BLOCK 944 LOT 47 C28-47 QUALIFICATION CODE _____ ADDRESS (SITE) 850 South Dr. Brick NJ. 08723 PERMIT NO. 96-2651

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 850 South Dr Brick NJ 08723
2. Name of Owner in Fee: Jim Peters Tel. [redacted]
   Address 850 (street) South Dr Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Jack Taylor Tel. (732) 892 8687
   Address 773 South Dr. Brick
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer Carl Feltz Tel. (732) 892 8082
   Address 1 Pleasant NJ. 08742
6. Responsible Person in Charge of Work Jack Taylor
   Tel. (732) 892 8687 FAX (_____) _____

Addition

II. PROPOSED WORK

		Est. Cost
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	
	TOTAL COSTS	2500

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
Potts	7/20/98		8-11-98	FM	4/12/01		OK
			8-12-98	[illegible]	6/17/99		OK
CM	7/31/98		7/31/98	JL			

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

V. FEE SUMMARY (for office use only)

RECEIVED

			Update	Update
1.	Building	$ 35	20	995
2.	Electrical			
3.	Plumbing	40.	DIV. OF INSPECTIONS	
4.	Fire Protection		DIV. OF INSPECTIONS	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy	35		
12.	Other ZPR + PP	$30		
13.	TOTAL	$ 140.		

1475

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 560 sq. ft.	
5.	Volume of New Structure 5280 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	

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:

ENDORSED COPY

LDS BR 10411801

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.

(X) Check if contractor.

Agent Name Jack Taylor

Address 773 South Dr

Brick NJ. 08723

Telephone (773) 892 8687

Signature Jack Taylor

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! PLEASE PRINT

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/20/98
Control #
Permit # 98-2851

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 944 Lot 47 Qual

Work Site Location 850 SOUTH DR
ADDITION
Owner in Fee PETER, JIM J
Address SAME
[redacted]
Telephone [redacted]

Contractor JACK TAYLOR
Address 773 SOUTH DRIVE
BRICK, NJ
Telephone (732)892-8687
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CONTINUE DOORHAR ON ROOF USE FOR ADDITONAL BATH 7X8

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

Estimated Cost of Work $ 3,500

J. Carnevale / CS
Construction Official

08/20/98
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	35
Other 2 PLP	36
Total 140	110
Check No.	1475
Cash	
Collected By	CS

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/29/98
Date Issued 8-20-98
Permit # 98-2857

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

Block 944 Lot 47 Qual
Work Site Location 850 SOUTH DR
ADDITION
Owner in Fee PETER, JIM J
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor JACK TAYLOR
Address 773 SOUTH DRIVE
BRICK, NJ
Tele.(732)892-8687 Fax ( )
Lic. No. or Bldrs. Reg. 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

CONTINUE DOORMAR ON ROOF USE FOR ADDITONAL BATH 7X8

See Owners Drawings

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8/11/98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 4-12-2001
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			11/5/98	DC
BarrierFree				
Insulation				
Finishes	4/2/2001	Left Hanging with owner		
Energy				
Mechanical				NG
TCO	No PLANS		Size	
Other	4/12/2001	DOOR		
Final	DKG			
BarrierFree		4/12/2001	DKG	

per Carol Plans copy

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[X] Addition		7
[ ] Alteration		0
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-3
Constr. Class	Present	Proposed	
No. of Stories			0
Height of Structure			0 Ft.
Area Largest Floor			0 Sq. Ft.
New Bldg. Area/All Floors			56 Sq. Ft.
Volume of New Structure			280 Cu. Ft.
Total Land Area Disturbed			0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 28
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
TECHNICAL SECTION

Date Received 07/29/98
Date Issued C28-47 / 8-20-98
Permit # 98-2857

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

Block 944 Lot 47 Qual
Work Site Location 850 SOUTH DR
ADDITION
Owner in Fee PETER, JIM J
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor JACK TAYLOR
Address 773 SOUTH DRIVE
BRICK, NJ
Tele.(732)892-8687 Fax ( )
Lic. No. or Bldrs. Reg. 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

CONTINUE DOORMAR ON ROOF USE FOR ADDITONAL BATH 7X8

See Owners Drawings

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-11-98	PM
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 56 Sq. Ft.
Volume of New Structure 280 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	7
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	28
Collected by: TOTAL FEE	$	35
DCA Training Fee	$	0

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

TOWNSHIP OF BRICK
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
TECHNICAL SECTION

Date Received 07/29/98
Date Issued 8-20-98
Permit # 98-285

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

Block 944 Lot 47 Qual
Work Site Location 850 SOUTH DR
ADDITION
Owner in Fee PETER, JIM J
Address SAME
BRICK, NJ 08723-
Tel. [redacted]
Contractor JACK TAYLOR
Address 773 SOUTH DRIVE
BRICK, NJ
Tele.(732)892-8687 Fax ( )
Lic. No. or Bldrs. Reg. 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

CONTINUE DOORMAR ON ROOF USE FOR ADDITONAL BATH 7X8

See Owners Drawings

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-11-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 56 Sq. Ft.
Volume of New Structure 280 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	7
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 28
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8-20-98
Date Issued
Control #
Permit # 98-2851

1 Unit Bathroom

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

Block 944 Lot 47
Work Site Location 850 South Dr
Brick NJ. 08723
Owner in Fee Jim Peters
Address 850 South Dr
Brick N.J. 08723
Tele. [redacted]
Contractor Alex Callender
Address 2526 Ranchorn Dr.
Manasquan NJ
Tele. (___) 528-9191
Lic. No. 8730
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present V Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size 1" Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8-12-98
Approved by: BAB

SUBCODE APPROVAL:
[ ] CO [ ] CCO [V] CA
Approved By: DW
Date: 6-17-99

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	10-29-98		11-2-98	DW
Water				
Sewer				
Fixtures			6-17-99	DW
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[V] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 40
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8-20-98
Date Issued
Control #
Permit # 98-2851

1 New Bathroom

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

Block 944 Lot 47
Work Site Location 850 South Dr
Brick NJ 08723
Owner in Fee Jim Peters
Address 850 South Dr
Brick NJ 08723
Tele. [redacted]
Contractor Alex Callender
Address 2526 Renaissance Dr.
Manasquan NJ
Tele. ( ) 528-1991
Lic. No. 5130
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size 1" Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8-12-98
Approved by: [signature]

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

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

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
1	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
8-12-98	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 40
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

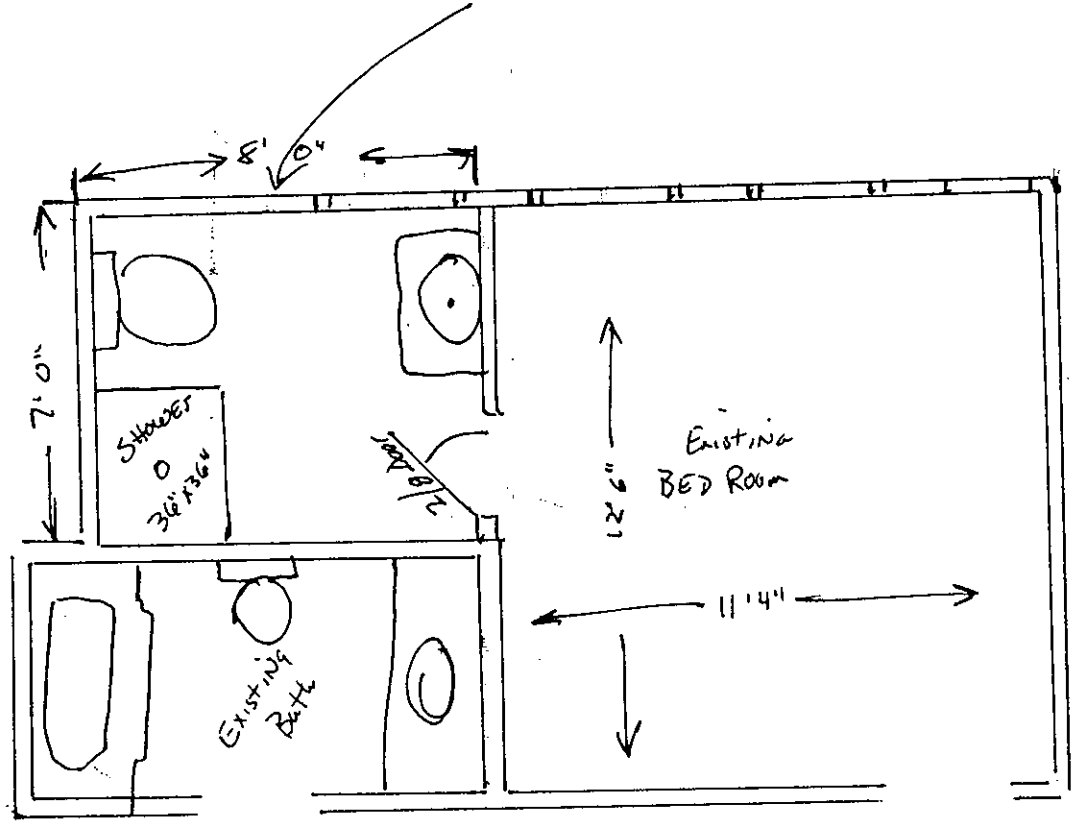
U.C.C. Form F-130B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

850 Sea Pt.
Brick N.J. 08723

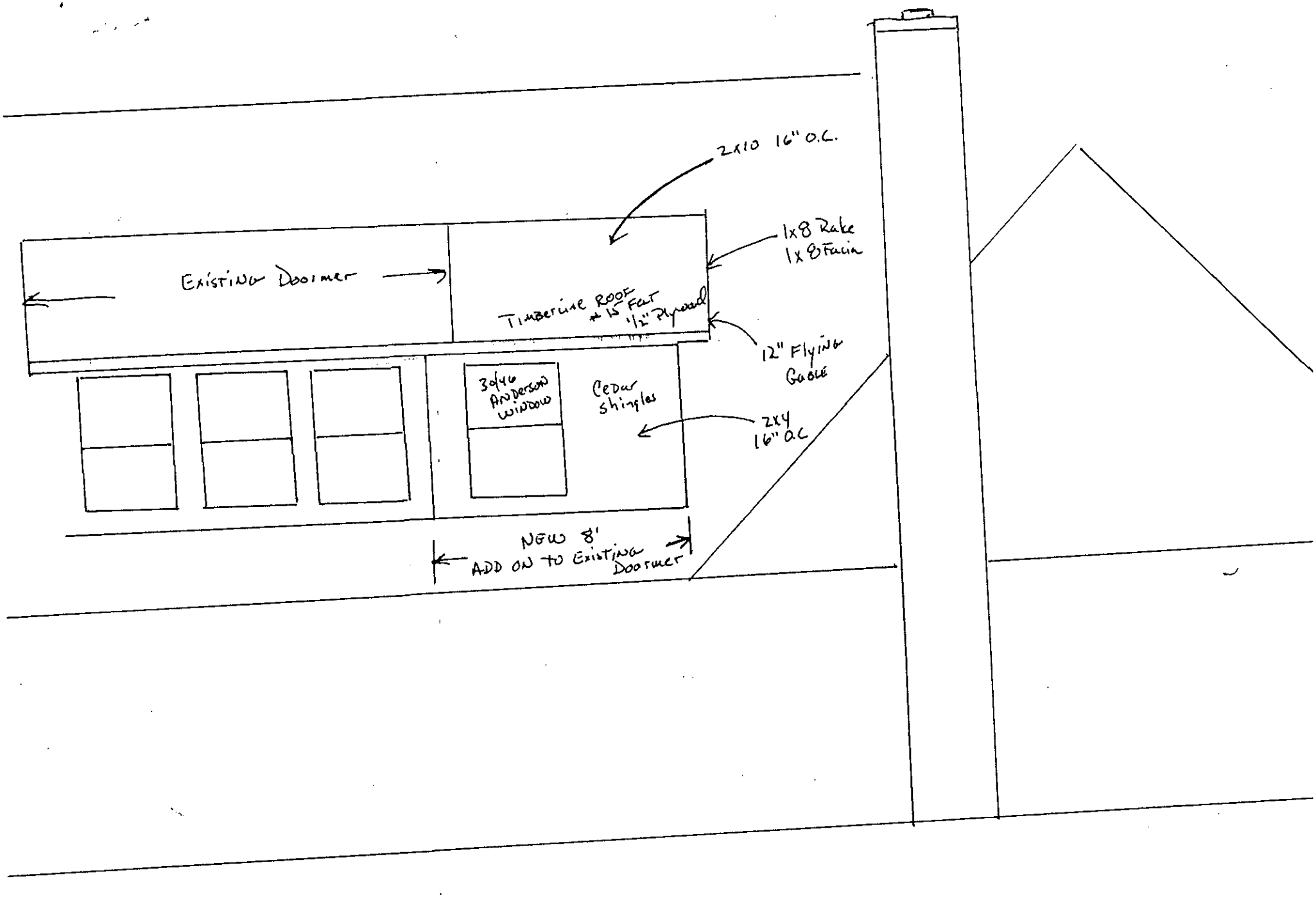
B- 945
L-

RECEIVED
AUG 1 1 1998
DIV. OF INSPECTION

this Room is presently a walk in Attic Storage
Fully insulated & sheetrock and painted
Allso is heated with Hot Water Baseboard heat



Brick N.J. 08723



TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: July 30, 1998 1998 - 1283

Block 944 Lot 47 Zone R-5

Property Address: 850 South Drive

Owner: Jim Peters (Phone): [redacted]

Applicant: Jack Taylor Builders (Phone): (732) 892-8687

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): 8' by 7' addition to existing dormer; 32' high.

Conditions: The dormer must not exceed a height of 35 feet and must be setback at least 15 feet from the property line.

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 944 LOT 47

PROPERTY ADDRESS 850 South Drive Brick

NAME OF OWNER Jim Peters OWNER'S PHONE [redacted]

NAME OF APPLICANT Jim Peters Jack Taylor Builders

APPLICANT'S COMPLETE ADDRESS ~~850 South Dr. Brick~~ 713 S. Drive Brick 08719

APPLICANT'S PHONE NUMBER (732) 892-8687 APPLICANT'S BUSINESS NAME Jack Taylor Bu...

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 Dormer / W Bath

All Dimensions 8' W 7' L 32 Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

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 Jack Tyl Date _____

Reviewed by Zoning Officer Date 7/30/98 ☒ Approved ☐ Rejected

TOWNSHIP OF BRICK

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

Department of Engineering

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

DATE: July 27 1998

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 944 Lot: 47

Dear Sir;

I, Jack H. Taylor (Name) of 773 South Dr. Brick NJ. 08723 (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

Jack H. Taylor
Applicant's signature

732 892 8687
Phone #

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: 7/31/98 BY: [signature]

Rejected DATE: BY:

REMARKS: Second Story Dormer Only
Permit By Rule

FLOOD ZONE A5-7

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 8-5-98

JURISDICTION Building
(City, County, Township, etc.)

BUILDING LOCATION 850 South Dr
(Street address)

BUILDING DESCRIPTION Addition

REVIEWED BY TM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Architects Drawings Not Sealed	
	Frank Customer Hand drawn drawings. 8/11/98 cas	
	Called owner @ 6:45 AM	

06/93

SIZING FOR WATER AND SEWER SERVICES

Property Owner Jim Peters Date 8-12-98

Property Address 850 South Dr Block 944 Lot 47

Zoning _____ Use Group _____

Contractor alex Callander License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet		( ) 11	( )
2. Lavatory		( )	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink + DW.	1	( ) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine	1	( ) 4	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. Hose Bibs	4	( ) 5.5	( )
18. Aux Kit Sink		( ) 1.5	( )

5 Bath Groups

Total 24

Gallons per minute 17

Size of Service 1"

Date: 8-12-98 Approved: _____

Brick Township Plumbing Inspecto

Plumbing fixtures

10 Sinks
5 toilets
2 Tub-
2 Shower

2 Kitchen sinks + one
3 ½ bath -
1 Shower -
add 1 full bath -
4 H.B.

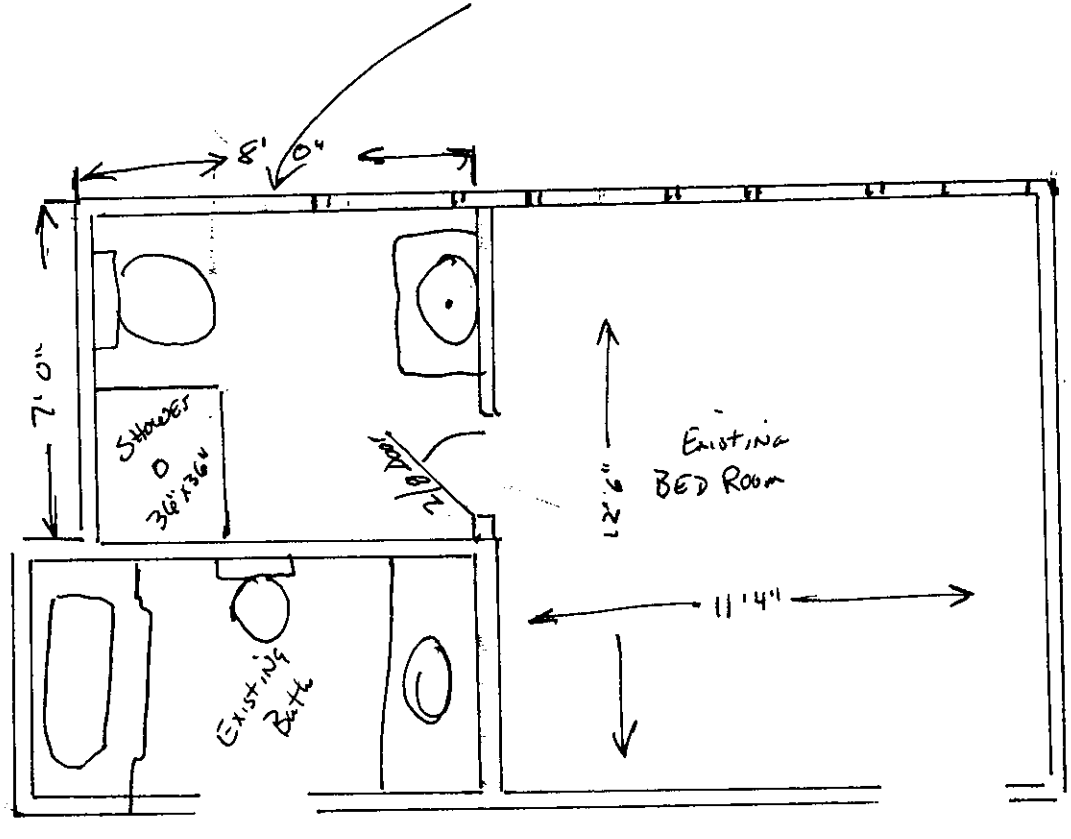
8-12-99

850 South
Brick N.J. 08723

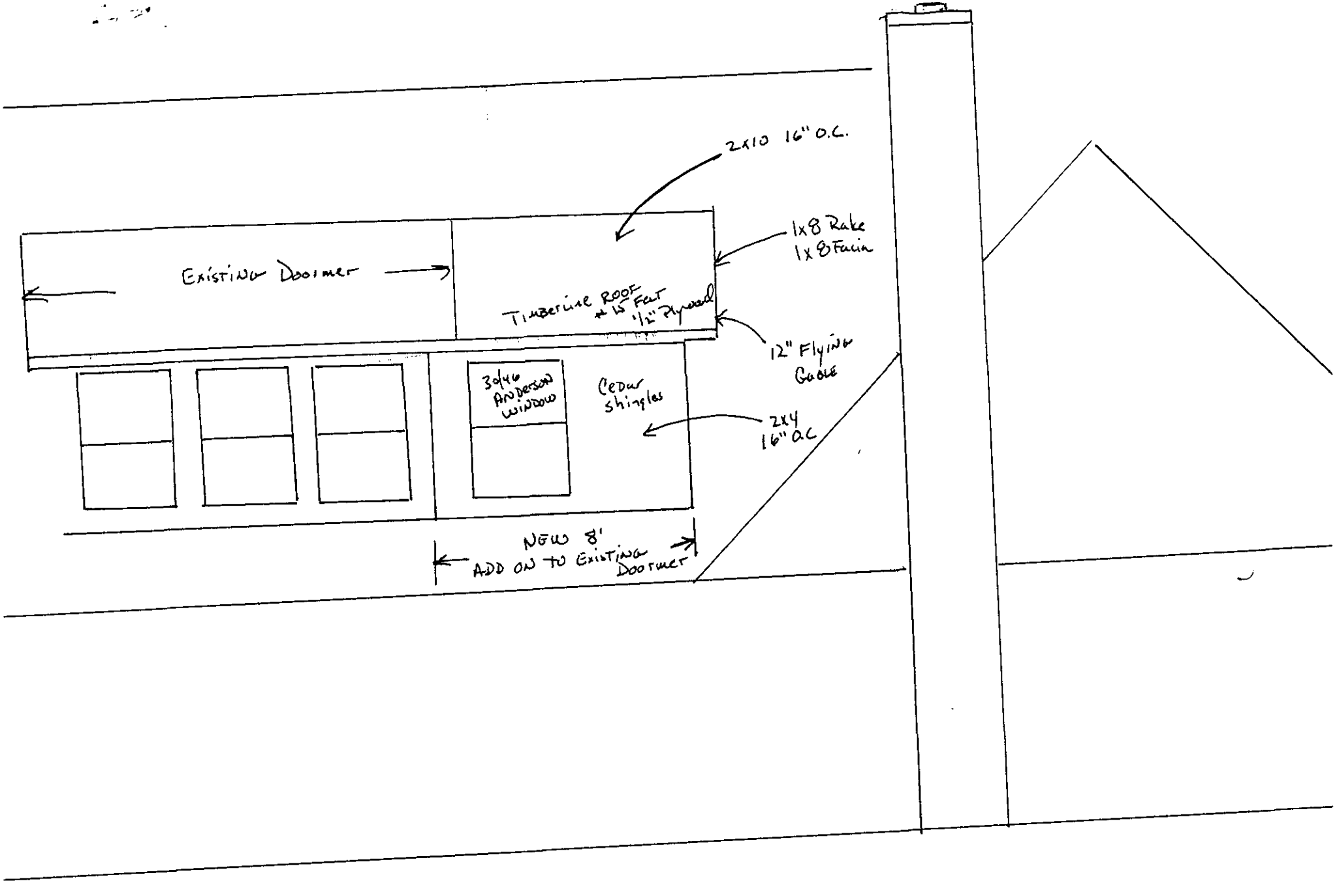
B-945
L-

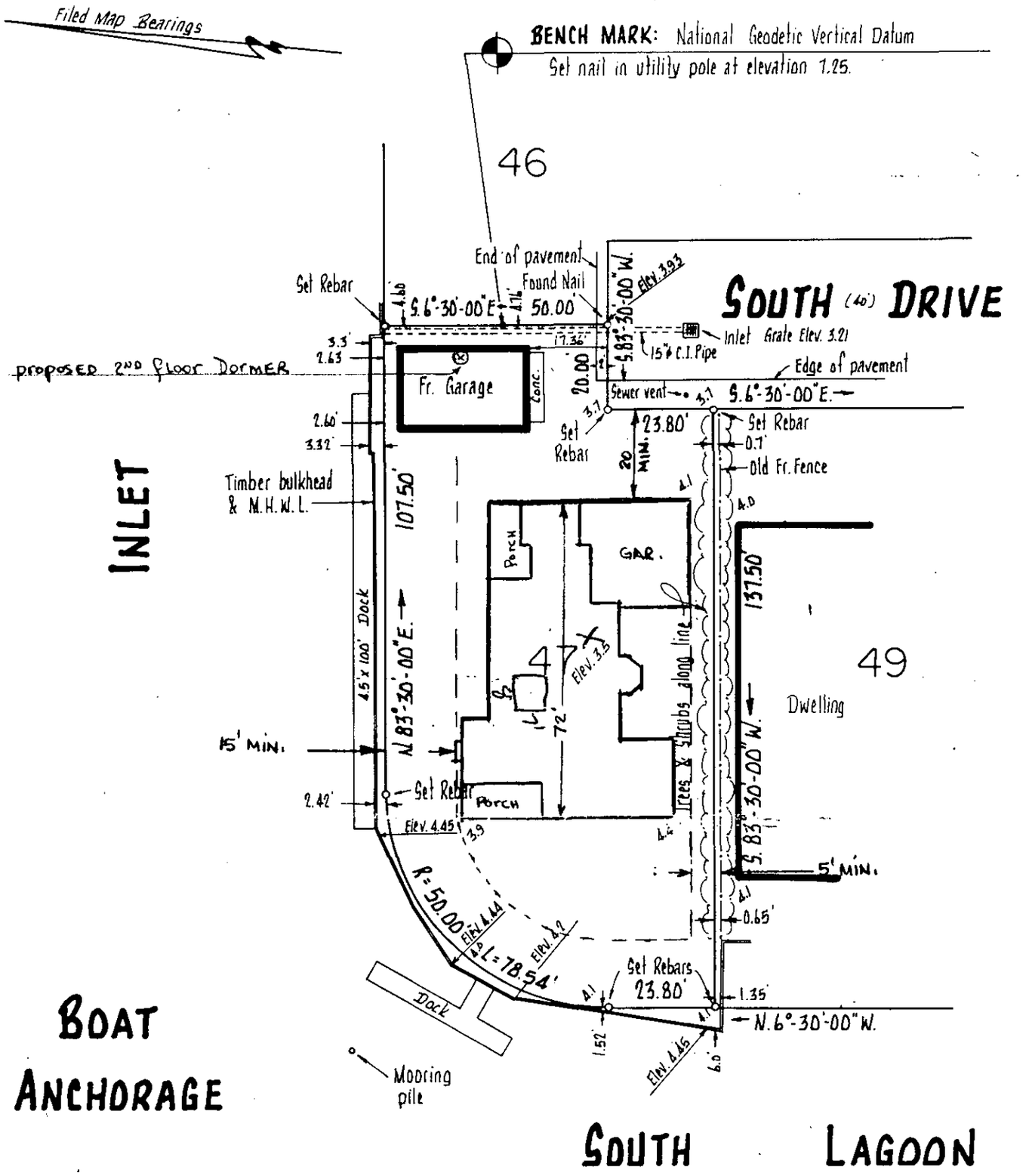
RECEIVED
AUG 11 1998
DIV. OF INSPECTION

this Room is presently a walk in Attic Storage
Fully insulated ~~&~~ sheetrock and painted
Allso is heated with Hot Water Baseboard heat



Brick N.J. 08723





NOTE: F.I.R.M. ZONE A-5 , BASE FLOOD ELEVATION 7.0

NOTE: ALL COPIES VOID WITHOUT EMBOSSED SEAL ON SIGNATURE.

DESCRIPTION:

LOT 47, BLOCK 944, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY.
SURVEYED AS PER DEED BOOK 4685, PAGE 712.

CERTIFIED TO:

JAMES PETERS & MARY LELA B. PETERS
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
MICHAEL D. LANDIS, ESQ.

Est. 1945

GEORGE W. HENN, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
PROFESSIONAL PLANNERS
435 MANTOLOKING ROAD
BRICK TOWN, N. J. 08723
908-477-6500

I CERTIFY THE ABOVE SURVEY AND FIND CONDITIONS AS SHOWN. THIS CERTIFICATION IS MADE ONLY TO HEREON NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF ABOVE PREMISES BY HEREON NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING BUT NOT LIMITED TO SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON.

Walter Scharfenberg

WALTER SCHARFENBERG L.S. 14159 P.P. 385

CHECKED: J.E.B.

FILE: 93-57	DATE: FEB. 20, 1993	SCALE: 1" = 30'

BLOCK 444 LOT 41 SITE LOCATION 850 South Dr Brick NJ 08723

BUILDING INSPECTION

Contractor Jack Taylor
Address 773 South Dr [redacted]
Town Brick State NJ Zip 08723
LIC # _____ FEDERAL EMP. NO.(or SSN#) [redacted]

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $_____ ALTERATION (2) $_____
ADDITION (3) $ 13,000 TOTAL (1+2+3) $ 13,000

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING
USE GROUP PRESENT Sing Fam PROPOSED Sing Fam
CONSTRUCTION CLASS PRESENT IIB PROPOSED
NO. OF STORIES 2 HT. OF STRUCTURE 33 FT.
AREA: LARGEST FLOOR SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS SQ. FT.
VOLUME OF STRUCTURE CU. FT.
TOTAL LAND AREA DISTURBED SQ. FT.

TYPE OF WORK

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE Ht.	
ADDITION		SIGN Sq. Ft.	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

DESCRIPTION OF WORK

COMMENTS Continue Dormer on Roof
use For Additional Bath 7x8

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 IN THIS APPLICATION.
SEAL &
SIGNATURE Jack Taylor

PLUMBING INSPECTION

Contractor Alex Alexander
Address _____ Phone (732) 528 9191
Town Wall State NJ Zip _____
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF PLUMBING WORK: $ 3500.00

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
1	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
1	Bath Tub		Sewer Pump
1	Lavatory		Interceptor/Separator
1	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 Bath Large Shower toilet
Sink

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

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 _____ Fu
Combustible Liquid Storage Tanks ☐ Capacity _____ Fu
L.P.G. Storage Tanks ☐ Capacity _____ Fu
L.N.G. Storage Tanks ☐ Capacity _____ Fu

NO.	ITEM	NO.	ITEM
_____	Wet Sprinkler Heads	_____	Pre-Engineered Sy
_____	Dry Sprinkler Heads	_____	CO_2 Suppression
_____	TOTAL	_____	Halon Suppressio
		_____	Foam Suppressio
_____	Smoke Detectors	_____	Dry Chemical
_____	Heat Detectors	_____	Wet Chemical
_____	TOTAL	_____	Gas or Oil Fired
		_____	Other _____
_____	Stand Pipes	_____	
_____	Kitchen Hood Exhaust System	_____	

DESCRIPTION OF WORK

COMMENTS _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WO ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal) _____