ Truss Sys./Bracing		
Joint Plan Review Required:			☐ Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			☐ Insulation		
SUBCODE APPROVAL			☐ Finishes -Base Layer		
☐ CO ☐ CCO ☐ CA			☐ Finishes -Final		
Date: <u>4-18-08</u>			☐ Energy		
Approved by: <u>[Signature]</u>			☐ Mechanical		
			☐ TCO		
			☐ Other		
			☒ Final		<u>4/17/08</u>
			☐ Barrier-Free		

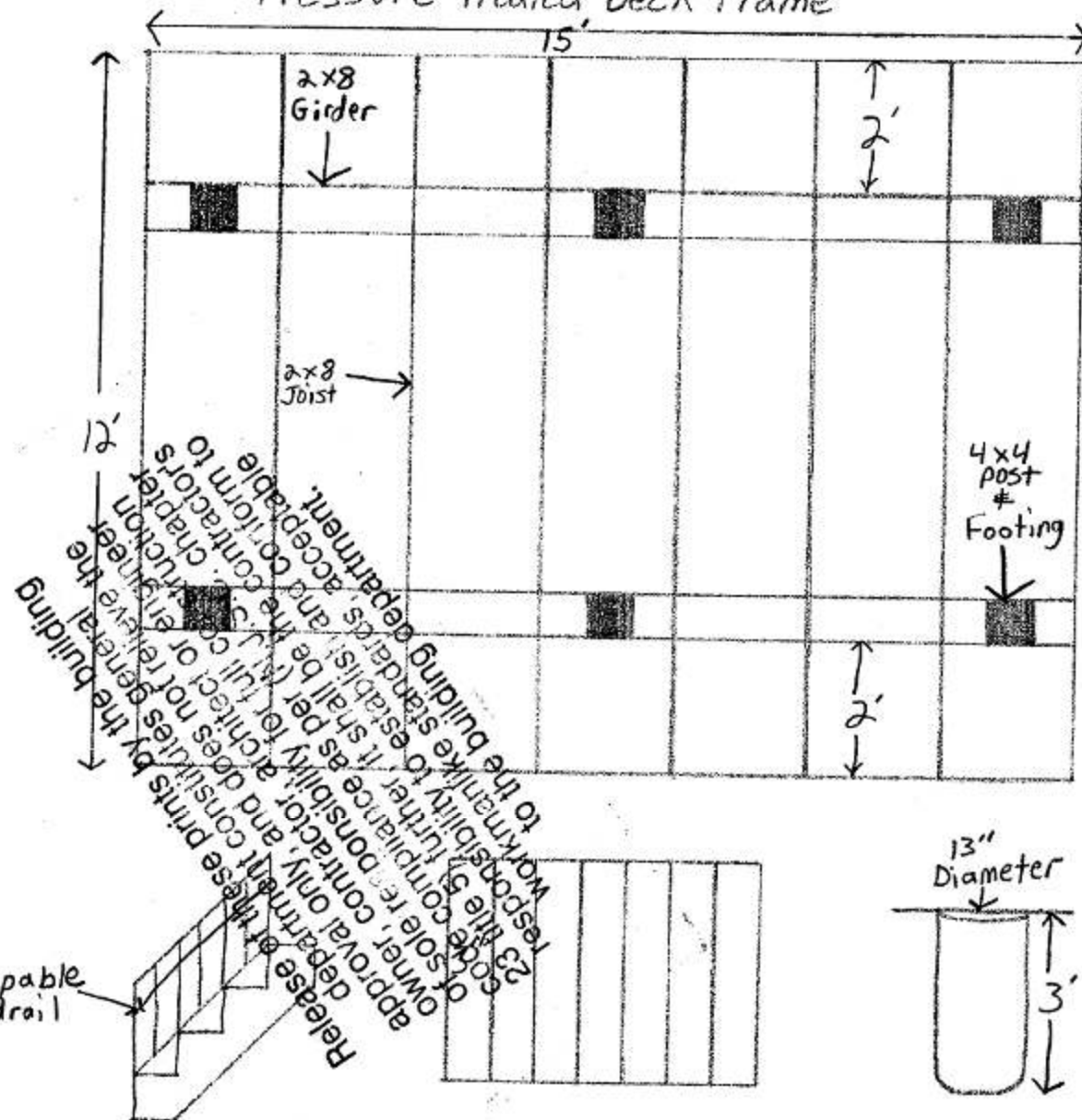
B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure 25 Ft.
Area — Largest Floor 800 Sq. Ft.
New Bldg. Area/All Floors 180 Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed 180 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 3000
2. Rehabilitation \$ _____
3. Total (1+ 2) \$ 3000

12' x 15' Pressure Treated Deck Frame



- 2x8 Joists 16" OC.
2x8 Girder Bolted to 4x4 Posts
Girder within 2' from front & back
5/4 x 6 Decking
Bolts & Nails will be Galvanized
- 2x10 Closed Stringer Steps
Step Heights Approx. 7"
Railing with Graspable Handrail
Steps will be at least 36" wide
- 2x6 Top Rails with 2x2 spindles
Spindles will be 3" Apart
Height of Rail will be 38"
- 13" Diameter Footings
Footings will be 3' below Grade
Concrete will be poured in Footings
There will be 6 Footings
Footings are within 8' of each other

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

ELI 03 2008 NC

Erica Bergen

3-19-08

Bldg

Elect

Fire

Plumbing

(Please mark subcode)

CONTROL NUMBER 000788

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 50 Valerie

DATE REVIEWED: 3-5-08

REVIEWED BY: FM

CONTACT CALLED/FAXED: _____

① Footings undersized Need to support 1800 Each
12" only Good For 1571

② Define Joist cantilever over Garden

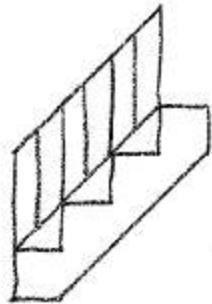
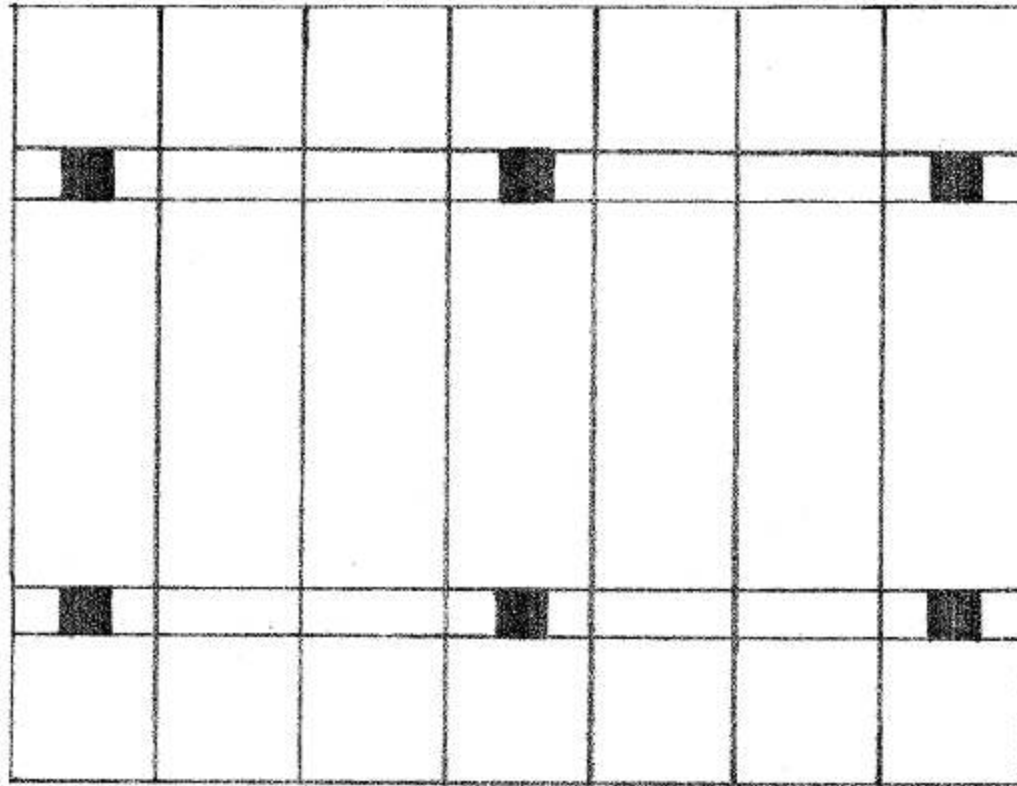
③ Stair width, Railing width Not shown

④ No Homeowner Phone # Homeowner Plans!

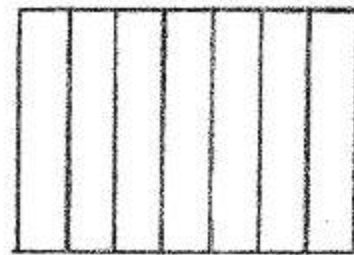
3-17-08 spoke to Builder @ 11:50

He and Homeowner will be in

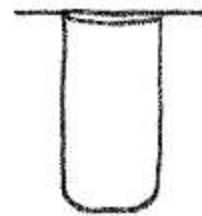
12' x 15'
Pressure Treated Deck Frame



Steps



Railing



Footing

- 2x8 Joists 16" OC.
2x8 Girder Bolted to 4x4 Posts
Girder within 2' from front & Back
5/4 x 6 Decking
Bolts & Nails will be Galvanized
- 2x10 Closed Stringer Steps
Step Heights Approx. 7"
Railing with Graspable Handrail
- 2x6 Top Rails with 2x2 spindles
Spindles will be 3" Apart
Height of Rail will be 38"
- 12" Diameter Footings
Footings will be 3' below Grade
Concrete will be poured in Footings
There will be 6 Footings
Footings are within 8' of each other

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAR 08 2008

Erica Bergen

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor



Department of Engineering

Date: 2-27-08

ENGINEERING PLOT PLAN EXEMPT FORM

Block: 1429.03 Lot: 2

Property Address: 51 Valerie CT

1. Charles Russo of 2425 Woodland Rd Manchester
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

[Signature]

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 3/4/08

Signed: [Signature]

Rejected on: _____

Signed: _____

Comments:



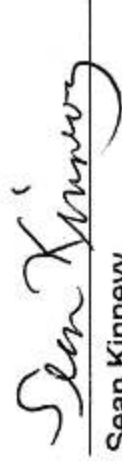
Township of Brick

Zoning Permit

Approved:	Monday, March 03, 2008	Number:	2008-140
Block	1429.03	Lot	2-C0051
		Zone:	R-M, Multi-Fam.
Property Address:	51 Valerie Court		
Applicant:	Charles Russo; Charles Russo, LLC		
Property Owner:	Joseph Sprague		
Existing Use:	Single Family Residential Condominium Unit		
Proposed Use:	Single Family Residential Condominium Unit		
Proposed Construction:	Deck, 12' x 15', 3' high.		
Conditions:	Approved by the Evergreen Woods Park Association on February 15, 2008.		

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Principal Planner


Sean Kinnewy
Zoning Officer

MAR 3 2008

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 1429.03 LOT 2 QUALIFIER C0051

PROPERTY ADDRESS 51 Valerie Ct

PERSONAL NAME OF APPLICANT ~~Spencer~~ Charles Russo

BUSINESS NAME OF APPLICANT Charles Russo LLC

MAILING ADDRESS OF APPLICANT 2425 Woodland Rd newchester, Pa

PROPERTY OWNER'S FULL NAME ~~Charles Russo~~ Joseph Sprague 68759

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration _____
☒ Porch or deck Height 3'
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

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

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

☒ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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 Charles Russo Date 2-27-08

Reviewed by Zoning Office SC Date 3/3/08 Approved () Denied

March 2003

VB
2/28/08

EVERGREEN WOODS PARK ASSOCIATION

107 MIRANDA COURT BRICK, NJ 08724
(732) 458-1784 Fax (732) 458-8405

February 15, 2008

Mr. Joseph Sprague
51 Valerie Court
Brick, NJ 08724

RE: MODIFICATION APPROVAL-DECK CONSTRUCTION

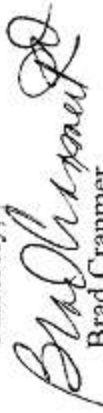
Dear Mr. Sprague,

Please be advised that your application for unit modification has been approved as submitted. Contact our Office upon completion so that a final inspection may be performed. Failure to notify the Office will result in a fine being assessed.

If a permit is needed, after the permit is obtained from Brick Township please submit a copy to the Office so that it may be attached to your file. Also, a reminder that the Management needs an estimated start and finish date of this project.

If you have comments, questions or concerns feel free to contact me at the number above.

Sincerely,



Brad Cranmer
Property Manager

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
HAS REGISTERED
Charles Russo LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

01/10/2008 TO 12/31/2008

VALID

13VH02663600

License/Registration/Certificate #

ACTING DIRECTOR

SIGNATURE

James DeLong



FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE

(REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITY OF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

*******PLEASE READ AND SIGN*******

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Charles Russo LLC

SIGNATURE: Charles Russo

DATE: 2-27-08

ADDRESS: 51 Valerie CT

LOT: 2

BLOCK: 1429.03