378.13

BLOCK 13 LOT 3+4 QUALIFICATION CODE _____ ADDRESS (SITE) 83 Bay Harbor Blvd PERMIT NO. 04-42104

CONSTRUCTION PERMIT APPLICATION

C21.80

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

I. IDENTIFICATION

1. Propsed Work Site at: 83 Bay Harbor Blvd
2. Name of Owner in Fee: John + Barbara Walsh Tel. [redacted]
   Address: 83 Bay Harbor Blvd (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor (homeowner) _____ Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

Called 9-23-04

addn

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	109		
2. Electrical		40		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	7		
9. State Permit Fee Surcharge				
10. Subtotal	$	35		
11. Cert. of Occupancy		30		
12. Other				
13. TOTAL	$	221		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	12 ft.	
3. Area — Largest Floor	~~200~~ 212.8 sq. ft.	
4. New Building Area	~~200~~ 212.8 sq. ft.	
5. Volume of New Structure	~~2400~~ 2553.6 cu. ft.	
6. Construction Classification	Addition	
7. Total Land Area Disturbed	280 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no	N/A	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☑ Addition		ll	8/24/04		9-23-04	FA			
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing					9-2-04		11/18/04		OK
7. ☑ Electrical					9/15/04				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		ow	9/2/04		9/2/04				
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: private home
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction 1
   After Construction 1
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. (✓) I further certify that I will perform or supervise the following work:
C.1. (✓) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (✓) Electrical C.4. (✓) Plumbing

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

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

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

Signature Barbara Walsh Date 1/30/07

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.

IMPORTANT
A.H.B.T. - EXEMPT

Constituent Contact Report

Date	Comments	Initials

262-1024
Building

8:00-4:00

262-1035
Fire

FAILED
Bldg.

M-1719 deck
378.1313
failed Bldg.
7/6/00

04-3869 Hot Tub

BLOCK 378.13 LOT 3&4 QUALIFICATION CODE C12-48 ADDRESS (SITE) 83 Bay Harbor Blvd. PERMIT NO. 00-1719

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 83 Bay Harbor Blvd [redacted]
2. Name of Owner in Fee: John C. Walsh Tel. [redacted]
   Address 83 Bay Harbor Blvd (street) Brick (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Bob Hannemann Tel. (732) 363-8418
   Address 1 Cornell Ct.
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. [redacted] FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Bob Hannemann
   Tel. (732) 363-8418 FAX ( ) ____

D- Deck

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	85		
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		2		
10. Subtotal				
11. Cert. of Occupancy		65		
12. Other				
13. TOTAL	$	152		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		CX	4-11-00		4-25-00	FM			
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	Eng		4/28/00		4/25/00				
TOTAL COSTS									

OPTIONAL (for office use only)

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 Form

Left Message 4/25/00

LDS BR 10300302

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Bob Hannemann

Address 1 Cornell Ct
Jackson N.J. 08527

Telephone (732) 363-8418

Signature Bob Hannemann

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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

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

0004
1719*
BLOCK 0.00
378 #
LOT 0.00
3 #
BUILDING 85.00
D.C.A. 2.00
ZONEPLOT 15.00
TOTAL 102.00
CASH 105.00
CHANGE 3.00
05/16/00 NO. 5 0031A005 12:49

Date Issued 05/16/2000
Control #
Permit # 00-1719

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 378.13 Lot 3 Qual

Work Site Location 83 BAY HARBOR BLVD
DETACHED DECK
Owner in Fee WALSH, JOHN C.
Address SAME
[redacted]
Telephone [redacted]

Contractor BOB HANNEMANN
Address 1 CORNELL CT
JACKSON, NJ 08527-
Telephone (732)363-8418
Lic. No. or Bldrs Reg No
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DETACHED DECK 28X11 W/ 2 SETS OF STAIRS.

PAYMENTS (Office Use Only)

Building	85
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other 2PA	15
Total	87
Check No.	
Cash	X
Collected By	TL

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 3,000

Construction Official

05/16/2000
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/11/2000
Date Issued 5/16/00
Control # C12-48
Permit # 00-1719

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

Block 378.13 Lot 3 Qual
Work Site Location 83 BAY HARBOR BLVD
DETACHED DECK
Owner in Fee WALSH, JOHN C
Address SAME
[redacted]
Tele. [redacted]
Contractor BOB HANNEMANN
Address 1 CORNELL CT
JACKSON, NJ 08527-
Tele. (732)363-8418 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

DETACHED DECK 28X11 W/ 2 SETS OF STAIRS.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-25-00	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		85
[ ] 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		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,000
3. Total (1+2) $ 3,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	85
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

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 04/11/2000
Date Issued 5/16/2000
Control # C12-48
Permit # 00-1719

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

Block 378.13 Lot 3 Qual
Work Site Location 83 BAY HARBOR BLVD
DETACHED DECK
Owner in Fee WALSH, JOHN C
Address SAME
BRICK, NJ
Tele [redacted]
Contractor BOB HANREMANN
Address 1 CORNELL CT
JACKSON, NJ 08527-
Tele (732)363-8418 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/25/00	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,000
3. Total (1+2) $ 3,000

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

DETACHED DECK 28X11 W/ 2 SETS OF STAIRS.

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		85
[ ] 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		0
Other		0
[ ] Demolition		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 85
	DCA Training Fee	$ 2

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 04/11/2000
Date Issued 5/1/00
Control # C12-48
Permit # 00-1719

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

Block 378.13 Lot 3 Qual
Work Site Location 83 BAY HARBOR BLVD
DETACHED DECK
Owner in Fee WALSH, JOHN C
Address SAME
BRICK, NJ
Tele [redacted]
Contractor BOB MANNEMANN
Address 1 CORNELL CT
JACKSON, NJ 08527-
Tele. (732) 363-8418 Fax ( )
Lic. No. or Bldrs Reg. No.
Federal Emp. No. [redacted]

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

DETACHED DECK 28X11 W/ 2 SETS OF STAIRS.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-25-00	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		85
[ ] 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		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,000
3. Total (1+2) $ 3,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 85
DCA Training Fee	$ 2

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: April 12, 2000 **No.2000-0535**

Block: 378.13 **Lot** 3 & 4 **Zone**: R-7.5

Property Address: 83 Bay Harbor Boulevard

Owner: John C. Walsh

Applicant:: Bob Hannemann **Phon** [redacted]

Existing Use: single family dwelling

Proposed Use: same

Proposed Construction: 11' x 28', 24" high detached deck

Conditions: The deck must be setback at least 5 feet from the side and rear property lines and 25 feet from the property line at Sunnydale Drive.

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

RECEIVED
APR 12 2000
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 378.13 LOT 3+4

PROPERTY ADDRESS (number and street) 83 Bay Harbor Blvd. Brick

NAME OF PROPERTY OWNER John C. Walsh

PERSONAL NAME OF APPLICANT Bob Hannemann

BUSINESS NAME OF APPLICANT Bob Hannemann

MAILING ADDRESS OF APPLICANT 1 Cornell Ct Jackson N.J. 08527

TELEPHONE NUMBER OF APPLICANT [redacted]

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-family dwelling
- ☐ Commercial (please describe)

PROPOSED CONSTRUCTION (please describe, specifically additions)

Build a 28x11 Foot Deck at rear of home with 2 sets of steps

All dimensions: ~~28~~ 11' Width 28 Length 24" Height

All dimensions: ____ Width ____ Length ____ Height

All dimensions: ____ Width ____ Length ____ Height

Deck or Garage: ____ Attached ✓ Detached 24" Height

Fence: ____ Style ____ Material ____ Height

CHECKLIST:

- ☐ All information completed above
- ☑ Two (2) copies of the property survey map 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.

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 B Hannemann Date 4/11/00

Reviewed by Zoning Officer ____ Date 4/12/00 (X) Approved ( ) Rejected

RECEIVED
APR 12 2000
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 378.13 LOT 3+4

PROPERTY ADDRESS (number and street) 83 Bay Harbor Blvd. Brick

NAME OF PROPERTY OWNER John C. Walsh

PERSONAL NAME OF APPLICANT Bob Hannemann

BUSINESS NAME OF APPLICANT Bob Hannemann

MAILING ADDRESS OF APPLICANT 1 Cornell Ct Jackson N.J. 08527

TELEPHONE NUMBER OF APPLICANT [redacted]

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-family dwelling
- ☐ Commercial (please describe)

PROPOSED CONSTRUCTION (please describe, specifically additions)

Build a 28x11 Foot Deck at rear of home with 2 sets of steps

All dimensions: ~~28~~ 11' Width 28 Length 24" Height

All dimensions: _____ Width _____ Length _____ Height

All dimensions: _____ Width _____ Length _____ Height

Deck or Garage: _____ Attached ✓ Detached 24" Height

Fence: _____ Style _____ Material _____ Height

CHECKLIST:

- ☐ All information completed above
- ☑ Two (2) copies of the property survey map 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.

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 B Hannemann Date 4/11/00

Reviewed by Zoning Officer _____ Date 4/12/00 (X) Approved ( ) Rejected

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

oseph C. Scarpelli Mayor

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

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

Date: 4/11/00

Block: 378.13 Lot: 344

Property Address: 83 Bay Harbor

I, Bob Hannemann (name) of 83 Bay Harbor (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

B Hannemann
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

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

FOR OFFICE USE ONLY

Approved on: 4/28/00 Signed: MB

Rejected on: _____ Signed: _____

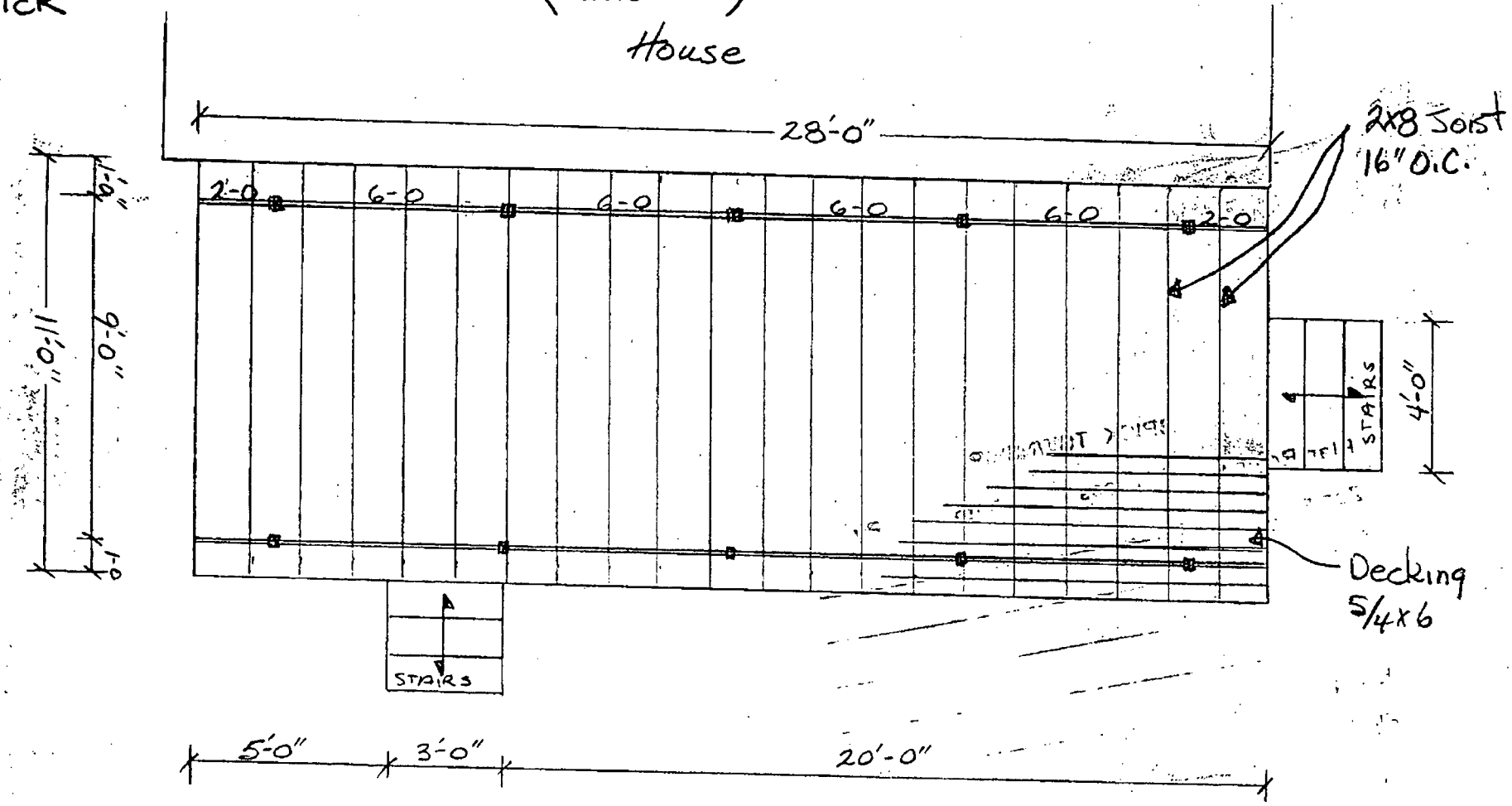
Comments:

Mr Mrs J. Walsh
83 Bay Harbor Blvd
Brick

(1/4" = 1'-0" SCALE)

Lots 3 + 4
Block 378.13

(13)



Posts: 4x4
Girders: double 2x8 spiked together
Joists: 2x8 16" O.C.
Decking: 5/4"x6"
All Lumber Pressure Treated CCA

BRICK TOWNSHIP

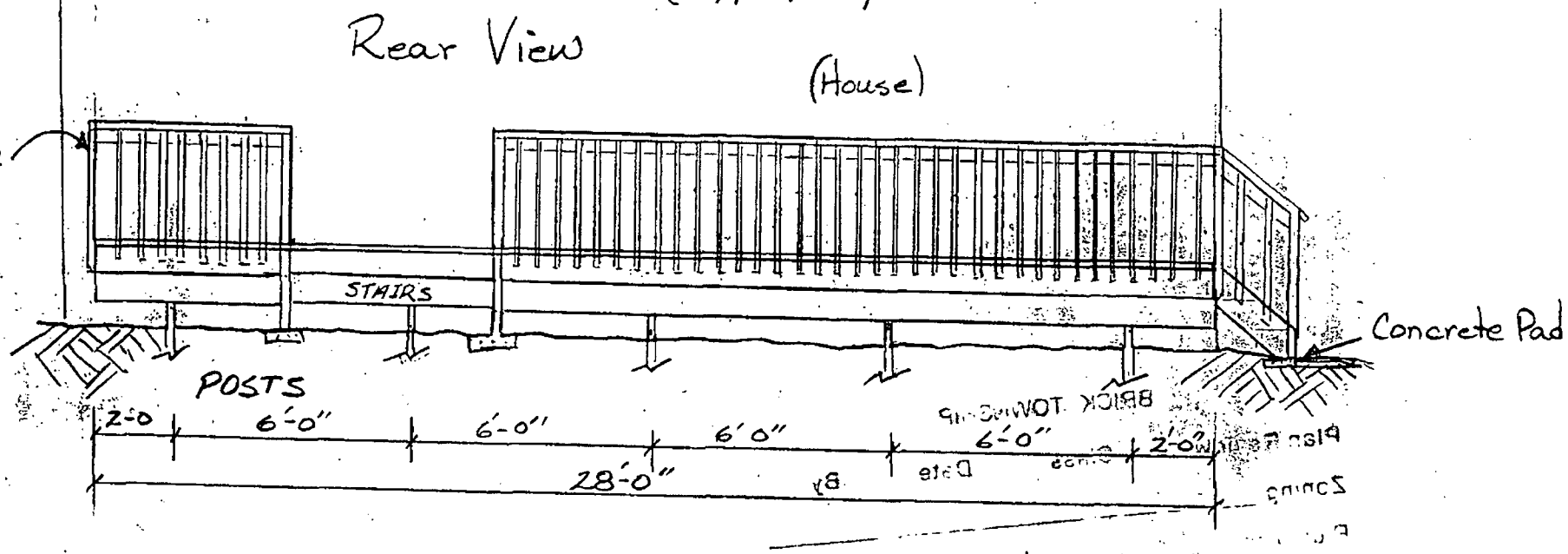
Plan Review	Class	Date	By
Zoning			
Plumbing			
Building	4-25-00		FM
Fire			
Energy			
Electrical			

Mr Mrs J. Walsh
83 Bay Harbor Blvd.
Brick

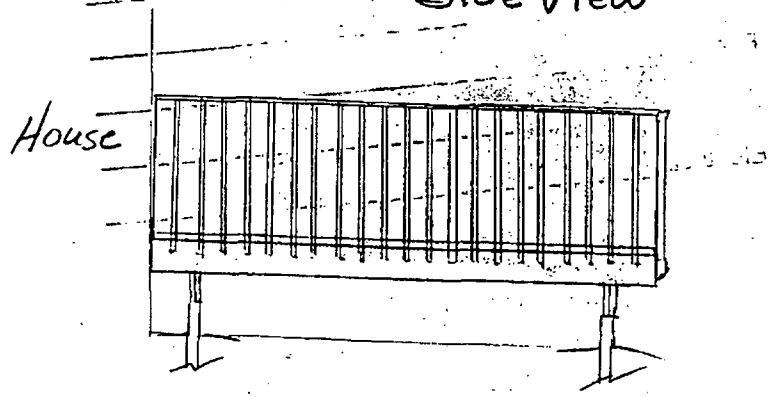
Lots 3&4
Block 378.13 (13)

(Scale 1/4" = 1'-0")

Rear View



Left Side View



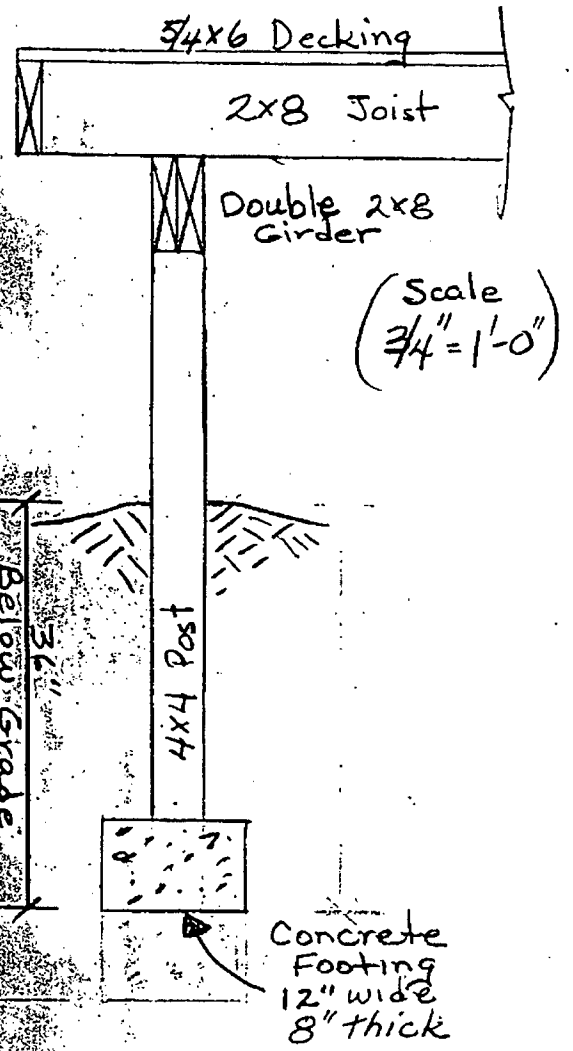
Note: 2x2 Baluster Rail 5½" o.c. Maximum opening between balusters 4" inches

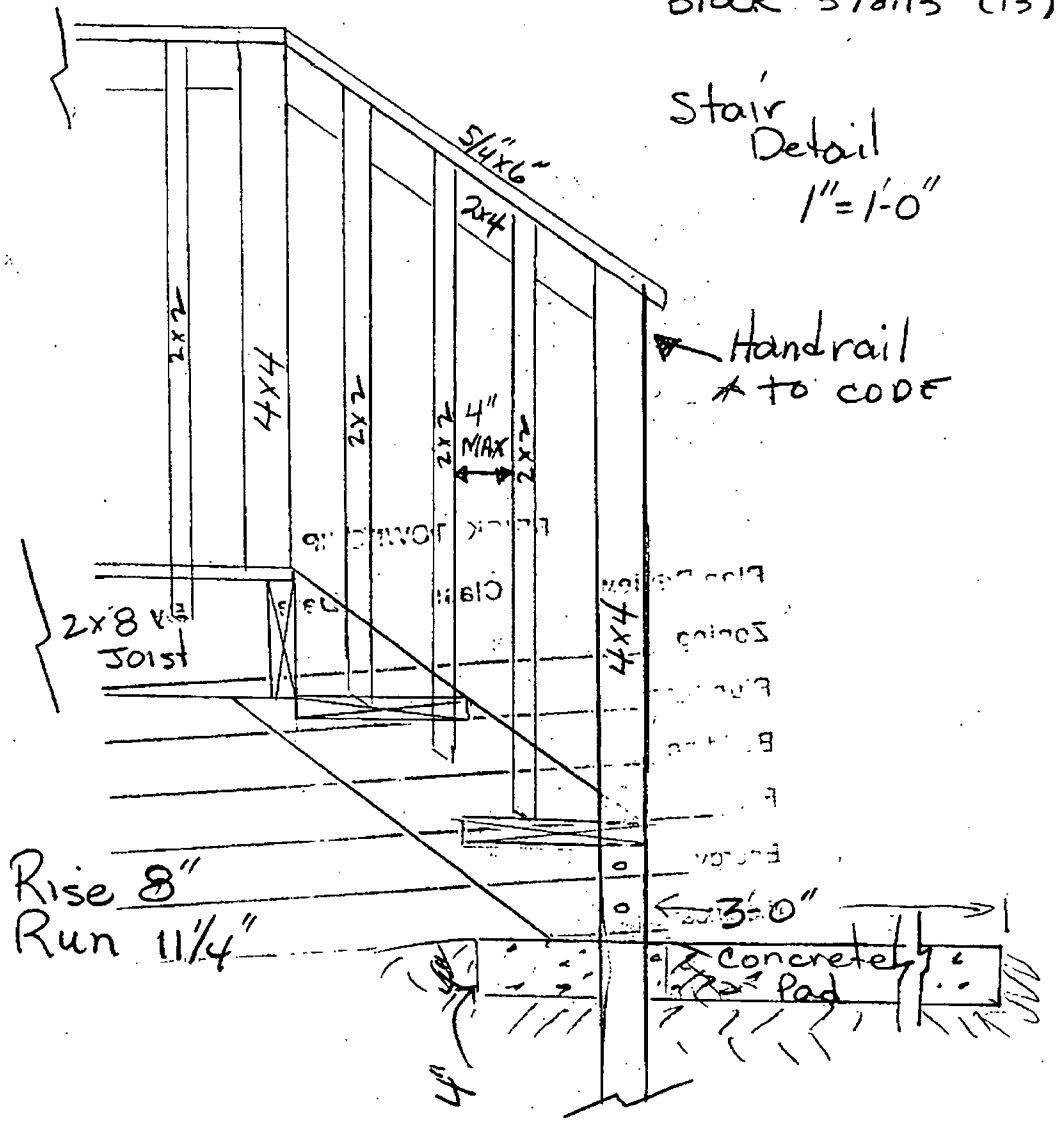
BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		4-25-00	FM
Fire			
Energy			
Electrical			

Mr Mrs J. Walsh 83 Bay Harbor Blvd. Brick

Lot 3&4
Block 378.13 (13)





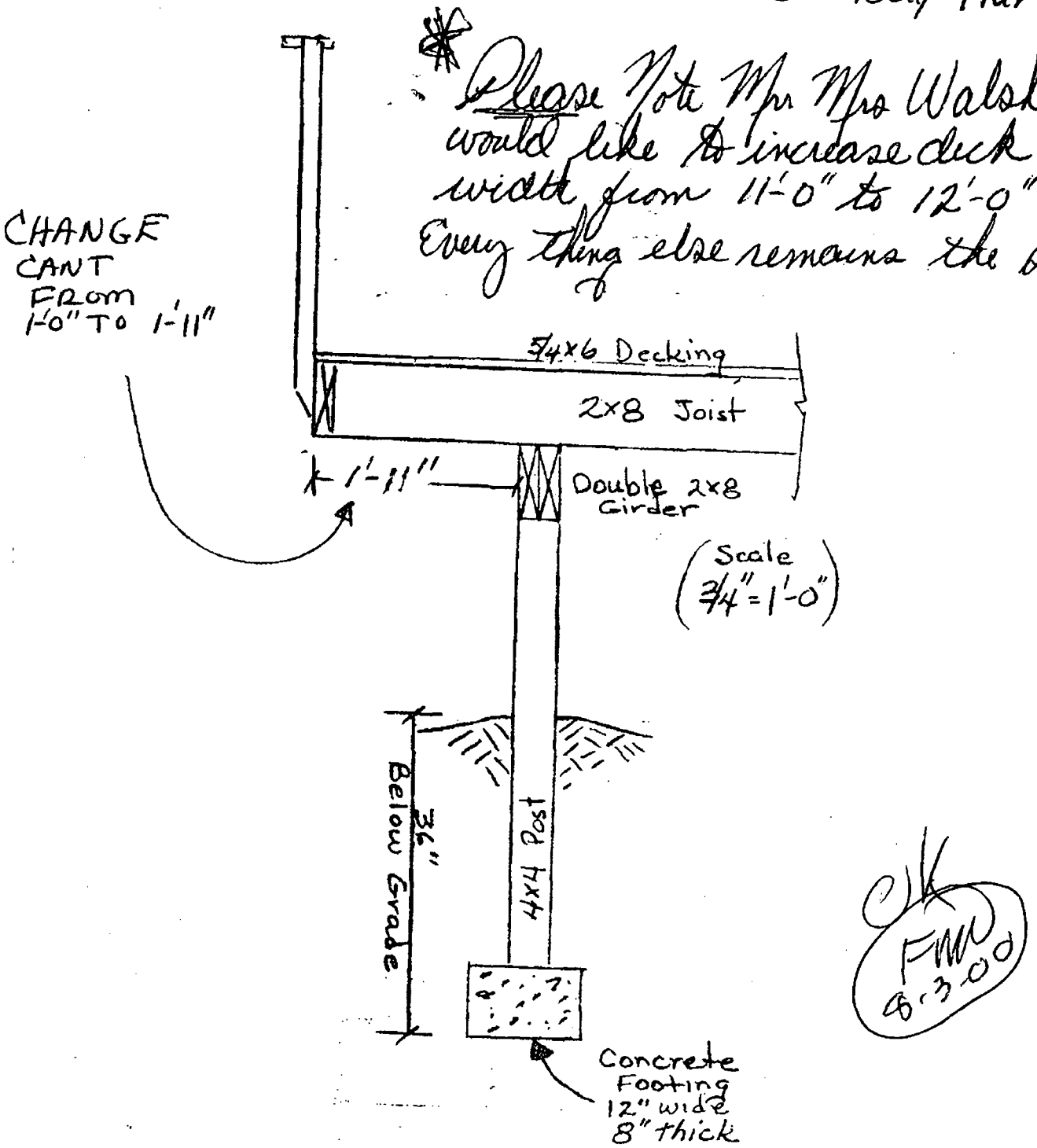
* All Lumber CCA Presure Treated
All Nails Galvanized

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building	4-25-00	PM	
Fire			
Energy			
Electrical			

Permit # 00-1719

WALSH
83 Bay Harbor.



* All Lumber CCA Presure Treated
All Nails Galvanized

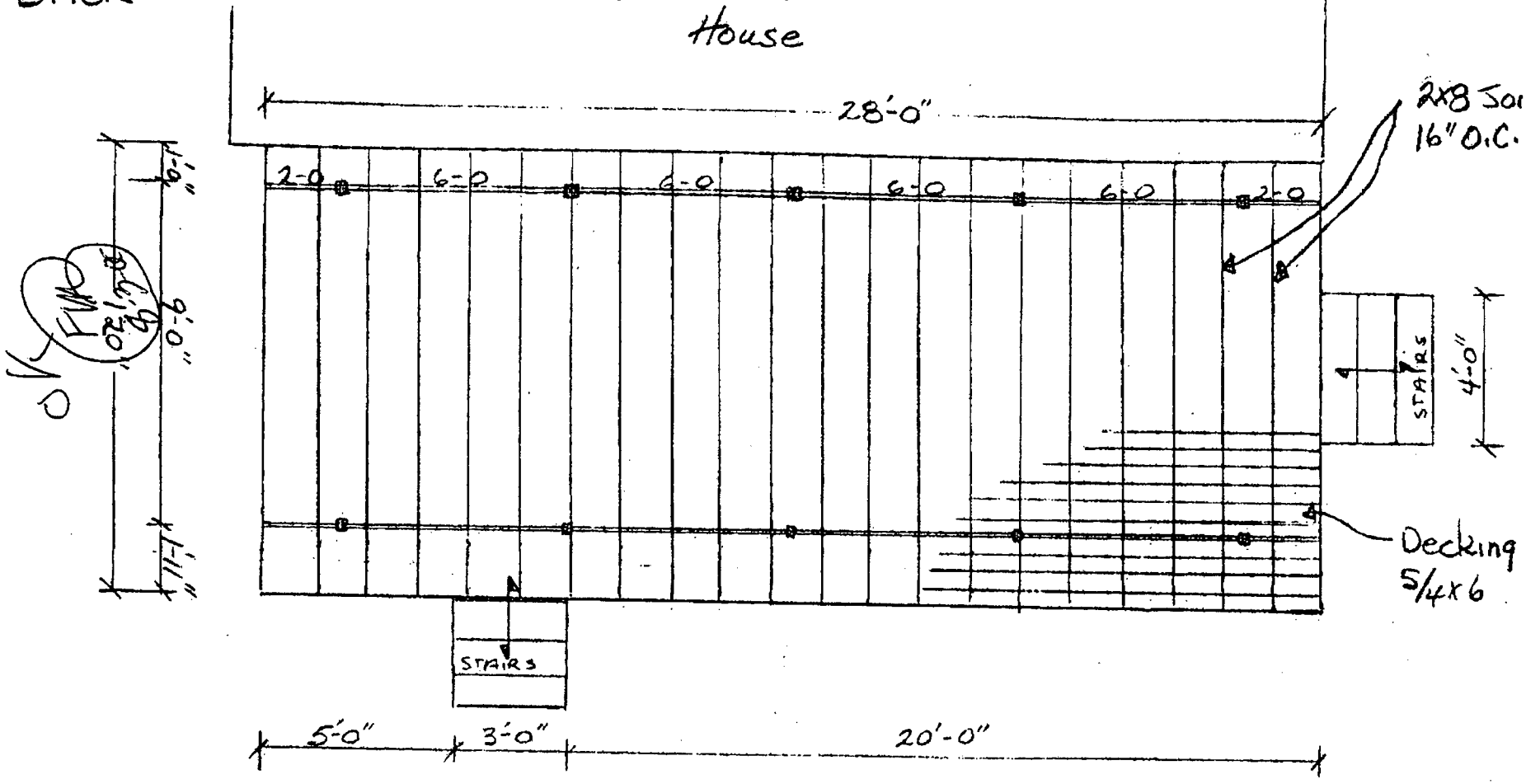
Bob Hanneman
363-8418

85 Bay Harbor Blvd
Brick

(1/4" SCALE)

Block 378.13

House



Posts: 4x4
Girders: double 2x8 spiked together
Joists: 2x8 16" O.C.
Decking: 5/4"x6"
All Lumber Pressure Treated CCA

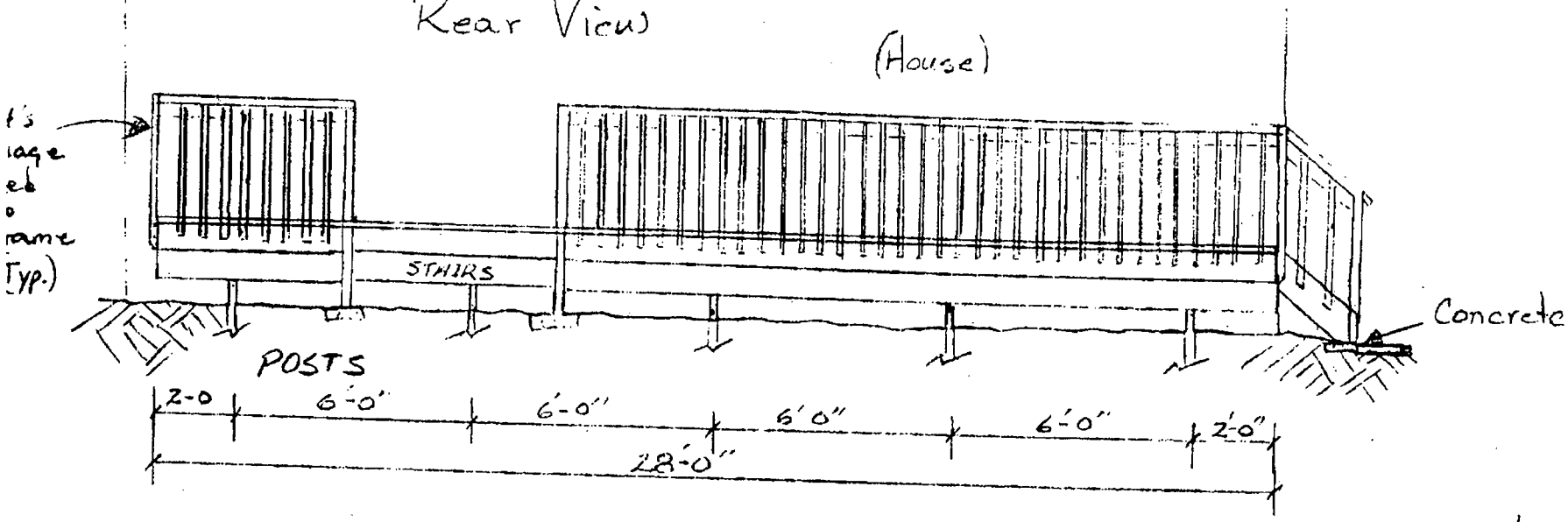
*Please note change
Deck Width from 11 foot
To 12 foot

Watsh.
3 Bay Harbor Blvd
rick

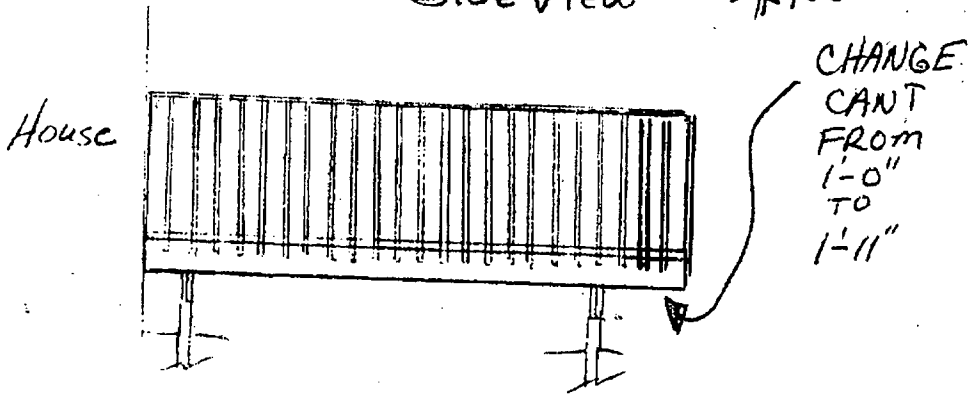
Lots 3+4
Block 378.13 C13

(Scale 1/4" = 1'-0")

Rear View



Left Side View



Note

Note: 2x2 Baluster Rail 5½" o.c. Maximum opening between balusters 4" inches

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 83 Bay Harbor Blvd. Brick
Block: 378.13 Lot: 3.44
Owner's Name: John C. Walsh
Owner's Mailing Address: 83 Bay Harbor Blvd Brick
Phone: [redacted]

BUILDING

Contractor: Bob Hannemann
Address: 1 Cornell Ct
Jackson, N.J. 08527
Phone#: (732) 363-8418
Lis #
Federal Emp # or S: [redacted]

Technical Data

Description of Work:
Build a 28 Foot wide by 11 foot deep CCA pressure treated deck at The rear of the [redacted] home. The deck will have 2 sets of stairs.

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft
✓ Deck 308 SQ FT.

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work: $3000.00

Signature: Bob Hannemann
Please Print Name Bob Hannemann

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	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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	
Urinals/Bidets	
Bath Tub	
Lavatory	
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	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

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:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

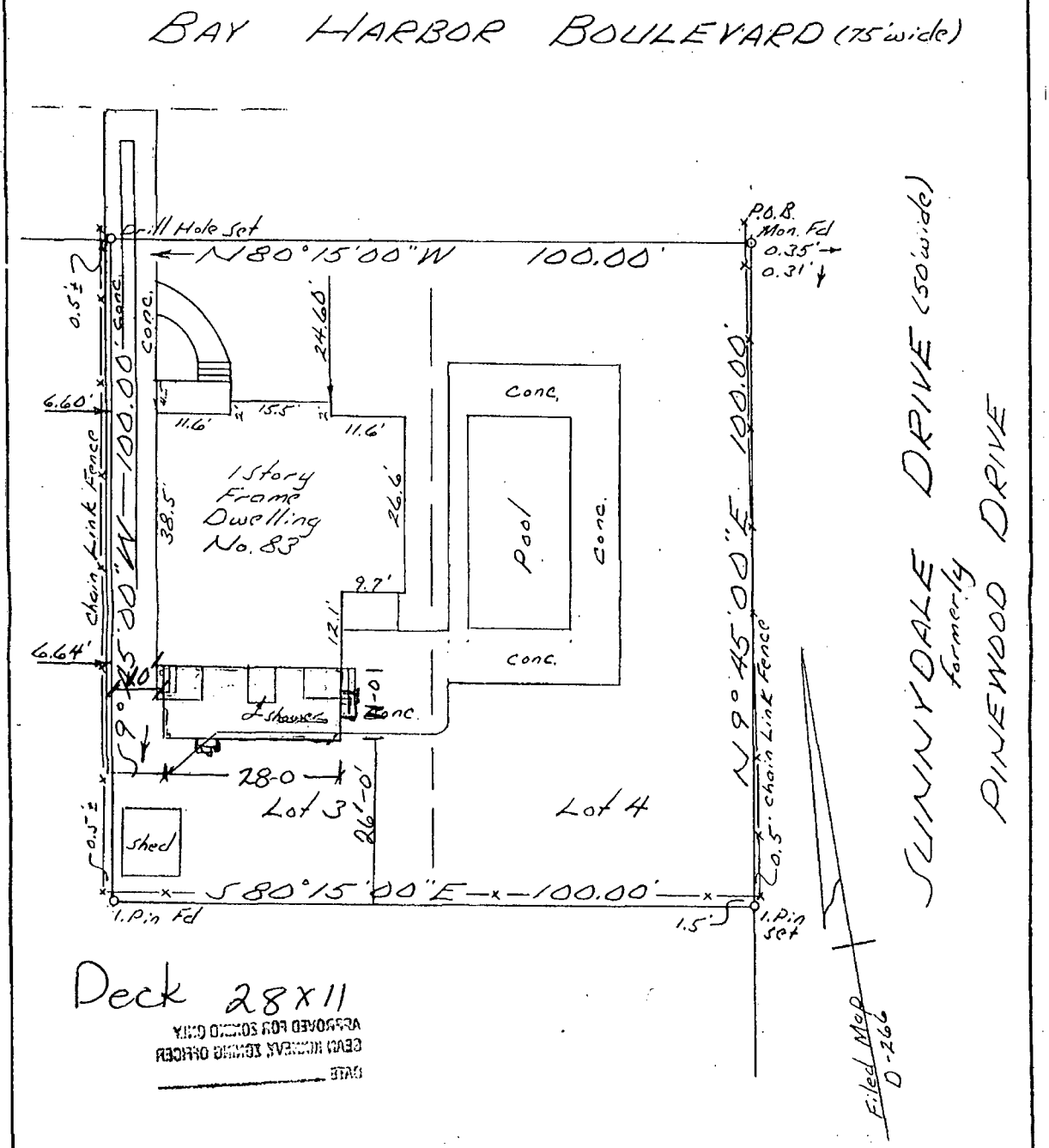
Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

CONTRACTOR'S SEAL

Being Lots 3 & 4 Block 13 on "Plan of Bay Harbor Estates on Barnegat Bay Section A-1" filed in the Ocean County Clerk's Office on March 20, 1959 as Map No. D-266. Also being Lots 3 & 4 Block 378.13 on the Brick Township Tax Map



PREMISES SURVEYED FOR

JOHN C. WALSH

BRICK TOWNSHIP, OCEAN COUNTY, N.J.

SURVEYED July 14, 1994 **SCALE 1" = 20'**

Certified to John C. Walsh and Barbara L. Walsh, husband and wife; Chicago Title Insurance Company; Sovereign Bank, FSB, its successors and/or assigns; Peter D. Kearns, Esq.

E. Elbert Morris, P.L.S.

Elbert Morris
Lic. L.S. No. 8509

MORRIS & GLASGOW, INC.
ENGINEERING AND SURVEYING
1119 ARNOLD AVENUE
POINT PLEASANT BORO, N.J.

Charles W. Glasgow
Lic. P.E. & L.S. No. 9095

MAP No. 2-2774

BOOK 94-177

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE 4-12-00 SK

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/26/2004
Date Issued 10/1/04
Control # C27-80
Permit # 04-4264

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

Block 378.13 Lot 3 Qual
Work Site Location 83 BAY HARBOR BLVD
ADDITION
Owner in Fee WALSH, JOHN & BARBARA
Address SAME
BRICK NJ 08723-
Tele. [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 9/15/04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough			12/10/04	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
4		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	5
TOTAL FEE	$	40
DCA State Permit Fee	$	0

U.C.C. F120 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/26/2004
Date Issued 10/1/04
Control # C27-80
Permit # 04-4264

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

Block 378.13 Lot 3 Qual

Work Site Location 83 BAY HARBOR BLVD
ADDITION

Owner in Fee WALSH, JOHN & BARBARA

Address SAME
BRICK, NJ 08723-

Tele. [redacted]

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

changed in computer 09/03/04

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-2-04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	12-2-04			
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping	11/15/04		11/17/04	
Solar				
TCO				

union in enclosed crawlspace. (404.3)

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
2	Hose Bib	20
0	Water Heater	~~40~~ 0
0	Fuel Oil Piping	0
2	Gas Piping	20
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

401
120 000

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	~~60~~ 40
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F130 (rev. 3/96)

J UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/26/2004
Date Issued 10/1/04
Control # C27-80
Permit # C-1-H 30.4

12-2-04

Extend C.O. to outside of building

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

Block 318.13 Lot 3 Qual

Work Site Location 83 BAY HARBOR BLVD

ADDITION

Owner in Fee WALSH, JOHN & BARBARA

Address SAME

BRICK, NJ 08723-

Tele.(732)864-0320

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS		Dates (Month/Day)	
[ ] No Plans Required	Type	Failure	Failure	Approval Initial
Joint Plan Review Required:	Slab			
[ ] Bldg [ ] Elect	Rough			
[ ] Fire [ ] Elevator	Water			
[ ] Subd. Plans Approved	Sewer			
Date:	Fixtures			
Approved By:	Gas Equip.			
SUBCODE APPROVAL	Gas Piping			
[ ] CO [ ] CCO [ ] CA	Solar			
Approved By:	TCO			
Date:				

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

FIXTURE/EQUIPMENT	NO.	FEE
Water Closet	0	0
Urinal \ Bidet	0	0
Bath Tub	0	0
Lavatory	0	0
Shower	0	0
Floor Drain	0	0
Sink	0	0
Dishwasher	0	0
Drinking Fountain	0	0
Washing Machine	0	0
Hose Bib	2	20
Water Heater	0	0
Fuel Oil Piping	0	0
Gas Piping	0	30
Steam Boiler	0	0
Hot Water Boiler	0	0
Sewer Pump	0	0
Interceptor \ Separator	0	0
Backflow Preventer	0	0
Grease Trap	0	0
Sewer Connection	0	0
Water Service Connection	0	0
Stacks	0	0
Other		0
Other		0

Administrative Surcharge	$	0	
Minimum Fee	$	0	
TOTAL FEE	$	60	
DCA State Permit Fee	$	0	

Paid [ ] Check #
Collected by:

Inspector Closed Permit (NOA)

U.C.C. P130 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/26/2004
Date Issued 10/1/04
Control # C27-80
Permit # 04-4264

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

Block 378.13 Lot 3 Qual
Work Site Location 83 BAY HARBOR BLVD
ADDITION
Owner in Fee WALSH, JOHN & BARBARA
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

1-STORY ADDITION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9.23.04	TV
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			10/08/04	KEK
Foundation - OVER	11/16/04		12/08/04	KEK
Slab				
Frame - OVER			01/31/06	KEK
BarrierFree				
Insulation			01/31/06	KEK
Finishes				
Energy				
Mechanical				
TCO				
Other D-DECK	+2/10/04	(OVER)	12/14/04	KEK
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 12 Ft.
Area Largest Floor 213 Sq. Ft.
New Bldg. Area/All Floors 213 Sq. Ft.
Volume of New Structure 2,554 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 5,000
2. Alteration $ 0
3. Total (1+2) $ 5,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	69
[ ] 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	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 69
DCA State Permit Fee	$ 7

Paid [ ] Check #
Collected by:

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

11/16/04. NO PLASTER/TAR

TOP COURSE NOT SOLID-FILLED EXCEPT @ A.B.'S

EXPANSION ANCHORS (ZINC) USED INSTEAD OF ANCHOR BOLTS.

FDN VENTS INSTALLED BELOW-FINISHED GRADE, NO CROSS-VENTILATION.

POOL LINES THRU FDN NOT PROTECTED. OPENINGS IN WALL NOT PATCHED.

EMPTY GROUT JOINTS - VARIOUS PLACES.

11/19/04. ABOVE ITEMS CORRECTED EXCEPT A.B.'S

STRAPS INSTALLED. NEED SPECS FOR SPACING + ACQ COMPATIBILITY.

12/10/04. SEVERAL JOISTS NOT TOE-NAILED TO SILL

ADD'L LAG BOLTS NEEDED. ALL BOLTS NEED WASHERS

2X4 JOIST HANGARS USED FOR 2X10 JOISTS

12/14/04. FIXED O.K. KEH

12/29/04. NO COLLAR TIES.

(1) RAFTER BOWED

NO JOISTS BENEATH PARALLEL PARTITION.

O.K. TO INSULATE.

01/31/06. FIXED - FRAME OK

DIVISION OF INSPECTIONS
DR BRIDGE TO BRICK
TOWNSHIP OF WHITEMARSH
IN CCCC 2.2 SPAC 4.4

TECHNICAL SECTION
SUBCODE
BUILDING
CCC NEW JERSEY

Permit # 1
Control # CZ7-80
Date Issued
Date Received 08/22/2004

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/01/2004
Control #
Permit # 04-4264

UCC NEW JERSEY
CONSTRUCTION PERMITE

IDENTIFICATION Block 378.13 Lot 3 Qual

Work Site Location 83 BAY HARBOR BLVD
ADDITION
Owner in Fee WALSH, JOHN & BARBARA
Address SAME
BRICK NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
1-STORY ADDITION

PAYMENTS (Office Use Only)
Building 69
Electrical 40
Plumbing 40
Fire Protection 0
Elevator Devices 0
Other ZPEP 30
DCA State Permit Fee 7
Cert. of Occupancy 35
Other
Total 221.00
Check No. 1194
Cash
Collected By JM

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 $ 5,200

D. Naumanje
Construction Official

10/01/2004
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

10/01/04 3:02PM 001558#3215
XX07 SERV.007

#4264	
BUILDING	$69.00
ELECTRIC	$40.00
PLUMBING	$40.00
ZPA	$15.00
EPA	$15.00
DCA	$7.00
C/O	$35.00
CHECK	$221.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/26/2004
Date Issued 10/1/04
Control # C27-80
Permit # 04-4364

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

Block 378.13 Lot 3 Qual
Work Site Location 83 BAY HARBOR BLVD
ADDITION
Owner in Fee WALSH, JOHN & BARBARA
Address SAME
BRICK, NJ 08723-
Te[redacted]
Contractor
Address

Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

1-STORY ADDITION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9/23/04	FW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	69
[ ] 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	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 12 Ft.
Area Largest Floor 213 Sq. Ft.
New Bldg. Area/All Floors 213 Sq. Ft.
Volume of New Structure 2,554 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 5,000
2. Alteration $ 0
3. Total (1+2) $ 5,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 69
DCA State Permit Fee	$ 7

Paid [ ] Check #
Collected by:

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/26/2004
Date Issued 10/1/04
Control # C27-80
Permit # 04-4304

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

Block 378.13 Lot 3 Qual
Work Site Location 83 BAY HARBOR BLVD
ADDITION
Owner in Fee WALSH, JOHN & BARBARA
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Cor [redacted]
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

1-STORY ADDITION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9/23/04	FW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	69
[ ] 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	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 12 Ft.
Area Largest Floor 213 Sq. Ft.
New Bldg. Area/All Floors 213 Sq. Ft.
Volume of New Structure 2,554 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 5,000
2. Alteration $ 0
3. Total (1+2) $ 5,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 69
DCA State Permit Fee	$ 7

Paid [ ] Check #
Collected by:

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

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/26/2004
Date Issued 10/1/04
Control # C27-80
Permit # 04-4264

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

Block 378.13 Lot 3 Qual

Work Site Location 83 BAY HARBOR BLVD
ADDITION

Owner in Fee WALSH, JOHN & BARBARA

Address SAME
BRICK, NJ 08723-

T[redacted]

C[redacted]

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 9-10-04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
4		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$	0
Minimum Fee	$	5
TOTAL FEE	$	40
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/26/2004
Date Issued 10/1/04
Control # C27-80
Permit # 04-4264

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

Block 378.13 Lot 3 Qual
Work Site Location 83 BAY HARBOR BLVD
ADDITION
Owner in Fee WALSH, JOHN & BARBARA
Address SAME
BRICK, NJ 08723-
[redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 9/10/04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
4		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Minimum Fee $ 5
TOTAL FEE $ 40
DCA State Permit Fee $ 0

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/26/2004
Date Issued 10/1/04
Control # C27-80
Permit # 04-4264

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

Block 378.13 Lot 3 Qual

Work Site Location 83 BAY HARBOR BLVD
ADDITION

Owner in Fee WALSH, JOHN & BARBARA

Address SAME
BRICK, NJ 08723-

[redacted]

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

Changed in computer ekp 09/02/04

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-2-04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
2	Hose Bib	20
0 ~~1~~	Water Heater	~~40~~ 0
0	Fuel Oil Piping	0
~~1~~ 2	Gas Piping	~~20~~ 20
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

40' 1' 120 000

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	~~0~~ 40
DCA State Permit Fee	$	0

Paid [ ] Check # Collected by:

U.C.C. F130 (rev. 3/96)

UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/26/2004
Date Issued 10/1/04
Control # C27-80
Permit # 04-4264

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

Block 378.13 Lot 3 Qual

Work Site Location 83 BAY HARBOR BLVD
ADDITION

Owner in Fee WALSH, JOHN & BARBARA

Address SAME
BRICK, NJ 08723-

T[redacted]

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

Thanks! 10 complete PKB 9/13/04

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-2-04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
2	Hose Bib	20
0 ~~1~~	Water Heater	~~10~~ 0
0	Fuel Oil Piping	0
2 ~~1~~	Gas Piping	20
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

40'
1'
120 000

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ ~~60~~ 40
	DCA State Permit Fee	$ 0

U.C.C. F130 (rev. 3/96)

9-2-04

Township of Brick building subcode
Application review process
Building subcode

resubmit 9-15-04

Address of application 83 Bay Harbor

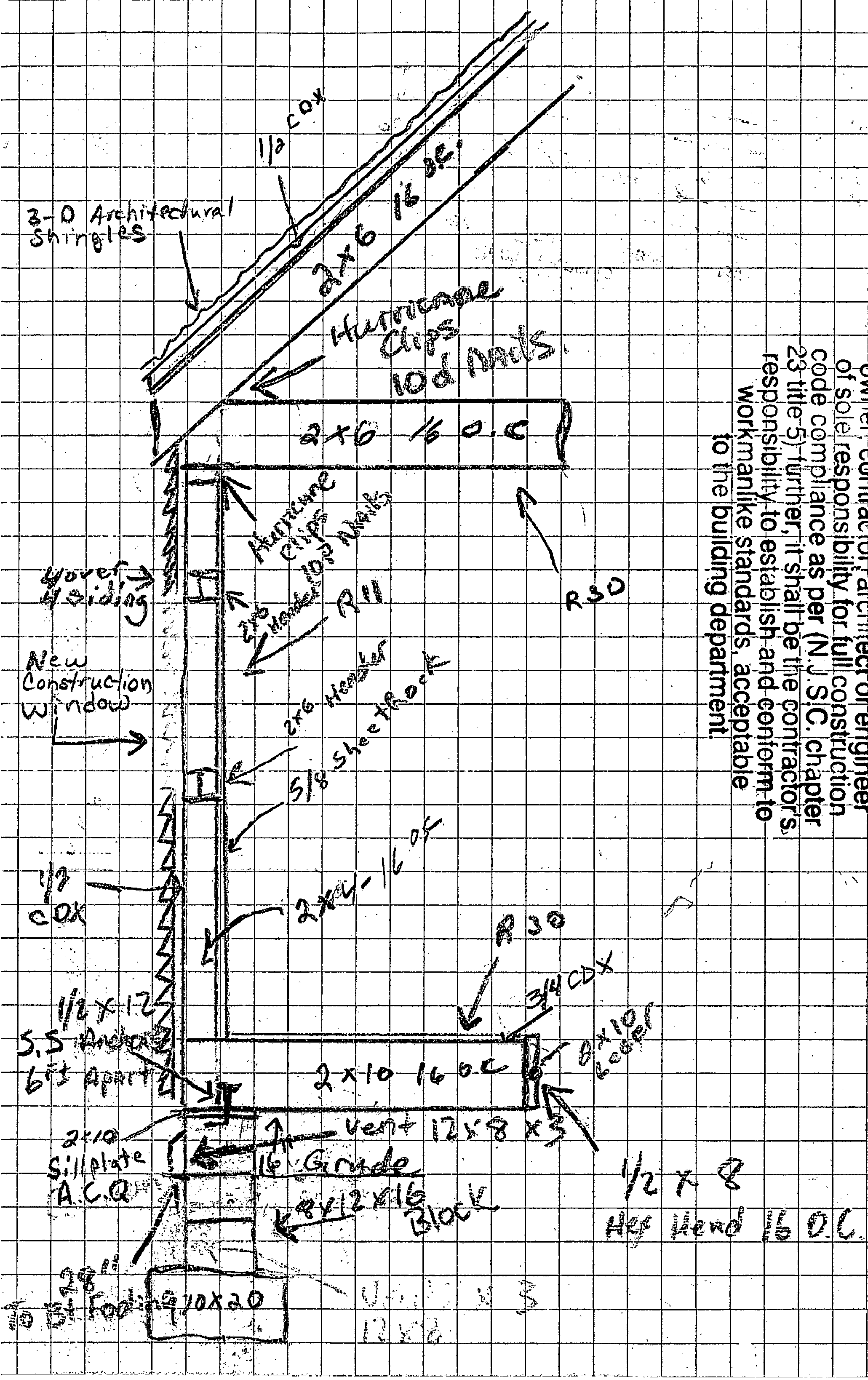
Please be advised that you have been rejected by the building subcode for the following reasons noted on either the framing checklist or our Township checklist.. OR the items listed below.

Please make any corrections on both sets of plans, as lists of information will be rejected.

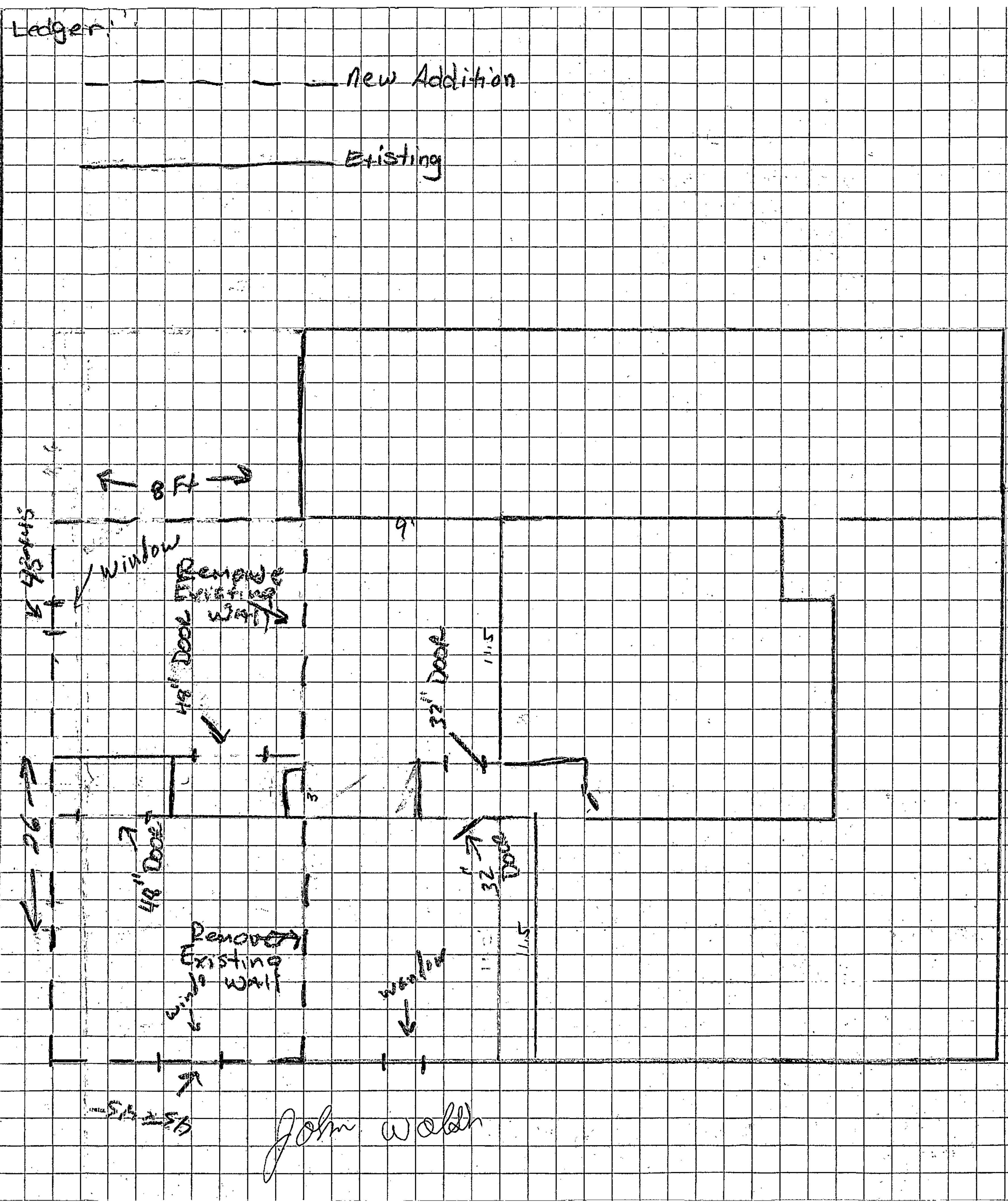
Poor Plans
(See List of Required information)

1. ~~No model Energy Code Data Supplied~~
2. How will Addition Be Accessed From Dwelling
3. No Doors or windows?
4. No Floor, Siding, sheetrock?

Spoke To 2 Daughters
mother was Sleeping
3:30



Release of these prints by the building
department constitutes **general**
approval only, and does **not relieve the**
owner-contractor, architect or engineer
of sole **responsibility for full** construction
code compliance **as per (N.J.S.C. chapter**
23 title 5) further, it shall be the contractor's
responsibility to establish and conform to
workmanlike standards, **acceptable**
to the building department.

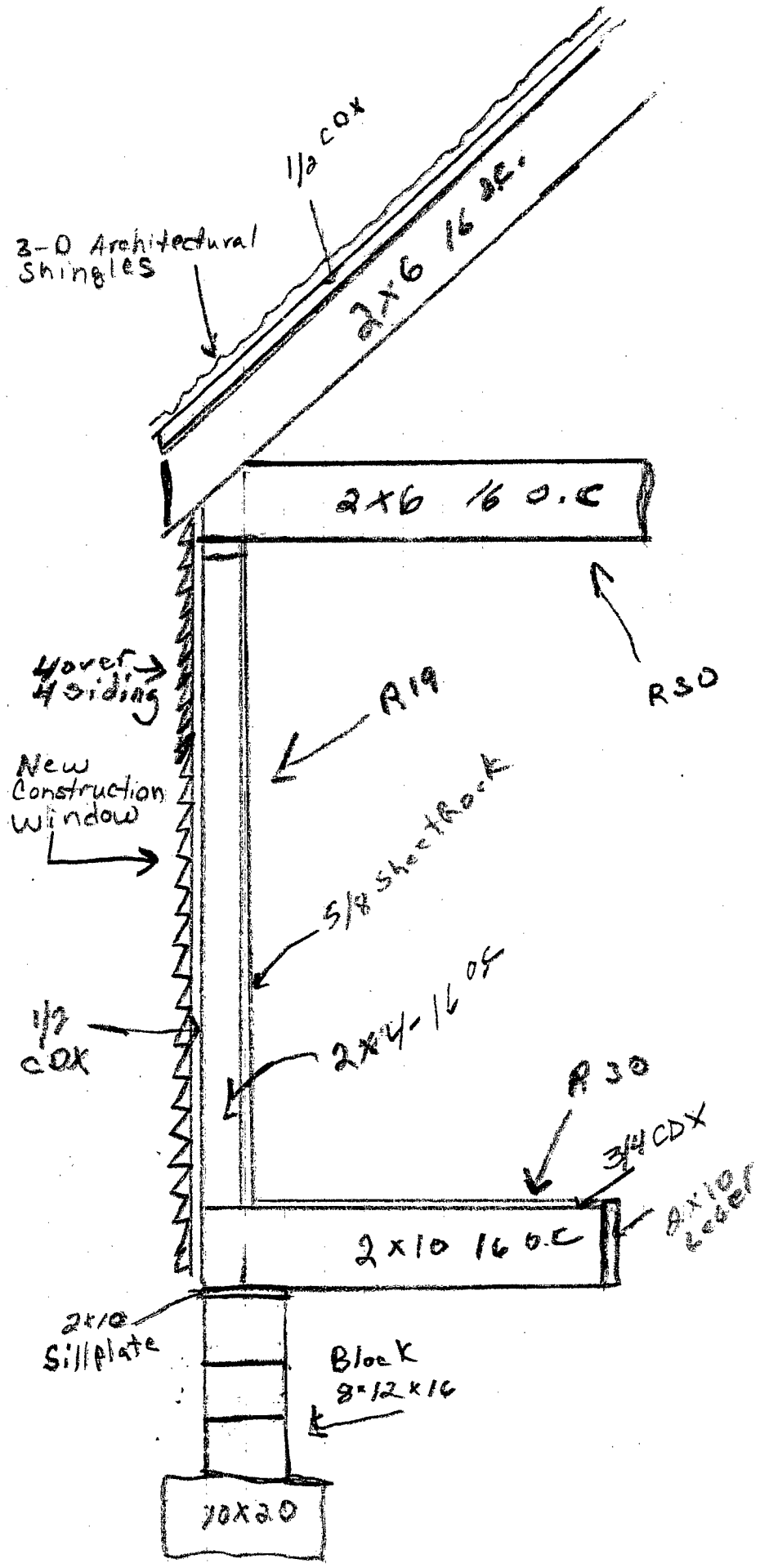


John Walsh

Building and Zoning Department

Please of these prints by stamp
approval constitutes
approval and does not
owner contractor, architect
or sub-contractor responsibility for full
code compliance as per (N.J.S.A.)
52 title 21 Chapter, it shall be the
responsibility to establish certain
work/structure to meet the
requirements of the uniform
construction code.

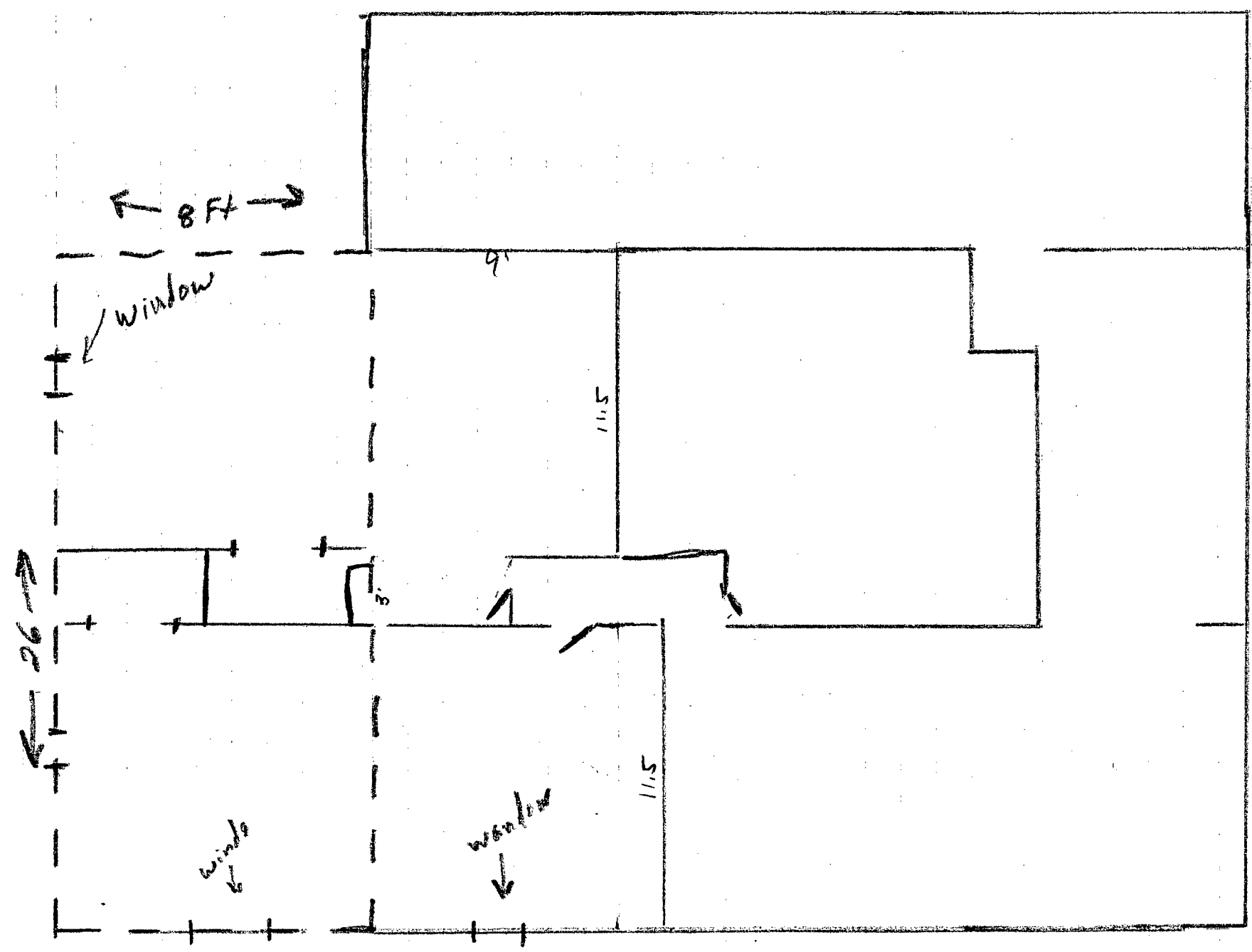
Building and Zoning Department
Brick Township
Plan Review
Zoning
Plumbing
Building 9-23-04
Fire
Electrical
Class
Date
By



Ledger:

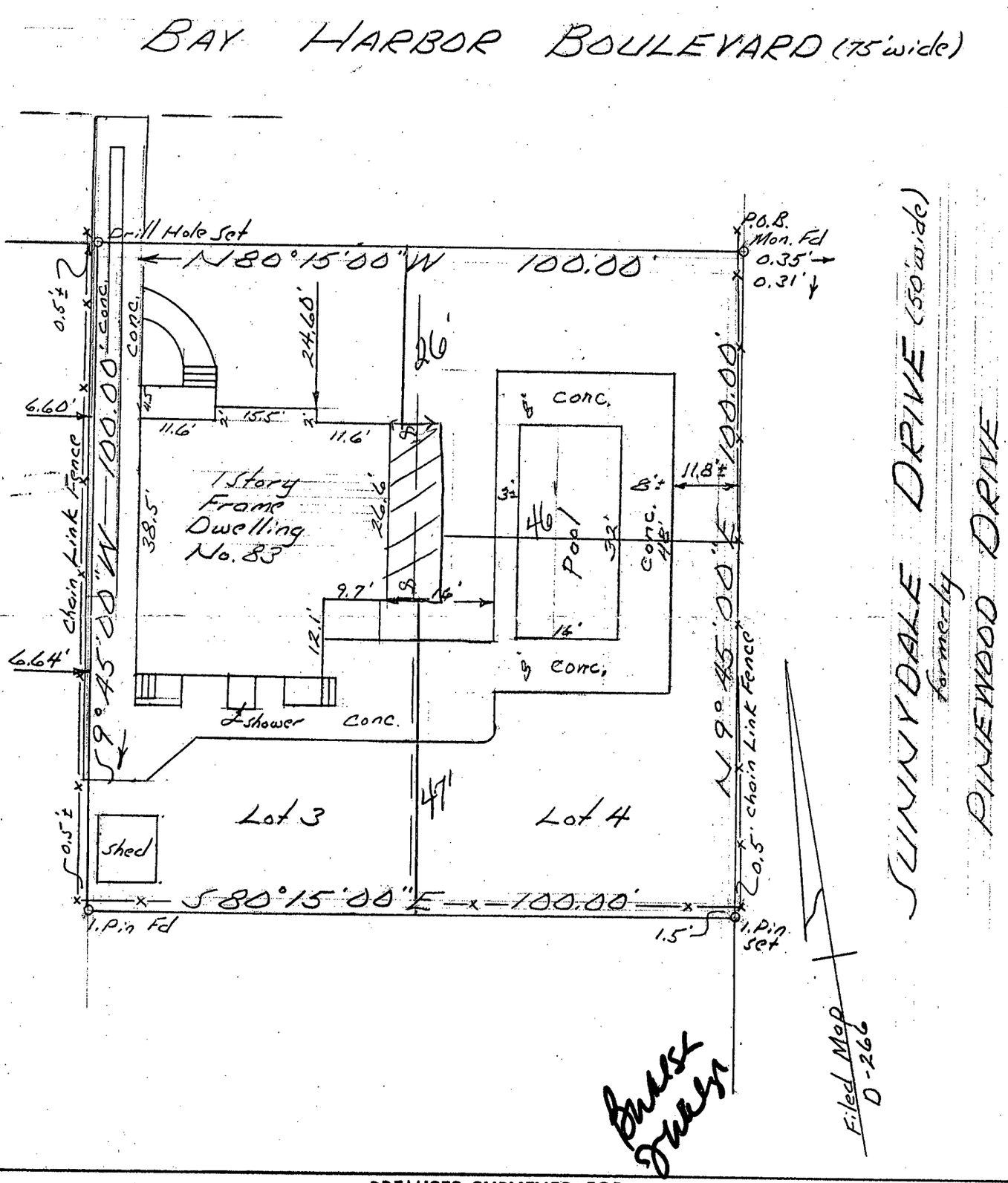
— — — — — New Addition

——————— Existing



John Walsh

Being Lots 3 & 4 Block 13 on "Plan of Bay Harbor Estates on Barnegat Bay Section A-1" filed in the Ocean County Clerk's Office on March 20, 1959 as Map No. D-266. Also being Lots 3 & 4 Block 378.13 on the Brick Township Tax Map



PREMISES SURVEYED FOR

JOHN C. WALSH

BRICK TOWNSHIP, OCEAN COUNTY, N.J.

SURVEYED July 14, 1994 **SCALE 1" = 20'**

Certified to John C. Walsh and Barbara L. Walsh, husband and wife; Chicago Title Insurance Company; Sovereign Bank, FSB, its successors and/or assigns; Peter D. Kearns, Esq.

Elbert Morris, Pres.

Lot 8/26/04

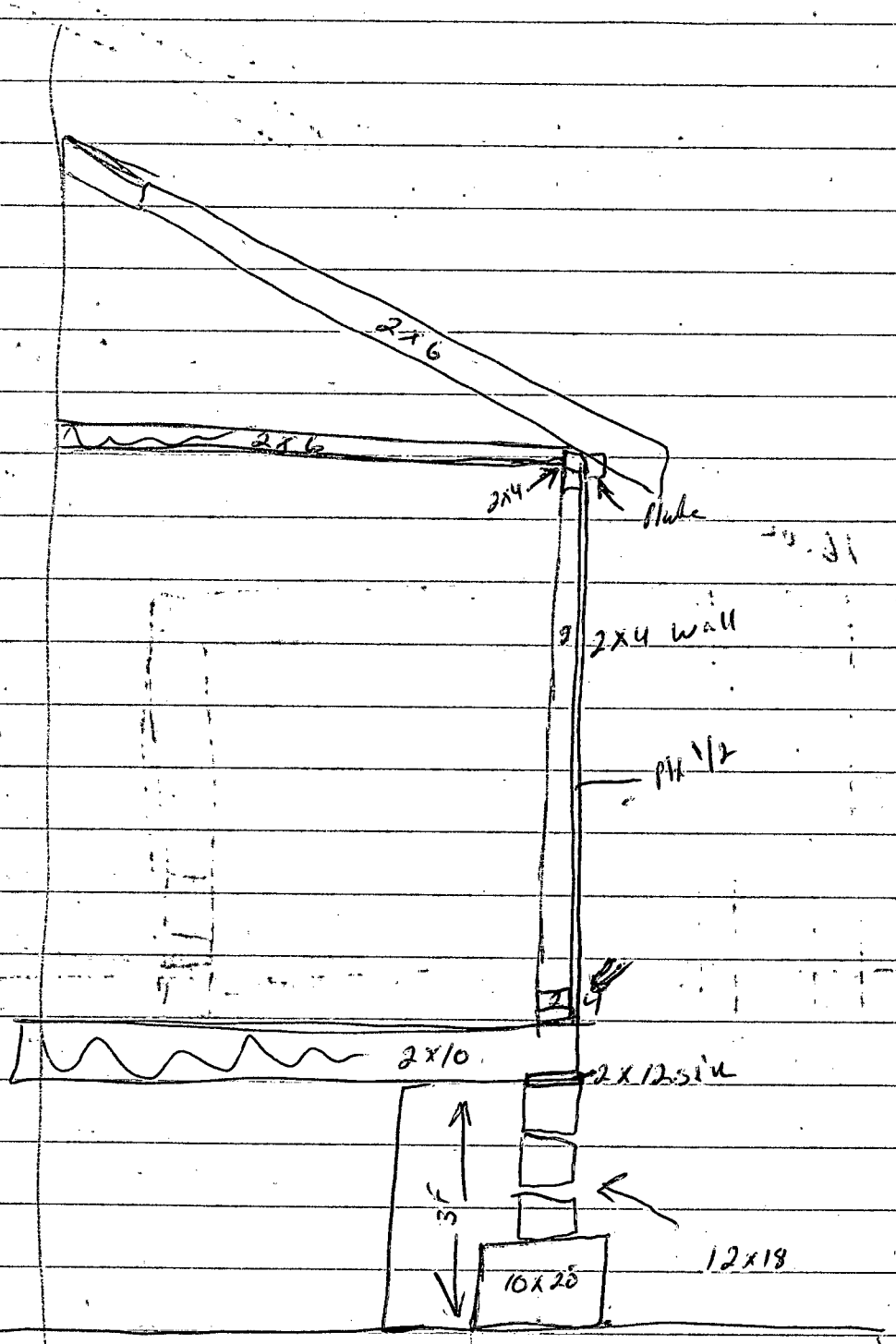
Elbert Morris
Lic. L.S. No. 8509

MORRIS & GLASGOW, INC.
ENGINEERING AND SURVEYING
1119 ARNOLD AVENUE
POINT PLEASANT BORO, N.J.

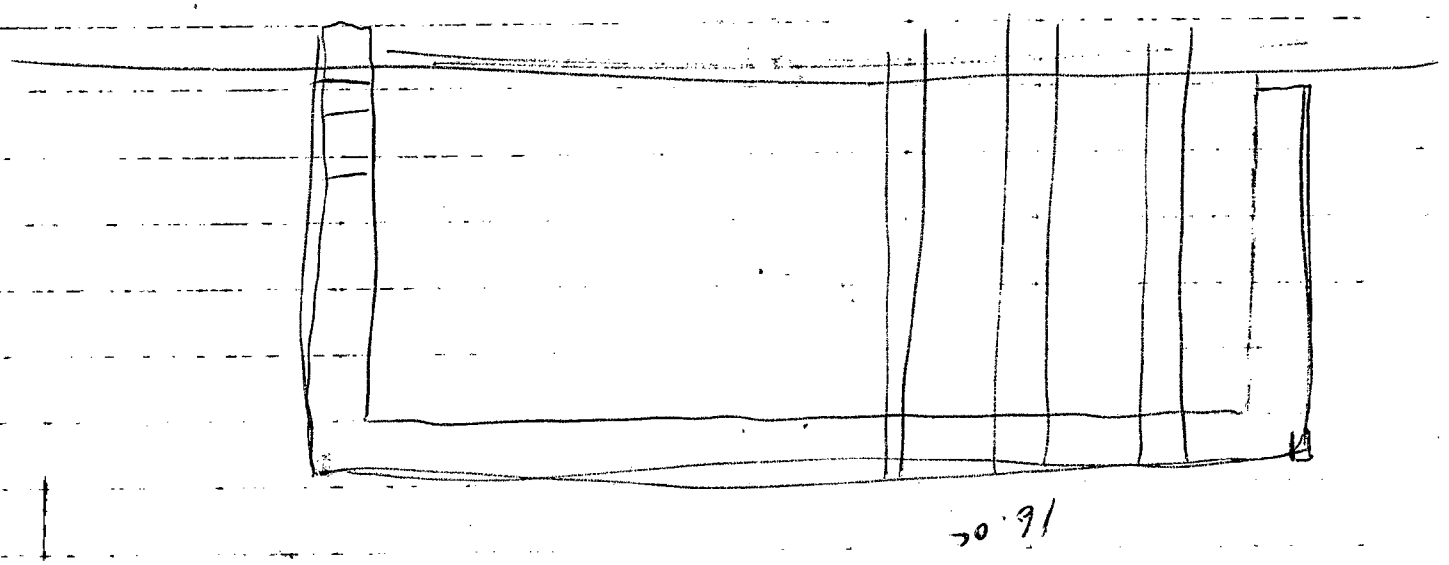
Charles W. Glasgow
Lic. P.E. & L.S. No. 9095

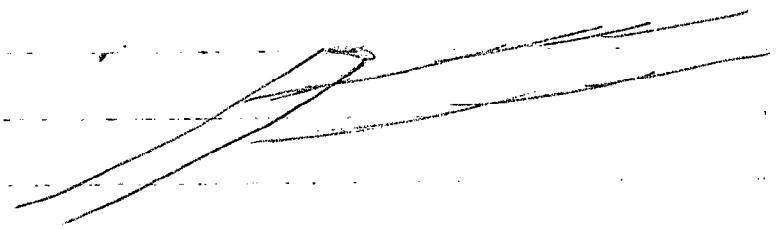
MAP No. 2-2774

BOOK 94-177

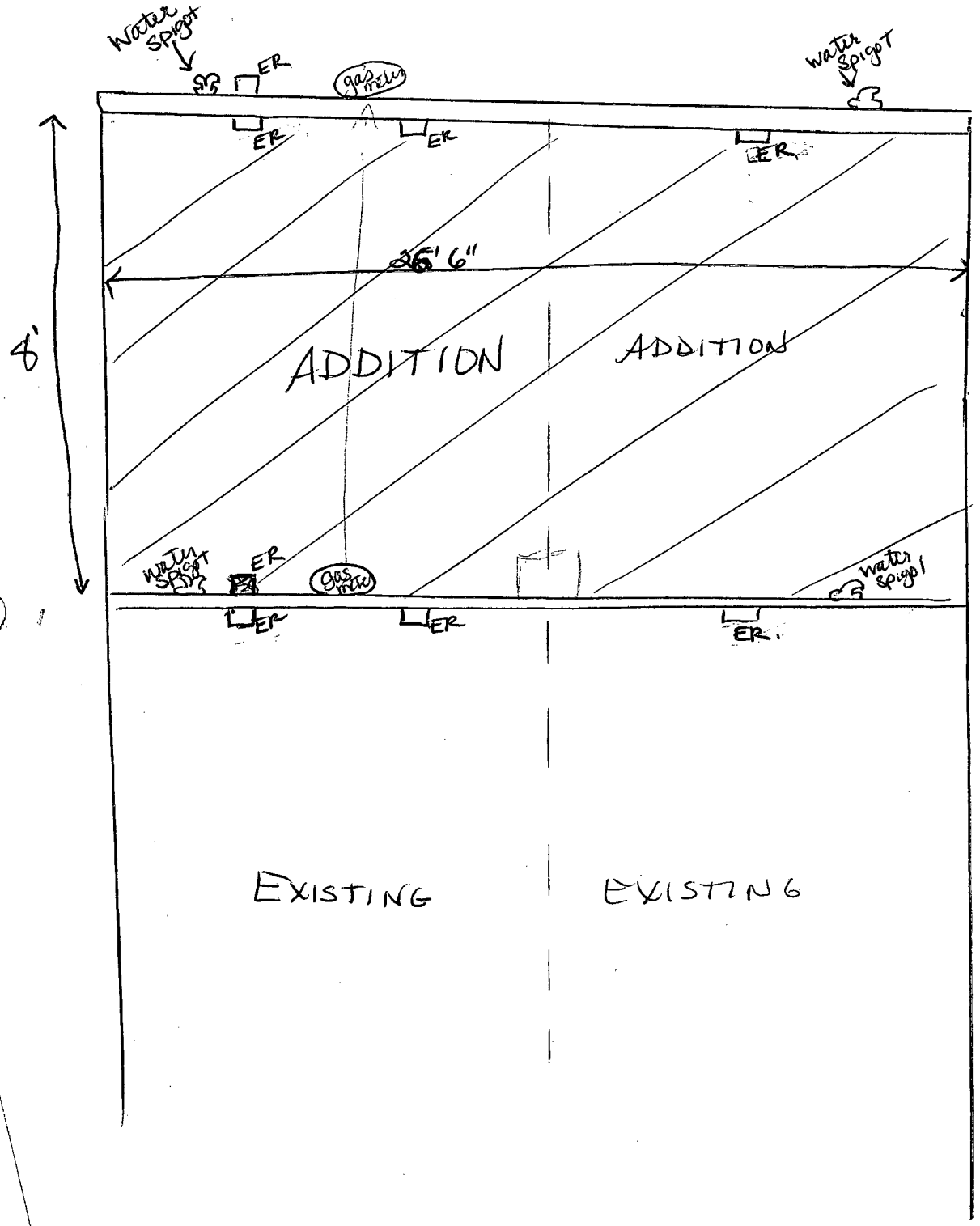

2x6
2x6
2x4
Plate
2x4 wall
PH 1/2
2x10
2x12 sill
12x18
10x20

mhelib





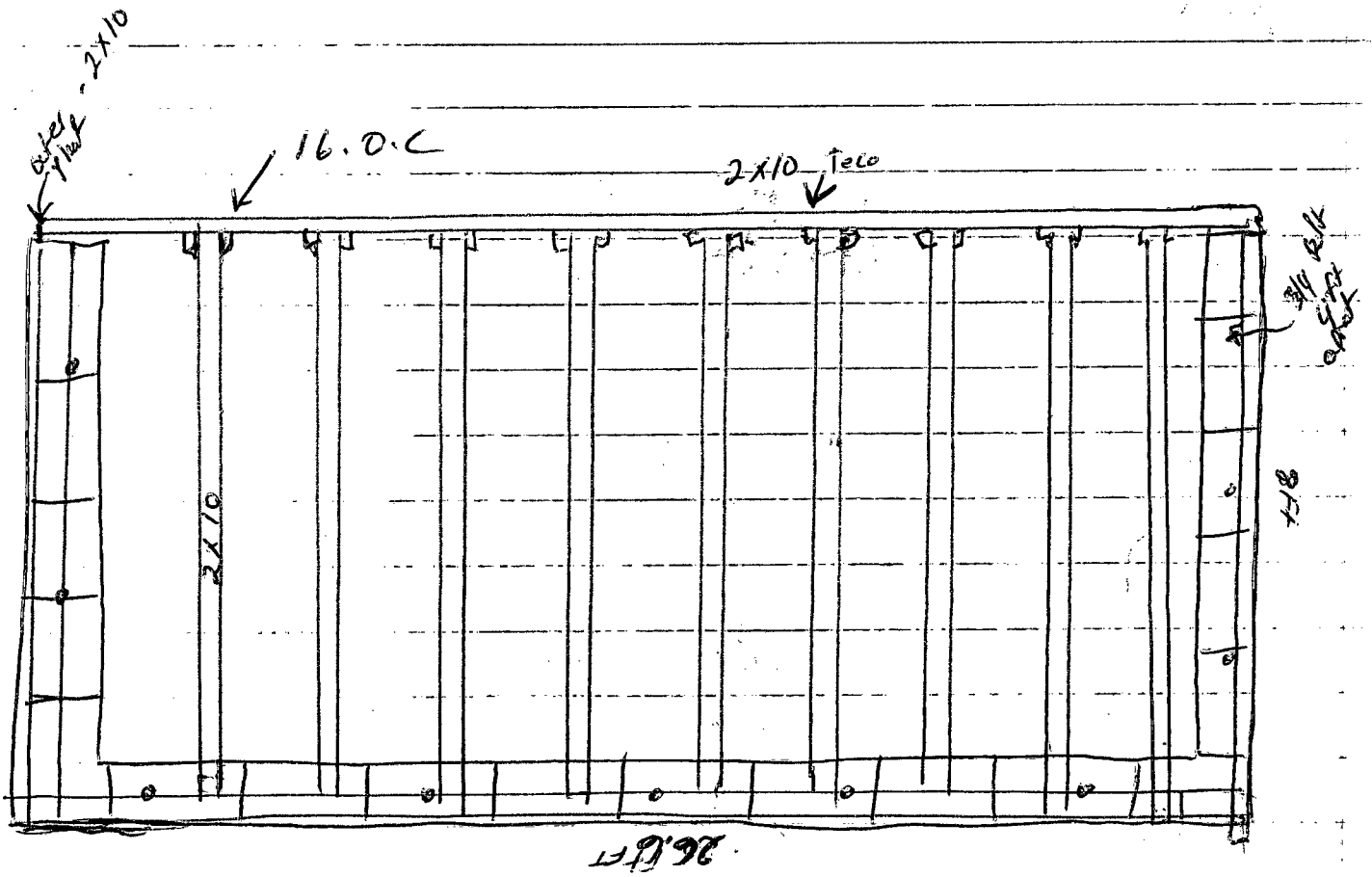
Plumbing : 2 water spigots
elect : 4 Elect. Recept.



ER = Electrical Receptacle

Jet 8/26/04 Ramesh

Bunga



15

all nailing 10D

91104 UR

RESCheck-Web™

No title assigned -- Code: New Jersey

Save or Load Project Information

Save Project As: bedroom additin [Save]

Load Project: bedroom additin [Load]

Project | Envelope | Mechanical | Reports | Print | Help

Row: Edit | Duplicate | Move Up | Move Down | Delete

Add: Ceiling | Skylight | Wall | Window | Door | Basement | Floor | Crawl

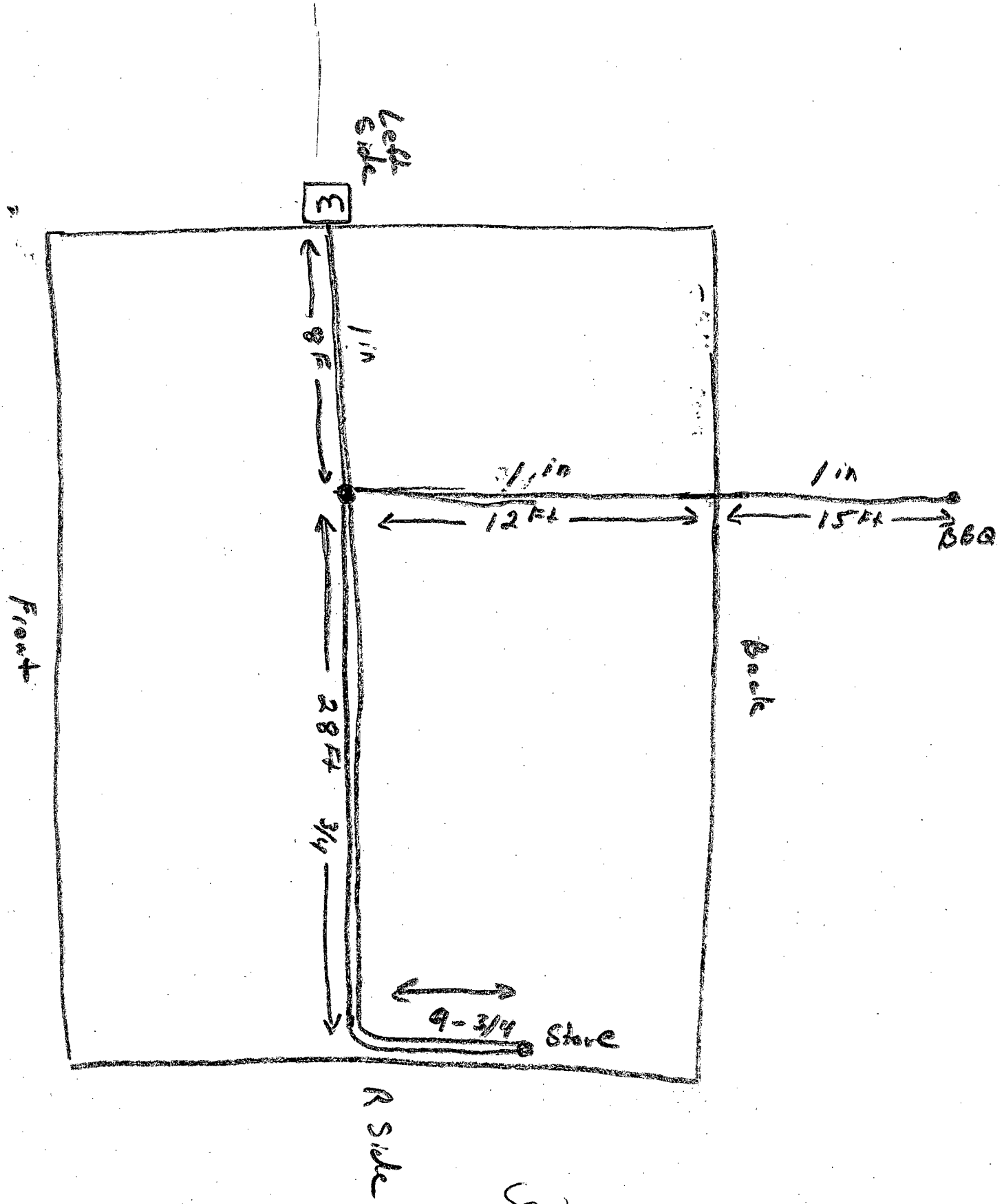
Assembly	Gross Area	Cavity R-Value	Continuo R-Valu

RESCheck-Web™

No title assigned -- Code: New Jersey

	Assembly	Gross Area	Cavity R-Value	Continuous R-Value	U-Fact
	Wall: Wood Frame, 16" o.c.	212 ft^2	19.0	19.0	
2	Floor: All-Wood Joist/Truss over Uncond. Space	212 ft^2	30.0	30.0	
3	Ceiling: Flat or Scissor Truss	212 ft^2	30.0	30.0	

Passes **70.8 % Better Than Code** **Max UA: 48.0** **Your UA: 14.0**


Left Side
3
8 ft
1 in
1 in
12 ft
15 ft
BBQ
Back
28 ft
3/4
9-3/4
Stove
R Side
Front

gas furnace

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 7/20/04

Block: 378.13 B Lot: 3+4

Property Address: 83 Bay Harbor Blvd

I, Barbara Walsh (name) of 83 Bay Harbor Blvd (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

B Walsh
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

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

FOR OFFICE USE ONLY

Approved on: 9/2/04 Signed: [signature]

Rejected on: _____ Signed: _____

Comments:

Township of Brick
Zoning Permit

Approved: Tuesday, August 31, 2004 **Number:** 1360

Block 308.13 **Lot** 3 **Zone:** R-7.5

Property Address: 83 Bay Harbor Blvd.

Applicant: Barbara Walsh

Property Owner: Barbara and John Walsh

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: One story addition 8' x 26.6', 12' high.

Conditions: The addition must be set back at least 25 feet from both front property lines and at least 15 feet from the rear 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

RECEIVED
AUG 27 2004

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 ~~B~~ 378.13 BLOCK ~~13~~ LOT 3+4 QUALIFIER Bay Harbor ESTATES Map D-266

PROPERTY ADDRESS 83 Bay Harbor Blvd

PERSONAL NAME OF APPLICANT Barbara Walsh

BUSINESS NAME OF APPLICANT

MAILING ADDRESS OF APPLICANT 83 Bay Harbor Blvd, Brick, NJ. 08723

PROPERTY OWNER'S FULL NAME Barbara Walsh + John Walsh

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 12 FT extend bedrooms
☐ Alteration
☐ Porch or deck - Height
☐ Shed - Height Height
☐ Fence - Type
☐ 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 Barbara Walsh Date 7/20/04

Reviewed by Zoning Office Date 8/31/04 (X) Approved ( ) Denied

8/26/04

March 2003

X

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 83 Bay Harbor Blvd

Block: 13 378.13 Lot: 3+4

Contractor: homeowner

Contractor's Address:

Type of Construction (minor, new home): addition

Type of Debris (shingles, siding, wood, etc.): Siding, wood, gutters, shingles

Party responsible for removal: Container Company - tba

Dumpster size: 30 yard

Destination of debris: per container co.

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

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 that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Walsh
Signature

7/20/04
Date

Barbara Walsh
Print Name

ADDITION CHECK LIST

1. Construction jacket signed & completed — Yes ____ No ____
2. Zoning application completed — Yes ____ No ____
3. Engineering form completed — Yes ____ No ____
4. Two true size surveys showing dimensions & setbacks of existing and proposed structures — Yes ____ No ____
5. Bldg/Plmg/Fire/Electrical subcode information completed — Yes ____ No ____
6. Completed section VI on jacket –building characteristics — Yes ____ No ____
7. Separate addn/alteration cost — Yes ____ No ____
8. Two sets of plans-architecturals signed and sealed homeowner drawings-all pages signed(existing & proposed floor plan) — Yes ____ No ____
9. Brochures – Furnace, Boiler, A/C, Fireplace (wood/gas) — Yes ____ No ____
10. Gas pipe drawing if applicable — Yes ____ No ____
11. DWV schematic if applicable — Yes ____ No ____
12. List of Existing Plumbing Fixtures — Yes ____ No ____
13. Detail of all electrical locations (receptacles, switches, detectors, etc) — Yes ____ No ____
14. Detail of existing & proposed smoke & carbon monoxide detectors. — Yes ____ No ____
15. If using engineered floor joist(TJI) a joist layout showing blocking where applicable must be submitted with plans (also on jobsite with plans) — Yes ____ No ____
16. Completed debris form — Yes ____ No ____
17. 2nd Story additions require engineer certification for foundation if the plans are not done by an architect — Yes ____ No ____
18. Soil borings showing seasonal high water table required on any new basements — Yes ____ No ____
19. Model Energy Code (www.energycodes.gov) — Yes ____ No ____

Note: We are now using the International Building Code Effective May 6, 2003

Counter Form
PLEASE PRINT

PLUMBING

Contractor: homeowner
Address: 83 Bay Harbor BLVD
Phone #: [redacted]
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	relocate 2
Gas Piping	1
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 $150.00

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

Signature: Barbara Walsh
Please Print Name: Barbara Walsh

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:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 83 Bay Harbor Blvd
Block: 135 378.13 Lot: 3+4
Owner's Name: John & Barbara Walsh
Owner's Mailing Address: 83 Bay Harbor Blvd
Brick NJ 08723
Phone: [redacted]

BUILDING

Contractor: (homeowner)
Address: 83 Bay Harbor Blvd
Brick
Phone#: [redacted]
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

1 story addn.

Type of Work

___New Building	___Siding
✓ Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present: ✓ Proposed:
No of Stories: 1
Height of Structure: 12'
Area of the largest floor: ~~200'sq~~ 212.8'sq
Area of New Structure: ~~200'sq~~ 212.8'sq
Volume of New Structure:
Total Land Disturbed: 280'sq

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $ 5000.00

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

Signature: Barbara Walsh
Please Print Name Barbara Walsh

ELECTRICAL

Contractor: (homeowner)
Address: 83 Bay Harbor Blvd
Brick
Phone#: [redacted]
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	4
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool (Receptacles, Switches, Lights, Motor HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: ~~$500.00~~ 10000

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: Barbara Walsh
Please Print Name Barbara Walsh

CONTRACTOR'S SEAL