Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

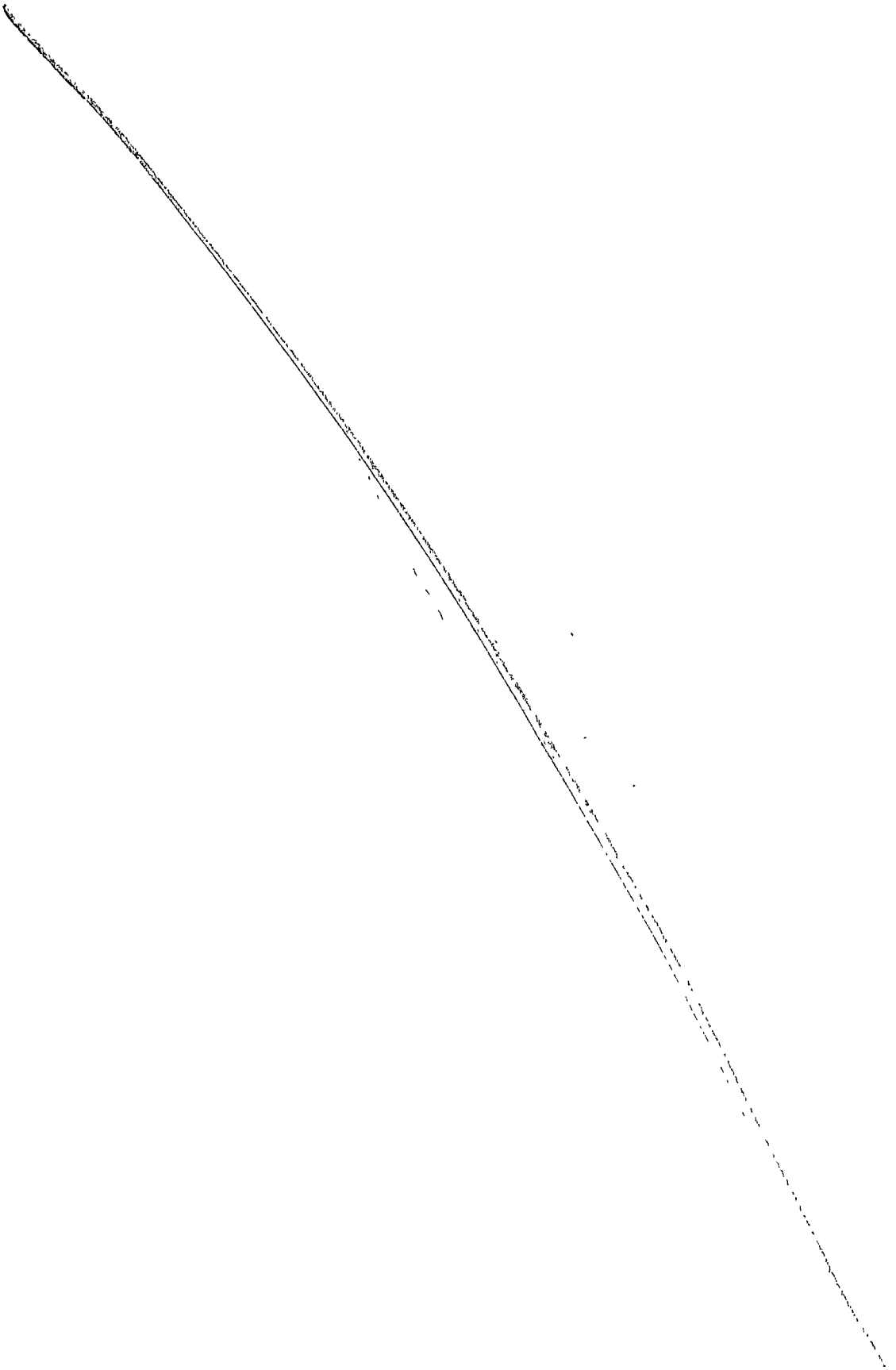
Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020



BLOCK 1033.03 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 86 Oakknoll Dr PERMIT NO. 21-1067

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-21-000131

I. IDENTIFICATION

1. Proposed Work Site at: 86 Oakknoll Dr
2. Name of Owner in Fee: Judith A. Gahr
   T [redacted] e-mail _____
   Address 86 Oakknoll Dr (street) municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: David B Roshak Constr. Tel. 732-684-1638
   Address 59 Edward Rd Brick N.J. e-mail davidroshak@comcast.net
   License No. OR, if new home, Builder Reg. No. 048122 Exp. Date 3/31/21
   Home Improvement Contractor Registration No. or Exemption Reason 13VH01642500
   Federal Emp. ID No. [redacted] FAX: _____
5. Architect or Engineer David Hartdorn AIA Contact _____
   Address 332 Deerfoot Ln Brick e-mail _____
   Tel. 732-899-1608 FAX: _____
6. Responsible Person in Charge once Work has Begun David Roshak
   Tel. 732-684-1638 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150- ✓		
2. Electrical	150- ✓		
3. Plumbing	150- ✓		
4. Fire Protection	85- ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	9-		
10. Subtotal 2	$ 95-		
11. Cert. of Occupancy	54-		
12. Other Bldg.	200-		
13. TOTAL	$ 849-		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
2. Height of Structure 22' ft.
3. Area — Largest Floor 1900 sq. ft.
4. New Building Area 232 sq. ft.
5. Volume of New Structure 2436 cu. ft.
6. Max. Live Load 40
7. Max. Occupancy Load 90
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed 200 sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no X

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☒ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Addition

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Recd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	22,000	JH	1/13/21		2-18-21	SH			
☑ Electrical	2,000				2-16-21	MM			
☑ Plumbing	1,000			2-13-21		JW	4-28-21		BW
☑ Fire Protection	250.00			2/18/21		SH	3/24/21		BW
☐ Elevator		GNG	1/21/21		1/29/21	ELL			
TOTAL COST	25,250	$0							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R-5
2. Use Group, Proposed: 5 Attic
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X) Check if contractor.

Agent Name DAVID B. Roshak Const. LLC.

Address 59 Edwards Rd

Brick NJ 08723

Telephone 732-684-1638

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division
(Certificate of Occupancy)

Date Issued	6/6/2024
Control Number	C-21-000131
Permit Number	21-1067
Permit Issue Date	4/28/2021
Certificate Number	21-1067

Identification

Work Site Location: 86 OAK KNOLL DR. Brick Township, NJ Block: 1033.03 Lot: 23 Qual:

Owner in Fee: GAHR, JUDITH A

Owner Address: 86 OAK KNOLL DRIVE BRICK NJ 08724

Telephone: [redacted]

Contractor: DAVID E ROSHAK CONSTR

Address: 59 EDWARDS RD BRICK NJ 08723

Telephone: (732) 262-9566 Fax: (732) 262-9566 Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: ADDITION

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: $54.00
Check Number: 285
Collected By: Christopher Winters

Date Printed: 6/6/2024

U.C.C. F260 (rev. 08/05)

APPLICATION FOR CERTIFICATE

Date Received	1/13/2021
Date Permit Issued	4/28/2021
Control #	C-21-000131
Permit #	21-1067
Date Issued	6/6/2024

IDENTIFICATION

Block 1033.03 Lot 23 Qualifier

Work Site Location 86 OAK KNOLL DR. Brick Township, NJ

Owner in Fee GAHR, JUDITH A
86 OAK KNOLL DRIVE BRICK NJ 08724

Telephone [redacted]

Contractor DAVID E ROSHAK CONSTR
Address 59 EDWARDS RD BRICK NJ 08723

Telephone (732) 262-9566
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous R-5 Current

FINAL COST OF CONSTRUCTION: $ 27850
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Addition ADDITION

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: Judith Gahr
Owner/Agent

- [x] OWNER
- [ ] AGENT

UCC F270 equiv

Additions Residential

Certificate requirements

print
reset defaults
check all
complete

Additions

Final Construction Inspections

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Mechanical Inspection	comment	☐	☑

Additional information and Prior Approvals

Final Affordable Housing Fee	**comment**	☑	☐
sent to AH with jacket on 12/1/21 MFF Final AH Due $90.50 - emailed contractor on 12/13/21 MFF			
BTMUA Compliance (732) 458-7000 (If Applicable)	comment	☐	☑
Final Engineering Approval (If in a Flood Zone 2 Final As-Built Surveys and 2 Final Elevation Certificates)	**comment**	☑	☐
sent to engineering with jacket 12/13/21 MFF Passed 12/20/21 rec'd in bldg. 12/28/21 MFF			
CO Application	comment	☐	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 4/28/21

Date Issued / Permit # 21-1067

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

Block 10303 Lot 23 Qualification Code

Work Site Location 86 Oak Knoll Dr.

Owner in Fee: Judith A. Cahr

Tel. ([redacted]) e-mail

Address SAME
street municipality zip code

Contractor: David B. Roshak Const, LLC Tel. (732) 684 1638

Address 59 Edwards Rd Brick e-mail davidroshak@comcast.net

Contractor License No. or Builder Registration No. 13VH01642500 Exp. Date 3-31-21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 048122

Federal Emp. ID No. [redacted] FAX: ( )

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.

Sign here: David B. Roshak

Print name here: David B. Roshak

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construction of 232 sq ft 2nd on grade addition

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 2-18-21 — JLL
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 02/21/21
Approved by: VCH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 10/15/21
Approved by: VCH

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			6.15.21	JF
Footing Bonding				
Foundation			6/30 Slab Inspection	
Slab/Setbacks			7/14, 7/19, 8/25/21 DM	
Frame				
Truss Sys./Bracing			Sheathing 7/19/21 DM	
Barrier-Free				
Insulation			9/1/21 DM	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/15/21 VCH	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present R-5 Proposed

No. of Stories 1

Height of Structure 20 ft.

Area — Largest Floor 1900 sq. ft.

New Bldg. Area/All Floors 232 sq. ft.

Volume of New Structure 2436 cu. ft.

Max. Live Load 40

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 25,000
2. Rehabilitation $
3. Total (1+ 2) $ 25,000

TYPE OF WORK:

- [ ] New Building
- [X] Addition
- [ ] Rehabilitation
- [X] Roofing
- [X] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$

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

U C C. F110
(rev 11/09)

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

6-24-21 PM SLAB- ① missed Back fill inspector need to dig up area to verify

Tar.

SLAB- ② 2" form at SLAB vertical NOT installed Dig up to verify.

6/30/21 PM SLAB- ③ where is the wire?

DAVID B. HARTDORN, A.I.A.
ARCHITECT & PLANNER L.L.C.
EST. 1986

dbh-design.com

06-07-21

Brick Township Building Department
401 Chambers Bridge Road
Brick, New Jersey
08724

Re: Judy Gahr
86 Oak Knoll Drive
Control number: C-21-000131

Dear Building Official,

The following shall serve as an addendum for the above project. The woven wire fabric in the concrete slab shall be removed. The interwoven fiber mesh shall remain.

Please review the above information and contact my office with any comments or questions. Thank you.

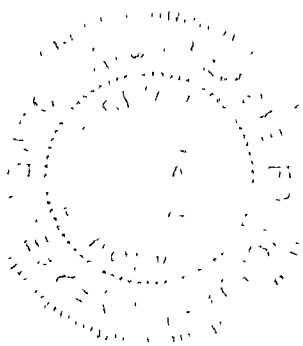
DBH/llh

Sincerely,

David B. Hartdorn, R.A.

Cc: contractor
owner

(732) 899-1608 (732) 714-1606 — FAX 332 DEERFOOT LANE, BRICK N.J. 08724



ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/23/21
Control #
Date Issued
Permit # 21-1067

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

Block 1033.03 Lot 23 Qualification Code

Work Site Location 86 OAK KNOLL DR

Owner In Fee: Dodi Gahr

Tel. [redacted] e-mail

Address 86 OakKnoll Dr (street)

Contractor: J.M. Tran Elec (municipality) Tel. (732) 232-6466 (zip code)

Address 1106 Morris Ave e-mail

Rahway Pleasant NJ.

Contractor License No. 11812 Exp. Date 3/24

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

Federal Emp. ID No. 223018814 FAX: (732) 295-8468

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

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 sign/Contractor sign and seal here: [signature]

Print name here: Stephen T-Brock

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 1 Room Addition

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
9		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
24		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		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 $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 11-24-21

Approved by: DN

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-23-21	DN
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/28/21
Control #/ Date Issued
Permit #

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

Block 10303 Lot 23 Qualification Code

Work Site Location 86 Oak Knoll Dr

Owner in Fee: Judith A. Cahn

Tel [redacted] e-mail

Address Same
street municipality zip code

Contractor: Sernotti Electrical Services, LLC Tel. (732) 773-6261

Address 1701 Twelfth Ave e-mail sernottielectric@gmail.com
Toms River NJ 08757

Contractor License No. 15119 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 134254936 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ X 2000.-

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 sign/Contractor sign and seal here:

Print name here: Anthony M. Sernotti

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Addition

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
6		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		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 $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date 2-8-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2-8-21
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11-24-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			8-11-21	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	10-15-21	10-21-21		
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

11-22-21 - FAIL Need change of contractor

U C C F120 (rev 11/09)
Internet version

Applicant When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies

SS ARC FAULT Needed

10-15-21

10-21-21

C.O.C. Needed

PASS upon C.O.C

11-22-21 SS

Fire

[redacted] INSPECTION
TECHNICAL SECTION

Date Received Control # 4/28/21

Date Issued Permit # 21-1067

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

Block 1033.03 Lot 23 Qualification Code

Work Site Location 86 Oak Knoll Dr

Owner in Fee: Judith A. Cahr

T[redacted] e-mail

Address SAME
street municipality zip code

Contractor: Bruce Devrous - Fine Line Plbg #/ue Tel. 732 770-6796

Address 1076 Highway 33 e-mail

Freehold NJ 07728

Contractor License No. 9824 Exp. Date 6-30-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [X] Other ~~Direct Vent~~ Firz Place

Estimated Cost of Mechanical Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 3/24/21
Approved by: MES
SUBCODE APPPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 10/15/21
Approved by: MES

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			10/15/21	PM

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.

Applicant sign/Contractor sign and seal here: Bruce Devrous

Print name here: Bruce Devrous

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

UR addition

NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
1	Fireplace
	Generator
	Other

FEE (Office Use Only)

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

DAVID B. HARTDORN, A.I.A.

ARCHITECT & PLANNER L.L.C.

EST. 1986

dbh-design.com

03-22-21

RECEIVED
MAR 23 2021
BUILDING

Brick Township Building Department
401 Chambers Bridge Road
Brick, New Jersey
08724

Re: Judy Gahr
86 Oak Knoll Drive
Control number: C-21-000131

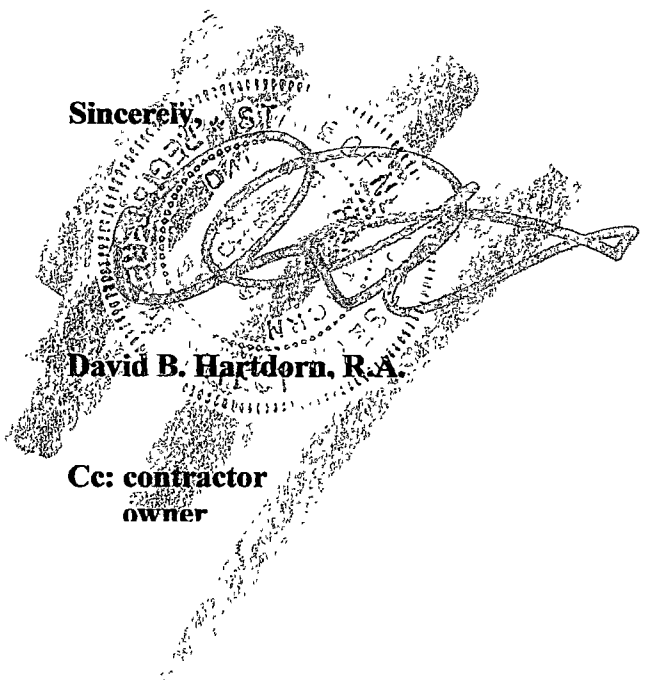
Dear Building Official,

As per your review letter dated 03-18-21 the following shall apply. If not existing an interconnected AC battery backup smoke detector shall be located in each bedroom and outside each bedroom within 10' and an interconnected carbon dioxide detector shall be located in close proximity outside each bedroom. A combination smoke detector/carbon monoxide detector shall be permitted outside of the bedroom if desired.

Please review the above information and contact my office with any comments or questions. Thank you.

DBH/lh

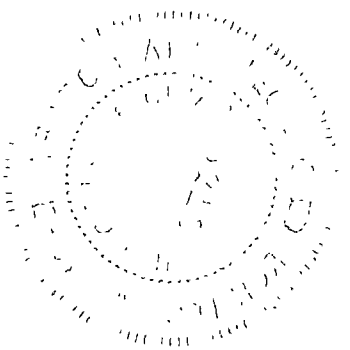
Sincerely,



David B. Hartdorn, R.A.

Cc: contractor
owner

(732) 899-1608 (732) 714-1606 --- FAX 332 DEERFOOT LANE, BRICK N.J. 08724



PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/28/21
Control #

Date Issued
Permit # 21-1067

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

Block 10330.03 Lot 23 Qualification Code

Work Site Location 86 Oak Knoll Dr.

Owner in Fee: [redacted]

Tel. [redacted] e-mail

Address same

Contractor: Bruce Devrous – Fineline Plbg Tel. 732 770-6796
street municipality zip code

Address 1076 Highway 33 e-mail
Freehold NJ 07728

Contractor License No. 9824 Exp. Date 6-30-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 600.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 4-25-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-27-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-18-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			5-11-21	MP
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10-13-21	

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 sign/Contractor sign and seal here:

Print name here: Bruce Devrous

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

In addition

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping Fireplace	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

INSPECTOR: GREG RIELLO

JOB: SFD

SECTION: BAY BRIDGE VILLAGE

TYPE OF WORK: ADDITION

PERMIT #: 21-1067

WEATHER / TEMP: SUNNY, 39°F

DATE: 12/20/21

INSPECTION: FINAL C.O.

LOCATION: 86 OAK KNOLL DR.

BLOCK: 1033.03 LOT: 23

ENGINEERING RECOMMENDATIONS FOR CERTIFICATION OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on-going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey / Elevation Certificate	N/A	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☒ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE / ADDITIONAL PERMITS
- ☐ $50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1041

Receipt

Payment Date 6/5/2024
Transaction # PMT-24-05182
Receipt #

Issued To JUDITH GAHR

Description	FINAL AFFORDABLE HOUSING FEE-RESIDENTIAL 86 OAK KNOLL DRIVE BLOCK 1033.03 LOT 23
Date Printed	6/5/2024
Check Number	849

Cash	$0.00
Check	$90.50
Charge	$0.00
Total Paid	$90.50

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/23/21
Control #
Date Issued
Permit # 21-1067

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

Block 1033.03 Lot 23 Qualification Code

Work Site Location 86 Oak & Mark Dr

Owner In Fee: Dodie Gabr

Te [redacted] e-mail

Address 86 Oakmont Dr
street municipality zip code

Contractor: A.M. Mon Elec Tel. (732) 232-6466

Address 1106 Morris Ave e-mail
Point Pleasant NJ.

Contractor License No. 11812 Exp. Date 3/24

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

Federal Emp. ID No. 223018814 FAX: (732) 295-8468

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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 sign/Contractor sign and seal here:

Print name here: Christopher J-Brecq

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 1 Room Addition

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
4		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
24			
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		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	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

COAH Fee

Council on Affordable Housing (COAH) Fee

Block: 1033.03 Lot: 23 86 OAK KNOLL DR.

General | Fees | Payments

General

Date: 1/22/2021 | Application Type: Residential | Application Number: ZA-21-00071

Values

Sq. Ft:	232
Cost / Sq. Ft.:	75
Estimated Assessed Value:	18900
Actual Assessed Value:	
Equalized Value:	18,500
Land Value:	

○ Use Cost / Sq. Ft. for Calculation

◉ Use % of Assessed Value for Calculation

Contributions

Initial % Due:	0.5
% Required:	1
Estimated Contribution Fee:	189
Actual Contribution Fee:	

◉ Use Estimated Fee for Payment Due

○ Use Actual Fee for Payment Due

Notes

Prelim Fees Due: $94.50

Final Due $90.50

OK | Cancel

CONSTRUCTION PERMIT

Date Issued
Control # C-21-000131
Permit #

IDENTIFICATION Block: 1033.03 Lot: 23 Qualifier
Work Site Location: 86 OAK KNOLL DR. Brick Township, NJ
Owner in Fee GAHR, JUDITH A
86 OAK KNOLL DRIVE BRICK NJ 08724
Telephone: [redacted]

Contractor DAVID E ROSHAK CONSTR
Address 59 EDWARDS RD BRICK NJ 08723
Telephone: (732) 262-9566 / (732) 684-1638
Lic. No. or Bldrs. Reg. No. 13VH01642500
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ADDITION

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 $27,850

Construction Official

Date 4/26/21

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$150
Fire Protection	$85
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	$54.00
Other	$200
Total	$798
Check No.	
Cash	$0
Credit	$0
Collected By	

4/15 $798.

U C C. F170
equiv (rev 1/04)
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.

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Fire

~~MECHANICAL~~ INSPECTION
TECHNICAL SECTION

Date Received 4/28/21
Control #

Date Issued
Permit # 21-1067

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

Block 1033.03 Lot 23 Qualification Code

Work Site Location 86 Oak Knoll Dr

Owner in Fee: Judith A. Gahr

T [redacted] e-mail

Address SAME
street municipality zip code

Contractor: BruceDevrous - FineLinePlbg LLC Tel. 732 770-6796

Address 1076 Highway 33 e-mail

Freehold NJ 07728

Contractor License No. 9824 Exp. Date 6-30-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [X] Other Direct Vent Fire Place

Estimated Cost of Mechanical Work $ 250

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 3/24/21
Approved by: MEG

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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.

Applicant sign/Contractor sign and seal here: Bruce Devrous

Print name here: BruceDevrous

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Elec addition

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
1	Fireplace	
	Generator	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/28/21
Control #

Date Issued
Permit # 21-1067

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

Block 10330.03 Lot 23 Qualification Code

Work Site Location 86 Oak Knoll Dr.

Owner's Name [redacted]

Tel [redacted] e-mail

Address same

Contractor: Bruce Devous – Fineline Plbg (street, municipality, tel.) Tel. 732 770-6796 (zip code)

Address 1076 Highway 33 e-mail
Freehold NJ 07728

Contractor License No. 9824 Exp. Date 6-30-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 600.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 4-15-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-25-21
Approved by:

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

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

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 sign/Contractor sign and seal here: Bruce Devous

Print name here: Bruce Devous

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

in addition

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/28/21
Control #
Date Issued
Permit # 21-1067

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

Block 10532.03 Lot 23 Qualification Code

Work Site Location 88 Oak Knoll Dr

Owner in Fee: Judith A. Gahr

Tel. [redacted] e-mail

Address Same (street) (municipality) (zip code)

Contractor: Sernotti Electrical Services, LLC Tel. (732) 773-6261

Address 1701 Twelfth Ave e-mail sernottielectric@gmail.com

Toms River NJ 08757

Contractor License No. 15119 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ X 2000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date 2-8-21 Approved by: MM

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 2-8-21

Approved by: MM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here:

Print name here: Anthony M Sernotti

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Addition

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
6		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		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 $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C C. F120 (rev 11/09)
Internet version

Applicant. When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/28/21

Date Issued / Permit # 21-1067

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

Block 10303 Lot 23 Qualification Code

Work Site Location 86 OAK KNOLL DR.

Owner in Fee: Judith H. Cahr

Tel. [redacted] e-mail

Address SAME
street municipality zip code

Contractor: DAVID R. Roshak Const, LLC Tel. (732) 684 1638

Address 59 Edwards Rd Brick e-mail davidroshak@comcast.net

Contractor License No. or Builder Registration No. 13VH01642500 Exp. Date 3-31-21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 048122

Federal Emp. ID No. 157-520930 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	2-18-21	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 02/21/21
Approved by: [signature]

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present 5 Proposed

No. of Stories 1

Height of Structure 20 ft.

Area — Largest Floor 1400 sq. ft.

New Bldg. Area/All Floors 232 sq. ft.

Volume of New Structure 2436 cu. ft.

Max. Live Load 40

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 25,000
2. Rehabilitation $
3. Total (1+ 2) $ 25,000

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.

Sign here: [signature]

Print name here: David R. Roshak

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construction of 232 sq ft slab on grade addition

TYPE OF WORK:
- [ ] New Building
- [X] Addition
- [ ] Rehabilitation
- [X] Roofing
- [X] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

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

U.C C. F110
(rev. 11/09)

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

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1041

Receipt

Payment Date 04/28/2021
Transaction # PMT-21-03620
Receipt #

Issued To JUDITH A GHAR

Description
PRELIMINARY AFFORDABLE HOUSING
BLOCK 1033.03 LOT 23
86 OAK KNOLL DRIVE

Date Printed 04/28/2021
Check Number 286

Cash	$0.00
Check	$94.50
Charge	$0.00
Total Paid	$94.50

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-21-0D538
DATE ISSUED 4/28/21

BLOCK: 1033-3 LOT: 23 QUALIFIER: _____ SITE ADDRESS: 86 Oak Knoll Dr.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Judith A. Cahn
   COMPLETE ADDRESS: 86 Oak Knoll Dr. Brick N.J 08723
   PHON [redacted] EMAIL: _____
2. NAME OF APPLICANT: David R. Roshak Constr. LLC
   APPLICANT ADDRESS: 59 Edwards Rd Brick N.J
   PHONE #732-684-1638 EMAIL: davideroshak@Comcast.Net
3. RESPONSIBLE PERSON FOR WORK: David R. Roshak
   PHONE# 732-684-1638 FAX# _____
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: R-5
COMMERCIAL: _____
EXISTING USE: SFD
PROPOSED USE: SFD

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION X *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: 20' (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Construction of a 232 sq ft addition

ZONING REVIEW:
DATE REVIEWED: 1-22-21 DATE DENIED: _____ DATE APPROVED: 1-22-21 INTLS: C

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of 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.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued:
Application Number: ZA-21-00071
Application Date: 1/21/2021
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite **86 OAK KNOLL DR.**
Location: **Brick Township, NJ 08724**

Owner: **GAHR, JUDITH A**
Address: **86 OAK KNOLL DRIVE**
BRICK, NJ 08724

Applicant: **DAVID E ROSHAK CONSTR**
Address: **59 EDWARDS RD**
BRICK, NJ 08723

Block: **1033.03** Lot: **23** Qualifier: Zone: **R-10**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Single-Family Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Single-Family Residential**

Work Description:

Addition - Construction of a First Floor Addition. (232 sq. ft.)

The addition must be setback at least 30' from the front property line, 30' from the second frontage on Aldgate Dr., and 6' from the side and 20' from the rear property line.

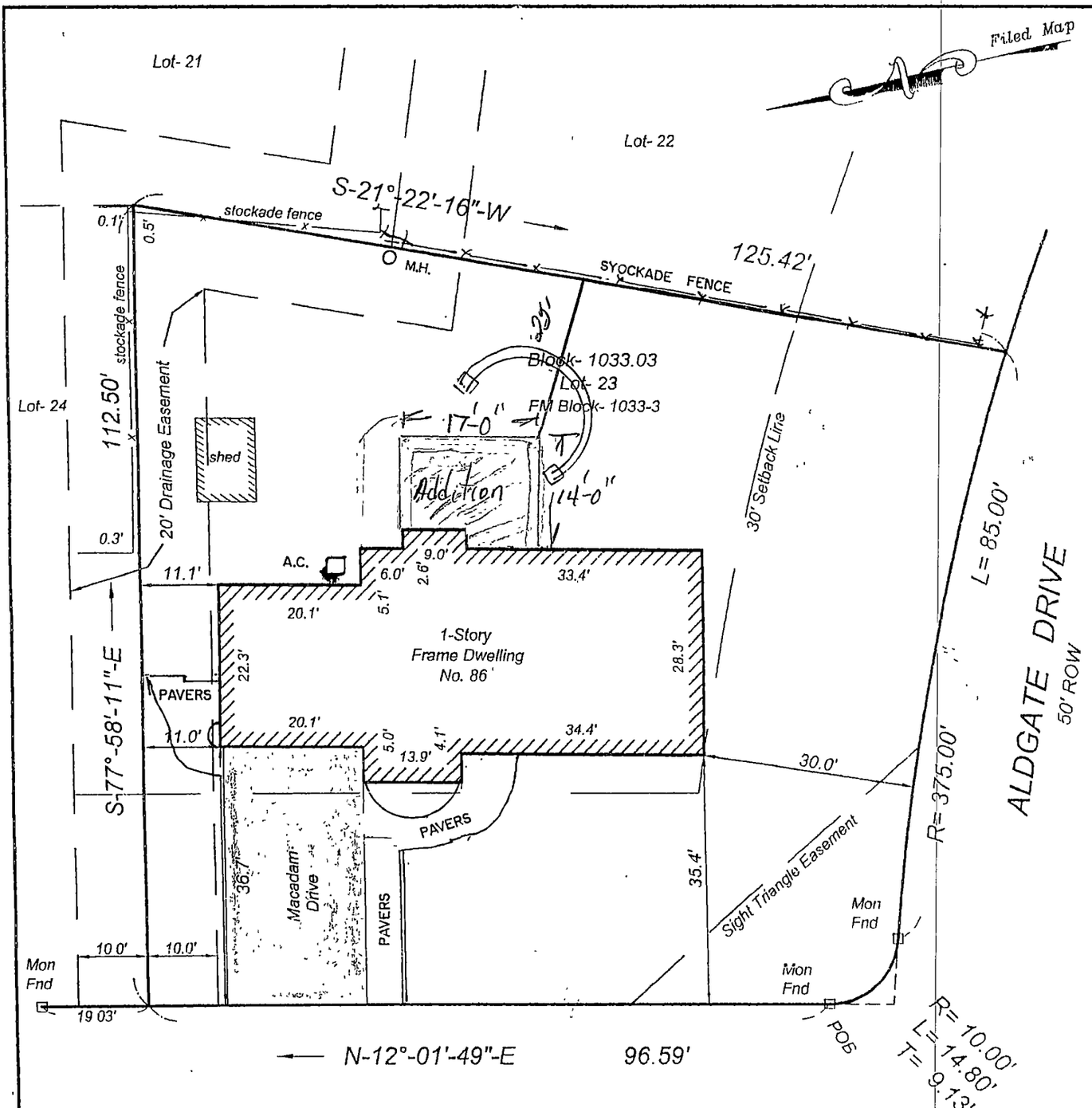
Additional Zoning Permit is required for additional work.

Application Approved Date: 1/22/2021

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 1/22/2021 Date



APPROVED FOR ZONING
1-22-21 Addition
CHRIS ROMANO, ZONING OFFICER

Property known as Lot- 23, Block- 1033-3 as shown on a map entitled "Final Major Subdivision of Bay Bridge Village, Section 4, Brick Township, Ocean County, NJ" filed in the Ocean County Clerk's office on December 24, 1985 as Map No. H-1613, a/k/a Lot- 23, Block- 1033.03 as shown on the Township of Brick Tax Map

a written Waiver and Direction Not to Set Corner Markers has been obtained from the ultimate user pursuant to P.L. 2003, c.14 (NJSA 45:8-36.3) and NJAC 13:40-5.1(d)

This survey is certified to:
Judith A. Gahr;
Westcor Land Title Insurance Company;
William J. Flaherty, Esq.;

Robert S. Yuro, LS# 19463
PROFESSIONAL LAND SURVEYOR

SURVEY OF PROPERTY
Prepared for
LOT- 23 BLOCK- 1033.03
Situated In
Brick Township Ocean County, NJ
Prepared By
ROBERT S. YURO ASSOCIATES, INC.
Professional Land Surveyors
606 Hulses Corner Road, Howell Twp., NJ
732-367-0447
CA# 24GA27915000

Title No TA-14.536
Dated: SEPTEMBER 18, 2018

Scale: 1" = 20'
File No.: Y- 19620

TOWNSHIP OF BRICK

ADDRESS: 86 Oakwell Dr.

CONSTRUCTION PERMIT FEES:

BUILDING $_____

ELECTRIC $_____

PLUMBING $_____

FIRE $_____

STATE PERMIT FEE $_____

CERTIFICATE OF OCCUPANCY $_____

PROTOTYPE PROCESSING (LESS 25%) $_____

STATE PLAN REVIEW (LESS 25%) $_____

SUBTOTAL $_____

PRIOR APPROVAL FEES:

ZONING $_____

ENGINEERING $_____

SUBTOTAL $_____

TOTAL PERMIT FEE: $ 873 -

PLEASE NOTE PAYMENT FOR PERMITS AND AFFORDABLE HOUSING ARE SEPARATE.

AFFORDABLE HOUSING FEES:

PRELIMINARY $ 94.50

CALLER'S NAME _____ DATE 4/27/21

SPOKE TO Frank (HOMEOWNER/CONTRACTOR)

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK CH

PERMIT # RW-21-00034

BLOCK 1033.03 **LOT** 23 **ADDRESS** 86 Oak Knoll Dr,

IDENTIFICATION:

1. WORK SITE ADDRESS 86 Oak Knoll Dr.
2. APPLICANT David E Roshak Constr. LLC
3. NAME OF OWNER IN FEE Judith A. Gahr
   ADDRESS 86 Oak Knoll Dr.
   PHON [redacted] EMAIL
4. PRINCIPAL CONTRACTOR David E. Roshak Constr. LLC,
   ADDRESS 59 Edwards Rd, Brick NJ 08723
   PHONE 732-689-1638 EMAIL davideroshak@Comcast.Net
5. ARCHITECT OR ENGINEER David B. Harborn AIA
   ADDRESS 332 Deerfoot LA Brick
   PHONE 732-899-1608 EMAIL
6. RESPONSIBLE PERSON FOR WORK David E. Roshak Const.
   ADDRESS 59 Edwards Rd Brick N.J 08723
   PHONE 732-689-1638 EMAIL davideroshak@Comcast.Net

FEE SUMMARY:

APPLICATION FEE	$ 200
REVIEW FEE	$
INSPECTION FEE	$
OTHER	$
BOND(S)	$
TOTAL	$ 200

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS

DRAINAGE EASEMENTS

UTILITY EASEMENTS

CONSERVATION EASEMENTS

FEMA REQUIREMENTS

D.E.P. PERMITS

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER

APPROVED DATE

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING ☒ SOIL REMOVAL / FILL

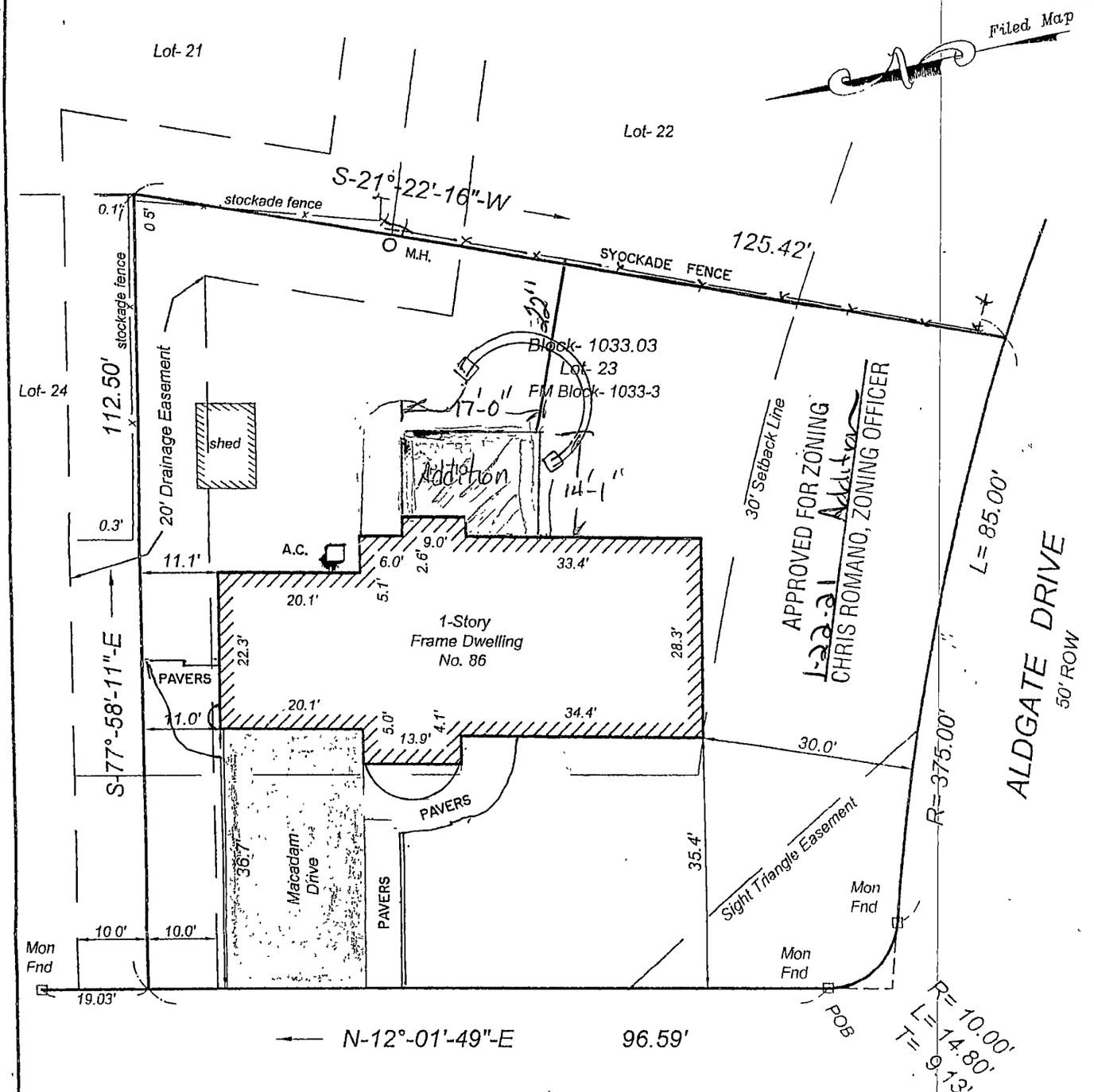
☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☒ DESCRIPTION Remove Esc. materials by Container to Recycle

ENGINEERING REVIEW:

DATE RECEIVED 1/21/21 DATE REJECTED DATE APPROVED 1/29/21 INITIALS



OAK KNOLL DRIVE
50' ROW

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This survey is certified to:
Judith A. Gahr;
Westcor Land Title Insurance Company;
William J. Flaherty, Esq.;

Robert S. Yuro, PLS# 19463
PROFESSIONAL LAND SURVEYOR

SURVEY OF PROPERTY
Prepared for

LOT- 23 BLOCK- 1033.03

Situated In

Brick Township Ocean County, NJ

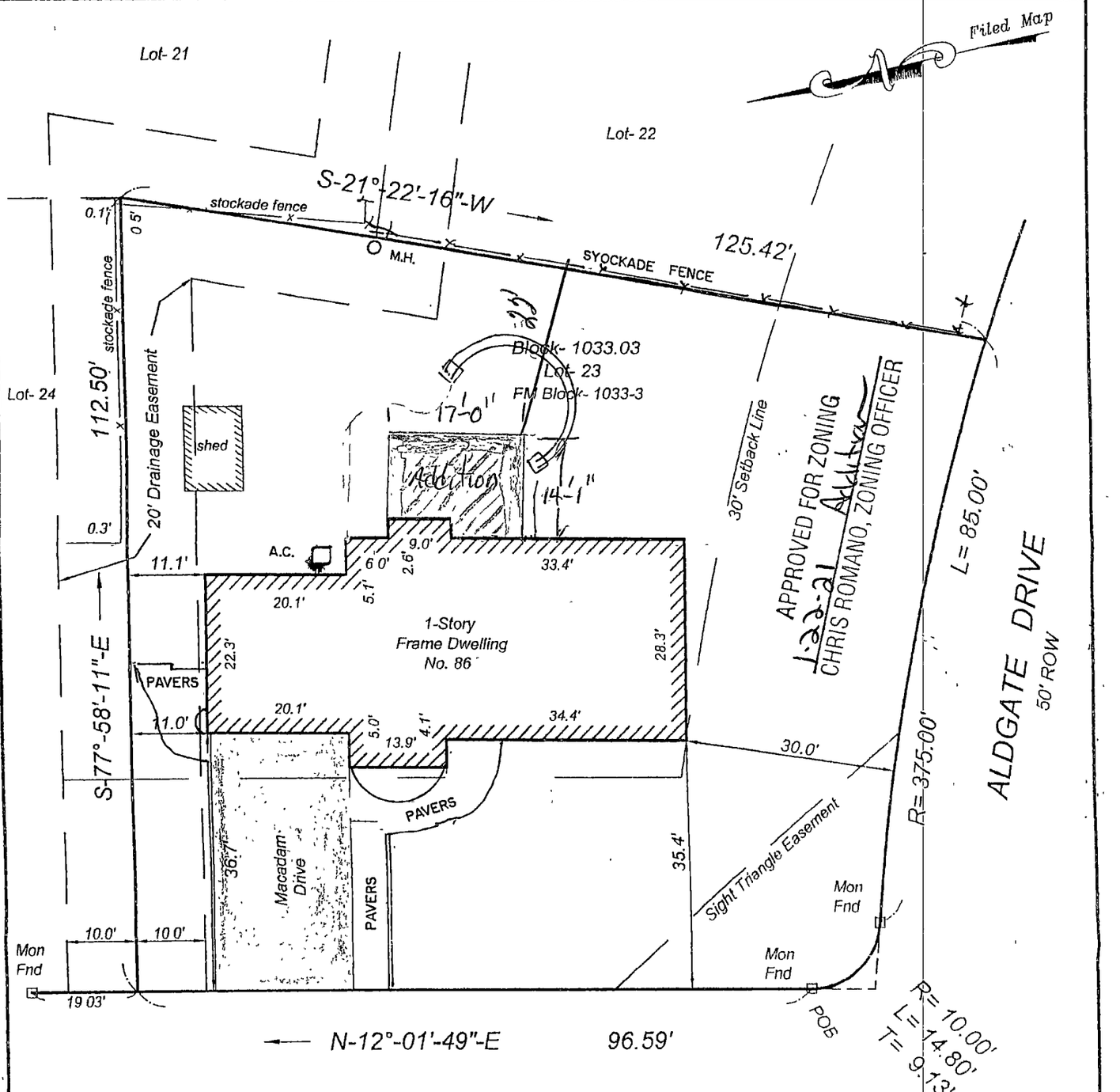
Prepared By

ROBERT S. YURO ASSOCIATES, INC.

Professional Land Surveyors
606 Hulses Corner Road, Howell Twp., NJ
732-367-0447
CA# 24GA27915000

Title No TA-14.536
Dated: SEPTEMBER 18, 2018

Scale: 1" = 20'
File No.: Y- 19620



OAK KNOLL DRIVE
50' ROW

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SURVEY OF PROPERTY
Prepared for

LOT- 23 BLOCK- 1033.03

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Professional Land Surveyors
606 Hulses Corner Road, Howell Twp., NJ
732-367-0447
CA# 24GA27915000

Title No **TA-14.536**
Dated: **SEPTEMBER 18, 2018**

Scale: 1" = 20'
File No.: Y- 19620

Township of Brick

ENGINEERING PLOT PLAN REIVEW
CHECKLIST

BLOCK 1033-3 LOT 23 DATE RECEIVED _____

PROPERTY ADDRESS 89 Oak Knoll Dr.

APPLICANT Judith A. Gahr PHON[redacted]

ADDRESS 89 Oak Knoll Dr.

CONTRACTOR David E. Reshak Con. LLC. PHONE 732-684-1638

ADDRESS 59 Edwards Rd Brick N.J 08723

TYPE OF WORK Addition ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES_____ NO _____

	THE FOLLOWING IS FOR OFFICE USE ONLY:	YES	NO	N/A
1	PLANS/DETAILS SIGNED & SEALED			
2	SCALE NOT LESS THAN 1"=50'			
3	EXISTING ELEVATIONS (NGVD IN FLOOD ZONE)			
4	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES			
5	STREET, GUTTER, CURB & CENTER LINE ELEVATIONS			
6	CONTOURS 1' INCREMENTS			
7	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			
8	PROPOSED GRADING & ELEVATIONS			
9	GARAGE FLOOR/CRAWL SPACE/BASEMENT ELEVATION			
10	PROPOSED DWELLING DIMENSIONS & CORNER ELEVATIONS			
11	METHOD OF DRAINAGE			
12	NORTH ARROW			
13	DRIVEWAY WIDTH & TYPE			
14	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES			
15	PROPERTY ADDRESS/BLOCK & LOT NUMBER			
16	SIDEWALK/CURB & APRONS			
17	PARKING AREAS			
18	UTILITY & CONNECTIONS: WATER, SEWER, GAS, ELECTRIC			
19	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES & SIGNS			
20	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH			
21	LIMITS OF CLEARING			
22	BASEMENT/DEDICATIONS/ENVIRONMENTAL CONSTAINTS			
23	PRIOR APPROVALS: ARMY CORP/NJ DEP/SOIL EROSION, ECT.			
24	EXISTING STRUCTURES			
25	RETAINING WALL/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____

DAVID B. HARTDORN, A.I.A.

ARCHITECT & PLANNER L.L.C.

EST. 1986

dbh-design.com

03-22-21

Brick Township Building Department
401 Chambers Bridge Road
Brick, New Jersey
08724

Re: Judy Gahr
86 Oak Knoll Drive
Control number: C-21-000131

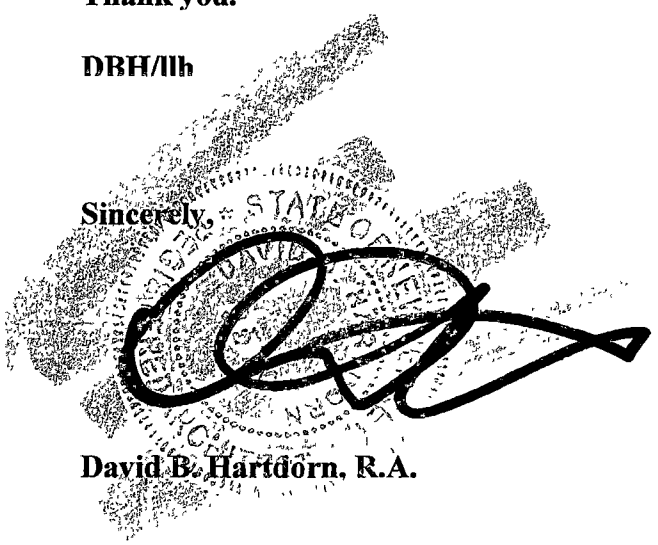
Dear Building Official,

As per your review letter dated 03-18-21 the following shall apply. If not existing an interconnected AC battery backup smoke detector shall be located in each bedroom and outside each bedroom within 10' and an interconnected carbon dioxide detector shall be located in close proximity outside each bedroom. A combination smoke detector/carbon monoxide detector shall be permitted outside of the bedroom if desired.

Please review the above information and contact my office with any comments or questions. Thank you.

DBH/llh

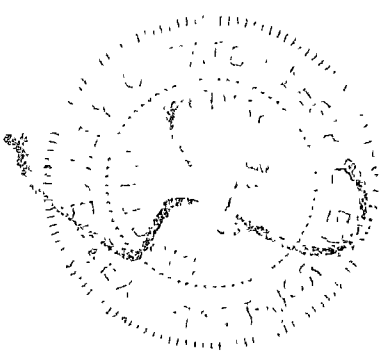
Sincerely,

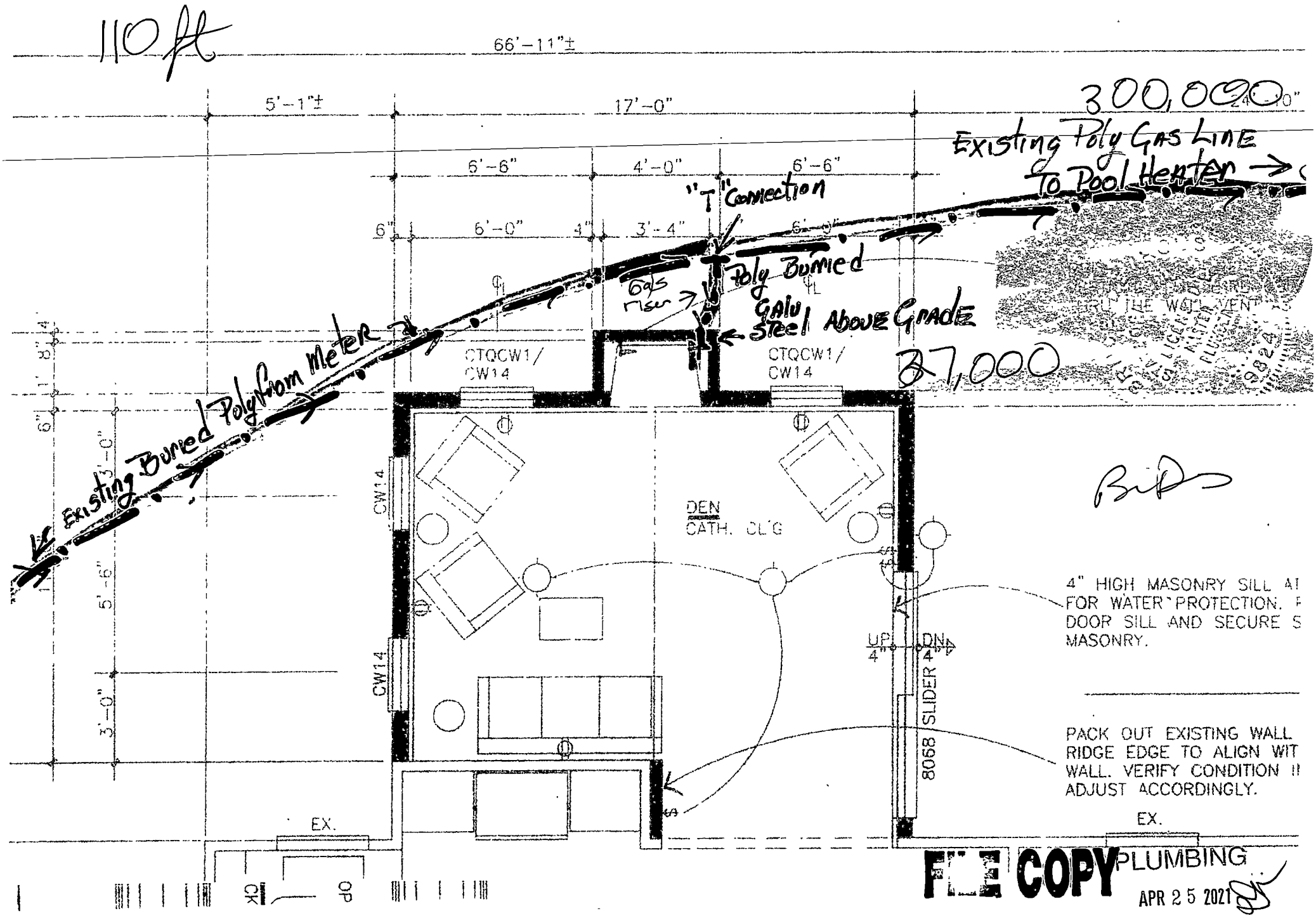


David B. Hartdorn, R.A.

Cc: contractor
owner

(732) 899-1608 (732) 714-1606 --- FAX 332 DEERFOOT LANE, BRICK N.J. 08724





FILE COPY

PLUMBING

APR 25 2021

APPROVED

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 86 Oak Knoll Dr.

BLOCK: 1033-3 **LOT:** 23

CONTRACTOR: David R. Roshak Constr. LLC

CONTRACTOR'S ADDRESS: 59 Edwards Rd Brick

Type of Construction(minor, new home): Addition

Type of Debris (shingles, siding, wood, etc.): Shingles, wood, Drywall

Party responsible for removal: Camanna Disposal

Dumpster Size: 20 yrd

Destination of Debris: Mazza

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

1/11/21
Date

David R. Roshak
Print Name

Township of Brick

ADDITION

REVISED 11/21/17

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for an addition with new area and volume of structure	Yes ✓	NO ___
2. Zoning Application completely filled out (All Sections)	Yes ✓	NO ___
3. Engineering Form completely filled out (All Sections)	Yes ✓	NO ___
4. Four true size SEALED Plot Plans with Topography	Yes ✓	NO ___
5. Bldg/Plmg/Electrical/Fire/Mechanical Subcode Techs completed. (Plumbing, Electric & Mechanical must be sealed if applicable)	Yes ✓	NO ___
6. Separate Addition/Alteration cost. (If Addition/New Bldg. – cost for new bldg --- If Addition & Alteration – must separate costs)	Yes ✓	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes.** Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must have the address, block & lot and be signed by the homeowner as well as the Oath.	Yes ✓	NO ___
8. If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes NA	NO ___
9. 2nd Story Additions require engineer certification for foundation if the plans are not from a design professional.	Yes NA	NO ___
10. Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes ✓	NO ___
11. Manufacturer brochures indicating specs and installation requirements (Furnace, Boiler, A/C, Fireplace)	Yes ✓	NO ___
12. Two (2) gas pipe drawings if applicable – BTU's – Length and size of pipe	Yes ___	NO ___
13. Two (2) Drain Waste Vent schematic if adding or changing plumbing	Yes NA	NO ___
14. List of Existing Plumbing Fixtures – (if adding new fixtures)	Yes NA	NO ___
15. Completed debris form	Yes ✓	NO ___
16. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes ✓	NO ___
17. Detail of existing & proposed smoke & carbon monoxide detectors	Yes ✓	NO ___
18. Detail of Electrical Locations (Receptacles, Switches, Detectors, Etc)	Yes ✓	NO ___
19. Heat Loss Calculation	Yes ✓	NO ___

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, April 15, 2021

To: DAVID E ROSHAK CONSTR
59 EDWARDS RD
BRICK, NJ 08723

RE: Plumbing Subcode
Block: 1033.03 Lot: 23 Qual:
86 OAK KNOLL DR.
Permit Number: Control Number: C-21-000131
Last Submit Date: Thursday, April 1, 2021

Dear DAVID E ROSHAK CONSTR,

The following comments were made during the Plan Review process:
4/15/21
The Gas sketch does not demonstrate code compliance. The new sketch does not show the length of the longest run or the load on the system.
SIZING OF GAS PIPE IRC 2018 G2413.4(1) (402.4(2) Longest Length Method
The pipe size of each section of gas piping shall be determined using the longest length of piping from the point of delivery to the most remote outlet and the load of the section.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

RESUBMIT 4/16/21

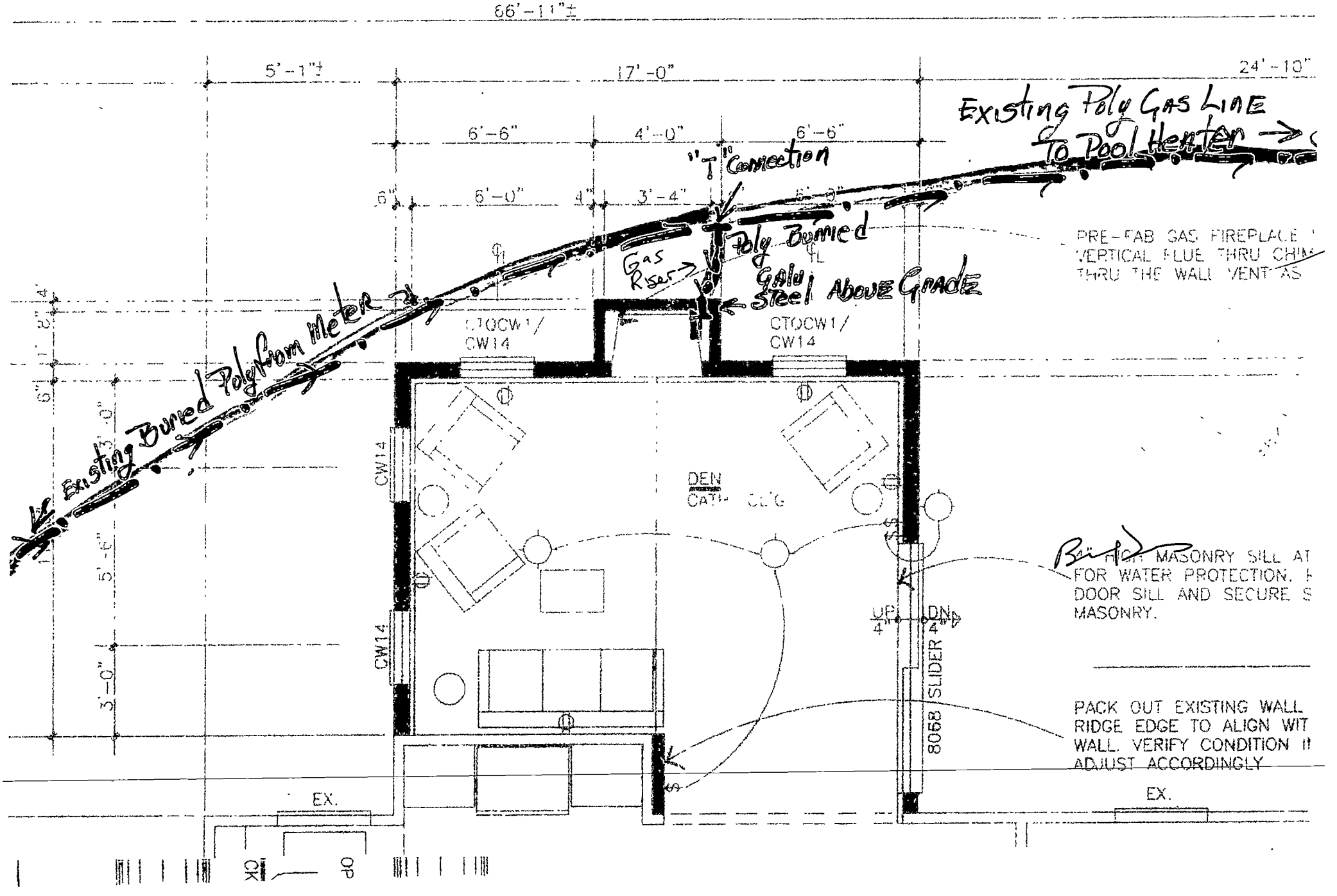
SUBCODES _____

DATES _____

RESUBMIT _____

SUBCODES _____

DATES _____


66'-11"±
5'-1"±
17'-0"
24'-10"
6'-6"
4'-0"
6'-6"
"T" Connection
Existing Poly Gas Line To Pool Heater
6"
6'-0"
4"
3'-4"
6'-0"
Poly Buried
Gas Riser
Galv Steel Above Grade
Existing Buried Poly From Meter
PRE-FAB GAS FIREPLACE
VERTICAL FLUE THRU CHIM
THRU THE WALL VENT AS
CTQCW1/
CW14
CTQCW1/
CW14
CW14
CW14
DEN
CATH CLG
UP 4"
DN 4"
SLIDER
8068
MASONRY SILL AT
FOR WATER PROTECTION.
DOOR SILL AND SECURE S
MASONRY.
PACK OUT EXISTING WALL
RIDGE EDGE TO ALIGN WIT
WALL. VERIFY CONDITION I
ADJUST ACCORDINGLY
EX.
EX.
6'-0"
6'-6"
3'-0"
6"
2'-4"

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, March 18, 2021

To: GAHR, JUDITH A
86 OAK KNOLL DRIVE
BRICK, NJ 08724

RE: Fire Subcode
Block: 1033.03 Lot: 23 Qual:
86 OAK KNOLL DR.
Permit Number: Control Number: C-21-000131
Last Submit Date: Tuesday, March 16, 2021

Dear GAHR, JUDITH A,

Your request is hereby denied based upon the following infractions.

Electric interconnected smoke alarms required in all bedrooms, outside bedrooms in immediate vicinity, and each level.

Carbon Monoxide detectors required in vicinity outside bedrooms

A letter to same from design professional will be acceptable.

Sincerely,

Richard Orlando, Subcode Official

CC:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, March 18, 2021

To: GAHR, JUDITH A
86 OAK KNOLL DRIVE
BRICK, NJ 08724

RE: Fire Subcode
Block: 1033.03 Lot: 23 Qual:
86 OAK KNOLL DR.
Permit Number: Control Number: C-21-000131
Last Submit Date: Tuesday, March 16, 2021

RESUBMIT 2nd

SUBCODES F

DATES 3/23/21

Dear GAHR, JUDITH A,

Your request is hereby denied based upon the following infractions.

Electric interconnected smoke alarms required in all bedrooms, outside bedrooms in immediate vicinity, and each level.

Carbon Monoxide detectors required in vicinity outside bedrooms

A letter to same from design professional will be acceptable.

Sincerely,

Richard Orlando, Subcode Official

CC:

RESUBMIT _____

SUBCODES _____

DATES _____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

3/30/21
Emailed
CM

Subcode Official Review

Date: Saturday, March 13, 2021

To: DAVID E ROSHAK CONSTR
59 EDWARDS RD
BRICK, NJ 08723

RE: Plumbing Subcode
Block: 1033.03 Lot: 23 Qual:
86 OAK KNOLL DR.
Permit Number: Control Number: C-21-000131
Last Submit Date: Sunday, February 21, 2021

Dear DAVID E ROSHAK CONSTR,

The following comments were made during the Plan Review process:
Gas sketch shows plastic pipe run through exterior wall into the house.
G2415.17.1 (404.17.1) Limitations. Plastic pipe shall be instaled outdoors underground only.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

REJECTED

MAR 1 3 2021

PLUMBING