BLOCK 88.1 LOT 5 QUALIFICATION CODE ______ ADDRESS (SITE) 58 Brower Dr. PERMIT NO. 00-1633

RECEIVED
MAY 0 5 2000
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

Call # 201 451-3237

I. IDENTIFICATION

1. Propsed Work Site at: 58 Brower Dr.
2. Name of Owner in Fee: Robert Cannarozzo [redacted]
   Address 24 East 31st (street) Bayonne N.J. (municipality) 07002 (zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Self 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 [redacted]

Replacing Sheathing on Bulkhead

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	60		
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	$			

#5155 CP

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
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		

II. PROPOSED WORK

	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		JD	5/5/00				7/10/00		OK
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		MT	5/11/00		5/11/00				MT
TOTAL COSTS									

(OPTIONAL (for office use only))

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 ______
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 10403419

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 5-5-2000

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			
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

0004
1633*#
BLOCK 88 # 0.00
LOT 5 # 0.00
BUILDING 60.00
D.C.A. 5.00
ENG P.R. 15.00
TOTAL 80.00
CHECK 80.00
CHANGE 0.00
0029A005 13:15
NO. 5
05/11/00

Date Issued 05/11/2000
Control #
Permit # 00-1633

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 88.1 Lot 5 Qual

Work Site Location 58 BROWER DRIVE
REPL BULKHEAD
Owner in Fee CANNAROZZO
Address SAME
BRICK, NJ 08723-
Telephone ( )

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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:
REPLACE BULKHEAD/50 FEET APROX

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 $ 6,000

Construction Official

05/11/2000
Date

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

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other E	15
Total	80 — 65
Check No.	5155
Cash	
Collected By	IL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/11/2000
Date Issued 05/11/2000
Control #
Permit # 00-1633

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

Block 88.1 Lot 5 Qual

Work Site Location 58 BROWER DRIVE
REPL BULKHEAD

Owner in Fee CANNAROZZO

Address SAME
BRICK, NJ 08723-

Tele.( )

Contractor

Address

Tele.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

X as per eng. approval

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	5/11/2000	JLG
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final X			7/10/00	JP
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present U 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.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 6,000
3. Total (1+2) $ 6,000

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

Eng Final OK 7/10/00

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REPLACE BULKHEAD/50 FEET APROX

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
[X] Other BULK REPL 50'	60
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 60
DCA Training Fee	$ 5

Paid [ ] Check #
Collected by:

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

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
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_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

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:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 58 BROWER DRIVE
Block: 88.1 Lot: 5
Owner's Name: ROBERT CANNAROZZO
Owner's Mailing Address: 24 EAST 31 st
BAYONNE NJ. 07002
Phone [redacted]

BUILDING

Contractor: SELF
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

BULK HEAD
(REPLACE SHEETING)
POOL + CONCRETE SLAB
IN DANGER OF EROSION
IN TO RIVER.

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___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: 6,000.—

Signature:
Please Print Name

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
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

Owner Joseph Chiviel

Location 58 Brower Drive

Permit No. 1207-90 Lot 5 BLK 88.01

Fee: 77.50

Contr: Richard Kremer

C.O. No. Date Issued 6/22/90

Use Group DOCK

Violations

Plumber

Owner Cannarozzo, Robert

Location 58 Brower Dr.

Permit No. 1573 Lot 5 BLK 88.01

Fee: 78.00

Contr: same

C.O. No. Date Issued 7/24/92

Use Group propane to natural gas

Violations

Plumber

Owner Canarazzo, Roberto

Location 58 Brower Dr.

Permit No. 277 Lot 5 BLK 88.01

Fee: 107.50

Contr: same

C.O. No. Date Issued 3/12/91

Use Group Pool & fence (IN)

Violations

Plumber

TOWNSHIP OF BRICK
BULKHEAD/DOCK REVIEW
CHECKLIST

BLOCK 88.1 LOT 5 DATE RECEIVED 5-5-2000

PROPERTY ADDRESS 58 Browne DR.

APPLICANT Robert Cannarozzo PHONE [redacted]

ADDRESS 24 East 31st Bayonne N.J. 07002

CONTRACTOR Self PHONE

ADDRESS

TYPE OF WORK Bulkhead (Replace Sheeting)

		YES	NO	N/A
1.	PLANS/DETAILS SIGNED & SEALED	✓		
2.	SCALE OF NOT LESS THAN 1"-50'	✓		
3.	EXISTING PROPOSED ELEVATIONS (NGVD IN FLOOD ZONES)	✓		
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	✓		
5.	DRAINAGE PIPES/OUTFALLS/EASEMENTS	✓		
6.	NORTH ARROW	✓		
7.	PROPERTY ADDRESS/LOT & BLOCK NUMBER	✓		
8.	EXISTING STRUCTURES/DWELLINGS	✓		
9.	M.H.W.L. ELEVATION	✓		
10.	EXISTING BULKHEAD/DOCK LOCATION	✓		
11.	PROPOSED BULKHEAD/DOCK LOCATION	✓		
12.	BULKHEAD/DOCK DETAIL (ELEVATION/PROFILE)	✓		
13.	FACE/ANCHOR PILING TYPE/SIZE/LENGTH	✓		
14.	SHEET PILING TYPE/SIZE/LENGTH	✓		
15.	WALER TYPE/SIZE/LENGTH	✓		
16.	TIE ROD SIZE/LENGTH	✓		
17.	CAP/HARDWARE/OTHER MISCELLANEOUS ITEMS	✓		
18.	TOP OF BULKHEAD ELEVATION	✓		
19.	DISTANCE - TOP OF BULKHEAD TO SOLID BOTTOM	✓		
20.	BEVEL CUT DETAIL	✓		
21.	PIPE PENETRATION DETAILS	✓		
22.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.	✓		

BULKHEAD/DOCK REVIEW

APPROVED X 5/11/00 REJECTED _____ SIGNED _____ DATE _____

REVISION

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS _____

EXTREME MARINE

CONSTRUCTION

329 Maria Drive
Toms River, NJ. 08753
FAX (732) 864-1171
PHONE(732) 864-1170

TO- Stan

FROM Robert Furmato

DATE July 6 00

FAX 262-8954

PAGES 2

RE. Stan This is in The Plain for Bob Canarosa Bulkhead That we Talked about

262-1047

TOWNSHIP OF BRICK

TYPES OF IMPROVEMENTS THAT REQUIRE BUILDING PERMITS AND THE REQUIREMENTS FOR OBTAINING A BUILDING PERMIT

ALL SURVEY NEED TO BE TO SCALE- NO EXCEPTIONS

ADDITION: Submit 2 surveys showing the location of the addition, dimensions and setbacks. Complete a zoning and engineering application. Submit 2 sets of drawings and cross section showing all materials used from the footing to the roof. Submit a floor plan labeling rooms, size of windows and doors. If plans are drawn by homeowner, each page of the detail must be signed. Ask for addition checklist for further information.

ELECTRIC: Permits for electrical work are now accepted at our office since July 1, 1998. The county doesn't service our town anymore.

ALTERATION: For inside changes, submit 2 copies of the existing and proposed floor plan.

BULKHEADS & DOCKS: Copy of State and Army Corps permits. Complete engineering and building application. Submit 2 surveys showing bulkhead and/or dock and 2 cross section details signed by contractor.

DECK: Submit 2 surveys showing the location, dimensions and setbacks of the deck.. Complete a zoning and engineering application along with a building application. Submit 2 sets of plans showing how the deck will be constructed from the footing to the rail. A top view and a side view showing size of lumber being used.

FENCES: Complete a zoning, engineering and building application along with 2 surveys of the property indicating with X's the location of the fence with the height and type proposed.

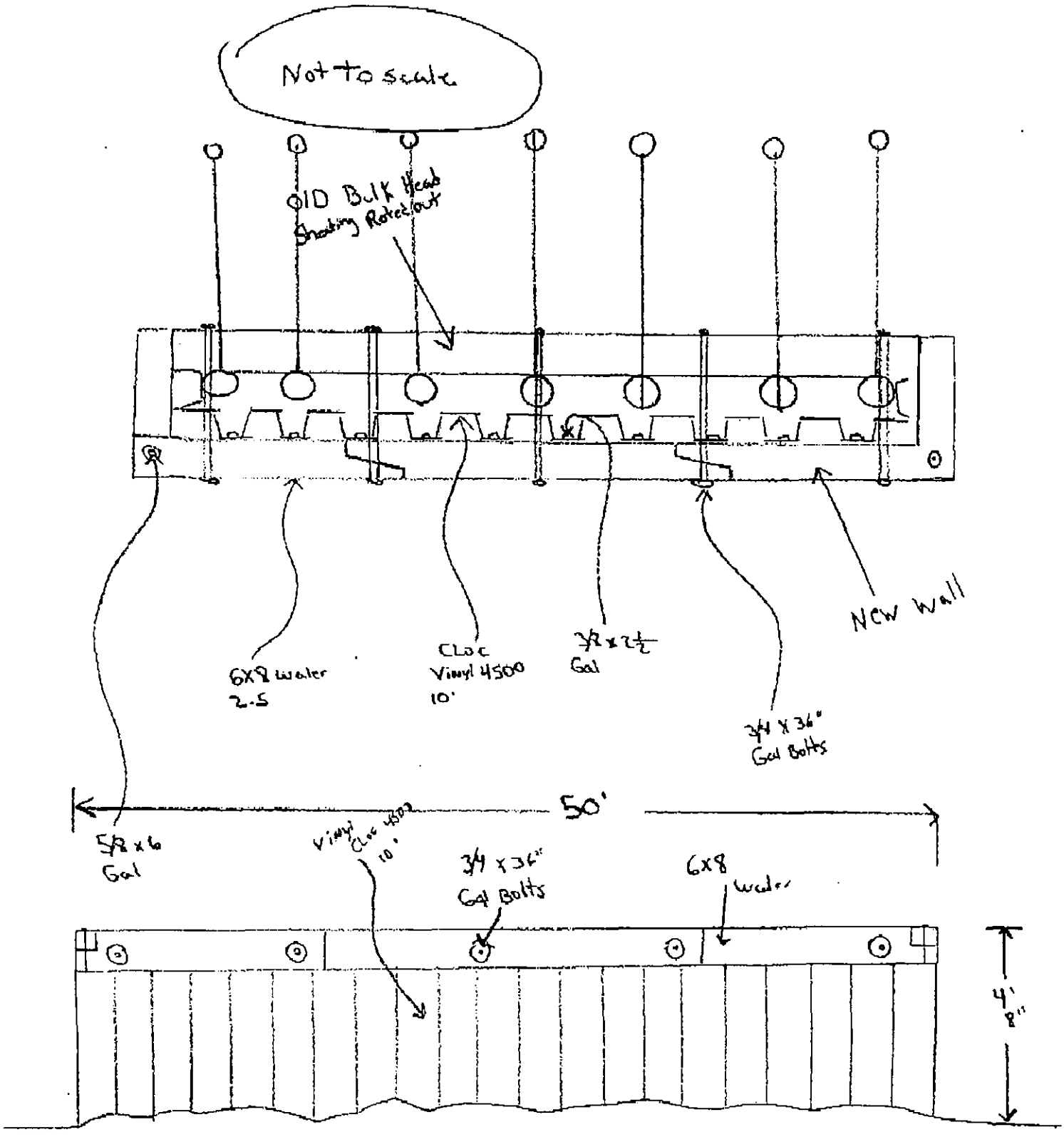
FIREPLACES & WOOD STOVES: If a masonry chimney is being built on the outside of the house, complete a zoning and engineering application including 2 surveys showing location, dimensions and setbacks. Also include 2 copies of a cross section of foundation, hearth and throat. Wood burning stove needs brochure with building and fire applications completed. Gas fireplaces require brochure, gas sketch and completed building ,plumbing and fire applications.

PLUMBING: Complete plumbing application along with gas piping, isometric sketch, and/or list of existing fixtures.

ROOFING & SIDING: Complete building application. A debris form must be completed for any rip off. Only D225 or D3462 shingles are acceptable.

SHEDS: If shed is 100 sq. ft. or more, complete a zoning, engineering, and building application. Include 2 surveys indicating location, dimensions and setbacks. Submit 2 details on how the shed is constructed. If it is a pre fab shed, submit the brochure. If shed is under 100 sq. ft., follow the above instructions omitting the engineering and building application. Either case, submit anchoring method.

SWIMMING POOLS: Complete zoning, engineering, building and electrical application. Submit 2 surveys showing location of pool, dimensions and setbacks. Submit 2 engineered sealed plans for an in ground pool and a brochure for an above ground pool. Also include a brochure on the filter and pump system and a pool certification form which needs to be signed by the homeowner and notorized. The STATE requires the ladder or stairs to the pool be fenced in and must have a self closing latched gate. If a chain link fence is to be used, the link must be an 1 ¼".


Not to scale
OID Bulk Head
Shooting Rake Out
6X8 Water
2.5
Cloc
Vinyl 4500
10'
3/4 x 2 1/2
Gal
NCW Wall
3/4 X 36"
Gal Bolts
50'
5/8 x 6
Gal
Vinyl Cloc 4500
10'
3/4 x 36"
Gal Bolts
6X8
Water
4'
8"

Bob Cannarozzo
Cell-201-481-3237

Jim

State of New Jersey

Department of Environmental Protection

831-1616

Christine Todd Whitman
Governor

Robert C. Shinn, Jr.
Commissioner

March 23, 2000

Mr. Robert Cannarozzo
58 Brower Drive
Brick, NJ 08723

RE: Bureau File #1506-00-0039.1
Lot 5; Block 88.01
Emergency Request for Bulkhead Replacement
Brick Twp, Ocean County

Dear Mr. Lamplugh:

Based on the information submitted by you and a field inspection by the Bureau of Coastal and Land Use Compliance and Enforcement, I am authorizing the following emergency repairs:

> "Replacement of bulkhead. The replacement bulkhead must be installed within eighteen (18") of the existing bulkhead as measured from the channelward side of sheathing of the original bulkhead alignment to the channelward side of the new sheathing."

A permit application for the above proposed work must be submitted to this office within ten (10) ten days of the date of this letter.

This emergency authorization does not alleviate your responsibility to obtain any other local, State or Federal authorizations required by law and does not authorize the construction or reconstruction of piers, docks, floats, or any other waterfront structure, except for the activity mentioned above.

Should you have any questions or require additional information, please contact me at the above address or (609) 633-2289.

Sincerely,

Ruth Ehinger

Ruth Ehinger, Manager
Bureau of Coastal Regulation

C: Bureau of Coastal and Land Use Compliance & Enforcement