C14 - 49

BLOCK 1425.04 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 1306 Sabrina ct. PERMIT NO. 99-4294

RECEIVED
OCT 14 199

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1306 Sabrina ct.
2. Name of Owner in Fee: Mr+Mrs Marrone Tel. [redacted]
   Address 1306 Sabrina ct (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Beaver Fence Co. Tel. (609) 638-5007
   Address 25 Spartan Village Wrightstown
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3578938 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Kenny Brick
   Tel. (609) 638-5007 FAX (_____) _____

Attached

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 35		
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	$ 150		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	3 ft.	
3. Area — Largest Floor	20 sq. ft.	
4. New Building Area	20 sq. ft.	
5. Volume of New Structure	60 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	20 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no	X	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only) 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	475.00				11/1/99	JK			
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		EWC	10/25/99		10/25/99	JL			
	TOTAL COSTS	475.00								

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

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	1
After Construction	1
Net Gain or Loss	0

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR-B 10524546

U.C.C. F100-1 (rev 3/96)

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 10-12-99

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

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

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

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

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

(X) Check if contractor.

Agent Name Beaver Fence Co.

Address 25 Spartan Village
Wrightstown NJ.

Telephone (609) 638-5007

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.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/12/99
Control #
Permit # 99-4294

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1428.04 Lot 2 Qual

Work Site Location 1306 SABRINA CT
REBUILD ATTACHED DECK
Owner in Fee MARRONE
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor BEAVER FENCE CO
Address 25 SPARTAN VILLAGE
WRIGHTSTOWN, NJ
Telephone (609)638-5007
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3578938

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:
REBUILD EXISTING ATTACHED DECK

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 $ 475

Construction Official

11/12/99
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other ZPA	15
Total	50 35
Check No.	2122
Cash	
Collected By	SC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/14/99
Date Issued 11/12/99
Control # C14-49
Permit # 99-43941

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

Block 1428.04 Lot 2 Qual
Work Site Location 1306 SABRINA CT
REBUILD ATTACHED DECK
Owner in Fee HARROUB
Address SAME
BRICK NJ 08724-
Tele [redacted]
Contractor BEAVER FENCE CO
Address 25 SPARTAN VILLAGE
WRIGHTSTOWN, NJ
Tele.(609)638-5007 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Soc. No. 22-3578938

* AS NOTED

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

REBUILD EXISTING ATTACHED DECK

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[*] All 11/11/99 JEC
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK — FEE (Office Use Only)

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 475
3. Total (1+2)$ 475

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$	0
Minimum Fee	$	10
TOTAL FEE	$	35
UCA Training Fee	$	0

Paid [ ] Check #
Collected by:

N.C.C. Rev. [illegible]

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 1306 Sabrina Ct
Block: 1428.04 Lot: 2
Owner in Fee: Mr + Mrs Macrone
Address: 1306 Sabrina Ct. Brick
State: NJ. Zip: 08724 Phone: (
SS #: Provide [redacted] wner

Date Rec'd.:
Date Issued:
Control #:
Permit #:

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:

BUILDING SUBCODE

CONTRACTOR: Beaver Fence Co.
ADDRESS: 25 Spartan Village Wrightstown NJ.
PHONE: 609 - 638-5007
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-3578938

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Rebuild existing porch

TYPE OF WORK

☒ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Other:
☐ Other:
☐ Fence: Height (6' or More)
☐ Sign: Sq. Ft.
☐ Pool (In Ground)
☐ Pool (Above Ground)
☐ Asbestos Abatement
☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: 1
Height of Structure: 3'
Area - Largest Floor: 20 sq ft.
New Building Area / All Floors: 20 sq ft
Volume of Structure: 60 cu ft Total Land Disturbed: 20 sq ft
Signature:

Estimated Cost of Building Work:
New Building (1): $ 425.00
Alteration (2): $

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: October 18, 1999 **No. 1999-**1657

Block: 1428.04 **Lot:** 2 **Zone:** R-M

Property Address: 1306 Sabrina Court

Owner: Mr. & Mrs. Morrone

Applicant: Kenny Bruck **Phone:** 609-638-5007

Existing use: Residential Condo Unit

Proposed use: same

Proposed construction: replace existing 4 1/2' x 4', 3' high attached porch

Conditions: Evergreen Woods Park Association letter of approval dated October 12, 1999.

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

OCT 14 1999

ZONING

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

BLOCK 1428.04 LOT 2

PROPERTY ADDRESS (number and street) 1306 Sabrina Ct.

NAME OF PROPERTY OWNER Mr + Mrs Morrone

PERSONAL NAME OF APPLICANT Kenny Brock

BUSINESS NAME OF APPLICANT Beaver Fence Co.

MAILING ADDRESS OF APPLICANT 25 Spartan Village Wrightstown NJ. 08562

TELEPHONE NUMBER OF APPLICANT (609) 638-5007

PRESENT USE OF PROPERTY (check all that apply)

___Vacant Lot X Single-family dwelling ___Multi-family Dwelling

___Commercial (please describe)_____

PROPOSED USE OF PROPERTY (check all that apply)

___Vacant Lot X Single-family dwelling ___Multi-family Dwelling

___Commercial (please describe)_____

PROPOSED CONSTRUCTION Rebuild existing porch

_____

___All dimensions: 4½' Width 4' Length 3' Height

(Deck) or Garage: X Attached _____ Detached 3' Height

Fence: Style_____ Material_____ Height_____

CHECKLIST:

___All information completed above

___Two (2) copies of the property survey map 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 site 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.

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(908) 262-1038
Fax (908) 262-8954
http://gbshost.com/brick

Date: 10.11.99

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 1428.04 Lot: 2

Property Address: 1306 Sabina Ct

I, Kenny Bauck (name) of 25 Sparta Village, Wrightstown NJ. (address)

Request to be exempted from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in Chapter 190.31 of the Codified Ordinances of the Township of Brick.

Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of 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.

OFFICE USE

Approved: 10/28/99 Signed:

Rejected: Signed:

Comments:

EVERGREEN WOODS PARK ASSOCIATION

107 MIRANDA COURT BRICK, NJ 08724
(732) 458-1784 Fax (732) 458-8405

October 12, 1999

Brick Township
Building Department
410 Chambers Bridge Road
Brick, NJ 08723

Re: 1306 Sabrina Court

Dear Sir/Madam:

Please be advised that the Association has approved the building of a rear porch on the above referenced unit.

If you have any questions concerning the above, please do not hesitate to contact Association office.

Very truly yours,

Jim McDermott
Property Manager

JM/gc
Enc.

1306 Sabrina Ct | 1428.04 | 2
Work Site Address | Block | Lot

Mr+Mrs Marrone 1306 Sabrina Ct. Brick NJ. [redacted]
Owner's Name, Address, Phone

Beaver Fence Co 25 Spartan Village Wrightstown N.J. 08562
Contractor's Name, Address, Phone

Construction Single family - rebuild existing deck
Describe type (Single -family home, etc.)

Demolition wood porch
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material wood 20 Sq Ft.

Name, address and phone of party responsible for removal of debris:

Beaver Fence Co. 25 Spartan Village Wrightstown .NJ. (609)638-5057

Size of dumpster: _____

Destination of discarded debris: Ridge Rd. Public works

Hauler's DEP Permit No.: _____

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Kenny Brock | KB | 10-11-99
Printed/Typed Name | Signature | Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUEI

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST: