BLOCK 73 LOT ~~X~~ 6 QUALIFICATION CODE ____ ADDRESS (SITE) 18 Spring avenue PERMIT NO. 06-2462

CONSTRUCTION PERMIT APPLICATION

C06-0426

called 7/21/06 left message

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

I. IDENTIFICATION

1. Proposed Work Site at: 18 Spring Avenue
2. Name of Owner in Fee: Andrew Seemar [redacted]
   Address 18 Spring Avenue (street) Brick (municipality) NJ 1093 (zip code)
3. Ownership in fee: Public ____ Private X
4. Principal Contractor: Andrew Seemar [redacted]
   Address 18 Spring Ave, Brick, NJ
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: (___) ____
5. Architect or Engineer ____ Tel. (___) ____
   Address ____ Contact ____
6. Responsible Person in Charge once Work has Begun Andrew Seemar
   Tel. [redacted]

Shed

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	7807	$ 40		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal		$		
7. Less 20% for State Plan Review		2		
8. Subtotal		$		
9. State Permit Fee Surcharge				
10. Subtotal		$		
11. Cert. of Occupancy				
12. Other ZA		30	12	
13. TOTAL		$ 70		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1 (Shed)	
2. Height of Structure	12' (Shed) ft.	
3. Area — Largest Floor	10X18 (Shed) sq. ft.	
4. New Building Area	180 Sq Ft sq. ft.	
5. Volume of New Structure	180 sq. Ft (Shed) cu. ft.	
6. Construction Classification	Shed	
7. Total Land Area Disturbed	10X18 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☒ New Building SHED	1300.00	[illegible]	1/23/06		7-2006	FW			
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EW	4/19/06		4/19/06				
TOTAL COSTS	1300								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, indicate Former:
4. No. of dwelling units:
   Before Construction ____
   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

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

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 1/23/06

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.

IMPORTANT Pd: prelim 4/19/06 JRT

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

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
1-30-6	LETTER OF ZONING DENIAL ISSUED	SK, ZO
3-10-6	LETTER OF ZONING DENIAL ISSUED	SK, ZO
3-27-6	LETTER OF ZONING DENIAL ISSUED	SK, ZO
4-3-6	AS seemar came for meeting with ZOSK - will resubmit and comply	SK, ZO
4-10-6	ZOSK met with AS - resubmitted	SK, ZO

☑ Zoning Application deemed complete Initialed: JRT Date: 1/23/06

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/01/2010
Control Number C-06-0426
Permit Number 06-2462
Permit Issue Date 07/26/2006
Certificate Number 06-2462

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 18 SPRING AVE. , NJ Block: 73 Lot: 6 Qual:

Owner in Fee: SEEMAR, ANDREW & KATHLEEN E

Owner Address: 18 SPRING AVE. BRICK NJ 08723

Telephone: [redacted]

Contractor SEEMAR, ANDREW & KATHLEEN E

Address 18 SPRING AVE. BRICK NJ 08723

Telephone: [redacted] 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 10X18 SHED

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 07/01/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 07/26/2006
Control # C-06-0426
Permit # 06-2462

IDENTIFICATION Block: 73 Lot: 6 Qualifier
Work Site Location: 18 SPRING AVE. , NJ
Owner in Fee SEEMAR, ANDREW & KATHLEEN E
Address 18 SPRING AVE. BRICK NJ 08723
Telephone: [redacted]

Contractor SEEMAR, ANDREW & KATHLEEN E
Address 18 SPRING AVE. BRICK NJ 08723
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SHED 10X18 SHED

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,300

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$30
Total	$72
Check No.	7807
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK: *73.00* LOT: *6*
SITE ADDRESS: *18 Spring Avenue*
CONTROL #: *C06-0426* WORK TYPE: *Shed*
APPLICANT: *Andrew Seemar* PHONE # [redacted]
APPLICANT ADDRESS *18 Spring Avenue* CITY/STATE/ZIP: *Brick,NJ 08723*

MANDATORY DEVELOPER FEES

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

The estimated equalized assessed value: Residential *$ 3,240.00*
Commercial

04/10/2006
Date

The final equalized assessed value at the above referenced site is: Residential *$ 4,700.00*
Commercial

06/01/2010
Date

Prel. Fee (Res)		Final Fee (Res)	*$ 14.60*	*Balance due*
Prel. Fee (Comm)	*$ -*	Final Fee (Comm)	*$ -*	
Waiver Fee(Res. Only)	*$ 32.40*			
Check #	*7596*	Check #	*9894*	
Date Paid	*04/19/2006*	Date Paid	*07/01/2010*	
Total Fee Paid (Res)	*$ 47.00*			
Total Fee Paid (Com)	*$ -*			

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

Authorized Signature – Township of Brick

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/26/06
Permit # 06-2462

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

Block 73 Lot 10.6 Qualification Code

Work Site Location 18 Spring avenue, brick

Owner in Fee Andrew Seemyr

Address 18 Spring Avenue

Tel [redacted]

Contractor Andrew Seemyr

Address 18 Spring Avenue, Brick, NJ 08723

[redacted] F [redacted]

Contractor License No. or Builder Registration No.

Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Shed 10X18

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-2006	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/12/10
Approved by: KA

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			Stucco	G.L.
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure 12' Ft.
Area — Largest Floor 10X18 Shed Sq. Ft.
New Bldg. Area/All Floors 180 Sq. Ft.
Volume of New Structure 180 sq ft Cu. Ft.
Total Land Area Disturbed 10X18 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ Shed @ 1300.00
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110 (rev. 07/03)

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

TOWNSHIP OF TOMS RIVER

OFFICE OF PERMITS AND INSPECTIONS

33 WASHINGTON STREET
P.O. BOX 728
TOMS RIVER, NJ 08754-0728

Telephone 732-341-1000
Facsimile 732-473-9535

Block: 73

Lot: 6

Address: 18 Spring Ave
BACK N.S.

I, Kathleen Seeman would like to request an inspection for the work listed above. I accept responsibility and do not hold the Township of Toms River responsible for inspecting any of the work that is within in the walls or other locations that cannot be inspected.

Signature Kathleen Seeman
(Print)

Signature
(Sign)

Date 5-1-10

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/21/16
Permit # 16-462

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

Block 13 Lot 10 6 Qualification Code _____
Work Site Location 14 [illegible] AVENUE
Owner in Fee [illegible] SEPPNIC
Address 14 [illegible] AVENUE
Tel. [redacted]
Contractor [illegible] METHAC
Address 14 [illegible] AVENUE
[illegible] CX773
Tel [redacted]
Contractor License No. or Builder Registration No. _____
Federal Emp. No _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Shed 1^ X 1^

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7 20 16	[illegible]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure 1 [illegible] Ft.
Area — Largest Floor 1 [illegible] SHED Sq. Ft.
New Bldg. Area/All Floors 1 [illegible] Sq. Ft.
Volume of New Structure 1 [illegible] Cu. Ft.
Total Land Area Disturbed 1 [illegible] Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ Shed $1,100.00
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block ______ Lot ______ Qualification Code ______

Work Site Location ______

Owner in Fee ______

Address ______

Tel. ( ) ______

Contractor ______

Address ______

Tel. ( ) ______ FAX ( ) ______

Contractor License No. or Builder Registration No. ______

Federal Emp. No ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7 2	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

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

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______

Constr. Class Present ______ Proposed ______

No. of Stories ______

Height of Structure 12 Ft.

Area — Largest Floor ______ Sq. Ft.

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

Volume of New Structure ______ Cu. Ft.

Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ ______
2. Rehabilitation $ ______
3. Total (1+ 2) $ ______

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

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

FEE (Office Use Only)
$ ______

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

U.C.C. F110
(rev. 07/03)

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

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: January 23, 2006

Block: 73 Lot: 10

Property Address: 18 Spring Avenue, Brick

I, Andrew Seence (name) of 18 Spring Avenue (address)
request to be exempt from the plot plan requirement for an addition, ~~fence~~, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

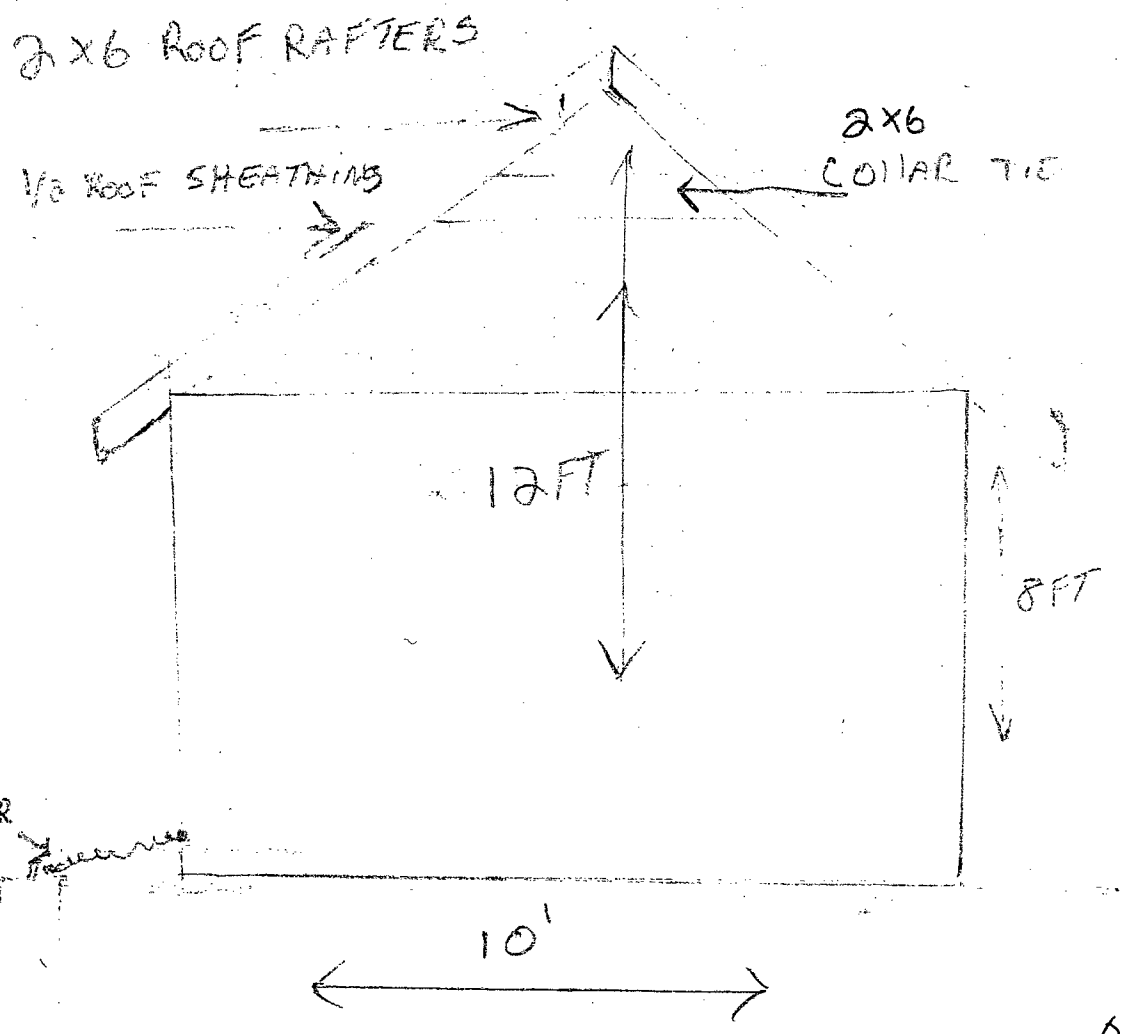
FOR OFFICE USE ONLY

Approved on:_____ Signed:_____

Rejected on:_____ Signed:_____

Comments:

FRONT

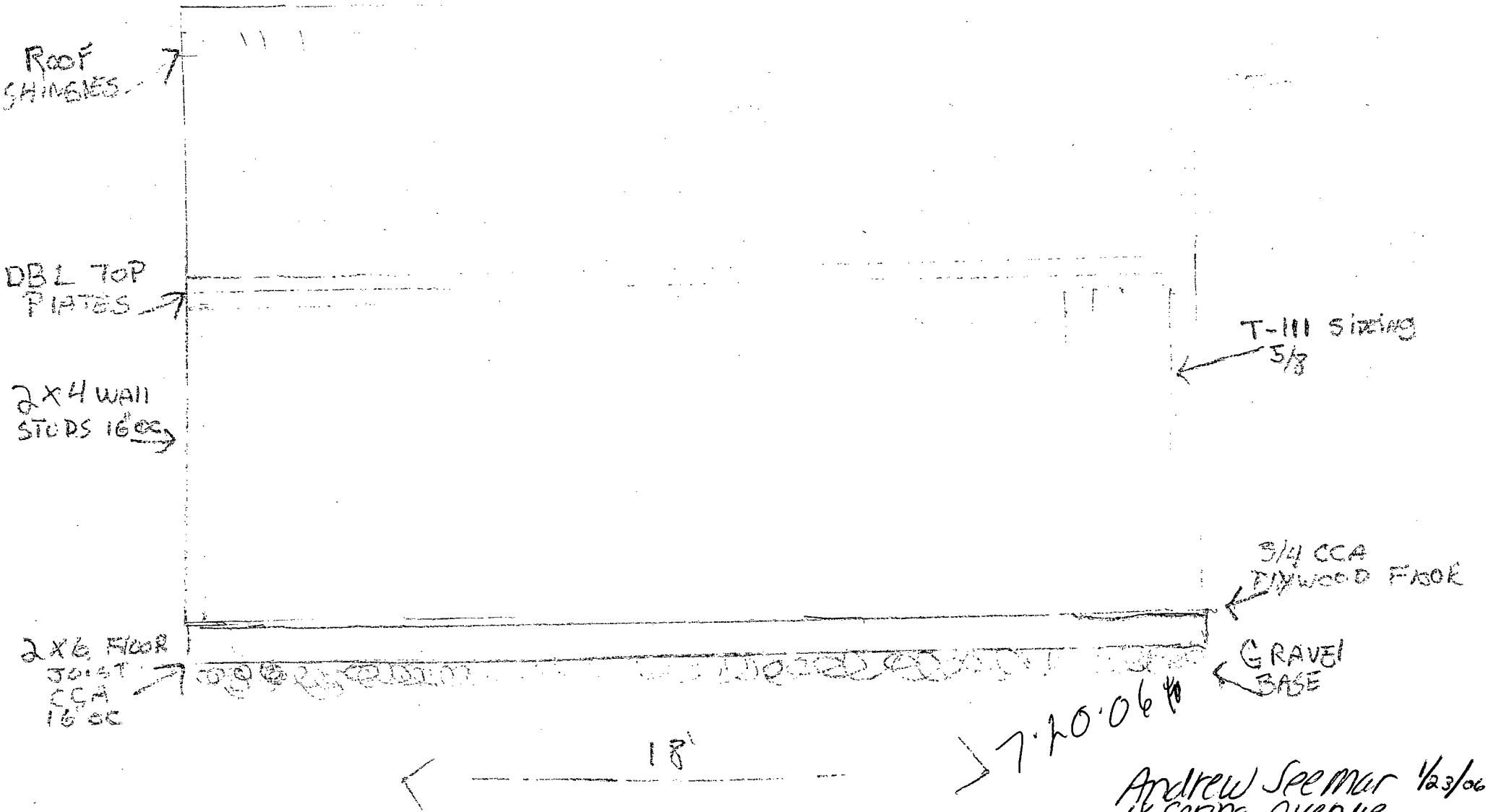


4 ANCORS
ON EACH
CORNER

7.20.06 PM

Andrew Seemar
18 Spring Avenue
Brick, NJ 08723

SIDE



Andrew Seemar 1/23/06
18 Spring Avenue
Brick, NJ 08723

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: _____

Block: 13 Lot: 6

Property Address: 18 Spring Avenue

I, _____ (name) of _____ (address)

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

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

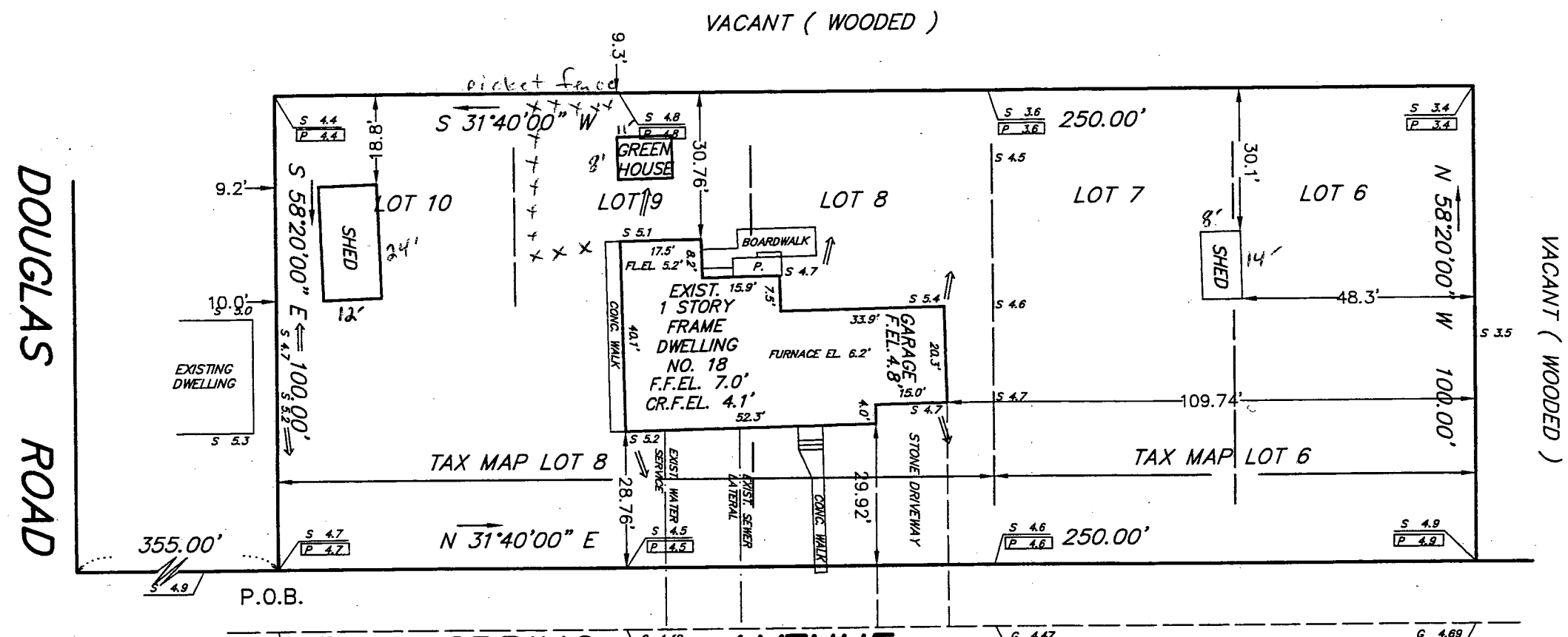
Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 4/19/06 Signed: _____

Rejected on: _____ Signed: _____

Comments:



APPROVED FOR ZONING
4-10-6 SE

P.Q. IS FLOOD HAZARD ZONE A5 EL. 6' AS PER F.I.R.M. #345285–0005.
DEED REFERENCE: BOOK 10260 PAGE 727
ALSO KNOWN AS LOTS 6 & 8 BLOCK 73 ON THE BRICK TOWNSHIP TAX MAP.

REVISED 4/03/06
REVISED 3/08/04 – ADD PROPOSED ADDITION

LEGEND:
S 0.00 = Spot Elevation
p 0.00 = Proposed Fin. Grade
TC 0.00 = Top of Curb Elev.
G 0.00 = Gutter Elev.
←—— = Direction of Runoff
Elevations refer to N.G.V.D. 1929

SURVEY OF PROPERTY
LOTS 6, 7, 8, 9 & 10
TENTATIVE PLAN OF SWAN POINT PARK
DATED AUGUST, 1948 (UNFILED)
BRICK TOWNSHIP

OCEAN COUNTY — NEW JERSEY
Filed Map No. — DATE FILED

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

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

MORRIS SURVEYORS, INC.
LAND SURVEYING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
732–899–0965
CERT. OF AUTHORIZATION NO. 24GA28102100

Elbert Morris, Pres 4/7/06
ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

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

Township of Brick
Zoning Permit

Approved: Monday, April 10, 2006 **Number:** 385

Block 73 **Lot** 6-10 **Zone:** R-10

Property Address: 18 Spring Avenue

Applicant: Andrew Seemar

Property Owner Andrew & Kathleen E. Seemar

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Storage shed, 12' x 24', 12' high.
Greenhouse, 8' x 11', 6'3" high.
NOTE: The structures have already been erected without the required permits.

Conditions: The shed and greenhouse must each be set back at least 30 feet from the front property line, and at least five (5) feet from the side and rear property lines.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

APR 10 2006

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

BLOCK 73 LOT 6-10 QUALIFIER ———

PROPERTY ADDRESS 18 Spring Ave.

PERSONAL NAME OF APPLICANT Andrew Seemar

BUSINESS NAME OF APPLICANT ———

MAILING ADDRESS OF APPLICANT 18 Spring Ave. Brick NJ 08723

PROPERTY OWNER'S FULL NAME Andrew + Kathleen E. 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) _____ Height_____
☐ Addition - Height_____
☐ Alteration
☐ Porch or deck - Height_____
☑ Shed - Height 12' 12x24'
☐ Fence - Type_____ Height_____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☑ Other (please describe) Green House 8' x 11' 6'8" High

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

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

☐ 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 _____ Date 4/10/06

Reviewed by Zoning Office SK Date 4/10/6 (X) Approved ( ) Denied

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

RESUBMIT
DATE 4-10-6 SC

March 27, 2006

Andrew Seemar
18 Spring Avenue
Brick, NJ 08723

Re: Block 73, Lot 6-10
18 Spring Avenue
Zoning Permit Application/Non-Compliance

Dear Mr. Seemar:

Your zoning permit application for two (2) sheds on the referenced property cannot be approved for the following reasons:

1. Plot plans drawn by a surveyor or engineer must be submitted showing all existing and proposed structures along with all the other required information;

2. A separate application must be made for each shed which has an area of 100 square feet or greater;

3. A site inspection today revealed three (3) sheds and a picket fence on the property, which are not shown on the survey map dated January 12, 2001, prepared by Morris & Glasgow, Inc. No record of any permits for these structures could be found.

4. The property contains unregistered vehicles and other property maintenance issues.

A summons is being issued to you to appear in Municipal Court to answer a complaint signed by this office for violation of Section 190-12 of the Township Code by failing to obtain zoning permits prior to the erection of the sheds and fence.

Please contact this office immediately regarding this matter. Thank you for your anticipated cooperation.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

Cc: Scott MacFadden, Business Administrator
Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Frank Mizer, Building Sub-Code Official
Carol Sisto, Code Enforcement Secretary
Zoning File

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Resubmit 8 3/15/06 KB

March 10, 2006

Andrew Seemar
18 Spring Avenue
Brick, NJ 08723

Re: Block 73, Lot 6-10
18 Spring Avenue
Zoning Permit Application

Dear Mr. Seemar:

Your zoning permit application for a shed on the referenced property cannot be approved because your plot plan does not show all the existing sheds. Please submit your complete application to the Division of Inspections office.

Very truly yours,

Sean Kinnevy
Zoning Officer

Cc: Scott MacFadden, Business Administrator
Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Zoning File

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Resubmit
2/28/06 KB

January 30, 2006

Andrew Seemar
18 Spring Avenue
Brick, NJ 08723

Re: Block 73, Lot 6-10
18 Spring Avenue
Zoning Permit Application

Dear Mr. Seemar:

Your zoning permit application for a shed on the referenced property cannot be approved because your zoning permit application is incomplete and inaccurate. Please state the correct lot number on the application forms and submit two (2) copies of a survey map/plot plan showing the entire tax parcel, including lots 6 and 7. Please submit your complete application to the Division of Inspections office.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

Cc: Scott MacFadden, Business Administrator
Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Zoning File

JAN 26 2006

FEB 28 2006

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.

MAR 15 2006

BLOCK 73 LOT 6-10 QUALIFIER

PROPERTY ADDRESS 18 Spring Ave.

PERSONAL NAME OF APPLICANT Andrew Seemar

BUSINESS NAME OF APPLICANT

MAILING ADDRESS OF APPLICANT 18 Spring Ave Brick NJ 08723

PROPERTY OWNER'S FULL NAME Andrew 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) Shed

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Height
☐ Addition - Height
☐ Alteration
☐ Porch or deck - Height
☒ Shed - Height 12' (10 x 18) 8 x 14 - 17 1/2 ft
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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

SIGNATURE OF APPLICANT Date 1/23/06

Reviewed by Zoning Office SC Date 1/30/06 Approved (X) Denied

SC 3/10/06

SC 3/16/06

1/28/06

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

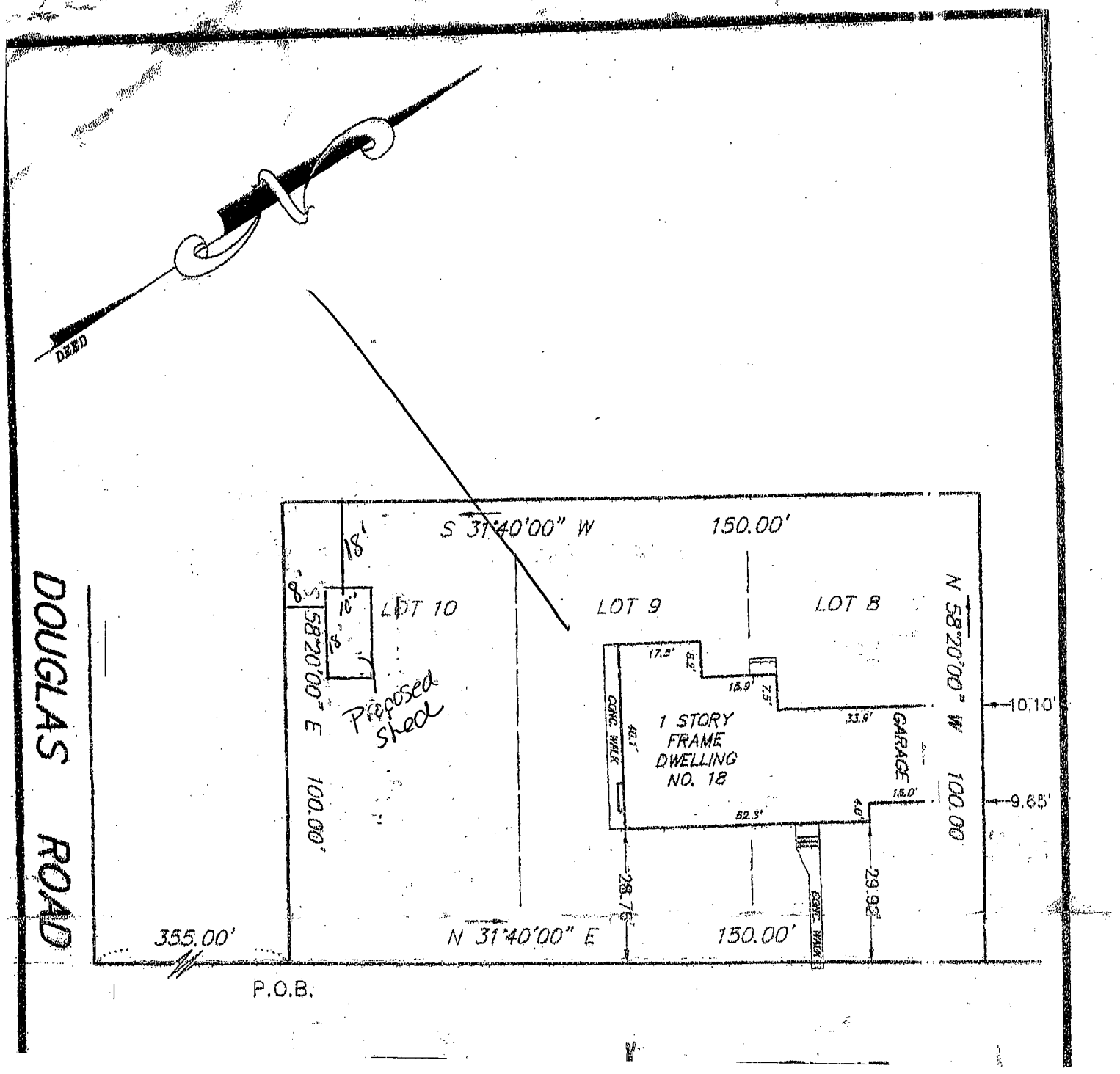
********PLEASE READ AND SIGN********

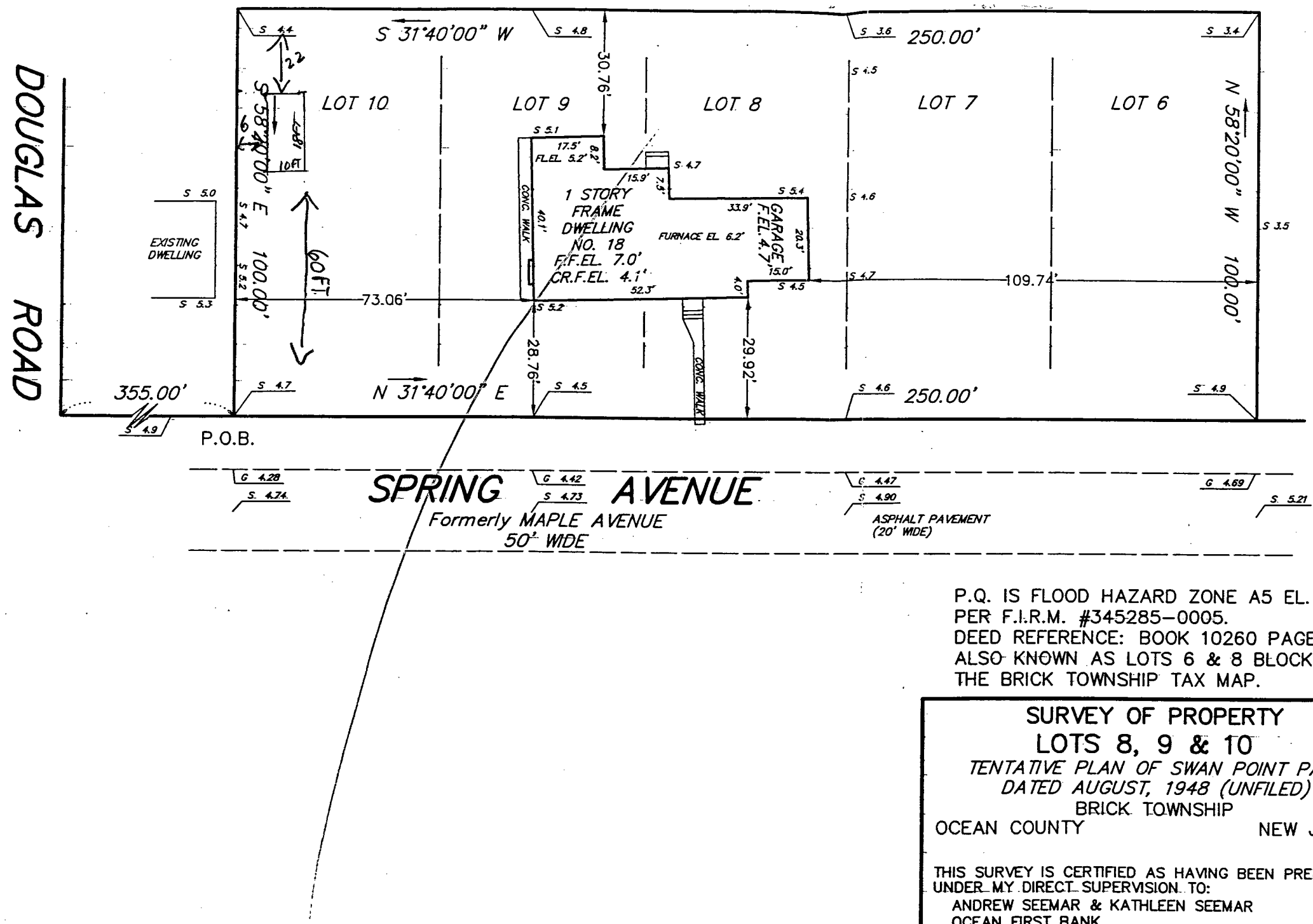
I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Andrea Seeman

SIGNATURE: [signature] DATE: 1/23/06

BLOCK: 73 LOT: 10 ADDRESS: 18 Spring Ave. Brick NJ


DEED
DOUGLAS ROAD
S 31°40'00" W
150.00'
18'
8'
12'
18'
LOT 10
LOT 9
LOT 8
S 58°20'00" E
100.00'
Proposed Shed
17.5'
8.2'
15.9'
7.5'
33.9'
CONC. WALK
1 STORY FRAME DWELLING NO. 18
GARAGE
15.0'
4.9'
52.3'
N 58°20'00" W
100.00
10.10'
9.65'
28.75'
29.92'
CONC. WALK
355.00'
N 31°40'00" E
150.00'
P.O.B.



P.Q. IS FLOOD HAZARD ZONE A5 EL. 6' AS PER F.I.R.M. #345285–0005.
DEED REFERENCE: BOOK 10260 PAGE 727
ALSO KNOWN AS LOTS 6 & 8 BLOCK 73 ON THE BRICK TOWNSHIP TAX MAP.

LEGEND:
S 0.00 = Spot Elevation
p 0.00 = Proposed Fin. Grade
TC 0.00 = Top of Curb Elev.
G 0.00 = Gutter Elev.
←—— = Direction of Runoff
Elevations refer to N.G.V.D. 1929

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

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

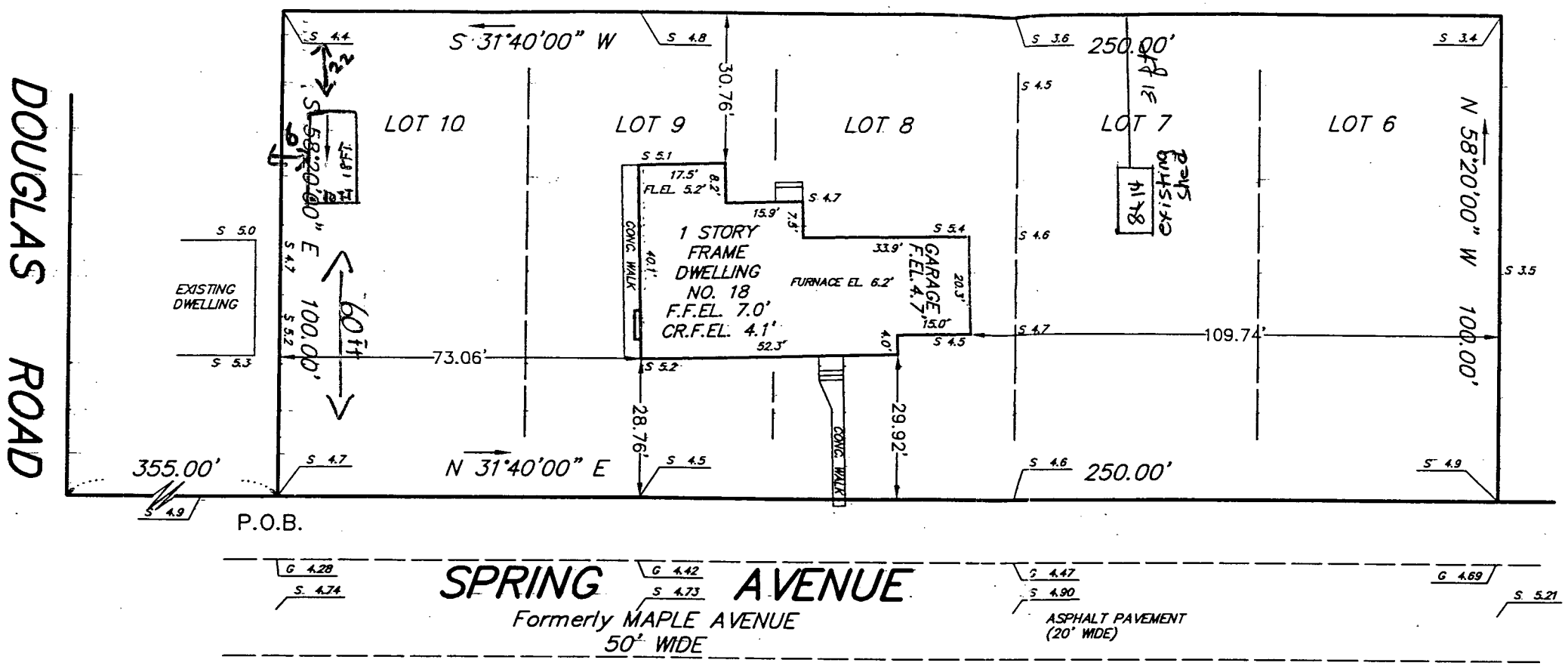
I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN

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

ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

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

C:\P\01-001\2-1826 Tue Jan 28 09:38:21 2003



P.Q. IS FLOOD HAZARD ZONE A5 EL. 6' AS PER F.I.R.M. #345285-0005.
DEED REFERENCE: BOOK 10260 PAGE 727
ALSO KNOWN AS LOTS 6 & 8 BLOCK 73 ON THE BRICK TOWNSHIP TAX MAP.

LEGEND:
S 0.00 = Spot Elevation
p 0.00 = Proposed Fin. Grade
TC 0.00 = Top of Curb Elev.
G 0.00 = Gutter Elev.
←—— = Direction of Runoff
Elevations refer to N.G.V.D. 1929

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

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

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

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

ELBERT MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 8509

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

C:\P\01-001\2-1826 Tue Jan 28 09:38:21 2003