BLOCK 1388.04 LOT 13 QUALIFICATION CODE _ ADDRESS (SITE) 549 ALBERMARLE Rd PERMIT NO. 06-0408

# CONSTRUCTION PERMIT APPLICATION

05-140242

360

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

## I. IDENTIFICATION

1. Proposed Work Site at: 549 ALBERMARLE Rd BRICK
2. Name of Owner in Fee: JAMES BAYARD Te [redacted]
   Address 549 ALBERMARLE Rd (street) BRICK (municipality) 08724 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: PIONEER PIK BUILDINGS Tel. (888) 448-2505
   Address 716 S. RT 183 SCHUYLKILL HAVEN, PA 17972
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer JAMES KORFF HAVER Tel. (888) 448-2505
   Address 716 S RT 183 SCHUYLKILL HAVEN PA Contact DENNIS HERRING
6. Responsible Person in Charge once Work has Begun JAMES BAYARD
   Te [redacted] FAX: (732) 840-7856

Garage shed

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

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ 518 | | |
| 2. | Electrical | | | |
| 3. | Plumbing | | | |
| 4. | Fire Protection | | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | $ 51 | | |
| 7. | Less 20% for State Plan Review | | | |
| 8. | Subtotal | $ | | |
| 9. | State Permit Fee Surcharge | 35 | | |
| 10. | Subtotal | $ | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other 24 HCP | 60 | | |
| 13. | TOTAL | $ 604 | | |

## VI. BUILDING/SITE CHARACTERISTICS

| | | (office use only) |
|---|---|---|
| 1. Number of Stories | 1 | |
| 2. Height of Structure | 16' ft. | |
| 3. Area — Largest Floor | 1250 sq. ft. | |
| 4. New Building Area | 1250 sq. ft. | |
| 5. Volume of New Structure | 14,800 cu. ft. | |
| 6. Construction Classification | | |
| 7. Total Land Area Disturbed | 1250 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

**OPTIONAL** (for office use only)

| | 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 | | | | | | | | | |
| 2. ☒ New Building | 12,000 | ✓ | 12/15/05 | | 2-13-06 | FG | 1/12/06 | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ a. Repair | | | | | | | | | |
| ☐ b. Alteration | | | | | | | | | |
| ☐ c. Renovation | | | | | | | | | |
| ☐ d. Reconstruction | | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | | |
| 6. ☐ Plumbing | | | | | | | | | |
| 7. ☐ Electrical | | | | | | | | | |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☐ Demolition | | Cm | 2/13/06 | | 2/13/06 | M | | | |
| TOTAL COSTS | 12,000 | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction 0
   After Construction 1
   Net Gain or Loss 1

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

LDS BR-B 10427682

U.C.C. F100-1 (rev. 04/03)

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. (X) 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. (X) Building C.2. ( ) Fire Protection

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

D. (X) 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 12/5/01

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 | | | | | | | | | |
| ☐ 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 | | | |
|---|---|---|---|---|---|
| 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. | | | | |

IMPORTANT Approval 2/10/06 JRT
I.B.T. - MANDATORY FEE - RESIDENTIAL

*FOR OFFICE USE ONLY*

**Constituent Contact Report**

| Date | Comments | Initials |
|---|---|---|
| 12-23-5 | LETTER OF ZONING DENIAL ISSUED | SK, ZO |
| 2-9-6 | 11 AM – ZO INSPECTED SITE | SK, ZO |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

☑ Zoning Application deemed complete Initialed: JRT Date: 12/15/05

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

| | |
|---|---|
| Date Issued | 05/10/2006 |
| Tracking Number | C-05-140242 |
| Permit Number | 06-0408 |
| Permit Issue Date | 02/14/2006 |

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 548 ALBERMARLE RD Brick Township, NJ Block: 1385.04 Lot: 13 Qual:

Owner in Fee: BAYARD, JAMES & LAURA T.

Owner Address: 548 ALBERMARLE ROAD BRICK NJ 08724

Telephone: [redacted]

Contractor PIONEER POLE BUILDINGS

Address 716 SOUTH ROUTE 183 SCHUYKILL HAVEN NJ

Telephone: 888/448-2505 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

RESIDENTIAL ADDITION 30X40 SHED ON EXISTING PROPERTY BEHIND HOUSE

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period ( years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period ( years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
**Conditions to be met:**

Construction Official

Fee: $0.00

Check Number: 360

Collected By: Ann Marie Hanlon

*Date Printed: 05/10/2006*

# CONSTRUCTION PERMIT

Date Issued 02/14/2006
Control # C-05-140242
Permit # 06-0408

IDENTIFICATION Block: 1385.04 Lot: 13 Qualifier
Work Site Location: 548 ALBERMARLE RD Brick Township, NJ
Owner in Fee BAYARD, JAMES & LAURA T.
Address 548 ALBERMARLE ROAD BRICK NJ 08724
Telephone: [redacted]

Contractor BAYARD, JAMES & LAURA T.
Address 548 ALBERMARLE ROAD BRICK NJ 08724
Telephon [redacted]
Lic. No. o
Federal Employee. No.

**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:

RESIDENTIAL ADDITION 30X40 SHED ON EXISTING PROPERTY BEHIND HOUSE

**Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.**
**Estimated Cost of Work** $12,000

Construction Official

02/14/2006
Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $518 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $51 |
| CO Fee | $35.00 |
| Other | $60 |
| Total | $664 |
| Check No. | 360 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Ann Marie Hanlon |

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

## 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.

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued 2/14/06
Permit # 06-0468

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

Block 1385.04 Lot 13 Qualification Code
Work Site Location 548 ALBERMARLE RD BRICK
Owner in Fee JAMES BAYARD
Address 548 ALBERMARLE RD BRICK NJ
Tel [redacted]
Contractor PIONEER PORT BUILDINGS
Address 716 S RT. 183 SCHUYLKILL PA 17972
Tel. (888) 448-2505 FAX (888) 448-2515
Contractor License No. or Builder Registration No.
Federal Emp. No

**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

ERECT A 30'X40' SHED ON EXISTING PROPERTY BEHIND HOUSE.

SEALED TRUSS PLANS FROM NEW JERSEY LICENSED PROFESSIONAL MUST BE ON JOBSITE.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [X] All | 2-13-06 | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-26-06
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | 04/19/06 | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | 4-26-06 | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 4/26/06 | |
| Barrier-Free | | | | |

TYPE OF WORK:
[X] New Building SHED (ACC. BUILDING)
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

**B. BUILDING CHARACTERISTICS**

| | Present | Proposed |
|---|---|---|
| Use Group | | |
| Constr. Class | | |
| No. of Stories | 1 | |
| Height of Structure | 16 Ft. | |
| Area — Largest Floor | 1200 Sq. Ft. | |
| New Bldg. Area/All Floors | 1200 Sq. Ft. | |
| Volume of New Structure | Cu. Ft. | |
| Total Land Area Disturbed | 1200 Sq. Ft. | |

**Est. Cost of Bldg. Work:**
1. New Bldg. $ 12,000
2. Rehabilitation $ -0-
3. Total (1+ 2) $ 12,000

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Lower Chord Trusses Bracing NOT Overlapped
OK To Sister Another on Top

# Township of Brick
## Zoning Permit

**Approved:** Thursday, February 09, 2006 **Number:** 115

**Block** 1385.04 **Lot** 13 **Zone:** R-20

**Property Address:** 548 Albermarle Road

**Applicant:** James Bayard

**Property Owner** James Bayard

**Existing Use:** Single Family Residential

**Proposed Use:** Single Family Residential

**Proposed Construction:** Detached residential accessory garage building, 30' x 40', 17.33' high.

**Conditions:**

The building must be set back at least 10 feet from the side and rear property lines.
The building and property may not be used for Bayard Builders, LLC, or any other business or commercial use.
No construction vehicles, equipment, or materials may be stored in the buildings, on the property, or in the street.
An additional zoning permit is requitred for any additional work.

**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
Principal Planner

Sean Kinnevy
Zoning Officer

(Please Type or Print Neatly in Ink, Not Pencil)

DEC 16 2005

**Applications missing any of the following information will delay processing and may be returned to you.**

FEB 7 2006

BLOCK 1385.04 LOT 13 QUALIFIER —

PROPERTY ADDRESS 548 ALBERMARLE RD

PERSONAL NAME OF APPLICANT JAMES BAYARD

BUSINESS NAME OF APPLICANT —

MAILING ADDRESS OF APPLICANT 548 ALBERMARLE RD, BRICK, NJ 08724

PROPERTY OWNER'S FULL NAME JAMES BAYARD

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 ~~Expansion~~ 17.33'
☐ Alteration
☐ Porch or deck - Height
☒ ~~Shed - Height 10' (Acc. Building)~~
☐ Fence - Type Height
☐ 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 James Bayard Date 11/30/05

Reviewed by Zoning Office JC Date 2/9/06 (X) Approved ( ) Denied

March 2003

12/15/05

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

| | | | |
|---|---|---|---|
| BLOCK: | 1385.04 | LOT: | 13 |
| SITE ADDRESS: | 548 Albermarle Rd. | | |
| CONTROL #: | 05-140242 | WORK TYPE: | Detached garage |
| APPLICANT: | James Bayard | PHONE # | [redacted] |
| APPLICANT ADDRESS | 548 Albermarle Rd. | CITY/STATE/ZIP: | Brick, NJ 08724 |

MANDATORY DEVELOPER FEES

_X__ Residential is 1%
___ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

Business Name:

The estimated equalized assessed value: Residential $ 30,000.00
Commercial

02/10/2006
Date

The final equalized assessed value at the above referenced site is: Residential $ 28,200.00
Commercial

04/27/2006
Date

| | | | |
|---|---|---|---|
| Prel. Fee (Res) | $ 150.00 | Final Fee (Res) | $ 132.00 |
| Prel. Fee (Comm) | $ - | Final Fee (Comm) | $ - |
| Waiver Fee(Res. Only) | | | |
| Check # | 359 | Check # | 269 |
| Date Paid | 02/10/2006 | Date Paid | 05/03/2006 |

Total Fee Paid (Res) $ 282.00
Total Fee Paid (Com) $ -

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Authorized Signature – Township of Brick

| Job | Truss | Truss Type | Qty | Ply | E2815755 |
|---|---|---|---|---|---|
| PIONEER | 30FT-110 | FINK | 110 | 1 | 30' Stock<br>Job Reference (optional) |

Universal Forest Products, Gordon, PA — 6.200 s Oct 18 2005 MiTek Industries, Inc. Wed Nov 02 15:19:49 2005 Page 1

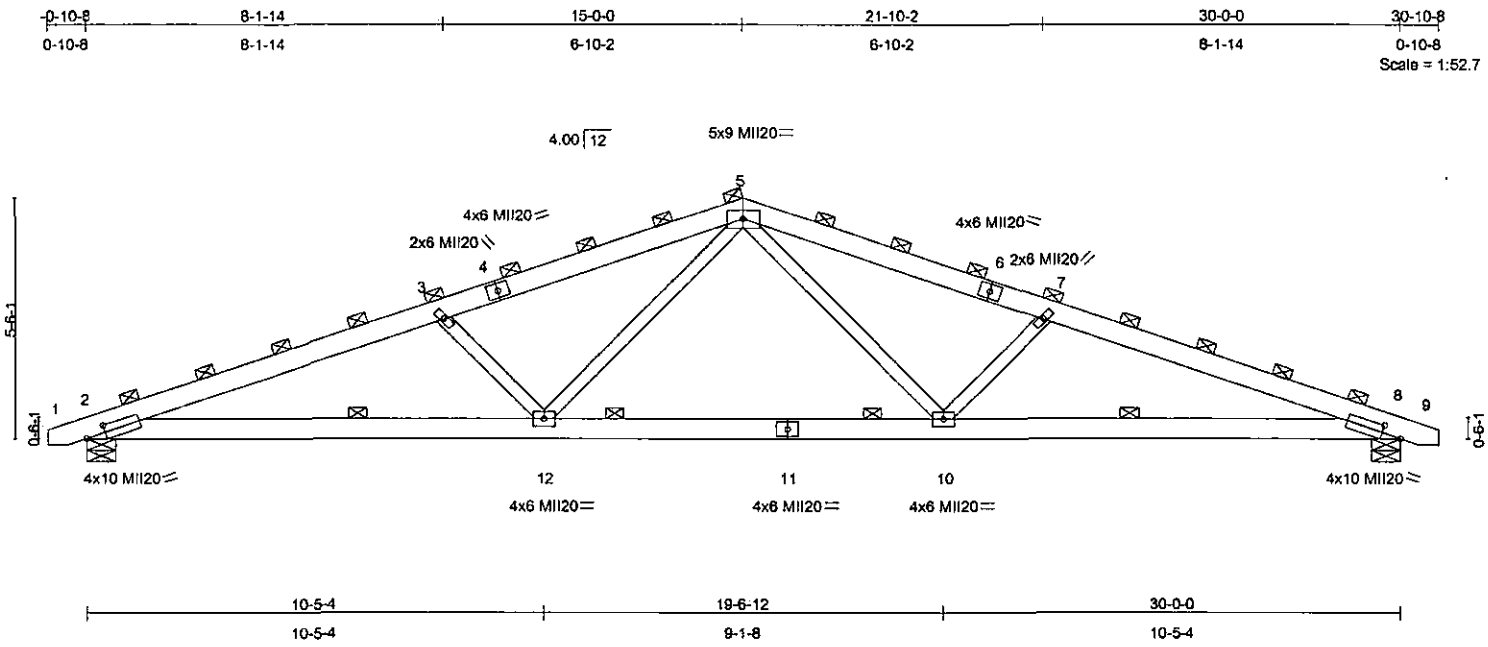



Plate Offsets (X,Y): [2:0-5-4,0-2-0], [8:0-5-4,0-2-0]

| LOADING (psf) | | SPACING | 4-0-0 | CSI | | DEFL | in | (loc) | l/defl | L/d | PLATES | GRIP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TCLL | 25.2 | Plates Increase | 1.15 | TC | 0.75 | Vert(LL) | -0.26 | 10-12 | >999 | 240 | MII20 | 197/144 |
| (Ground Snow=40.0) | | Lumber Increase | 1.15 | BC | 0.95 | Vert(TL) | -0.37 | 8-10 | >953 | 180 | | |
| TCDL | 5.0 | Rep Stress Incr | NO | WB | 0.77 | Horz(TL) | 0.10 | 8 | n/a | n/a | | |
| BCLL | 0.0 | Code | IBC2000/ANSI95 | (Matrix) | | | | | | | Weight: 136 lb | |
| BCDL | 5.0 | | | | | | | | | | | |

**LUMBER**
TOP CHORD 2 X 6 SPF No.2 *Except*
1-4 2 X 6 SPF 1650F 1.5E, 6-9 2 X 6 SPF 1650F 1.5E
BOT CHORD 2 X 6 SPF 2100F 1.8E
WEBS 2 X 4 SPF Stud

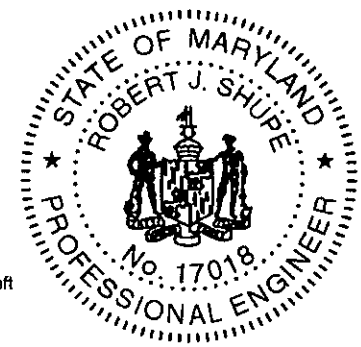
**BRACING**
TOP CHORD 2-0-0 oc purlins (2-11-1 max.).
BOT CHORD 6-0-0 oc bracing.
JOINTS 1 Brace at Jt(s): 5

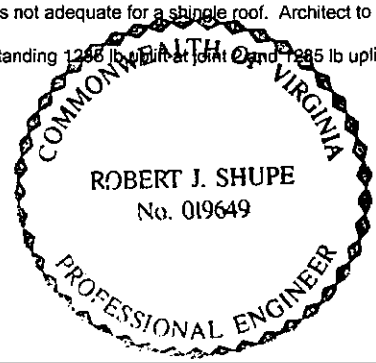
**REACTIONS** (lb/size) 2=2184/0-8-0, 8=2184/0-8-0
Max Horz 2=-263(load case 7)
Max Uplift2=-1285(load case 4), 8=-1285(load case 5)
Max Grav 2=2622(load case 2), 8=2622(load case 3)

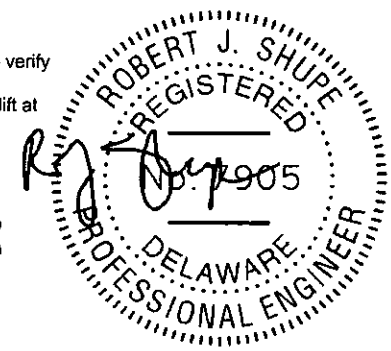
**FORCES** (lb) - Maximum Compression/Maximum Tension
TOP CHORD 1-2=0/34, 2-3=-5422/2594, 3-4=-4357/2261, 4-5=-4126/2285, 5-6=-4126/2286, 6-7=-4357/2262, 7-8=-5422/2596, 8-9=0/34
BOT CHORD 2-12=-2454/4908, 11-12=-1407/3080, 10-11=-1407/3080, 8-10=-2259/4908
WEBS 3-12=-1472/853, 5-12=-723/1795, 5-10=-724/1795, 7-10=-1472/854

**NOTES**
1) Wind: ASCE 7-98; 110mph; h=15ft; TCDL=3.0psf; BCDL=3.0psf; Category II; Exp C; enclosed; MWFRS gable end zone; cantilever left and right exposed ; end vertical left and right exposed; Lumber DOL=1.33 plate grip DOL=1.33.
2) TCLL: ASCE 7-98; Pg= 40.0 psf (ground snow); Pf=25.2 psf (flat roof snow); Category II; Exp C; Fully Exp.; Ct= 1
3) Unbalanced snow loads have been considered for this design.
4) This truss has been designed for greater of min roof live load of 20.0 psf or 1.00 times flat roof load of 25.2 psf on overhangs non-concurrent with other live loads.
5) Dead loads shown include weight of truss. Top chord dead load of 5.0 psf (or less) is not adequate for a shingle roof. Architect to verify adequacy of top chord dead load.
6) Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 1285 lb uplift at joint 2 and 1285 lb uplift at joint 8.
7) N/A
8) Design requires purlins at oc spacing indicated.

**LOAD CASE(S)** Standard



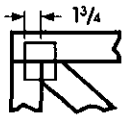

November 2,2005

**WARNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.**
Design valid for use only with MiTek connectors. This design is based only upon parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TPI1 Quality Criteria, DSB-89 and BCSI1 Building Component Safety Information available from Truss Plate Institute, 583 D'Onofrio Drive, Madison, WI 53719.

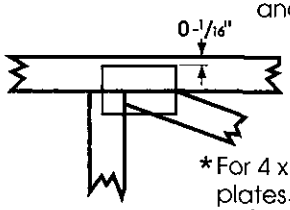
ENGINEERING BY TRENCO
A MiTek Affiliate
818 Soundside Road
Edenton, NC 27932

# Symbols

**PLATE LOCATION AND ORIENTATION**




* Center plate on joint unless x,y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.




* For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.

* This symbol indicates the required direction of slots in connector plates.

*** Plate location details available in MiTek 20/20 software or upon request.**

**PLATE SIZE**

4 x 4 — The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

***LATERAL BRACING***

Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

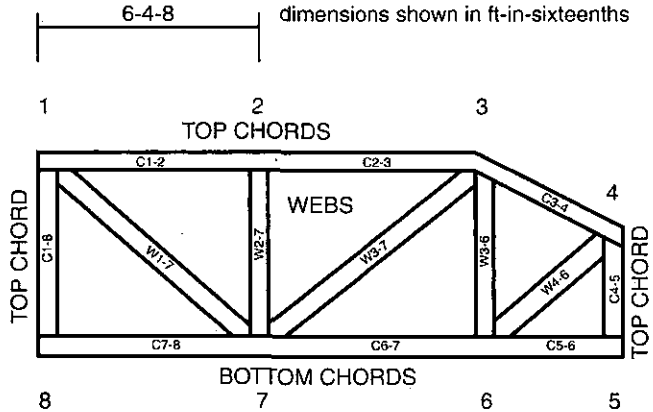
**BEARING**

Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

**Industry Standards:**

ANSI/TPI1: National Design Specification for Metal Plate Connected Wood Truss Construction.
DSB-89: Design Standard for Bracing.
BCSI1: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

# Numbering System




**JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.**

**CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.**

**CONNECTOR PLATE CODE APPROVALS**

| | |
|---|---|
| BOCA | 96-31, 95-43, 96-20-1, 96-67, 84-32 |
| ICBO | 4922, 5243, 5363, 3907 |
| SBCCI | 9667, 9730, 9604B, 9511, 9432A |

MiTek®

TEE-LOK®

ENGINEERING BY TRENCO
A MiTek Affiliate

# ⚠General Safety Notes

## Failure to Follow Could Cause Property Damage or Personal Injury

1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCSI1.
2. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
3. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
4. Cut members to bear tightly against each other.
5. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI1.
6. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI1.
7. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
8. Unless expressly noted, this design is not applicable for use with fire retardant or preservative treated lumber.
9. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
10. Plate type, size, orientation and location dimensions shown indicate minimum plating requirements.
11. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
12. Top chords must be sheathed or purlins provided at spacing shown on design.
13. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
14. Connections not shown are the responsibility of others.
15. Do not cut or alter truss member or plate without prior approval of a professional engineer.
16. Install and load vertically unless indicated otherwise.

# 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: 12/15/05

Block: 1385 Lot: 13

Property Address: 548 Albermarle Rd Brick

I, James Bayard (name) of 548 Albermarle Rd (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.

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: 2/15/06 Signed:

Rejected on: Signed:

Comments:

# TOWNSHIP OF BRICK

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



Department of Administration & Finance
Division of Land Use and Planning
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

December 23, 2005

James Bayard
548 Albermarle Drive
Brick, NJ 08724

Re: Block 1385.04, Lot 13
548 Albermarle Road
Zoning Permit Application

Dear Mr. Bayard:

Your zoning permit application for a garage building on the referenced property cannot be approved because two (2) copies of a plot plan drawn by an engineer showing the building and the driveway must be submitted, as per Section 190-31 of the Township Code.

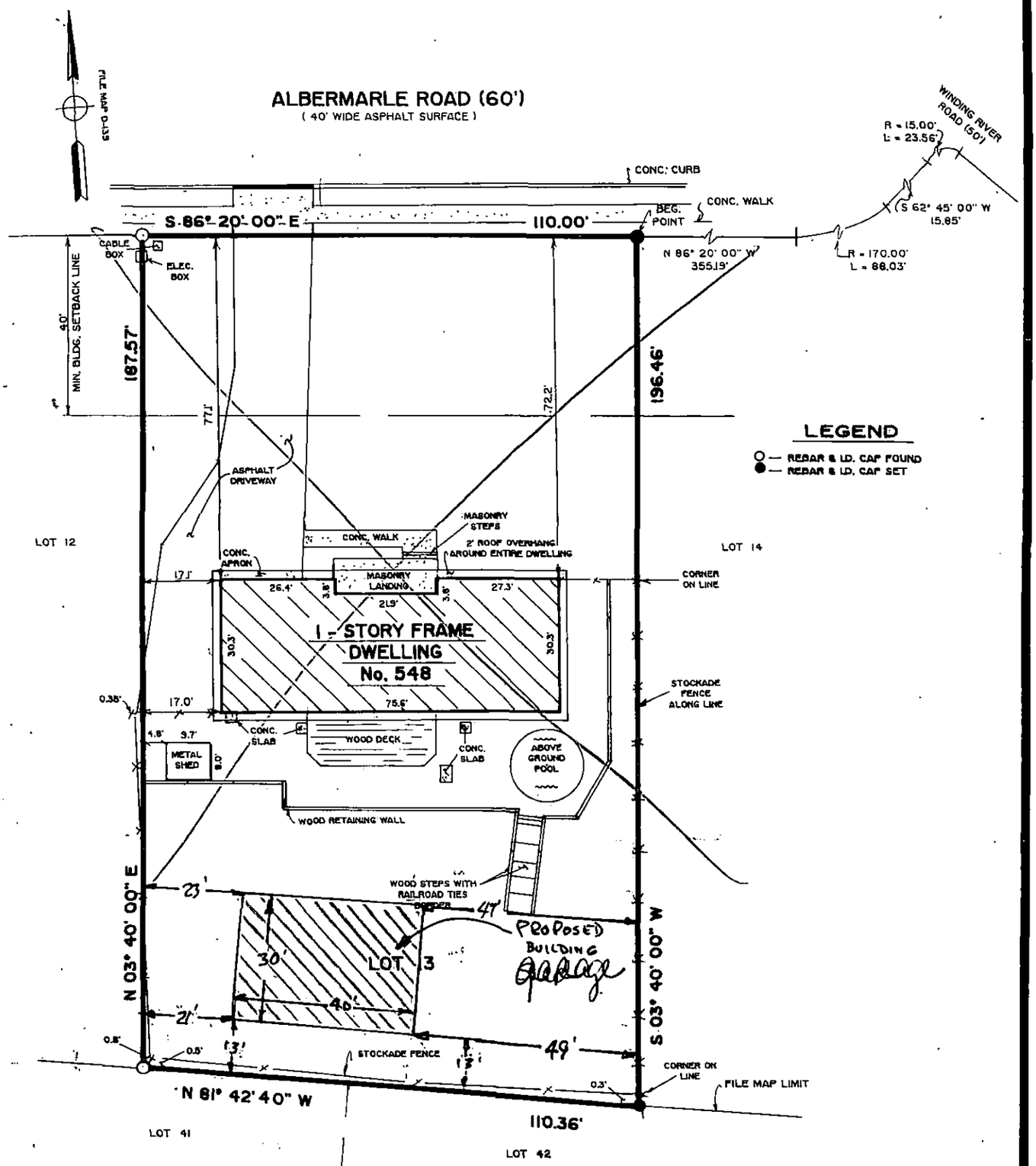
1/4/05
OK tool / survey to be redone

Very truly yours,

Sean Kinnevy
Zoning Officer

Cc: Scott MacFadden, Business Administrator
Michael Fowler, Principal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel Newman, Jr., Construction Official
Stanley Lutkiewicz, Engineering Dept.

2/7/06- Resubmit




TO: JAMES BAYARD AND LAURA T. BAYARD, HIS WIFE; MID-STATE ABSTRACT COMPANY & FIRST AMERICAN TITLE INSURANCE COMPANY; FOREMOST MORTGAGE BROKERAGE, INC., ITS SUCCESSORS AND/OR ASSIGNS AND POPOVITCH & POPOVITCH, ESQUIRES.

## DESCRIPTION

BEING KNOWN AND DESIGNATED AS LOT 13, BLOCK 1385-4, ON A MAP ENTITLED "FINAL PLAT PROSPECT HILL A MAJOR SUBDIVISION OF LOT 9 - BLOCK 1385, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY". FILED IN THE OFFICE OF THE OCEAN COUNTY CLERK ON DECEMBER 9, 1975 AS MAP No. D - 139.

DEED REFERENCE: BOOK 3947, PAGE 646

REV. # 1 - 11-13-92 - REV. REAR R. BEARING.

THIS SURVEY IS A REPRESENTATION OF CONDITIONS EXISTING ON THE PROPERTY, EXCEPT SUCH EASEMENTS AND ENCROACHMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LAND OR ON THE SURFACE OF THE LAND NOT VISIBLE OR IN DOCUMENTATION SUPPLIED AT TIME OF SURVEY

THIS SURVEY IS MADE ONLY TO NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OR DELINEATED PROPERTY BY NAMED PURCHASER.

NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED ABOVE, EITHER DIRECTLY OR INDIRECTLY.

*UNAUTHORIZED ALTERATION* OR ADDITION TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS ILLEGAL AND PUNISHABLE BY LAW

## MAP OF SURVEY

TAX MAP LOT 13 BLOCK 1385.04

BRICK TOWNSHIP

OCEAN COUNTY NEW JERSEY


*Owen, Little & Associates, Inc.*

CONSULTING ENGINEERS
PLANNERS
SURVEYORS

443 ATLANTIC CITY BLVD.
BEACHWOOD, NEW JERSEY 08722
TEL.(908)244-1090 FAX(908)341-3412


12/15/05 11/28/05

| DATE: 11/10/92 | SCALE: 1" = 30' | DRAWN BY: DJM | CHECKED: WJB |
|---|---|---|---|
| William J. Berg | | DRAWING NO: | 92 - 111721 |

WILLIAM J. BERG, L.S.
PROFESSIONAL LAND SURVEYOR N.J. LIC. No. 36228

*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: 548 Albermarle Rd

Block: _____ Lot: _____

Contractor: Pioneer Pole Buildings / Jim Bayard

Contractor's Address: 716 S. Rt 183 Schuylkill Haven PA

Type of Construction (minor, new home): wood + metal

Type of Debris (shingles, siding, wood, etc.): AQC + 26.GA metal siding

Party responsible for removal: Pioneer Pole Buildings

Dumpster size: None Needed

Destination of debris: To Builder's Factory in PA.

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.

Signature

11/30/05
Date

James Bayard
Print Name