

BLOCK 142608 LOT 408 QUALIFICATION CODE _____ ADDRESS (SITE) 720 MAIDENSTONE DR PERMIT NO. 10-2661



CONSTRUCTION PERMIT APPLICATION

C-10-003344

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

I. IDENTIFICATION

1. Proposed Work Site at: 720 MAIDENSTONE DR.
2. Name of Owner in Fee: MAISDAE HURLEN
Tel. _____ e-mail _____
Address 720 MAIDENSTONE DR. 08724
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: AKO Tel. (____) _____
Address _____ e-mail _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer AMLSH OUTDOOR STRUCTURES
Address 1600 R+88 e-mail _____
Tel. (____) 840-8900 FAX: (____) _____
6. Responsible Person in Charge once Work has Begun
Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>75</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$ <u>3</u>		
9. State Permit Surcharge Fee			
Subtotal	\$		
10. Cert. of Occupancy			
11. Other	\$ <u>78</u>		
12. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area 60* sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

(office use only)

IIa. PROPOSED WORK

SHED ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>EB</u>	<u>9/14/10</u>		<u>9/29/10</u>	<u>W</u>			
	<u>Emg</u>	<u>Exempt</u>		<u>9/27/10</u>	<u>Ece</u>			

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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
11. ☐ LPGas Tanks

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.ix:

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 _____

Address _____

Telephone (_____) _____

Signature _____

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

IMPORTANT

A.H.B.T. - MANDATORY FEE - RESIDENTIAL

[illegible]



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/26/2011
Control Number C-10-003344
Permit Number 10-2661
Permit Issue Date 09/30/2010
Certificate Number 10-2661

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 720 MAIDENSTONE DRIVE Brick Township, NJ Block: 1421.08 Lot: 4.08 Qual: _____
Owner in Fee: HURLEY, VALERAE M
Owner Address: 720 MAIDENSTONE DR BRICK NJ 08724
Telephone: _____
Contractor: HURLEY, VALERAE M
Address: 720 MAIDENSTONE DR BRICK NJ 08724
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SHED 10 X 12

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

Date Printed: 04/26/2011 U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

9/30/10
C-10-003344
10-2661

IDENTIFICATION Block: 1421.08 Lot: 4.08 Qualifier
Work Site Location: 720 MAIDENSTONE DRIVE Brick Township, NJ Contractor: HURLEY, VALERAE M
Address: 720 MAIDENSTONE DR BRICK NJ 08724
Owner in Fee: HURLEY, VALERAE M
720 MAIDENSTONE DR BRICK NJ 08724
Telephone:
Lic. No. or Bldrs. Reg. No.
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:

SHED 10 X 12

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 \$2,000

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	\$75
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$78
Check No.	1949
Cash	\$0
Credit	\$0
Collected By	

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.



Receipt

Payment Date 04/26/2011

Transaction # PMT-11-02408

Receipt #

Issued To Const. Jacket

Description Final Payment
H/O Hurley
B 1421.08 L 4.08
720 Maidenstone

Date Printed 04/26/2011

Check Number 1969

Cash \$0.00

Check \$20.40

Charge \$0.00

Total Paid \$20.40



Receipt

Payment Date 09/30/2010

Transaction # PMT-10-05390

Receipt #

Issued To Valerae M. Hurley

Description Shed 10 X 12

Date Printed 09/30/2010

Check Number 1949

Cash \$0.00

Check \$30.00

Charge \$0.00

Total Paid \$30.00

09/30/10 3:34PM 001558#1187

XX01 SERV.001

#05390

ZPA

CHECK

\$30.00

~~\$30.00~~



**BUILDING SUBCODE
TECHNICAL SECTION**



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

Block 192.08 Lot 4.08 Qualification Code _____

Work Site Location _____

Owner's Name _____

Tel. _____

Address _____

street

municipality

zip code

Contractor: _____

Tel. (____) _____

Address _____

e-mail _____

Contractor License No. or Builder Registration No. _____

Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____

FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required								
☒ All Plans Required	<u>9/12/10</u>	<u>W</u>		Footings				
☐ Footings/Foundations				Foundations				
☐ Structural/Framework				Slab				
☐ Exterior				Frame				
☐ Interior				Truss Sys/Bracing				
Joint Plan Review Required:				Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation				
SUBCODE APPROVAL FOR PERMIT				Finishes -Base Layer				
Date: <u>9/12/10</u>				Finishes -Final				
Approved by: <u>[Signature]</u>				Energy				
SUBCODE APPROVAL FOR CERTIFICATE				Mechanical				
☐ CO ☐ CCO ☐ CA				TCO				
Date: _____				Other				
Approved by: _____				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Const. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work \$ 2,000,000.00

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1 + 2) \$ _____

U.C.C. F-10 (rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Shed

10X12

FEE (Office Use Only)

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

Date Received _____

9/30/10

Control # _____

10-2661

Date Issued _____

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



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

Block 942.8 Lot 9.08 Qualification Code _____

Work Site Location 730 Thaddeus Lane, N. 11th St, N. 11th St, N. 11th St

Owner's Name 11th St, N. 11th St, N. 11th St

Te _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings				
☒ All <u>942.8</u>			Footings/Bonding				
☐ Structural/Framework			Foundations				
☐ Exterior			Slab				
☐ Interior			Frame				
☐ Truss Sys./Bracing			Barrier-Free				
☐ Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer				
☐ SUBCODE APPROVAL FOR PERMIT			Finishes -Final				
Date: _____			Energy				
Approved by: _____			Mechanical				
☐ SUBCODE APPROVAL FOR CERTIFICATE			TCO				
☐ CO ☐ CCO ☐ CA			Other				
Date: _____			Final				
Approved by: _____			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	Const. Class Present	Proposed
No. of Stories _____		If Industrialized Building:	
Height of Structure _____ ft.		State Approved _____	HUD _____
Area — Largest Floor _____ sq. ft.		Est. Cost of Bldg. Work _____	
New Bldg. Area/All Floors _____ sq. ft.		1. New Bldg. _____	
Volume of New Structure _____ cu. ft.		2. Rehabilitation _____	
Max. Live Load _____		3. Total (1 + 2) \$ _____	
Max. Occupancy Load _____			

U.C.C. F110
(rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

9/30/10
10-2061

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

51x12

10X12

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft. _____
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

RECEIVING CLERK SPD 200
DATE REC'D 9/16/10 **ZONING PERMIT APPLICATION** PERMIT # _____
BLOCK: 1421.08 LOT: 4.08 QUALIFIER: _____ SITE ADDRESS: 730 MAIDENSTONE DR. BARRICK DATE ISSUED _____

IDENTIFICATION:

1. NAME OF OWNER IN FEE: VALERAE HURLEY
COMPLETE ADDRESS: 730 MAIDENSTONE DR
PHONE: [REDACTED] MAIL: [REDACTED]

FOR OFFICE USE ONLY
FEE SUMMARY:

APPLICATION FEE: \$ 30.00
HER: \$ _____
ITAL: \$ 30.00

2. NAME OF APPLICANT: Same
APPLICANT ADDRESS: _____

PHONE # _____ EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Amish Outdoor Structures
PHONE# 733-840-8902 FAX# _____

4. SIGNATURE OF APPLICANT: Valerae Hurley

REQUIRED BY APPLICANT

RESIDENTIAL: X
COMMERCIAL: _____
EXISTING USE: SINGLE FAMILY
PROPOSED USE: SINGLE FAMILY

BOARD APPROVAL: _____ PB _____ ZB _____
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER: Shed

DESCRIPTION: Shed 10x12 Storage

ZONING REVIEW: 9-16-10 DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: 9-16-10 INTLS: SP-24 (SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) Two (2) copies of 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.

2) Two copies of the plans with dimensions and heights noted:

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) Plot plans and building plans must match for complete review

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-3CCC-84; 6-24-1986 by Ord. No. 354-2VWVW-86; 9-13-1988 by Ord. No. 354-2TTT-88; 9-27-1988 by Ord. No. 354-2XCCX-88; 9-12-2000 by Ord. No. 354-3EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2I-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size				Minimum Required Yard Depth				Maximum Lot Coverage by Building	Maximum Building Height			Minimum Floor/Building Area (square feet)	Maximum Allowable Impervious Coverage
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard (feet)		
R-R-2	40,000	150	150	40,000	150	150	50	25	-	50	25	25	-	-
R-R-3	20,000	100	125	25,000	100	125	40	15	-	40	10	10	25%	-
R-15	15,000	100	115	17,250	100	115	35	12	-	35	10	10	25%	-
R-10	10,000	90	100	10,500	100	100	30	6	20	30	5	5	30%	-
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	-
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	-
O-P	15,000	100	150	15,000	100	150	30	10	-	50	20	20	35%	70%
B-1	10,000	100	90	12,500	100	125	30	10	-	20	10	20	30%	60%
B-2	20,000	125	125	20,000	125	125	50	10	-	50	10	30	30%	65%
B-3	2 acres	200	200	2 acres	200	200	75	10	-	50	20	50	25%	65%
B-4	5 acres	300	300	-	-	-	100	50(150)	-	100(150)	20	50	25%	70%
M-1	3 acres	300	300	5 acres	300	300	100	50	-	150	75	150	30%	65%
R-M	25 acres	350	200	-	-	-	50	50	-	30	30	30	20%	50%
O-P-T	40,000	150	150	40,000	150	150	50	20	-	50	20	50	25%	70%
H-S	-	-	-	-	-	-	-	-	-	-	-	-	-	-

- NOTES:
1. If adjacent to residential zone or use.
 2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
 3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Attachment 5:1

FOR REFERENCE ONLY

RECEIVED
SEP 16 2010
22

DATE REVIEWED: 9-16-10 DATE DENIED: _____ DATE APPROVED: 9-16-10 INTLS: 51528

[illegible]



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: _____
Application Number: ZA-10-00944
Application Date: 09/16/2010
Project Number: _____
Permit Number: _____
Fee: \$30

Zoning Permit

Worksite: **720 MAIDENSTONE DR**
Location: **The Hamptons at Herbertsville**
BRICK, NJ 08724

Block: 1421.08
Lot: 4.08
Qualifier: _____
Zone: R-20

Owner: **HURLEY, VALERAE M**
Address: **720 MAIDENSTONE DR**
BRICK, NJ 08724

Applicant: **HURLEY, VALERAE M**
Address: **720 MAIDENSTONE DR**
BRICK, NJ 08724

Application Approved Date: 09/16/2010

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential

Nonconforming Use is: _____

Work Description:

Storage shed - 10' x 12', 10' high.

The shed must be set back at least 10 feet from the side property lines, and at least 30 feet from the rear property line.

Upon review it was determined that:

- ☒ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer

Sean Kinney
Sean Kinney, Zoning Officer

09/16/2010

Date

Michael P. Fowler
Michael P. Fowler, Township Planner

9/17/10
Date

S41°51'00"E
10.04'

LOT 8

BLOCK 1421.03
LOT 9

"I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS MAP OR PLAN IS THE RESULT OF A FIELD SURVEY MADE BY ME OR UNDER MY DIRECT SUPERVISION, IN ACCORDANCE WITH THE RULES AND REGULATIONS PROMULGATED BY THE "STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS" AND AS SET FORTH IN THE N.J.A.C. 13:40-5.1.

BLOCK 1421.08, LOT 4.08 AS SHOWN ON MAP ENTITLED "FINAL PLAT "THE HAMPTONS AT HERBERTSVILLE", LOT 4, BLOCK 1421.08 SITUATED IN TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY PREPARED BY MORGAN ENGINEERING & SURVEYING L.L.C., GEORGE W. THOMAS HINCK, P.L.S., DATED 6/10/2000, LAST REVISION DATED 11/30/2005 AND FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON 1/13/2006, AS MAP # L3502.

CAUTION: IF THIS DOCUMENT DOES NOT CONTAIN A RAISED IMPRESSION SEAL OF THE PROFESSIONAL, IT IS NOT AN AUTHORIZED ORIGINAL DOCUMENT AND MAY HAVE BEEN ALTERED.

LOT 10

BLOCK 1421.08

LOT 4.08
22,000 sq.ft.
0.51 Acs.

LOT 4.07

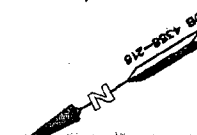
10x12
Proposed
Shed

LOT 4.09

MAIDENSTONE DRIVE
(50' R.O.W.)

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

SEP 16 2010



LEGEND

PROPERTY CORNER = ●

1. OFFSETS SHOWN HEREIN ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.
2. THE SURVEY DOES NOT PURPORT TO IDENTIFY ENCROACHMENT, UTILITIES, SERVICE LINES, OR STRUCTURES BELOW GRADE, IF ANY, EXCEPT AS SPECIFICALLY NOTED HEREON.
3. PROPERTY ALSO KNOWN AS BLOCK 1421.08, LOT 4.08 AS SHOWN ON TOWNSHIP OF BRICK TAX MAP.
4. THE CERTIFICATION IS MADE ONLY TO BELOW NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY BELOW 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 IN CERTIFICATION EITHER DIRECTLY OR INDIRECTLY.
5. "A WRITTEN WAIVER AND DIRECTIONS NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO P.L. 2003, c.14 (N.J.S.A. 45: 8-36.3) AND N.J.A.C. 13: 40-5.1(d)."

CERTIFIED TO: VALERAE M. HURLEY

ISB MORTGAGE CO., INC,
THEIR SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR
MILLBURN, NJ 07041
COMMONWEALTH TITLE - MONMOUTH AGENCY
RICHARD T. O'CONNOR, ESQ.

40' 20' 0 40' 80'
1"=40'

Michael T. Armstrong, P.L.S.
N.J. PROFESSIONAL LAND SURVEYOR
Lic.No. GS 35820

DATE: 7/23/08

TRC

322 WALL STREET (609) 497-1378
Princeton, NJ 08540 Fax (609) 497-1878
E-MAIL CEO@CEC500.COM
Certificate of Authorization #24GA28047100

PLAN OF SURVEY

PREPARED FOR
THE HAMPTONS AT HERBERTSVILLE
LOT 4.08, BLOCK 1421.08
TOWNSHIP OF BRICK
OCEAN COUNTY NEW JERSEY

DESIGNED
H.K.
FILE
514-JOBS
CHECKED(PM)
ACAD
CHECKED(PE)
C.K.
SCALE
1"=40'
DATE
JULY '08

JOB#108

S41°51'00"E
10.04'

LOT 8

BLOCK 1421.03
LOT 9

S58°10'19"W
228.55'

S58°10'19"W
225.90'

S58°10'19"W
224.58'

S58°10'19"W
224.58'

S58°10'19"W
224.58'

S58°10'19"W
224.58'

S58°10'19"W
224.58'

S58°10'19"W
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LOT 10

BLOCK 1421.08
LOT 4.08
22,000 sq.ft.
0.51 Acs.

8 WOOD STEPS
CONC. PAD

FRAMED CHIMNEY

F.F.=50.93
G.F.=46.00

#720 MAIDENSTONE DRIVE

CANT.

CONC. WALK

40' WIDE FRONT SETBACK

ASPHALT DRIVEWAY

UTILITY EASEMENT

R=60.00
L=60.00

6" WIDE SHADE TREE UTILITY EASEMENT

4" WIDE CONC. SIDEWALK

REGULAR BOX CURB

MAIDENSTONE DRIVE
(50' R.O.W.)

6" WIDE SHADE TREE UTILITY EASEMENT

4" WIDE CONC. SIDEWALK

REGULAR BOX CURB

MAIDENSTONE DRIVE
(50' R.O.W.)

6" WIDE SHADE TREE UTILITY EASEMENT

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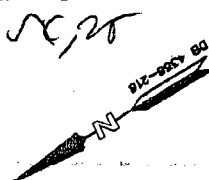
CERTIFIED TO: VALERAE M. HURLEY

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COMMONWEALTH TITLE - MONMOUTH AGENCY
RICHARD T. O'CONNOR, ESQ.

40' 20' 0 40' 80'
1"=40'

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

SEP 16 2010



LEGEND

PROPERTY CORNER = ●

SALLY IKE ROAD
(R.O.W. VARIES)

JOB#108

Michael T. Armstrong, P.L.S.
N.J. PROFESSIONAL LAND SURVEYOR
Lic.No. GS 35820

DATE: 7/23/08

TRC

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PREPARED FOR
THE HAMPTONS AT HERBERTSVILLE
LOT 4.08, BLOCK 1421.08
TOWNSHIP OF BRICK
OCEAN COUNTY
NEW JERSEY

DESIGNED
H.K.
FILE
514-J085
CHECKED(PM)
ACAD
CHECKED(PB)
C.K.
SCALE
1"=40'
DATE
JULY '08

ENGINEERING PERMIT APPLICATION

BLOCK: 1421.08 LOT: 4.08 ADDRESS: 720 Maidenstone Dr. Brick 08734

RECEIVING CLERK: _____
PERMIT #: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 720 Maidenstone Dr

2. NAME OF OWNER IN FEE: McEneaney

ADDRESS: 720 Maidenstone PHONE: [REDACTED]

~~13014 88 LACERWOOD~~ FAX #: () _____

3. PRINCIPAL CONTRACTOR: Amisat SHEDS

ADDRESS: 1600 Rt. 88 PHONE #: 733 8408908

LACERWOOD FAX #: () _____

4. ARCHITECT OR ENGINEER: Amisat Outdoor Structures

ADDRESS: STONE PHONE: # () _____

5. RESPONSIBLE PERSON FOR WORK: Amisat SHEDS

ADDRESS: _____

PHONE #: () _____ FAX #: () _____ E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER SHED

LENGTH: 10 WIDTH: 12 HEIGHT: 7

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

FEE SUMMARY:

APPLICATION FEE: \$ _____

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER _____: \$ _____

BOND(S): \$ _____

TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

Joseph Sangiovanni – President
Dan Toth – Vice President
Brian DeLuca
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.



Department of Community Development & Land Use
Division of Engineering

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

Date: _____

ENGINEERING PLOT PLAN EXEMPT FORM

Block: 1421.08 Lot: 4.08

Property Address: 720 MAIDENSTONE DR

I, Valeria Hurley of 720 Maidenstone Dr.
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Valeria Hurley
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

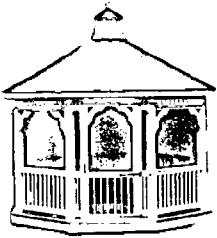
Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

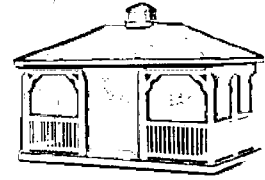
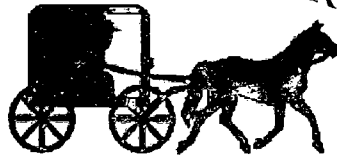
Comments:



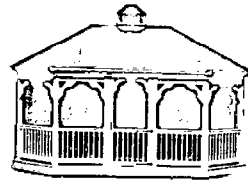
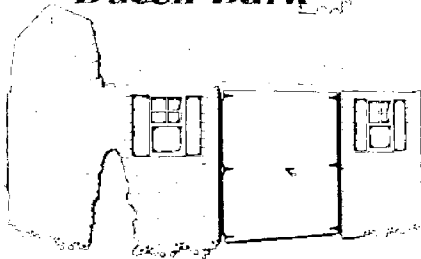
Sheds • Gazebos • Pool Houses • Garages



AMISH OUTDOOR STRUCTURES



Dutch Barn

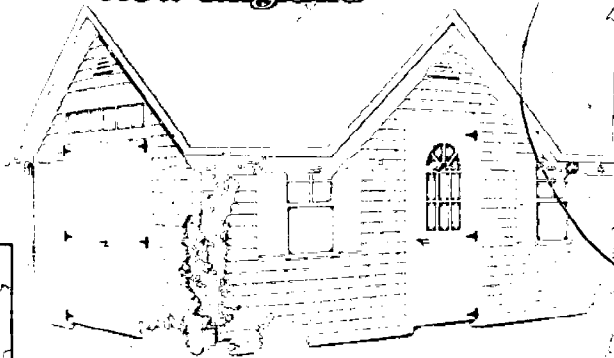


Economy
8 x12 Vinyl
Storage Shed
\$1,599
Delivered

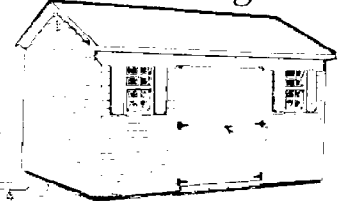
Hip Roof



New England

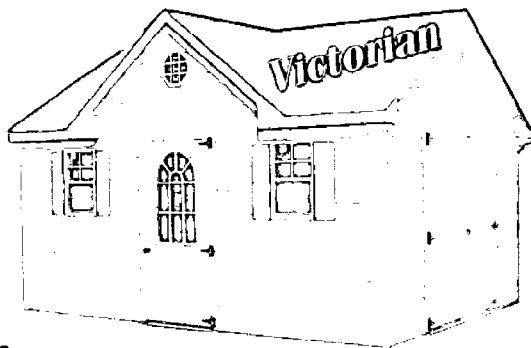


Cottage



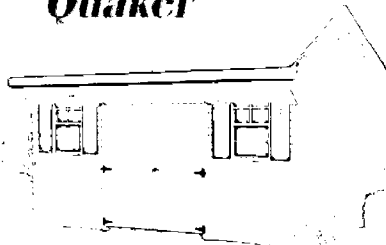
MAINTENANCE FREE
ADIRONDACK CHAIRS
in various colors
made from poly lumber

Only \$239.00



Victorian

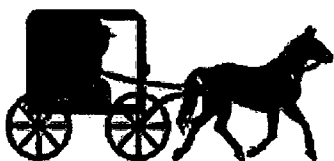
Quaker



Mini Barn



**AMISH
OUTDOOR
STRUCTURES**



1600 Route 88
Lakewood, NJ 08701
Tel: 732.840.8900

TOLL FREE: 1.800.827.5095
EMAIL: INFO@AMISHOUTDOOR.COM
WWW.AMISHOUTDOOR.COM

**\$100 OFF
Any Shed
or**

**\$200 OFF Any
Gazebo or Pool House**
with this Ad.

John recommends
Heritage Sheds
732-787-0633

See Jim Laure Pro.

36

Size	Barn	6' Barn	Dutch	Cottage	Cape	Quaker	Size
6x8	1490	—	—	1630	1680	1740	6x8
8x8	1585	—	—	1735	1785	1895	8x8
8x10	1710	1925	2050	1875	1925	2010	8x10
8x12	1810	2055	2160	1950	2040	2170	8x12
8x14	1900	2240	2355	2195	2250	2365	8x14
8x16	2110	2345	2470	2285	2360	2510	8x16
10x10	1985	2320	2460	2245	2320	2460	10x10
10x12	2165	2445	2620	2435	2520	2670	10x12
10x14	2305	2555	2720	2560	2635	2805	10x14
10x16	2465	2820	2975	2770	2850	2995	10x16
10x18	2585	3035	3180	2980	3060	3115	10x18
10x20	2795	3270	3535	3240	3340	3365	10x20
12x12	2475	2895	3130	2895	3020	3250	12x12
12x14	2595	3050	3250	3020	3120	3460	12x14
12x16	2775	3220	3395	3130	3235	3640	12x16
12x18	2970	3445	3715	3345	3465	3825	12x18
12x20	3175	3640	4025	3570	3750	4020	12x20
12x24	3635	4145	4500	3950	4115	4420	12x24
Size	Barn	6' Barn	Dutch	Cottage	Cape	Quaker	Size

Buildings Include:

Two windows with shutters (except Barn and 6' Barn—1 window), Double Door, Two Vents and Architectural Singles



Howell
1600 Route 88
Lakewood, NJ 08701
Tel: 732.840.8900

TOLL FREE: 1.800.827.5095
EMAIL: INFO@AMISHOUTDOOR.COM
WWW.AMISHOUTDOOR.COM

732-383-0747

Oak Tree
Sheds
on Rt #9



Receipt

Payment Date 09/24/2010

Transaction # PMT-10-05284

Receipt #

Issued To Const jacket

Description Prelim fee paid
H/O Hurley
B 1421.08 L 4.08
720 Maidenstone Dr.

Date Printed	09/24/2010	Cash	\$0.00
Check Number	1948	Check	\$9.60
		Charge	\$0.00
		Total Paid	\$9.60