

BLOCK 73 LOT 8188 QUALIFICATION CODE C30-13 ADDRESS (SITE) 18 Spring Avenue PERMIT NO. 01-0948



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Fence 18 Spring Avenue
2. Name of Owner in Fee: Andrius + Kathleen Seemars Tel. [REDACTED]
Address 18 Spring Avenue BRICK 08113
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ Tel. (____) _____
Address _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____
6. Responsible Person in Charge of Work Kathleen Seemars
Tel. [REDACTED] FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>8</u>		
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	<u>1</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>15.24</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

II. PROPOSED WORK

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

Est. Cost

\$700.00

Plans
Rec'd by

Date
Rec'd

Rejection
Date

Approval
Date

Re-
viewer

Resubmission Dates
Approval

Rejection

Re-
viewer

OPTIONAL (for office use only)

FVE

4/9/01

4/9/01

X

TOTAL COSTS

700.00

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

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:

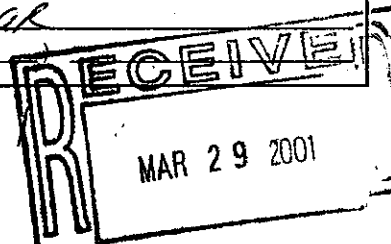
2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

Fence 6



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 Kathleen E. Feenan Date 3/28/01

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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 04/11/2001
Control #
Permit # 01-0948

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 73 Lot 8

Qual

Boat Site Location 10 SPRING AVE

Contractor HONOROVER

PERCE

Owner in Fee SERRA, ADRIAN & MARILYN

Address

Address SNE

Telephone

BRICK, NJ 08723-

lic. No. or Bldgs. Reg. No.

Telephone

Federal Exp. No. NO-

Is hereby granted permission to perform the following work:

- (X) BUILDING () PLUMBING () LEAD HAZARD ABATEMENT
() ELECTRICAL () FIRE PROTECTION () DEMOLITION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER
(Subchapter B only)

DESCRIPTION OF WORK:

6' PRIVACY FENCE; VINYL STOCKADE

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 \$ 700

Construction Official

04/11/2001

U.C.C. #130 (rev. 3/96)

Date

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCS Training Fee 1
Cert. of Occupancy 0
Other 15
Total 16
Check No. 24
Cash 1
Collected By HJR

04/11/01 2:29PM 000000#2829

***02 SERV.002

#0948

BUILDING

DCR

ZPR

***TOTAL

CASH

CHANGE

04/11/01 2:29PM 000000#2829

***TOTAL

\$8.00

\$1.00

\$15.00

\$24.00

\$24.00

\$0.00

***02

\$24.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/29/2001
Date Issued 4/11/01
Control # C30-73
Permit # 01-0948

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

Block 73 Lot 8 Qual
Work Site Location 18 SPRING AVE
FENCE

Owner in Fee SEEMAR, ANDREW & KATHLEEN

Address SAME

BRICK, NJ 08723-

Tele. [redacted]

Contractor

Address

Tele. [redacted] Fax [redacted]

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

No Plans Req 4/11/01

All

Footing

Foundation

Frame

Other

Joint Plan Review Required:

Elect [] Plumb [] Fire

SUBCODE APPROVAL [] Elev

CO [] 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

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

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Failure Failure Approval Initial

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 700

3. Total (1+2) \$ 700

Industrialized Building:

[] State Approved

[] 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

6' PRIVACY FENCE; VINYL STOCKADE

30' From Front Property

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence 0 Height (exceeds 6')

[] Sign 0 Sq. Ft.

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[X] Other FENCE

Other

[] Demolition

FEE (Office Use Only)

\$ 0

0

0

0

0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/29/2001
Date Issued 4/11/01
Control # C30-73
Permit # 01-0948

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

Block 73 Lot 8 Quat
Work Site Location 18 SPRING AVE
FENCE

Owner is Fee SEEMAR, ANDREW & KATHLEEN

Address SAME

Tel. 3-
Contractor

Address

Tele. 1-1-1 Fax 1-1-1

Lic. No. of Bldgs. Reg. No.

Federal Map No. HQ-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 4-11-01

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ ELEV

☐ CO ☐ 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

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement N.J.A.C. 5:17

☒ Other FENCE

Other

☐ Demolition

FEE (Office Use Only)

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

6. PRIVACY FENCE; VINYL STOCKADE

30' From Front Property

B. BUILDING CHARACTERISTICS

Use Group Present

Constr. Class Present

No. of Stories

Height of Structure

Area Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Proposed U

Proposed

0

0 Ft.

0 Sq. Ft.

0 Sq. Ft.

0 Cu. Ft.

0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$

3. Total (1+2) \$

700

700

700

700

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/29/2001
Date Issued 4/11/01
Control # C30-73
Permit # 01-0948

A. IDENTIFICATION-APPLICANT, COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-273-1000

Block 23 Lot 8 Quat
Work Site Location 18 SPRING AVE
FENCE

Owner in Fee SEPMAR, ANDREW & KATHLEEN

Address SAME
BRICK, NJ 08723

Telephone
Contractor

Address
Federal Emp. No. HO-

Telephone
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
No Plans Req 4/11/01

INSPECTIONS
Type
Failure Failure Approval Initial
Roofing
Foundation
Slab
Frame
Barrierfree
Insulation
Plumbing
Fire
Energy
Mechanical
RCO
Other
Final
Barrierfree

B. BUILDING CHARACTERISTICS
Use Group Present Proposed U
Constr. Class Present Proposed
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.

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

6' PRIVACY FENCE; VINYL STOCKADE

30' FROM FRONT PROPERTY

TYPE OF WORK

1. New Building
2. Addition
3. Alteration
4. Demolition
5. Other
6. Other
7. Other
8. Other
9. Other
10. Other
11. Other
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91. Other
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93. Other
94. Other
95. Other
96. Other
97. Other
98. Other
99. Other
100. Other

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$
3. Total \$11215
Industrialized Building:
1. State Approved
2. HUD
Paid by: Check #
Collected by: DCA Training Fee
Administrative Surcharge
Minimum Fee
TOTAL FEE
D.C.C. F110 (rev. 3.96)

TOWNSHIP OF BRICK ZONING PERMIT

Approved: April 6, 2001

No. 1.0405

Block: 73 Lot: 8

Zone: R-10

Property Address: 18 Spring Avenue

Applicant: Kathleen Seemar

Property Owner: Andrew and Clifford Seemar

Existing Use: Single Family Dwelling

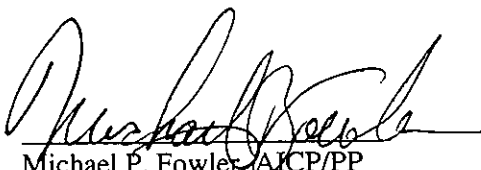
Proposed Use: Single Family Residential

Proposed Construction: 6' high stockade fence

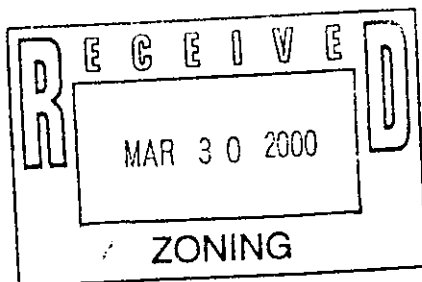
Conditions: The 6' high stockade fence must be set back at least 30 feet from the front property line. The finished side of the fence must face the exterior of the property.

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.

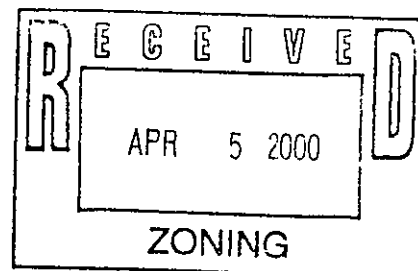
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)



Block 73 Lot 8 Qualifier _____

PROPERTY ADDRESS 18 Spring Avenue, Brick

PERSONAL NAME OF APPLICANT Andrew Kathleen Seemar

BUSINESS NAME OF APPLICANT _____

PROPERTY OWNER Andrew Kathleen Seemar

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) _____
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☒ Fence (state type & height) 6' Privacy Fence 1mm/1 Shuckade
☐ 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.

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 Kathleen Seemar Date 3/28/01

Reviewed by Zoning Office _____ Date 4/2/01 (p) Approved ☒ Denied ☐

4/6/01

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723



Joseph C. Scarpelli, Mayor

DEPARTMENT OF ADMINISTRATION & FINANCE

Township Council:

Kathy M. Russell - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.

OFFICE OF LAND USE MANAGEMENT

Sean Kinnevy
Zoning Officer
(732) 262-1041

Kate MacDonald
Asst. Zoning Office
(732)-262-1043

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

RESUBMIT
DATE 4/5/01

OK 4/6/01 SK 21

Date: April 2, 2001

Re: Block: 73 Lot 8
18 Spring Avenue

Kathleen Seemar
18 Spring Avenue
Brick, NJ 08723

- ☐ Your application for a zoning permit is incomplete. In order to process your application, we need the following:
- ☐ Two accurate plot plans, drawn either by a surveyor or an engineer. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.
- ☐ A zoning permit application completely filled out and signed by the applicant. No facsimile copies can be accepted. Please use the current application form.

Upon submission of the required information to the Division of Inspections we will be able to process your application.

- X Your application for a zoning permit cannot be approved for the following reasons:**
Under Section 190-33.1 of the Township Code a stockade fence must be set back at least 30 feet from the front property line and you are proposing a setback of only 28.76 feet. In order to construct the fence as proposed a variance must first be approved by the Zoning Board of Adjustment. Variance application forms can be obtained from Christine Papa, Board Secretary.

C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Official

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050



Joseph C. Scarpelli Mayor

Township Council

Frederick J. Underwood, Sr - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cuoci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

Date: 3-28-01

Block: 73 Lot: 8

Property Address: 18 Spring Avenue, Brick

I, Kathleen E Seema of 18 Spring Avenue
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Kathleen E Seema
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: [Signature]

Signed: 4/9/01

Rejected on: _____

Signed: _____

Comments:

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 18 Spring Avenue
 Block: 73 Lot: 8
 Owner's Name: Andrew & Kathleen Seemar
 Owner's Mailing Address: 18 Spring Avenue
Brick, NJ 08723
 Phone: [REDACTED]

BUILDING

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

Technical Data

Description of Work: _____

Type of Work

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

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Building: _____
 Volume of Structure: _____
 Total Land Disturbed: _____
 Cost of Alteration: _____

Cost of New Building: _____

Total Cost of Building Work: \$700.00

Signature: Kathleen E Seemar

Please Print Name Kathleen E Seemar

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	_____
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	_____ KW
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: _____

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	_____
Urinals/Bidets	_____
Bath Tub	_____
Bathtub	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Waste Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Water Cooled A/C or Refrig. Unit	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Pump Pump	_____
Other:	_____

Estimated Cost of Plumbing Work _____
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: _____

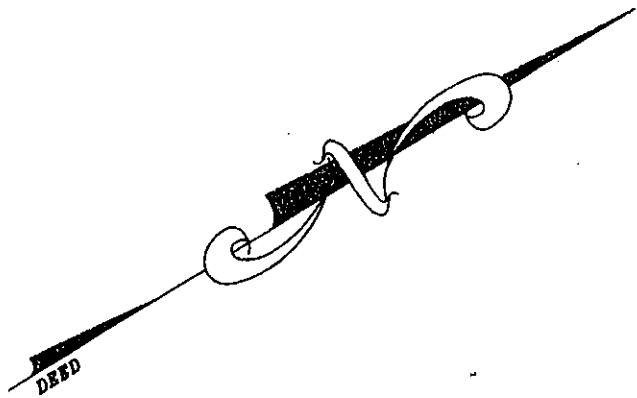
Flammable Storage Tanks	_____ capacity _____	fuel
Combustible Storage Tanks	_____ capacity _____	fuel
LPG Storage Tanks	_____ capacity _____	fuel

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	_____

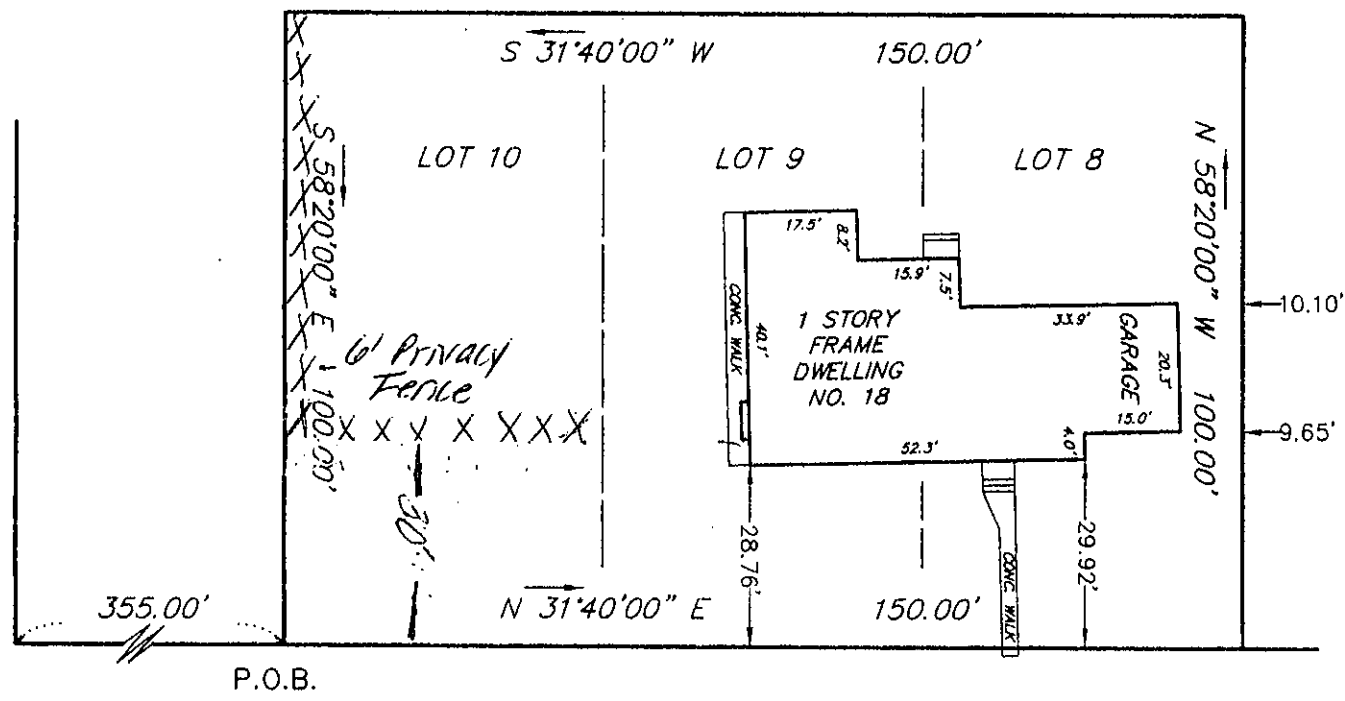
Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____
Signature: _____
Print Name: _____



DOUGLAS ROAD



SPRING AVENUE
Formerly MAPLE AVENUE
50' WIDE

DEED REFERENCE: BOOK 10260 PAGE 727
ALSO KNOWN AS LOT 8 BLOCK 73 ON
THE BRICK TOWNSHIP TAX MAP.

SURVEY OF PROPERTY
LOTS 8, 9 & 10
TENTATIVE PLAN OF SWAN POINT PARK
DATED AUGUST, 1948 (UNFILED)
BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY

MORRIS & GLASGOW, INC.
LAND SURVEYING & PLANNING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732-899-0965

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED
UNDER MY DIRECT SUPERVISION TO:
ANDREW SEEMAR & KATHLEEN SEEMAR
OCEAN FIRST BANK
FRANCIS RUPP, ESQ.

Elbert Morris 1/15/01
ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY
MADE ON THE GROUND AS PER RECORD DESCRIPTION
AND IS CORRECT AND THERE ARE NO ENCROACHMENTS
EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN

Date:	Scale:	Job No.	Map No.
01/12/01	1"=30'	01-001	2-182