



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 37 BEVERLY BEACH RD., BRICK NJ. 08742

2. Name of Owner in Fee: DOUG M. HALL Tel. (732) 458-6314
 Address 37 BEVERLY BEACH RD., BRICK, NJ 08742
street municipality zip code

3. Ownership in Fee: Public _____ Private "OWNER"

4. Principal Contractor: OWNER: DOUG M. HALL Tel. (732) 458-6314
 Address (SAME AS ABOVE) 37 BEVERLY BEACH RD., BRICK, NJ, 08742
 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 DOUG M. HALL (OWNER)
 Tel. (732) 458-6314 FAX (_____) _____

fence

"FENCE"

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☒ Minor Work "FENCE"	776	3/14/03			4/9/03		4/27/03		
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	776	Env	4/7/03		4/7/03				

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

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 (office use only)

1. Number of Stories	2	
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		

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL "R-75" ONE FAMILY

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: (TO BUILD FENCE)

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

Long M. Hall

Date

3/14/03

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.									
☐									
☐									

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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

100 NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 04/09/2003
Control #
Permit # 03-1247

IDENTIFICATION Block 1371 Lot 9.05

Back Site Location 37 SEVENY LEACH RD

FRONT

Contractor HONELOUHER

Owner in Fee WAL. DONG H

Address SWE

BRICK, NJ 08708-

Telephone (732) 58-6314

Telephone ()
Lic. No. or Distr. Reg. No.
Federal Emp. No. HP-

I hereby granted permission to perform the following work:

- ☐ BUILDING ☐ LEAD ACID BATTERY
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ INSTALLATION
- ☐ ELEVATOR DEVICES ☐ CORRECTING PLUMBING ☐ OTHER

(Subchapter 6 only)

RESURFACING OF WORK;
4' SPLIT RAIL FENCE

NOTE: If construction does not commence within six (6) years of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 776

DE Lawrence Jr
Construction Official

U.C.C. (FD) rev. 3/76)

Date

PAYMENTS (Office Use Only)

Building 8
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
OCA State Permit Fee 1
Cert. of Occupancy 0
Other
Total 9
Check No. 215
Cash
Collected By JB

5/1/3

OK

04/09/03 3:22PM 00000008968

XX06 SERV.006

#031247
BUILDING \$8.00
OCA \$1.00
ZPG \$15.00
CHECK \$24.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD.
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/14/2003
Date Issued 4/14/03
Control # C17-39
Permit # 03-1247

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

Block 137 Lot 9.03 Qual
Work Site Location 37 BEVERLY BEACH RD.

FENCE

Owner in Fee HALL, DOUG M

Address SAME

BRICK, NJ 08724-

Tele. (732) 458-6314

Contractor

Address

Tele. () Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. NO-

~~JOE SUMMARY~~ AS PRE ZONING CONDITIONS
(Office Use Only)

PLAN REVIEW

☒ No Plans Req. 4/9/03

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS	Dates (Month/Day)
Type	Failure Failure Approval Initial
Footing	
Foundation	
Slab	
Frame	
Barrierfree	
Insulation	
Finishes	
Energy	
Mechanical	
TCO	
Other	
Final	
Barrierfree	

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 1 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 \$ 776

3. Total (1+2) \$ 776

Industrialized Building:

☐ State Approved

☐ 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

4' WHITE PICKET FENCE, 6' TREATED STOCKADE FENCE
Split RAIL

HAVE COPY ON SITE FOR
FINAL INSPECTION

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	\$ 0
☒ Alteration	\$ 0
☐ Roofing	\$ 0
☐ Siding	\$ 0
☐ Fence 0 Height (exceeds 6')	\$ 0
☐ Sign 0 Sq. Ft.	\$ 0
☐ Pool	\$ 0
☐ Asbestos Abatement Subchapter 8	\$ 0
☐ Lead Haz. Abatement NJAC 5:17	\$ 0
☒ Other FENCE	\$ 8
Other	\$ 0
☐ Demolition	\$ 0

Administrative Surcharge

Paid ☐ Check \$

Collected by: DCA State Permit fee

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 93/14/2003
Date Issued 4/14/03
Control # C14-39
Permit # 03-1247

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

Block 1311 Lot 9.03 Qual
Work Site Location 37 BEVERLY BEACH RD
FENCE

Owner in Fee HALL, DOUG M
Address SAME
BRICK, NJ 08724-

Tele. (732) 458-6314

Contractor
Address

Tele. () Fax ()
Lic. No. or Bldgs. Reg. No.

Federal Exp. No. NO-
JOB SUMMARY (Office Use Only)
145 PER ZONING CONDITIONS

PLAN REVIEW Date Initial
No Plans Req. 4/14/03

INSPECTIONS	Dates (Month/Day)	Initial
☐ All	Type	Failure
☐ Footing	Footing	
☐ Foundation	Foundation	
☐ Slab	Slab	
☐ Frame	Frame	
☐ Barrierfree	Barrierfree	
☐ Joint Plan Review Required:		
☐ Elect ☐ Plumb ☐ Fire	Insulation	
☐ SUDCODE APPROVAL ☐ Elev	Finishes	
☐ CO ☐ CCO ☐ CA	Energy	
Date:	Mechanical	
Approved By:	TCO	
	Other	
	Final	
	Barrierfree	

8. BUILDING CHARACTERISTICS
Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 1 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 \$ 776
3. Total (1+2) \$ 776
Industrialized Building:
☐ State Approved
☐ HUD

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

4' WOOD PICKET FENCE, 6' TREATED STOCKADE FENCE
SPLIT RAIL

HAVE COPY ON SITE FOR
FINAL INSPECTION

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	\$ 0
☒ Alteration	\$ 0
☐ Roofing	\$ 0
☐ Siding	\$ 0
☐ Fence 0 Height (exceeds 6')	\$ 0
☐ Sign 0 Sq. Ft.	\$ 0
☐ Pool	\$ 0
☐ Asbestos Abatement Subchapter 8	\$ 0
☐ Lead Haz. Abatement NJAC 5:17	\$ 0
☒ Other FENCE	\$ 8
Other	\$ 0
☐ Demolition	\$ 0

Paid ☐ Check \$ Administrative Surcharge \$ 0
Collected by: Minimum Fee \$ 0
TOTAL FEE \$ 8
DCA State Permit Fee \$ 1
U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 9/3/14/2003
Date Issued 9/14/03
Control # C14-39
Permit # 03-1247

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

Block 1371 Lot 9.03 Qual
Work Site Location 37 BEVERLY BEACH RD
FENCE

Owner in Fee Hall, Doug M

Address SAME

BRICK, NJ 08724-

Tele. (732) 458-6314

Contractor

Address

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Req. 4/9/03

Initials

INSPECTIONS

TYPE

Failure

Failure

Initial

Dates (Month/Day)

Approval

Initial

Failure

Failure

Initial

Failure

Failure

Initial

Failure

Failure

Initial

Failure

Failure

Initial

Failure

Failure

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

4' WHITE PICKET FENCE, 6' TREATED STOCKADE FENCE
SPLIT RAIL

HAVE COPY ON SITE FOR
FINAL INSPECTION

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence 0 Height (exceeds 6')

[] Sign 0 Sq. Ft.

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[X] Other FENCE

Other

[] Demolition

FEE (Office Use Only)

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Date Received 9/3/14/2003
Date Issued 9/14/03
Control # C14-39
Permit # 03-1247

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

4' WHITE PICKET FENCE, 6' TREATED STOCKADE FENCE
SPLIT RAIL

HAVE COPY ON SITE FOR
FINAL INSPECTION

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence 0 Height (exceeds 6')

[] Sign 0 Sq. Ft.

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[X] Other FENCE

Other

[] Demolition

FEE (Office Use Only)

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**Township of Brick
Zoning Permit**

Approved: Thursday, April 03, 2003 **Number:** 372

Block 1371 **Lot** 9.03 **Zone:** R-7.5

Property Address: 37 Beverly Beach Road

Applicant: Doug M. Hall

Property Owner: Doug M. Hall

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

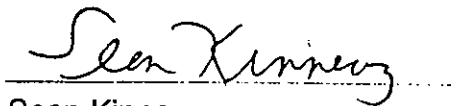
Proposed Construction: 4' high post and rail fence.

Conditions: The 4' high post and rail fence must be set back at least 10 feet from the front property line.

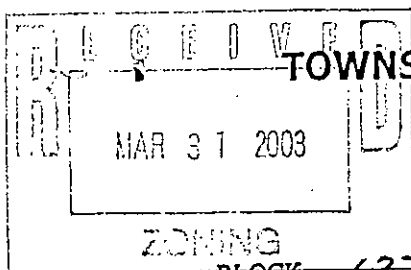
This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been 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 1371 LOT 9.03 QUALIFIER

PROPERTY ADDRESS 37 BEVERLY BEACH RD, BRICK, NJ, 08724

PERSONAL NAME OF APPLICANT DOUG M. HALL

BUSINESS NAME OF APPLICANT NONE

MAILING ADDRESS OF APPLICANT 37 BEVERLY BEACH RD, NJ, 08724

PROPERTY OWNER'S FULL NAME DOUG M. HALL

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 4' SPLIT RAIL FENCE Height 4'
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

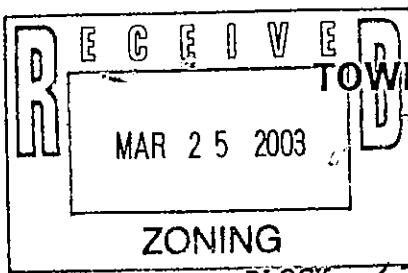
- ☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning 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 Doug M. Hall Date 3/31/03

Reviewed by Zoning Office Date 4/3/03 Approved () Denied ()



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 2371 LOT 9.03 QUALIFIER _____

PROPERTY ADDRESS 37 BEVERLY BEACH RD, BRICK, NJ 08724

PERSONAL NAME OF APPLICANT DOUG M. HALL

BUSINESS NAME OF APPLICANT NONE

MAILING ADDRESS OF APPLICANT 37 BEVERLY BEACH RD, NJ 08724

PROPERTY OWNER'S FULL NAME DOUGLAS M. HALL

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 PICKET & STOCKADE Height 4' PICKET + 6' STOCKADE
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

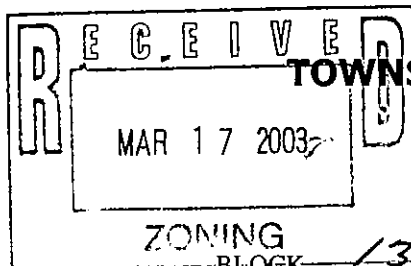
- ☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning 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 Doug M. Hall Date 3/14/03

Reviewed by Zoning Office _____ Date 3/28/03 () Approved (X) Denied



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.

ZONING BLOCK 1371 LOT 9.03 QUALIFIER _____

PROPERTY ADDRESS 37 BEVERLY BEACH RD., BRICK, NJ 08724

PERSONAL NAME OF APPLICANT DOUG M. HALL

BUSINESS NAME OF APPLICANT SAME (OWNER)

MAILING ADDRESS OF APPLICANT 37 BEVERLY BEACH RD, BRICK, NJ, 08724

PROPERTY OWNER'S FULL NAME Douglas M. Hall

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 PICKET + STOCKADE Height 4' PICKET + 6' STOCKADE
☐ 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 Doug M. Hall Date 3/14/03

Reviewed by Zoning Office _____ Date 3/19/03 () Approved (X) Denied

March 2003-----

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

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



Department of Administration & Finance
Office of Land Use Management

Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
<http://www.twp.brick.nj.us>

March 19, 2003

RESUBMIT

Doug M. Hall
37 Beverley Beach Blvd.
Brick, NJ 08724

DATE 3-25-03 *JB*

Re: Block: 1371 Lot 9.03
37 Beverley Beach Road

Dear Mr. Hall,

Your application for a fence on the referenced property can not be approved because the application is incomplete. A completed application filled out in ink, not pencil, must be submitted.

Please submit the required information to the Building Department. We will then be able to review your application.

Very Truly Yours,

Kate MacDonald
Assistant Zoning Officer

C: Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Sean Kinnevy, Zoning Officer
Daniel Newman, Construction Official

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March 28, 2003

Doug M. Hall
37 Beverly Beach Road
Brick, NJ 08724

Re: Block: 1371 Lot 9.03
37 Beverly Beach Road

Dear Mr. Hall:

Your zoning permit application for a fence on the referenced property can not be approved because under Section 190-33.1 of the Township Code a stockade fence is not permitted on waterfront property less than 200 feet from the water.

In order to construct the proposed fence the Zoning Board of Adjustment must first approve a variance. Variance application forms can be obtained from Christine Papa, Board Secretary. Mrs. Papa can be reached at 732-262-1049 for additional information.

Very Truly Yours,

A handwritten signature in cursive script, appearing to read "Kate MacDonald", is written over a large, hand-drawn oval that spans the lower half of the page.

Kate MacDonald
Assistant Zoning Officer

C: Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Sean Kinnevy, Zoning Officer
Daniel Newman, Construction Official

*Resubmit
3/31/03
CHG B/DG*

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

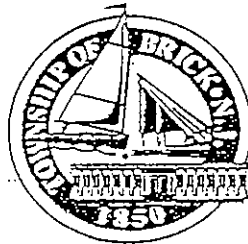
Kimberley S. Casten

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) 262-6954

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

Date: 3/14/03

Township Engineer

401 Chambers Bridge Road

Brick, NJ 08723

Re: Block: 1371 Lot(s): 9.03

Property Address: 37 BEVERLY BEACH RD.

I, DOUG M. HALL of 37 BEVERLY BEACH RD.
(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.

Doug M. Hall
(Applicant's Signature)

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed ~~addition~~ ^{FENCE}. 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: 4/7/03
(Date)

Signature: [Signature]

Rejected: _____
(Date)

Signature: _____

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 37 BEVERLY BEACH RD., BRICK, NJ. 08724
 Block: 1371 Lot: 9.03
 Owner's Name: DOUG M. HALL
 Owner's Mailing Address: 37 BEVERLY BEACH RD, BRICK, NJ. 08724
 Phone: (732) 458-6314

BUILDING

Contractor: (OWNER) DOUG M. HALL
 Address: 37 BEVERLY BEACH RD.
BRICK, NJ. 08724
 Phone#: 732-458-6314
 Lis # _____
 Federal Emp # or SSN 153-56-3571

Technical Data

Description of Work: TO BUILD A 140' LONG FENCE
BETWEEN NEIGHBORS HOUSE, & MINE. NOTE: (HOMES
ARE ONLY 12.5' APART FROM EACH OTHER, ALONG SIDE
YARD) SEE SURVEYS. (NEIGHBORS ENCLOSED TOO)
FROM STREET TO REAR YARD: 48' OF 4' VINYL PICKET
FENCE. CONTINUED 92' OF 6' TREATED STOCKADE FENCE
TO END WHERE IT MEETS LIMIT OF CLEARING LINE.

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: 4' + 6' FENCE
 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: \$ 387.62
775.90 TOTAL

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: Doug M. Hall
 Please Print Name DOUG M. HALL

ELECTRICAL

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

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	_____

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 _____ KW
 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

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

FIRE

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

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: _____