



CONSTRUCTION PERMIT APPLICATION

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

1. Proposed Work Site at: 83 Bay Harbor Blvd Brick NJ

2. Name of Owner in Fee: Barbara Walsh Tel. [REDACTED]

Address 83 Bay Harbor Blvd Brick NJ

street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: Self Tel. [REDACTED]

Address 83 Bay Harbor Blvd Brick NJ

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Tel. (_____) _____

Address _____

6. Responsible Person in Charge of Work Barbara Walsh

Tel. [REDACTED] FAX (_____) _____

1.	Building	\$	20		
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				
10.	Subtotal				
11.	Cert. of Occupancy				
12.	Other <i>ZPA</i>				
13.	TOTAL <i>\$ 1910</i>	\$	1550		

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 _____

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

- ☐ Partial Releases
- ☐ Prototype Processing

[illegible]

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

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

Net Gain or Loss

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS BR-B 10427345

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

K. Barbara Walsh

Date 6/15/98

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

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

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									NOT RECORDED 1.0.1.1
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

0004
2166*H

BLOCK	378 #	0.00
LOT	3 #	0.00
BUILDING		35.00
ZONE/LOT		15.00
TOTAL		50.00
CHECK		50.00
CHANGE		0.00

07/01/98 NO. 5 0013A005 09:31

Date Issued 07/01/98
Control #
Permit # 98-2166

IDENTIFICATION Block 378.13 Lot 3

Work Site Location 83 BAY HARBOR BLVD
FENCE

Owner in Fee WALSH, BRIAN
SAME

Address BRICK NJ 08723-
Telephone [REDACTED]

Is hereby granted permission to perform the following work:
[X] BUILDING [] PLUMBING [] OTHER
[] ELECTRICAL [] FIRE PROTECTION
[] ELEVATOR DEVICES

DESCRIPTION OF WORK:
FENCE
4' PICKETT

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 \$ 65

CONSTRUCTION OFFICIAL

Contractor HOME OWNER
Address

Telephone ()
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	2166
Total	50-35
Check No.	1989
Cash	
Collected By:	TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/15/98
Date Issued 7/1/98
Control # C16-13
Permit # 98-2/66

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

Block 378.13 Lot 3
Work Site Location 83 BAY HARBOR BLVD
FENCE

Owner in Fee WALSH, BRIAN

Address SAME

DRIVER MI 08723-

Tele. [REDACTED]

Contractor [REDACTED]

Address [REDACTED]

Tele. [REDACTED]

Lic. No. or Bids. Reg. No. [REDACTED]

Federal Emp. No. HO- [REDACTED]

or Social Security No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW

DATE REVIEW

NO PLANS REVIEWED

ALL

FOOTING

FOUNDATION

FRAME

OTHER

JOINT PLAN REVIEW REQUIRED:

ELECT [] PLUMB [] FIRE

SUBCODE APPROVAL [] ELEV

CO [] CCO [] CA

DATE: 10-12-01

APPROVED BY: [REDACTED]

INSPECTIONS

TYPE

FOOTING

FOUNDATION

SLAB

FRAME

INSULATION

FINISHES

ENERGY

MECHANICAL

TCO

OTHER

FINISH

DATES (Month/Day)

FAILURE TO SIGNATURE APPROVAL INITIAL

5-18-00

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

FENCE
4' PICKET

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.

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence 0 Height (6' or over)

[] Sign 0 Sq. Ft.

[] Pool

[] Asbestos Abatement

[] Other

Other

[] Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

B. BUILDING CHARACTERISTICS

Use Group Present

Proposed U

Const. Class Present

Proposed 0

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 \$ 65

3. Total (1+2) \$ 65

Industrialized Building:

[] State Approved

[] HUD

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

U.C.C. Form F-110B

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: 6/16/98 1998 - 0968

Block 378.13 Lot 3 zone R-7.5

Property Address: 83 Bay Harbor Blvd.

Owner: John & Barbara Walsh (Phone): [REDACTED]

Applicant: Barbara Walsh (Phone): Same

Existing Use: Single Family Dwelling

Proposed Use: Same

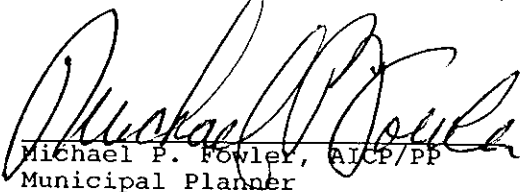
Proposed Construction (if any):

4' high picket fence

Conditions:

The 4' picket fence must be setback at least 10 ft from the
edge of pavement of Sunnydale Drive and must have 2" space
between pickets.

This permit shall be null, void and of no 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

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

BLOCK 378.13 LOT 304
PROPERTY ADDRESS 83 Bay Harbor Blvd Brick NJ 08723
NAME OF OWNER John + Barbara Walsh OWNER'S PHONE ()
NAME OF APPLICANT Barbara Walsh
APPLICANT'S COMPLETE ADDRESS 83 Bay Harbor Blvd Brick NJ 08723
APPLICANT'S PHONE NUMBER APPLICANT'S BUSINESS NAME N/A

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☒ Single Family Dwelling ☐ Condo or Apartment
☐ Commercial (please describe) _____
☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☒ Single Family Dwelling ☐ Condo or Apartment
☐ Commercial (please describe) _____
☐ Other (please describe) _____

PROPOSED CONSTRUCTION _____

All Dimensions _____ W _____ L _____ Ht
Deck or Garage ☐ Attached ☐ Detached
Fence Type Spaced Picket Ht 4 foot

CHECKLIST:

- ☒ All information completed above
☒ Two (2) accurate Survey / Plot Plans containing:
 ☐ all existing and proposed structures
 ☐ all dimensions of lot and structures
 ☐ set backs to all property lines
 ☐ all streets and waterways shown
☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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 6/15/98

Reviewed by Zoning Officer Date 6/16/98

☒ Approved ☐ Rejected
(Signature)

BOOK 37813 LOT 3 SITE LOCATION S3 Bay Harbor Blvd Back NJ

BUILDING INSPECTION

Contractor Self Phone [REDACTED]
Address S3 Bay Harbor Blvd State NJ Zip 08123
City BRICK FEDERAL EMP. NO. (or SSN#) _____
C# _____

ESTIMATED COST OF BUILDING WORK

3W BUILDING (1) \$ _____ ALTERATION (2) \$ 65
ADDITION (3) \$ _____ TOTAL (1+2+3) \$ _____

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING PRESENT PROPOSED
CONSTRUCTION CLASS PRESENT PROPOSED
Q. OF STORES HT. OF STRUCTURE FT.
AREA: LARGEST FLOOR SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS SQ. FT.
OUTLINE OF STRUCTURE CU. FT.
TOTAL LAND AREA DISTURBED SQ. FT.

TYPE OF WORK		TYPE OF WORK	
TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	Ht. <u>4</u>
ADDITION		SIGN	Sq. Ft. <u>465</u>
ALTERATION		POOL	
COATING		ASBESTOS ABATEMENT	
PAINTING		DCA	
DEMOLITION		TOTAL	

DESCRIPTION OF WORK

COMMENTS 4' Spaced Deck to enclose backyard (for baby)

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.
SEAL & SIGNATURE Barbara Walsh

PLUMBING INSPECTION

Contractor _____ Phone () _____
Address _____ State _____ Zip _____
Town _____ FEDERAL EMP. NO. (or SSN#) _____
LIC # _____

ESTIMATED COST OF PLUMBING WORK:

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

DESCRIPTION OF WORK

COMMENTS _____

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.
SEAL & SIGNATURE (Contractor's Seal) _____

FIRE INSPECTION

Contractor _____ Phone () _____
Address _____ State _____ Zip _____
Town _____ FEDERAL EMP. NO. (or SSN#) _____
LIC # _____

ESTIMATED COST OF FIRE PROT. WORK:

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System: ☐ New ☐ Existing
Location of Furnace / Boiler _____

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE	
METHOD OF VALVE SUPERVISION	
LOCAL ALARM SUPERVISION	
CENTRAL SUPERVISION	
PROPRIETARY SUPERVISION	
Flammable Liquid Storage Tanks	☐ Capacity _____ Fuc
Combustible Liquid Storage Tanks	☐ Capacity _____ Fuc
L.P.G. Storage Tanks	☐ Capacity _____ Fuc
L.N.G. Storage Tanks	☐ Capacity _____ Fuc
NO. ITEM	NO. ITEM
Wet Sprinkler Heads	Pre-Engineered Sys
Dry Sprinkler Heads	CO ₂ Suppression
TOTAL	Halon Suppression
Smoke Detectors	Foam Suppression
Heat Detectors	Dry Chemical
TOTAL	Wet Chemical
Stand Pipes	Gas or Oil Fired A
Kitchen Hood Exhaust System	Other _____

DESCRIPTION OF WORK

COMMENTS _____

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.
SEAL & SIGNATURE (Contractor's Seal) _____

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council:

Mary Lou Powner, President
Stephen C. Acropolis
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maionine
Michael A. Thulen

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax: (908) 920-4850

DATE: 6/15/98

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 578.13 Lot: 3

Dear Sir;

I, Barbara Walsh (Name) of 83 Bay Harbor Blvd, Brick (Address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours

Barbara Walsh
Applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X DATE: 6/18/98 BY: [Signature]

Rejected DATE: _____ BY: _____

REMARKS: _____

BOOK.....
94-177