BLOCK 260.12 LOT 9 QUALIFICATION CODE C18-26 ADDRESS (SITE) 13 Paul Jones Dr PERMIT NO. 01-2817

CONSTRUCTION PERMIT APPLICATION

Called

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

I. IDENTIFICATION

1. Propsed Work Site at: 13 Paul Jones Drive
2. Name of Owner in Fee: Robert Francce [redacted]
   Address 13 Paul Jones Drive (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Berneck & Jensen Inc. Tel. (732) 477-1062
   Address 6 Mary Ann Drive Brick
   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 Robert Berneck
   Tel. (732) 477-1062 FAX (____) ____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 60		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 8		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	15		
13.	TOTAL	$ 83		

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 ____

fifty four feet of Bulkhead

II. PROPOSED WORK

		Est. Cost	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☑ Minor Work	9,500	(MF)	7/18/01		7-19-01	FK			
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		Fax	7/19/01		7/19/01	FK			
	TOTAL COSTS	9,500								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL

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

LDS BR 10504939

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 Berneck & Jensen Inc

Address 6 Mary Ann Drive Brick

Brick NJ. 08723

Telephone (732) 477-1062

Signature

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

OFFICE DATE RECEIVED: _____

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

IMPORTANT
A.T.B.T. EALING

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.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/01/2001
Control #
Permit # 01-2817

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 260 Lot 7 Qual

Work Site Location 13 PAUL JONES DR
BULKHEAD
Owner in Fee FRANCE, ROBERT
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor BERHECK AND JENSEN
Address 6 MARYANN DR
BRICK, NJ 08723-
Telephone (732)477-1062
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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
54' BULKHEAD

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 $ 9,800

Construction Official 08/01/2001 Date

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

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	8
Cert. of Occupancy	0
Other EP	15
Total	83
Check No.	3634
Cash	
Collected By	MJR

08/01/01 8:06AM 0000004814
XX02 SERV.002

#2817	
BUILDING	$60.00
DCA	$8.00
EPA	$15.00
CHECK	$83.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/18/2001
Date Issued 8/1/01
Control # C18-26
Permit # 01-2817

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

Block 260 Lot 9 Qual
Work Site Location 13 PAUL JONES DR
BULKHEAD
Owner in Fee FRANCE, ROBERT
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor BERNECK AND JENSEN
Address 6 MARYANN DR
BRICK, NJ 08723-
Tele.(732)477-1062 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

Eq Fund ck 12/19/01 KS

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

54' BULKHEAD

Not U.C.C. Required Permit.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	7-19-01	[illegible]
[ ] All		
[ ] 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 X			12/19/01	KS
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present 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 $ 9,500
3. Total (1+2) $ 9,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] 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
[X] Other BLKHED	60
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 60
DCA Training Fee	$ 8

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 07/18/2001
Date Issued 8/1/01
Control # C18-26
Permit # 01-2817

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

Block 260 Lot 9 Qual
Work Site Location 13 PAUL JONES DR
BULKHEAD
Owner in Fee FRANCE, ROBERT
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor BERNECK AND JENSEN
Address 6 MARYANN DR
BRICK, NJ 08723-
Tele.(732)477-1062 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I an the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

54' BULKHEAD

Not U.C.C. Required Permit.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.		
[X] All	7-19-01	T-MM
[ ] 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	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
[X] Other BLKHED	60
Other	0
[ ] Demolition	0

8. BUILDING CHARACTERISTICS

Use Group Present 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 $ 9,500
3. Total (1+2)$ 9,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 60
DCA Training Fee	$ 8

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 07/18/2001
Date Issued 8/1/01
Control # C18-26
Permit # 01-2817

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

Block 260 Lot 9 Qual
Work Site Location 13 PAUL JONES DR
BULKHEAD
Owner in Fee FRANCE, ROBERT
Address SAME
BRICK NJ 08723-
Tele. [redacted]
Contractor BERNELL AND JENSEN
Address 6 MARYANN DR
BRICK, NJ 08723-
Tele.(732)477-1962 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. 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

54' BULKHEAD

Not U.C.C. Required Permit.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.		
[ ] All	7-19-01	[illegible]
[ ] 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	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
[X] Other BLKHED	60
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present 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.

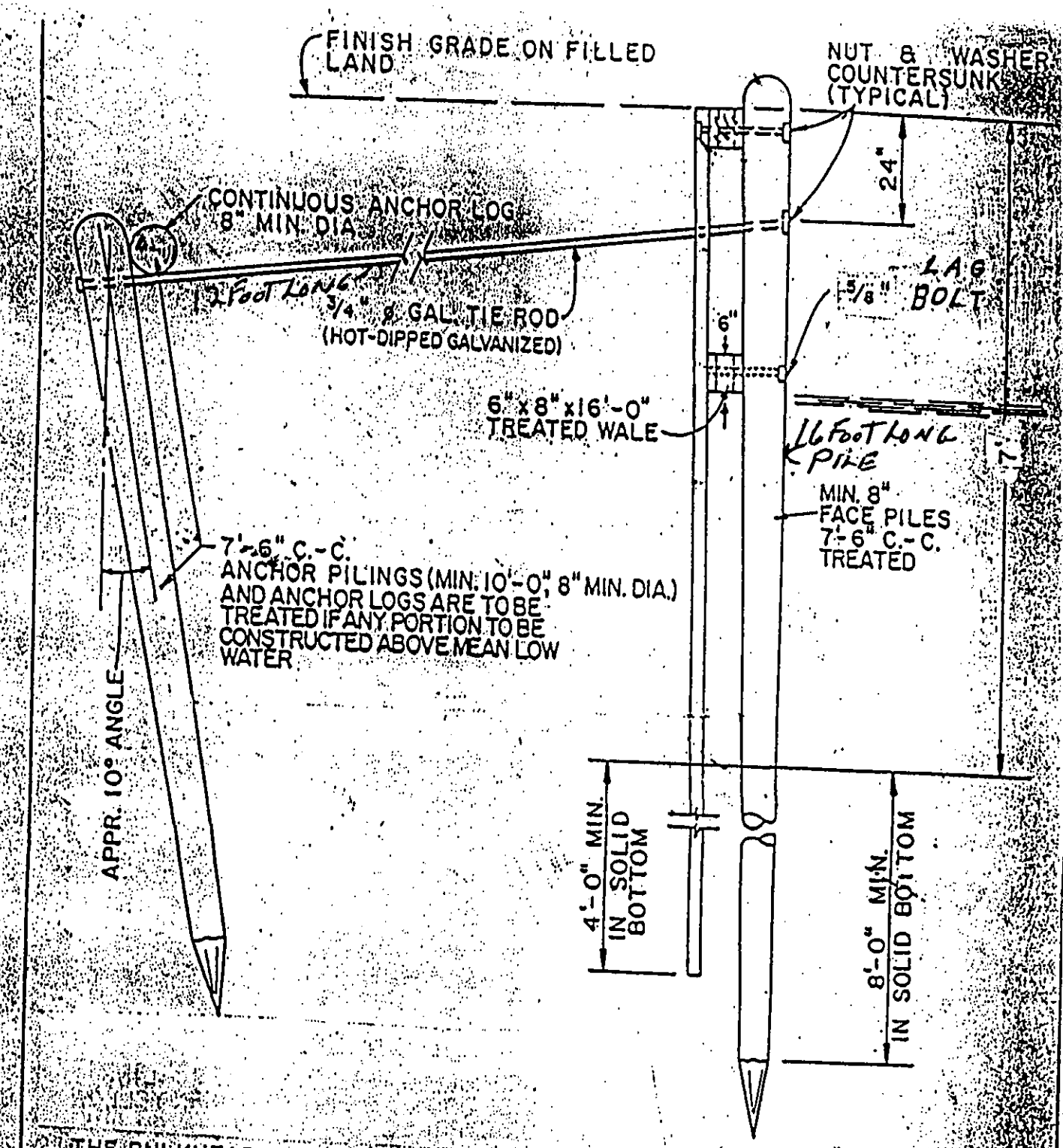
Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 9,500
3. Total (1+2)$ 9,500

Industrialized Building:
[ ] State Approved
[ ] HUD

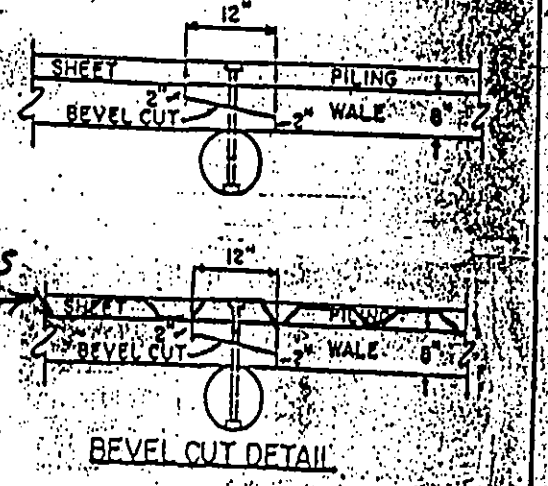
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 60
DCA Training Fee	$ 6

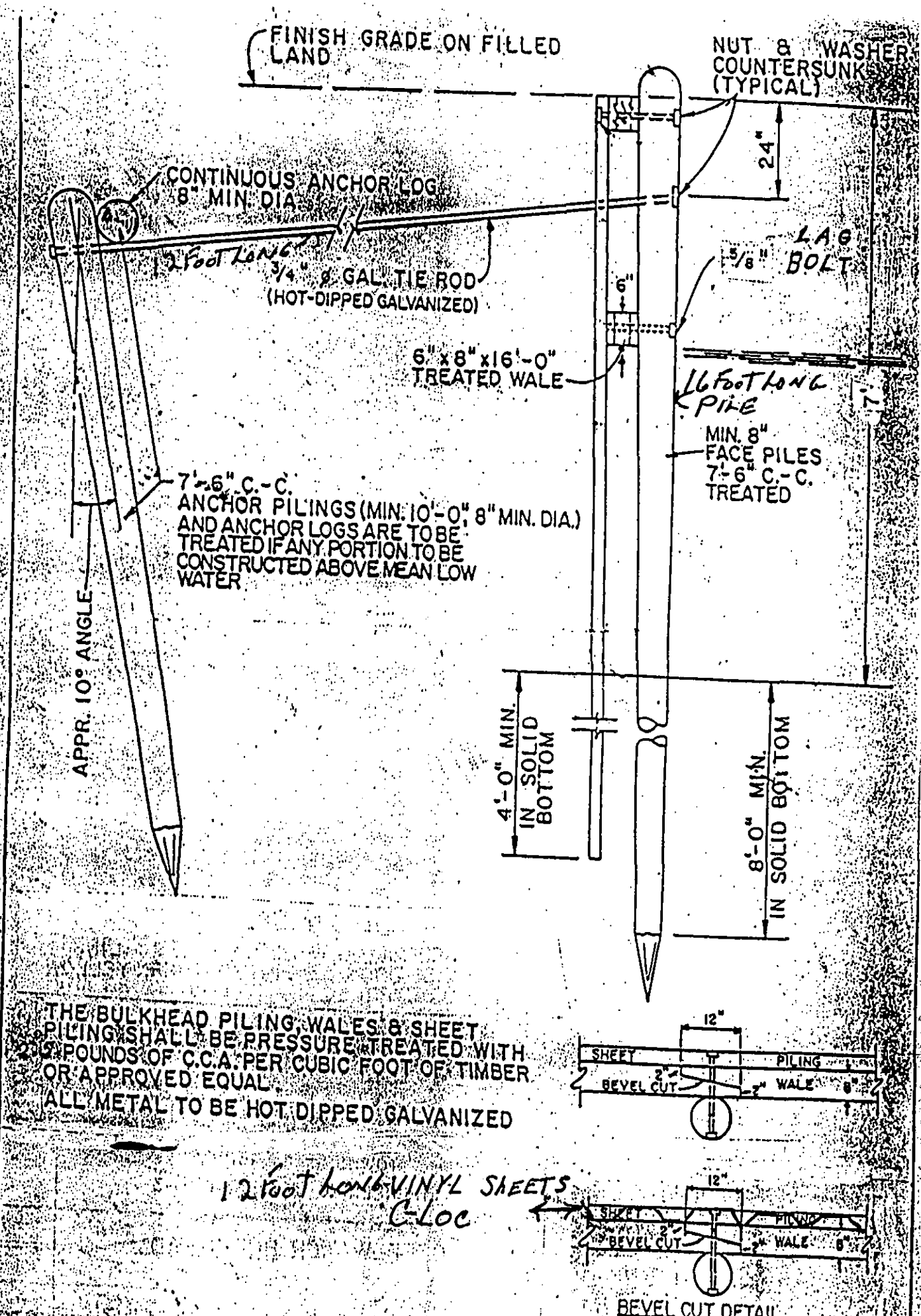
Paid [ ] Check # Collected by:

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



1. THE BULKHEAD PILING, WALES & SHEET PILING SHALL BE PRESSURE TREATED WITH 2.5 POUNDS OF C.C.A. PER CUBIC FOOT OF TIMBER OR APPROVED EQUAL.
2. ALL METAL TO BE HOT DIPPED GALVANIZED




FINISH GRADE ON FILLED LAND
NUT & WASHER COUNTERSUNK (TYPICAL)
24"
CONTINUOUS ANCHOR LOG 8" MIN. DIA.
12 Foot Long
3/4" Ø GAL. TIE ROD (HOT-DIPPED GALVANIZED)
5/8" LAG BOLT
6"
6" x 8" x 16'-0" TREATED WALE
16 Foot Long PILE
MIN. 8" FACE PILES 7'-6" C.-C. TREATED
7'-6" C.-C. ANCHOR PILINGS (MIN. 10'-0", 8" MIN. DIA.) AND ANCHOR LOGS ARE TO BE TREATED IF ANY PORTION TO BE CONSTRUCTED ABOVE MEAN LOW WATER
APPR. 10° ANGLE
4'-0" MIN. IN SOLID BOTTOM
8'-0" MIN. IN SOLID BOTTOM
1. THE BULKHEAD PILING, WALES & SHEET PILING SHALL BE PRESSURE TREATED WITH 2.5 POUNDS OF C.C.A. PER CUBIC FOOT OF TIMBER OR APPROVED EQUAL.
2. ALL METAL TO BE HOT DIPPED GALVANIZED
12"
SHEET PILING
2" BEVEL CUT
2" WALE
8"
12 foot long VINYL SHEETS C-Loc
BEVEL CUT DETAIL

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 13 Paul Jones Drive Brick NJ
Block: 260.12 Lot: 9
Owner's Name: Robert France
Owner's Mailing Address: 13 Paul Jones Drive Brick NJ
Phone: [redacted]

BUILDING

Contractor: Berneck & Jensen Inc.
Address: 6 Mary Ann Drive Brick NJ
Phone#: 477-1062
Lis #
Federal Emp # or S: [redacted]

Technical Data

Description of Work:

Remove and Replace approx 54 ft of Bulkhead and Replace in exact same line.

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Install approx 54ft of new Bulkhead

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: 9,500

Cost of New Building:

Total Cost of Building Work: 9,500

Signature: Robert Berneck

Please Print Name Robert Berneck

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

TOWNSHIP OF BRICK
BULKHEAD/DOCK REVIEW
CHECKLIST

BLOCK 260.12 LOT 9 DATE RECEIVED _____

PROPERTY ADDRESS 13 Paul Jones Drive Brick NJ

APPLICANT Robert France PHONE _____

ADDRESS 13 Paul Jones Drive Brick NJ

CONTRACTOR Berneck & Jensen Inc PHONE (732)-477-1062

ADDRESS 6 Mary Ann Drive Brick

TYPE OF WORK (Mariene Construction) Docks & Bulkheads

			YES	NO	N/A
1.	PLANS/DETAILS SIGNED & SEALED		X		
2.	SCALE OF NOT LESS THAN 1"-50'		X		
3.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES		X		
4.	DRAINAGE PIPES/OUTFALLS/EASEMENTS				—
5.	NORTH ARROW		X		
6.	PROPERTY ADDRESS/LOT & BLOCK NUMBER		X		
7.	EXISTING STRUCTURES/DWELLINGS		X		
8.	M.H.W.L. ELEVATION		X		
9.	EXISTING BULKHEAD/DOCK LOCATION		X		
10.	PROPOSED BULKHEAD/DOCK LOCATION		X		
11.	BULKHEAD/DOCK DETAIL (ELEVATION/PROFILE)		X		
12.	FACE/ANCHOR PILING TYPE/SIZE/LENGTH	16'	X		
13.	SHEET PILING TYPE/SIZE/LENGTH	12'	X		
14.	WALER TYPE/SIZE/LENGTH	Con't	X		
15.	TIE ROD SIZE/LENGTH	12'	X		
16.	CAP/HARDWARE/OTHER MISCELLANEOUS ITEMS		X		
17.	TOP OF BULKHEAD ELEVATION		X		
18.	DISTANCE - TOP OF BULKHEAD TO SOLID BOTTOM	7'	X		
19.	BEVEL CUT DETAIL		X		
20.	PIPE PENETRATION DETAILS				—
21.	PRIOR APPR. ARMY CORP/NJDEP	ZANG	X		
22.	BOAT LIFT DETAIL				—
23.	DOCK LIGHTING FOR REFLECTOR TAPE, ETC.				—
24.	DRAG LOG SIZE, TYPE, LENGTH		X		

BULKHEAD/DOCK REVIEW

APPROVED 7/19/01 REJECTED _____ SIGNED 7/19/01 DATE

FIELD INSPECTION

APPROVED _____ REJECTED _____ SIGNED _____ DATE

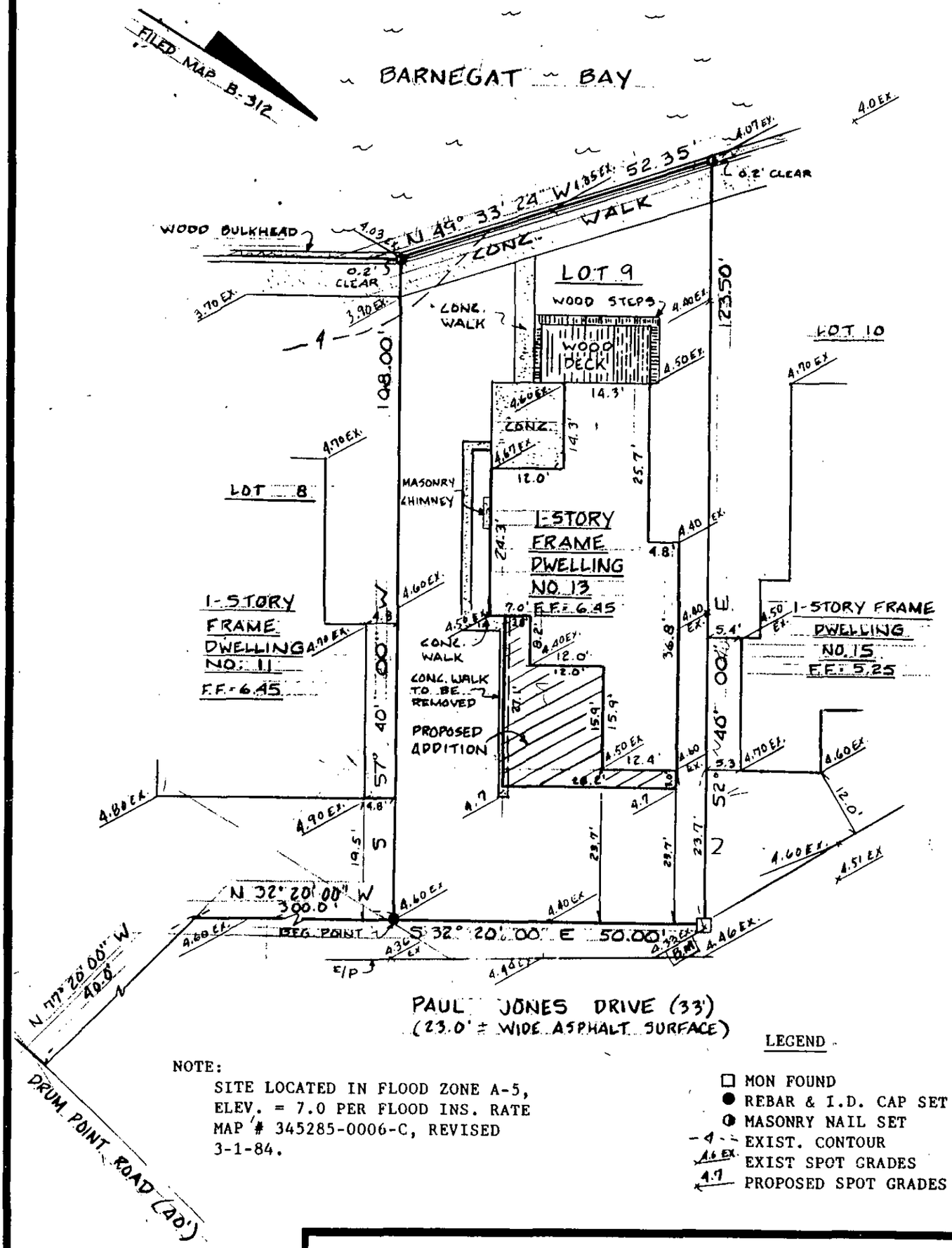
FINAL INSPECTION

APPROVED _____ REJECTED _____ SIGNED _____ DATE

COMMENTS _____

FLOOD ZONE

AE6



NOTE:

SITE LOCATED IN FLOOD ZONE A-5, ELEV. = 7.0 PER FLOOD INS. RATE MAP # 345285-0006-C, REVISED 3-1-84.

LEGEND

- □ MON FOUND
- ● REBAR & I.D. CAP SET
- ◑ MASONRY NAIL SET
- -4- EXIST. CONTOUR
- 4.6 EX. EXIST SPOT GRADES
- 4.7 PROPOSED SPOT GRADES

PLOT PLAN

TAX MAP LOT 9 BLOCK 260.12

BRICK TOWNSHIP

OCEAN COUNTY NEW JERSEY

Owen, Little & Associates, Inc.

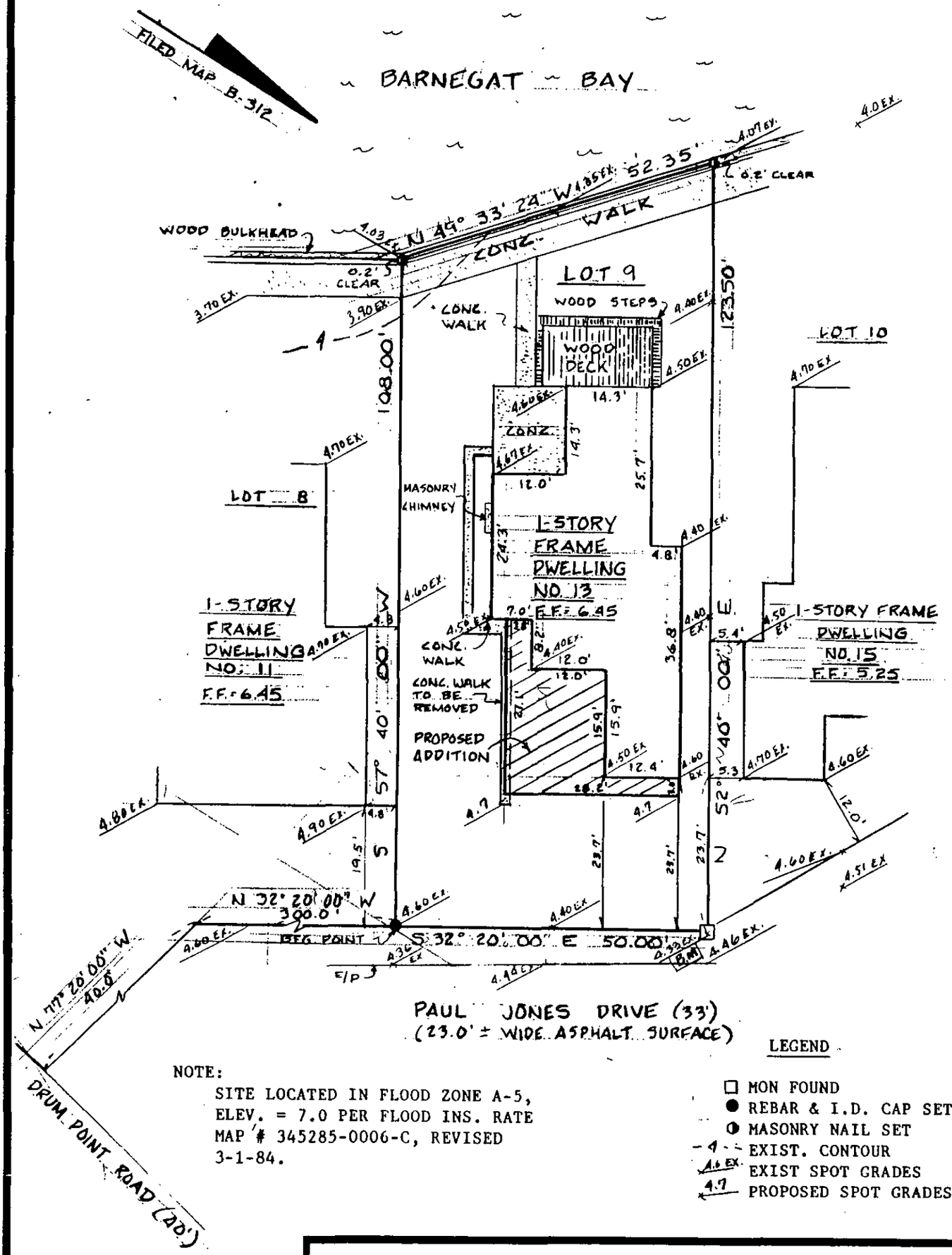
CONSULTING ENGINEERS
PLANNERS
SURVEYORS

806 MAIN STREET
TOMS RIVER, NEW JERSEY 08753
TEL: (201) 244-1090

DATE: 12-6-86	SCALE: 1"=20'	DRAWN BY: D.M.	CHECKED: D.O.
DAVID F. OWEN, P.E., P.P.		DRAWING NO: 86-111013	

PROFESSIONAL ENGINEER N.J. LIC. NO. 22096
PROFESSIONAL PLANNER N.J. LIC. NO. 1831

David F. Owen



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