



C/6.46

1. Proposed Work Site at: 102 DENNIS Jr. BRICK NJ 08724

2. Name of Owner in Fee: KENNETH W. BRINDLEY Tel. [REDACTED]

Address 102 DENNIS Jr. BRICK 08724

street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: BLAKE BROS. FENCES, INC Tel. (732) 349-4645

Address 647 CLIFTON AVENUE TOMS RIVER, NJ 08753

License No. OR, if new home, Builder Reg. No. 222-303-048 Exp. Date _____

Federal Employee No. _____ FAX: (_____) _____

5. Architect or Engineer NIA Tel. (_____) _____

Address _____

6. Responsible Person in Charge of Work _____

Tel. (_____) _____ FAX (_____) _____

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

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

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

1. ☐ Partial Releases

2. ☐ Prototype Processing

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates		Re-viewer
						Approval	Rejection	
15870	(Signature)	5/16/03		5-27-09	Fm		6-7-3-03	
	GUL	5/22/03		5/22/03	(Initials)			

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

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

- 1. State Specific Use:**

- 2. Use Group:**

3. Change in Use Group. Indicate Former:

LDS BR 10302920

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 Kenneth W. Brundley Date 5/12/03

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.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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

Name of Code & Edition Building _____ Electrical _____ Plumbing _____ Fire Protection _____ Mechanical _____	Name of Code & Edition Energy _____ Barrier Free _____ Flood Hazard _____ As Built Elevation Cert. _____ Other _____
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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 05/29/2003
Control #
Permit # 03-2223

UCC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION	Block 102.09	Lot 2	Deal
Mark Site Location	102 JENNIS DR FENCE		
Owner in Fee	BRIENLY, SEYMEN H		
Address	SAME		
Telephone	FENCE, NJ 08724		
Contractor	BLAKE FENCE CO.		
Address	647 CLIFTON AVE.		
Telephone	TOMS RIVER, NJ 08753		
Lic. No. or Bldgs. Reg. No.	1008349-4415		
Federal Emp. No.	22-2303048		

Ie hereby granted permission to perform the following work:

☐ BUILDING	☐ FLOODING	☐ LEAD BASED ASBESTOS
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:
4" CHAINLINK FENCE

PAYMENTS (Office Use Only)

Building	8
Electrical	0
Flooding	0
Fire Protection	0
Elevator Devices	0
Other	0
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	15
Total	24
Check No.	822
Cash	
Collected by	ENR

05/29/03 11:17AM 000000#0504
#032223
BUILDING
DCA
ZPA
CHECK
\$24.00

Estimated Cost of Work: 1.520
Construction Official
05/29/2003

Date

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2003
Date Issued 5/29/03
Control # 61646
Permit # 03 2223

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

Block 1026.04 Lot 2 Qual
Work Site Location 102 DENNIS DR

FENCE

Owner in fee BRINDLEY, KENNETH W

Address SAME

BRICK, NJ 08724-

Tele [REDACTED]

Contractor BLAKE FENCE CO.

Address 647 CLIFTON AVE.

TOMS RIVER, NJ 08753-

Tele (908) 349-4645 Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2303048

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

4' CHAINLINK FENCE

PO' from Street pavement

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 5-2103 PM

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CC0 ☐ CA

Date: 6-13-03

Approved By: PM

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

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

4' CHAINLINK FENCE

PO' from Street pavement

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 5-2103 PM

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CC0 ☐ CA

Date: 6-13-03

Approved By: PM

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

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

4' CHAINLINK FENCE

PO' from Street pavement

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 5-2103 PM

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CC0 ☐ CA

Date: 6-13-03

Approved By: PM

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

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

4' CHAINLINK FENCE

PO' from Street pavement

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 5-2103 PM

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CC0 ☐ CA

Date: 6-13-03

Approved By: PM

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

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

4' CHAINLINK FENCE

PO' from Street pavement

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 5-2103 PM

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CC0 ☐ CA

Date: 6-13-03

Approved By: PM

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

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

4' CHAINLINK FENCE

PO' from Street pavement

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 5-2103 PM

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

<

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2003
Date Issued 5/29/03
Control # 016-46
Permit # 03 2223

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

Block 1026.04 Lot 2 Qual
Work Site Location 102 DENNIS DR
FENCE

Owner in fee BRINDLEY, KENNETH H
Address SAME
BRICK, NJ 08724-

Tele [REDACTED]
Contractor BLAKE FENCE CO.
Address 647 CLIFTON AVE.
TOMS RIVER, NJ 08753-

Tele (908) 349-4645 Fax ()
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. 22-2303048

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type	Failure	Approval	Initial
☒ No Plans Req. 5/20/03 FHW			☐ All			
			☐ Footing			
			☐ Foundation			
			☐ Slab			
			☐ Frame			
			☐ Other			
			Joint Plan Review Required:			
			☐ Elect			
			☐ Plumb			
			☐ Fire			
			SUBCODE APPROVAL			
			☐ Elev			
			☐ CD			
			☐ CC0			
			☐ CA			
			Date:			
			Approved By:			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 1,520
Height of Structure	0 ft.	0 ft.	3. Total (1+2) \$ 1,520
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	Industrialized Building:
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	☐ HUD

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

4' CHAINLINK FENCE

10' from Street Pavement

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	\$ 0
☒ Alteration	\$ 0
☐ Roofing	\$ 0
☐ Siding	\$ 0
☐ Fence	\$ 0
☐ Sign	\$ 0
☐ Pool	\$ 0
☐ Asbestos Abatement Subchapter 8	\$ 0
☐ Lead Haz. Abatement NJAC 5:17	\$ 0
☒ Other FENCE	\$ 8
Other	\$ 0
☐ Demolition	\$ 0

PAID BY	ADMINISTRATIVE SURCHARGE
Paid ☐ Check #	\$ 0
Collected by:	Minimum Fee \$ 0
	TOTAL FEE \$ 8
	DCA State Permit Fee \$ 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2003
Date Issued 5/29/03
Control # C16-46
Permit # 03 23223

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

Block 1026.04 Lot 2 Qual
Work Site Location 102 DENNIS DR

FENCE

Owner in Fee BRINDLEY, KENNETH W

Address SAME

BRICK, NJ 08724-

Tele [REDACTED]

Contractor BLAKE FENCE CO.

Address 647 CLIFTON AVE.

TOMS RIVER, NJ 08753-

Tele. (908)349-4645 Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2305048

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

4' CHAINLINK FENCE

10' from Street Parcel

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req 5/20/03

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CD ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 1,520

3. Total (1+2) \$ 1,520

Industrialized Building:

☐ State Approved

☐ HUD

FEE (Office Use Only)

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

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

E. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present U Proposed U

No. of Stories 0

Height of Structure 0 ft.

Area/Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

**Township of Brick
Zoning Permit**

Approved: Tuesday, May 20, 2003 **Number:** 827

Block 1026.04 **Lot** 2 **Zone:** R-7.5

Property Address: 102 Dennis Drive

Applicant: Kenneth W. Brindley

Property Owner: Kenneth W. Brindley

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

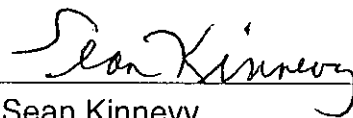
Proposed Construction: Chain-link fence, four (4) feet high.

Conditions: The fence must be set back at least 10 feet from the street pavement.

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
Municipal Planner



Sean Kinnevy
Zoning Officer

RECEIVED

MAY 16 2003

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 1026-04 LOT 2 QUALIFIER _____

PROPERTY ADDRESS 102 DENNIS DR BRICK 08724

PERSONAL NAME OF APPLICANT KENNETH W. BRINDLEY

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 102 DENNIS DR BRICK 08724

PROPERTY OWNER'S FULL NAME KENNETH W. BRINDLEY

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 _____
☐ Alteration _____
☐ Porch or deck - Height _____
☐ Shed - Height _____
☒ Fence - Type GREEN-CHAIN LINK Height 4'2"
☐ 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.

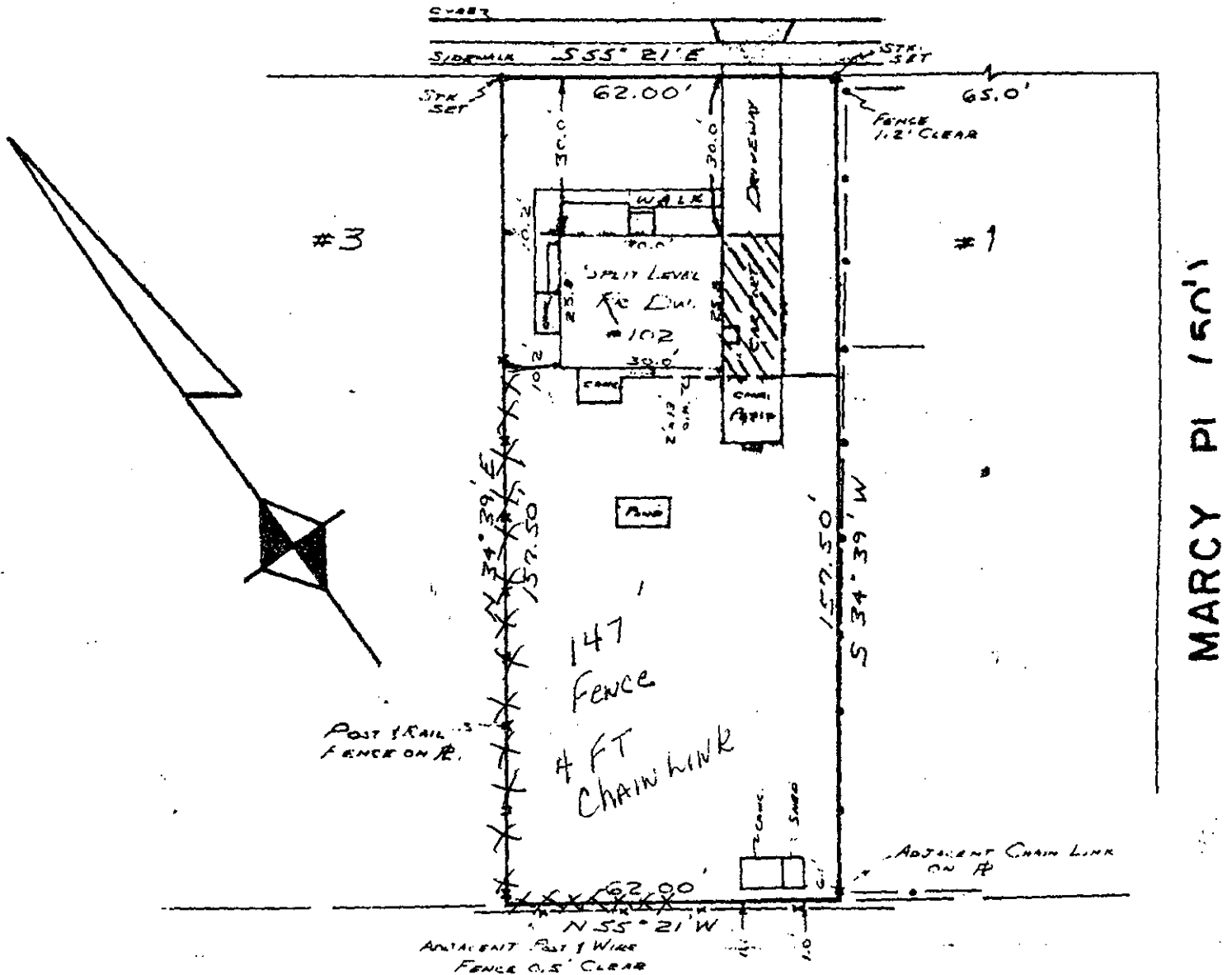
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Kenneth W. Brindley Date 5/12/03

Reviewed by Zoning Office JC Date 5/20/03 () Approved () Denied

CERTIFIED TO JOANNE M. & CHARLES BASS JR., THE CENTRAL JERSEY BANK AND TRUST COMPANY AND U.S. LIFE TITLE INSURANCE COMPANY.

DENNIS DR. (50')



LOCATION SURVEY PLAN OF LOT 2 BLOCK 1026-B-4

MAP OF DENNIS COURT

BRICK TWP.

OCEAN COUNTY

NEW JERSEY

Filed in Oc. Co. Clerk's Office on February 27, 1956 as map # C-252
Survey date May 11, 1973

Survey scale 1"=30'

M. Eugene McDonald

M. EUGENE MCDONALD
LAKEWOOD, N.J. LAND SURVEYOR
11777

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 102 DENNIS Dr. Brick, NJ 08724
 Block: 1026-B-4 Lot: 2
 Owner's Name: Kenneth W. Brindley
 Owner's Mailing Address: 102 DENNIS Drive, Brick, NJ 08724
 Phone: (732) 295-5728

BUILDING

Contractor: Blake Bros.
 Address: 647 Clifton Ave.
Toms River, NJ 08753
 Phone#: _____
 Lis # _____
 Federal Emp # or SSN 22-2303048

Technical Data

Description of Work:

4' Chain Link Fence

Type of Work

☐ New Building ☐ Siding
☐ Addition ☒ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Structure: _____
 Volume of New Structure: _____
 Total Land Disturbed: _____
 Cost of Alteration: \$ _____
 Cost of New Building: \$ _____
 Cost of Site Work \$ _____
 Total Cost of New Building Work: \$ 1,520 -

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

Signature: Kenneth W. Brindley
 Please Print Name Kenneth W. Brindley

ELECTRICAL

Contractor: _____
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
 Spa/Hot Tub/Storable Pool _____
 Electric Range _____ KW
 Oven/Surface Unit _____ KW
 Electric Water Heater _____ KW
 Electric Dryer _____ KW
 Dishwasher _____ KW
 Garbage Disposal _____ HP
 A/C Unit - Central Air _____ KW
 Space Heater/Air Handler _____ KW
 Baseboard Heating _____ KW
 Motors 1+ HP _____
 Transformer/Generator _____ KW
 Light Stander _____ AMP
 Service _____ AMP
 Subpanel _____ AMP
 Motor Control Center _____ AMP
 Sign/Outline Light _____ KW
 Furnace _____
 Steam Boiler _____
 Other: _____

Estimated Cost of Electrical Work: _____

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

Signature: _____
 Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar
Heating System is _____ New _____ Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____