



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 666 Carolina Ave.
2. Name of Owner in Fee: Thomas M. Ellis Tel. [REDACTED]
- Address 666 Carolina Ave. Brick NJ 08724
street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: SCIF Tel. [REDACTED]
- Address
- License No. OR, if new home, Builder Reg. No. Exp. Date
- Federal Employee No. FAX: ()
5. Architect or Engineer Tel. ()
- Address
6. Responsible Person in Charge of Work
- Tel. () FAX ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 8		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	1		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	15		
13. TOTAL	\$ 24		

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

II. PROPOSED WORK

1. ☒ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

- 1. State Specific Use:**

- 2. Use Group:**

3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature

Date

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

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.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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. _____	_____	_____	_____

262-1024

Bulldog

8:30-4:30



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/09/2007

Tracking Number

Permit Number 03-1526

Permit Issue Date 04/24/2003

Certificate Number 03-1526

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 616 CAROLINA AVE FENCE, NJ Block: 1418.14 Lot: 61 Qual:

Owner in Fee: MILLS, THOMAS

Owner Address: SAME BRICK NJ 08724-

Telephone:

Contractor MILLS, THOMAS

Address SAME BRICK NJ 08724-

Telephone:

Fax:

License Number or Builders Registration Number:

Federal Emp. Number:

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:

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 NJAC5:17 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: 685

Collected By:

Date Printed: 03/09/2007

Page 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 04/24/2003
Control #
Permit # 03-1526

IDENTIFICATION Block 1418.14 Lot 61 Qual

Work Site Location 618 CAROLINA AVE

FENCE

Owner in Fee HILLS, THOMAS

Address SAME

BRICK NJ 08124.

Telephone

Contractor H O H E O W N E R

Address

Telephone ()

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. NO-

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:

6' STOCKADE

PAYMENTS (Office Use Only)

Building \$

Electrical 0

Plumbing 0

Fire Protection 0

Elevator Devices 0

Other

DCA State Permit fee 1

Cert. of Occupancy 0

Other 1524

Total 224

Check No. 885

Cash

Collected By JB

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 \$ 1,200

Construction Official

U.C.C. F170 (rev. 3/96)

Date

04/24/03 12:36PM 000000#9415
XX06 SERV.006

#031526
BUILDING \$8.00
DCA \$1.00
ZPA \$15.00
CHECK \$24.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UDC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/14/2003
Date Issued 4/24/03
Control # C14-18
Permit # 03-1526

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

Block 1418.14 Lot 61
Qual
Work Site Location 616 CAROLINA AVE
FENCE

Owner in Fee MILLS, THOMAS
Address SAME
BRICK, NJ 08724-

Tele. ()
Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. HQ-

Contractor
Address

Tele. ()
Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. HQ-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

INSPECTIONS

Dates (Month/Day)

No Plans Req'd 4/23/03 FWH

TYPE

Failure Failure Approval Initial

All

Footings

Footings

Foundation

Foundation

Slab

Framing

Framing

Other

Barrierfree

Joint Plan Review Required:

Insulation

Elect [] Plumb [] Fire

Finishes

SUBCODE APPROVAL [] Elev

Energy

[] CD [] CCO [] CA

Mechanical

Date: 3-8-03

TCO

Approved By: 14

Other

Final

Barrierfree

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U

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 \$ 1,200

3. Total (1+2) \$ 1,200

Industrialized Building:

[] State Approved

[] HUD

[] HUD

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

6' STOCKADE

25' From Front P.L.

FEE (Office Use Only)

\$

TYPE OF WORK

[] New Building

[] Addition

[] Alteration

[] Roofing

[] Siding

[] Fence

[] Sign

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Other 6' FENCE

[] Demolition

[] Other

[] Demolition

[] Other

[] Demolition

[] Other

[] Demolition

[] Other

[] Demolition

[] Other

[] Demolition

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[] Other

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

BOC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/14/2003
Date Issued 4/24-03
Control # C14-18
Permit # 03-1526

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY D16 NO: 1-800-272-1000

Block 1418.14 Lot 61
Hwy Site Location 616 CAROLINA AVE
FENCE

Owner in Fee HILLS, THOMAS

Address SHIE

BRICK, NJ 08724

Tele

Contractor

Address

Tele

Lic. No. of Bldgs. Reg. No.

Federal Exp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

No Plans Req'd 4-13-03-FW

[] All

[] Footing

[] Foundation

[] Frame

[] Other

Joint Plan Review Required:

[] Elect [] Plumb [] Fire

SUBCODE APPROVAL [] Elev

[] CO [] CCB [] CA

Notes:

Approved By:

INSPECTIONS

Type

Failure

Failure Approval Initial

Footings

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$

3. Total (1+2) \$

Industrialized Building:

[] State Approved

C. CERTIFICATION IN LIEU OF DATA

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

6' STOCKADE

25' From Front P.O.L.

FEE (Office Use Only)

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence

[] Sign

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[X] Other 6' FENCE

Other

[] Demolition

Administrative Surcharge

Minimus Fee

TOTAL FEE

PAID BY: Check #

Collected by: DCA State Permit Fee

U.C.C. F110 (rev 2/02)

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 616 Canoling Ave.

Block: 1418.14 Lot: 61

Owner's Name: Thomas S. Mills

Owner's Mailing Address: 616 Canoling Ave., Brick, N.J. 08724

Phone: [REDACTED]

BUILDING

Contractor: [REDACTED]

Address: [REDACTED]

Phone#: [REDACTED]

Lis # [REDACTED]

Federal Emp # or SSN [REDACTED]

ELECTRICAL

Contractor: [REDACTED]

Address: [REDACTED]

Phone#: [REDACTED]

Lis # [REDACTED]

Federal Emp # or SSN [REDACTED]

Technical Data

Description of Work:

61 Stockade

Technical Data

Item Quantity

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors w/ Fract. HP

Emergency & Exit Lights

Communication Points

Alarm Devices/FAC Panel

Total

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft

Building Characteristics

Use Group Present: Proposed:

No of Stories:

Height of Structure:

Area of the largest floor:

Area of New Structure:

Volume of New Structure:

Total Land Disturbed:

Cost of Alteration: \$

Cost of New Building: \$

Total Cost of New Building Work: \$ 1200.00

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

Signature: Thomas S. Mills

Please Print Name Thomas S. Mills

Pool (Receptacles, Switches, Lights, Motor 1HP)

Spa/Hot Tub/Storable Pool

Electric Range KW

Oven/Surface Unit KW

Electric Water Heater KW

Electric Dryer KW

Dishwasher KW

Garbage Disposal HP

A/C Unit - Central Air KW

Space Heater/Air Handler KW

Baseboard Heating KW

Motors 1+ HP

Transformer/Generator KW

Light Stander AMP

Service AMP

Subpanel AMP

Motor Control Center AMP

Sign/Outline Light KW

Furnace

Steam Boiler

Other:

Estimated Cost of Electrical Work:

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

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

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

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

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Technical Data

Description of Work: _____

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar
Heating System is _____ New _____ Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____
Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

**Township of Brick
Zoning Permit**

Approved: Wednesday, April 16, 2003 **Number:** 505

Block 1418.14 **Lot** 61 **Zone:** R-7.5

Property Address: 616 Carolina Avenue

Applicant: Thomas S. Mills

Property Owner: Thomas S. Mills

Existing Use: Single Family Residential

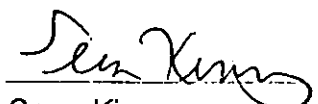
Proposed Use: Single Family Residential

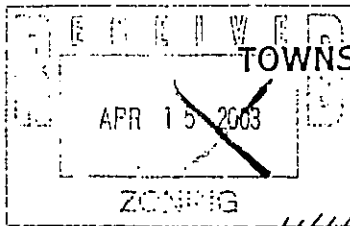
Proposed Construction: 6' high stockade fence.

Conditions: The 6' high stockade fence must be set back at least 25 feet from the front property line. The finished side of the fence must face the exterior of the property.

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
Municipal Planner


Sean Kinnevy
Zoning Officer



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 1418.14 LOT 61 QUALIFIER _____

PROPERTY ADDRESS 616 Carolina Ave.

PERSONAL NAME OF APPLICANT Thomas S. Mills

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 616 Carolina Ave.

PROPERTY OWNER'S FULL NAME Thomas S. Mills

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 _____
☐ Shed - Height _____
☒ Fence - Type Stockade Height Six Feet
☐ 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
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Thomas S. Mills Date 4/14/03

Reviewed by Zoning Office _____ Date 4/16/03 Approved () Denied

March 2003 _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

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



Department of Engineering

Office of the Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

Date: Apr. 12, 2003

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

Re: Block: 1418.14 Lot(s): 61

Property Address: 616 Carolina Ave.

I, Thomas S. Mills of 616 Carolina Ave.
(Name) (Address)

request to be exempted from the plot plan requirement for an addition 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 survey locating existing dwelling and proposed addition. Dimensions of 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: 4/22/03
(Date)

Signature: [Signature]

Rejected: _____
(Date)

Signature: _____

APPROVED FOR ZONING ONLY
SEAM KINNEVY, ZONING OFFICER
D. TS 4-16-3 *rk*