

JAN 15 1997



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 13 Jeffery Ln. Brick, NJ
2. Name of Owner in Fee: Robert & Vickie Moon T [REDACTED]
- Address 13 Jeffery Ln Brick, 08724  
street municipality zip code
3. Ownership in Fee: Public \_\_\_\_\_ Private /
4. Principal Contractor: Allstate Fence Inc. Tel. (888) 431-4944
- Address 1389 Route 9, Howell, NJ 07731
- License No. OR, if new home, Builder Reg. No. 22-220546 9 Exp. Date \_\_\_\_\_
- Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_
5. Architect or Engineer \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_
- Address \_\_\_\_\_
6. Responsible Person in Charge of Work \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

**V. FEE SUMMARY (for office use only)**

|                                      | \$       | Update | Update |
|--------------------------------------|----------|--------|--------|
| 1. Building                          | \$ 35-   |        |        |
| 2. Electrical                        |          |        |        |
| 3. Plumbing                          |          |        |        |
| 4. Fire Protection                   |          |        |        |
| 5. Elevator Devices                  |          |        |        |
| 6. Subtotal                          | \$       |        |        |
| 7. Less 20% for<br>State Plan Review |          |        |        |
| 8. Subtotal                          | \$       |        |        |
| 9. DCA Training Fee                  | \$ 1-    |        |        |
| 10. Subtotal                         | \$       |        |        |
| 11. Cert. of Occupancy               |          |        |        |
| 12. Other 2/A                        | \$15     |        |        |
| 13. TOTAL                            | \$ 51-00 |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

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

## II. PROPOSED WORK

1. ☒ Minor work  
(single trade)
  2. ☐ Small Job (\$5,000  
and no prior approvals)
  3. ☐ New Building
  4. ☐ Addition
  5. ☐ Alteration
  6. ☐ Fire Protection
  7. ☐ Plumbing
  8. ☐ Electrical
  9. ☐ Elevator Devices
  10. ☐ Asbestos Abatement
  11. ☐ Demolition
- TOTAL COSTS**

Encl. Cont

682.25

**OPTIONAL (for office use only)**

| Plans<br>Rec'd By  | Date<br>Rec'd | Rejection<br>Date | Approval<br>Date | Reviewer           | Resubmission Dates<br>Approval Rejection | Re-<br>viewer |
|--------------------|---------------|-------------------|------------------|--------------------|------------------------------------------|---------------|
| <i>[Signature]</i> |               |                   | 1-17-91          | <i>[Signature]</i> |                                          |               |
|                    |               |                   |                  |                    |                                          |               |
|                    |               |                   |                  |                    |                                          |               |
|                    |               |                   |                  |                    |                                          |               |
|                    |               |                   |                  |                    |                                          |               |
|                    |               |                   |                  |                    |                                          |               |
|                    |               |                   |                  |                    |                                          |               |
|                    |               |                   |                  |                    |                                          |               |
|                    |               |                   |                  |                    |                                          |               |
|                    |               |                   |                  |                    |                                          |               |
| EWC                | 1/21/97       |                   | N/A              | <i>[Signature]</i> |                                          |               |

III. DO YOU WANT: (optional)      1 ☐ Partial Releases    2. ☐ Prototype Processing

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

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

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL

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

No of dwelling units:  
Before Construction \_\_\_\_\_  
After Construction \_\_\_\_\_  
Net gain or loss \_\_\_\_\_

### B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

## CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical      C.4. ☐ Plumbing

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

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

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(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 |          |
| <input type="checkbox"/> Planning Board                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Other                                  |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |

**IMPORTANT**  
**A.H.B.T. - EXEMPT**

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

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   |       |
| Electrical _____       | Barrier Free _____             |       |
| Plumbing _____         | Flood Hazard _____             |       |
| Fire Protection _____  | As Built Elevation Cert. _____ |       |
| Mechanical _____       | Other _____                    |       |

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

|                                                             |           |       |
|-------------------------------------------------------------|-----------|-------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____ | _____ |
| <input type="checkbox"/> Certificate of Approval            | No. _____ | _____ |
| <input type="checkbox"/> None                               |           |       |



# CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

1-24-97

131-97

IDENTIFICATION Block 1430.04 Lot 7Work Site Location 13 Gaffney La.Contractor Alstate

Owner in Fee

Address

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Exp. Date 8/1/98

Federal Emp. No.

171#

or Social Security No.

1 AT

0.00

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

fence

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 \$

682.5

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

Building 35.2 BUILDING 5.00Plumbing D.C.H. 1.00Electrical ZUNER LOT 5.00Fire Protection TOTAL 1.00Other CHOP 1.00Other CHARGE 0.00DCA Training Fee 7.24/97 NO. 5 8017H005 0.26

Cert. of Occ.

Other 3m 15.5Total 51.2

Check No.

Cash

Collected By:



Date Received  
Date Issued  
Control #  
Permit #

1-24-97  
131-97

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

Block 145.0.4 Lot 3  
Work Site Location 13 To PA 1.2  
Owner in Fee Robert & Vickie Moch  
Address 3111 N. 13th Ave  
Berk NY 08824  
Telephone 908 431-9359  
Contractor All State Fence Svc.  
Address 1389 Foothills  
Horseshoe NJ 08851  
Lic. No. or Bids. Reg. No. 22-220546-9  
Federal Emp. No. 44 or Social Security No. 44

| JOB SUMMARY (Office Use Only)                     |                                 | Initial Inspections |         | Dates (Month/Day) |          | Initial |  |
|---------------------------------------------------|---------------------------------|---------------------|---------|-------------------|----------|---------|--|
| PLAN REVIEW                                       | Date                            | Type                | Failure | Failure           | Approval | Initial |  |
| <input checked="" type="checkbox"/> No Plans Req. | 1-22-97                         | Footings            |         |                   |          |         |  |
| <input checked="" type="checkbox"/> All           | 1-22-97                         | Foundation          |         |                   |          |         |  |
| <input type="checkbox"/> Footing                  |                                 | Slab                |         |                   |          |         |  |
| <input type="checkbox"/> Foundation               |                                 | Frame               |         |                   |          |         |  |
| <input type="checkbox"/> Other                    |                                 | Insulation          |         |                   |          |         |  |
| Joint Plan Review Required:                       |                                 | Finishes            |         |                   |          |         |  |
| <input type="checkbox"/> Elec.                    | <input type="checkbox"/> Plumb. | Energy              |         |                   |          |         |  |
| <input type="checkbox"/> Fire                     |                                 | Mechanical          |         |                   |          |         |  |
| SUBCODE APPROVAL:                                 |                                 | TCO                 |         |                   |          |         |  |
| <input type="checkbox"/> CO                       | <input type="checkbox"/> CCO    | Other               |         |                   |          |         |  |
| <input type="checkbox"/> CA                       |                                 | Final               |         |                   |          |         |  |
| Date:                                             |                                 |                     |         |                   |          |         |  |
| Approved By:                                      |                                 |                     |         |                   |          |         |  |

**B. BUILDING CHARACTERISTICS**

Use Group Present Proposed  
Constr. Class Present Proposed  
No. of Stories 1  
Height of Structure 1 Ft.  
Area—Largest Floor 1 Sq. Ft.  
New Bldg. Area/All Floors 1 Sq. Ft.  
Volume of New Structure 1 Cu. Ft.  
Total Land Area Disturbed 1 Sq. Ft.

**Est. Cost of Bldg. Work:**  
1. New Bldg. \$  
2. Alteration \$  
3. Total (1+2) \$

**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 Robert Moch

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

74' x 82' Lot, 6 ft High  
#2 Spruce Stake Fence

TYPE OF WORK:  
☐ New Building  
☐ Addition  
☐ Alteration  
☐ Roofing  
☐ Siding  
☒ Fence  
☐ Sign  
☐ Pool  
☐ Asbestos Abatement  
☐ Other  
☐ Other  
☐ Demolition

Height (6' or over)  
Sq. Ft.

|                           | Administrative Surcharge | Minimum Fee | DCA TRAINING FEE | TOTAL FEE |
|---------------------------|--------------------------|-------------|------------------|-----------|
| Paid [ ] Check # <u>3</u> | \$                       | \$          | \$               | \$        |
| Collected by: <u>1</u>    | \$                       | \$          | \$               | \$        |

(Office Use Only)  
FEE

**TOWNSHIP OF BRICK**

**ZONING PERMIT**

Date of Issue: January 17, 1997 1997 - 0028

Block 1430.04 Lot 7 Zone R-7.5

Property Address: 13 Jeffrey Lane

Owner: Robert/Vickie Moen (Phone): [REDACTED]

Applicant: Robert Moen (Phone): Same

Mailing Address: 13 Jeffrey Lane, Brick N.J. 08724

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

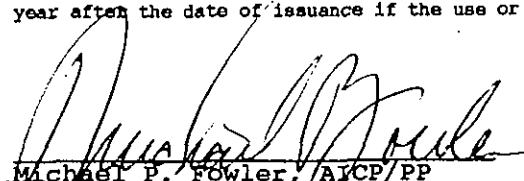
Proposed Construction (if any): 6' high stockade fence.

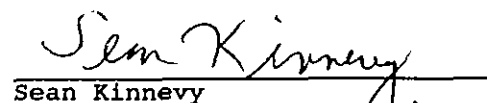
Conditions: Fence must be setback at least 25' from the front property line.

Finished side of the fence must face the exterior of the lot.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which 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

250.00' 00"

246.38'

RIGHT OF WAY

10' CLEAR

25.0

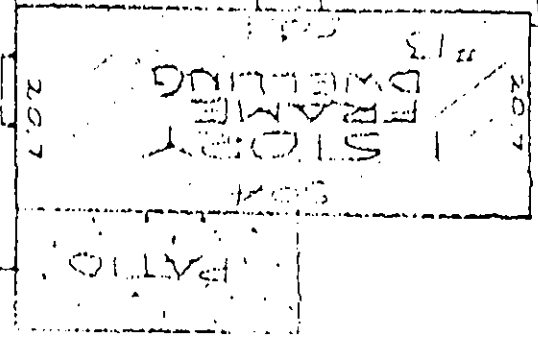
10

18' 0"

24'

D-320.0' 00"

AVENUE



SHED

LOT 7  
BLOCK 1430.4

BRICK BUILDING POINT

WOOD SHED

145.64' 00"  
1 foot set back

161.01'

162.92'

WOOD SHED  
145.64' 00"  
1 foot set back  
LOT 8