

NP-09-00271



✓ C07-003114

## 67

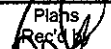
- V. FEE SUMMARY (for office use only)**

| PERMIT FEE SUMMARY (for Single Use Only) |                                | Update | Update |
|------------------------------------------|--------------------------------|--------|--------|
| 1.                                       | Building                       | \$     |        |
| 2.                                       | Electrical                     |        |        |
| 3.                                       | Plumbing                       |        |        |
| 4.                                       | Fire Protection                |        |        |
| 5.                                       | Elevator Devices               |        |        |
| 6.                                       | Subtotal                       | \$     |        |
| 7.                                       | Less 20% for State Plan Review |        |        |
| 8.                                       | Subtotal                       | \$     |        |
| 9.                                       | State Permit Surcharge Fee     |        |        |
| 10.                                      | Subtotal                       | \$     |        |
| 11.                                      | Cert. of Occupancy             |        |        |
| 12.                                      | Other                          |        |        |
| 13.                                      | TOTAL                          | \$     |        |

(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 \_\_\_\_\_

50' Bulkhead

| II. PROPOSED WORK |                                                  | Est. Cost                                                                           | Plans Rec'd                                                                         | Date Rec'd                                                                        | Rejection Date | Approval Date | Re-viewer                                                                             | Resubmission Dates |           | Re-viewer |
|-------------------|--------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------|---------------|---------------------------------------------------------------------------------------|--------------------|-----------|-----------|
|                   |                                                  |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       | Approval           | Rejection |           |
| 1.                | <input type="checkbox"/> Minor Work              |                                                                                     |    |  |                |               |                                                                                       |                    |           |           |
| 2.                | <input type="checkbox"/> New Building            |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
| 3.                | <input type="checkbox"/> Addition                |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
| 4.                | <input type="checkbox"/> a. Repair               |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
|                   | <input type="checkbox"/> b. Alteration           |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
|                   | <input type="checkbox"/> c. Renovation           |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
|                   | <input type="checkbox"/> d. Reconstruction       |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
| 5.                | <input type="checkbox"/> Fire Protection         |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
| 6.                | <input type="checkbox"/> Plumbing                |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
| 7.                | <input type="checkbox"/> Electrical              |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
| 8.                | <input type="checkbox"/> Elevator Devices        |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
| 9.                | <input type="checkbox"/> Asbestos Abat. Subch. 8 |  |  | 7/5/07                                                                            | 7/5/07         | 8/10/07       |  |                    |           |           |
| 10.               | <input type="checkbox"/> Lead Hazard Abatement   |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
| 11.               | <input type="checkbox"/> Demolition              |                                                                                     |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |
| TOTAL COSTS       |                                                  | 15,000                                                                              |                                                                                     |                                                                                   |                |               |                                                                                       |                    |           |           |

### A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
 

|                     | <u>All Units</u> | <u>Income-restricted</u> |
|---------------------|------------------|--------------------------|
| 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:

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

8. ☐ Smoke Control Systems in Open Wells  
9. ☐ Underground Storage Tanks  
10. ☐ Swimming Pools, Spas and Hot Tubs



# CONSTRUCTION PERMIT

Date Issued 8/16/2007  
Control # C-07-003114  
Permit # NP-07-00271

IDENTIFICATION Block: 324.38 Lot: 6 Qualifier \_\_\_\_\_  
Work Site Location: 64 JIB LANE, NJ Contractor ADVANCED MARINE CONSTRUCTION OF NJ INC  
Address 809 ROUTE 70 BRICK NJ 08724  
Owner in Fee GARRIGAN, MATTHEW  
64 JIB LANE BRICK NJ 08723 Telephone: (732) 477-7944  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. 13VH02782900  
Federal Employee No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT  
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION  
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

BULKHEAD/DOCK 50' BULKHEAD (RESIDENTIAL)

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 \$15,000

Construction Official \_\_\_\_\_

Date \_\_\_\_\_

U.C.C. F170  
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

|                  |                    |
|------------------|--------------------|
| Building         | \$0                |
| Electrical       | \$0                |
| Plumbing         | \$0                |
| Fire Protection  | \$0                |
| Elevator Devices | \$0                |
| Other            | \$0.00             |
| DCA Training Fee | \$0                |
| CO Fee           |                    |
| Other            | \$30               |
| Total            | \$30               |
| Check No.        | 1462               |
| Cash             | \$0                |
| Credit           | \$0                |
| Collected By     | Inspection Account |

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



CLUB HOUSE ROAD (50')

ROAD (50')

# CLUB HOUSE

JIB LANE (50')

SURVEY OF

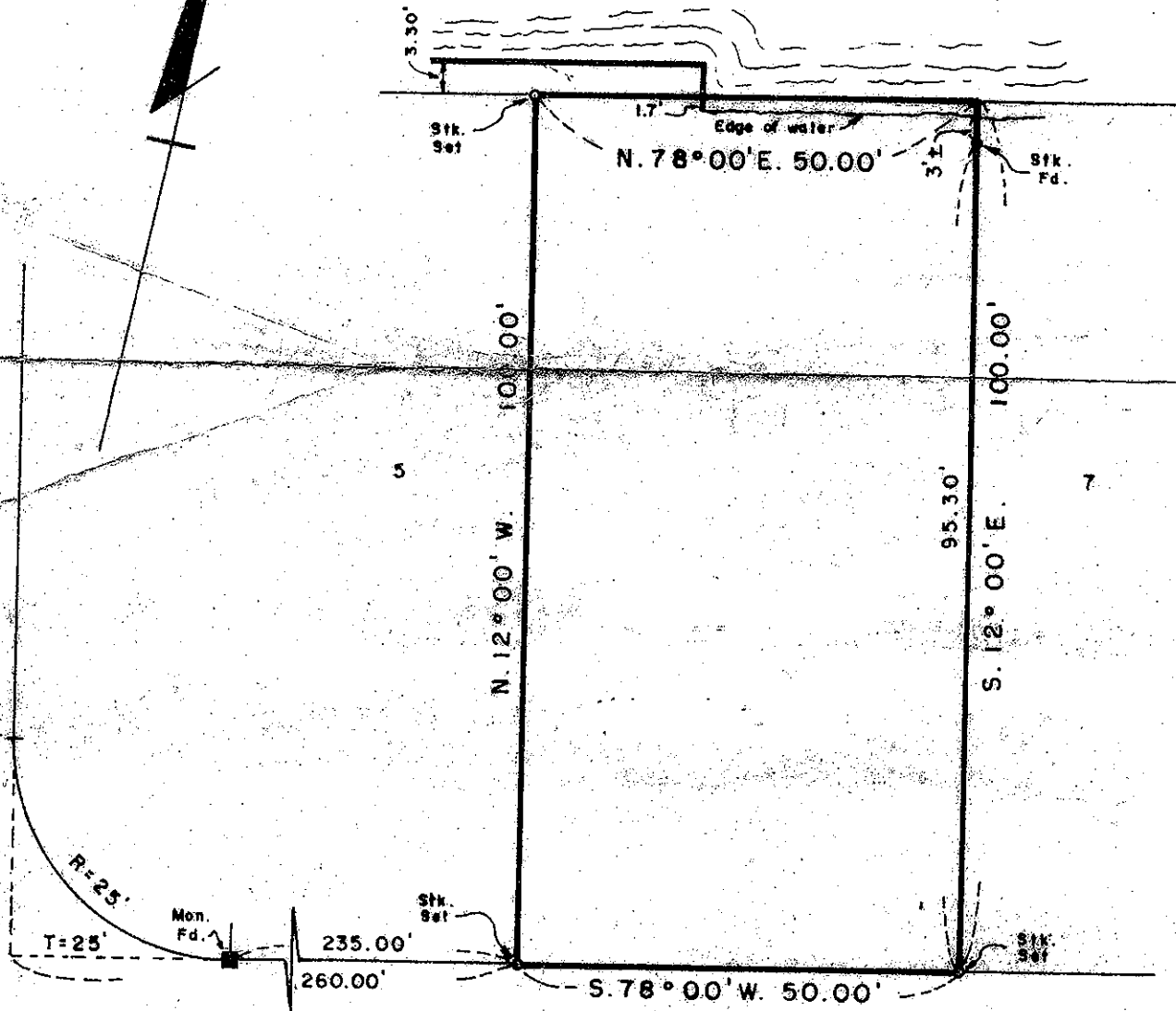
LOT 6 BLOCK 324-C18

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

CERTIFIED TO:

A/K/A Lot 6 Block 324-C18



7/9/07 Please Call

\* After  
ECC  
Advanced Marine

# TOWNSHIP OF BRICK

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

Daniel J. Kelly, Mayor



Department of Engineering

Office of the Municipal Engineer  
732-262-1040  
Fax: 732-262-8954  
www.twp.brick.nj.us

Township Council:

Stephen C. Acropolis - President  
Ruthanne Scaturro - Vice President  
Anthony Matthews  
Kathy M. Russell  
Joseph Sangiovanni  
Michael A. Thulen, Sr.  
Dan Toth

Date 7/5/07

## ENGINEERING REVIEW FORM

Applicant Garrigan  
Address 64 Sib Ln  
City, State, Zip Brick NJ 08723  
Property Address Same

Phone Advanced Marine  
732-477-7944  
Block 324.38  
Lot 6

PROJECT TYPE: Bulkhead

☒ Your application for engineering approval is denied for the following reasons:

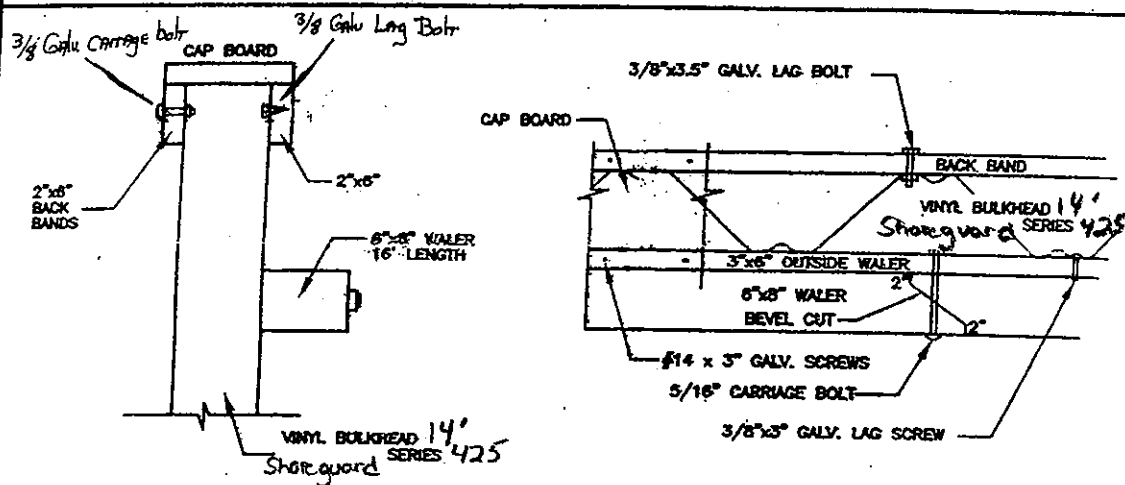
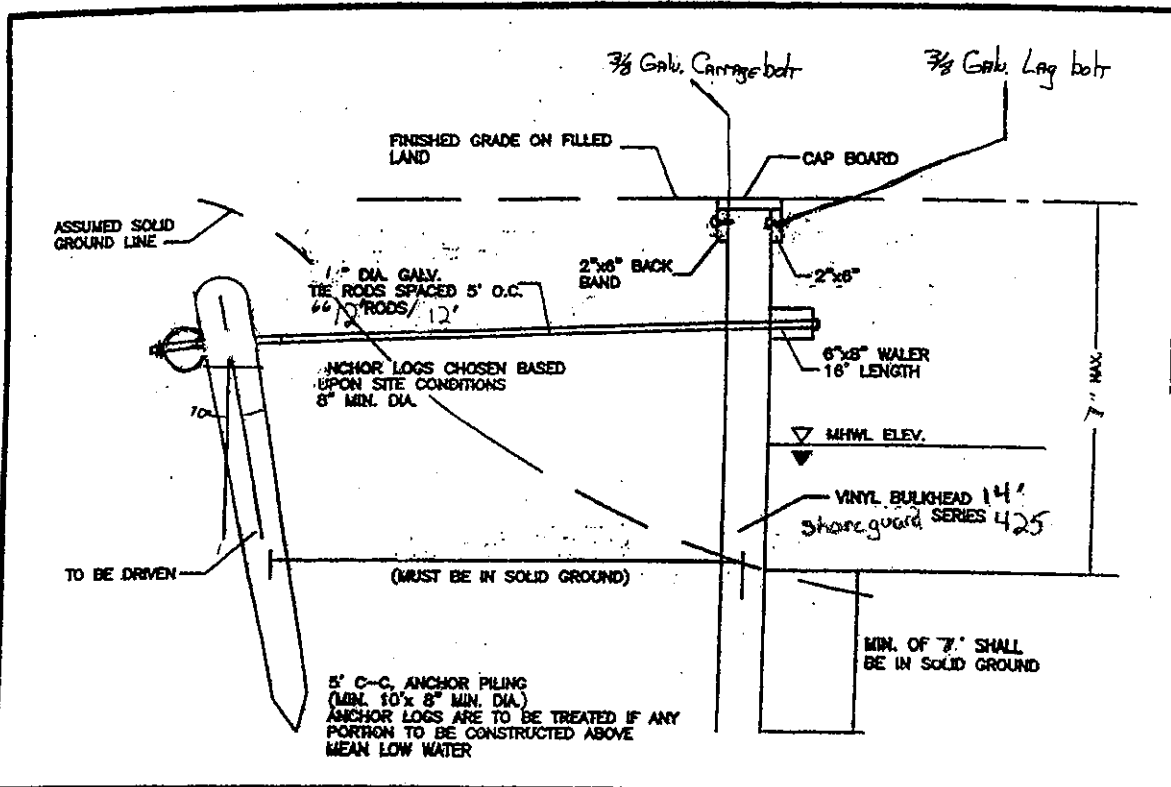
Missing a lot of information  
pertaining to checklist items (example DEP approval)

☐ The engineering portion of your permit is approved

Application reviewed by

James A. Priolo, P.E.  
Township Engineer





#### WOOD CAP DETAIL

#### SPECIFICATIONS

1. LENGTH OF BULKHEAD IS 50'
2. TREATED PILINGS AND WALES SHALL BE DOUGLAS FIR, SOUTHERN YELLOW CYPRESS.
3. THE BULKHEAD WALES AND PILINGS SHALL BE PRESSURE TREATED WITH 2.5 LBS. OF C.C.A. PER CUBIC FOOT OF TIMBER OR APPROVED EQUAL.
4. ALL METAL TO BE HOT DIPPED GALVANIZED.

Matthew Garrigan

66 Jib lane

Brick, NJ 08723

BIK-324.C18

LOT- 6

Advanced Marine Construction

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

**State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs**

THIS IS TO CERTIFY THAT THE  
Division of Consumer Affairs

HAS REGISTERED

Advanced Marine Construction of N.J. Inc.  
Robert E. Madison  
809 Route 70  
Brick NJ 08724

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/23/2006 TO 12/31/2007  
VALID

*Robert E. Madison*

Signature of Licensee/Registrant/Certificate Holder

**13VH02782900**

LICENSE/REGISTRATION/CERTIFICATION #

*Stephen B. Volpe*

ACTING DIRECTOR



PLEASE DETACH HERE  
IF YOUR LICENSE/REGISTRATION/  
CERTIFICATE ID CARD IS LOST  
PLEASE NOTIFY:

Division of Consumer Affairs  
P.O. Box 46016  
Newark, NJ 07101

PLEASE DETACH HERE

## 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. 5:23-2.15(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 Advanced Marine Construction of NJ Inc.

Address 809 Route 70

Brick, NJ 08724

Telephone (732) 477-7944

Signature Robert Madison

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



# Township of Brick

## BULKHEAD/DOCK REVIEW

### CHECKLIST

BLOCK 324-C18 LOT 6 DATE RECEIVED \_\_\_\_\_

PROPERTY ADDRESS 66 Jib lane

APPLICANT Matthew Garrigan PHONE \_\_\_\_\_

ADDRESS 66 Jib lane

CONTRACTOR Advanced Marine Const. PHONE 732-477-7944

ADDRESS 809 Route 70 Brick, NJ

TYPE OF WORK Replace in kind 50' bulkhead in vinyl

|    |                                                | 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             | X     |    |     |
| 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 <del>ANCHOR</del> PILING TYPE/SIZE/LENGTH | X     |    |     |
| 13 | SHEET PILING TYPE/SIZE/LENGTH                  | 10'   | X  |     |
| 14 | WALER TYPE/SIZE/LENGTH                         | 14'   | X  |     |
| 15 | TIE ROD TYPE/SIZE/LENGTH                       | Can 4 | X  |     |
| 16 | CAP/HARDEWARE/OTHER MISCELLANEOUS ITEMS        | 12'   | X  |     |
| 17 | TOP OF BULKHEAD ELEVATION                      | 7'    | X  |     |
| 18 | DISTANCE-TOP OF BULKHEAD TO SOLOD BOTTOM       |       | X  |     |
| 19 | BEVEL CUT DETAIL                               |       | X  |     |
| 20 | PIPE PENETRATION DETAIL                        |       |    |     |
| 21 | PRIOR D.E.P. PERMIT/ARMY CORP. PERMIT          | ZAWG  | X  |     |
| 22 | BOAT LIFT DETAIL                               |       |    |     |
| 23 | DOCK LIGHTING/REFLECTORS/TAPE/ETC.             |       |    |     |
| 24 | DRAG LOG/TYPER/SIZE/LENGTH                     |       | X  |     |
| 25 | HELICAL/MANTA RAY/ETC.                         |       |    |     |
| 26 | REPAIR/GRANT/LAND LEASE/ETC.                   |       |    |     |

#### BULKHEAD REVIEW

APPROVED 8/10/07 REJECTED \_\_\_\_\_ SIGNED [Signature] DATE 8/10/07 (cc)

#### ANCHOR INSPECTION

APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

#### FINAL INSPECTION

APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_