



## Brick Township Complaint Response Form

Date Created: 9/4/2025  
Date Received: 9/4/2025  
Time Received: 8:46:27 AM  
Tracking Number:  
CPT-25-00742

Complaint:

Municipality: Brick Township Category: Complaint  
Department Origin: CodeEnforcement Complaint Type: Property overgrown  
User Origin: Gerard DeCicco Status: Complete  
732-262-1037  
Assigned to Department: CodeEnforcement Priority: LOW- Possible violation but no hazard expected  
Assign to User: Gerard DeCicco Method Received: Spoke to owner (in person)  
732-262-1037  
Private: No  
Complaint Summary:

Pool not closed not working , dark green , neighbor complaining of 2 roosters.

Complaint Result:

NOV issued for unsanitary pool and high grass , zoning permit approved last year for chicken coup ZP 24-01331

Michele 732-233-1757 owner advised me that she had surgery that has delayed the back yard cleanup, photos attached, a large section of grass over growth removed, she further advised the pool will be demolished and removed in the next 2 weeks

12-3-25 4 summons issued for pool and sanitation to both owners , court date 1-12-26

2-9-26, Judge issued two bench warrants to defs , 600.00 for each, Next court date 4-13-26

4-13-26. Guilty plea Pool removed : 1000.00 fine  
Guilty plea sanitation: 1000.00 fine

Location: 320 MADISON CT  
Street Address 1: 320 MADISON CT  
Street Address 2: \_\_\_\_\_  
City: Brick Township State: NJ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Block: 1307.101 Lot 15 Qualifier \_\_\_\_\_  
Owner: JACKSON, JOSEPH J & PETROSINO, M  
Street Address 1: 320 MADISON COURT  
Street Address 2: \_\_\_\_\_  
City: BRICK State: NJ Zip: 08724 - \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Tenant: \_\_\_\_\_  
Street Address 1: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: NJ Zip: \_\_\_\_\_ - \_\_\_\_\_



**Brick Township**  
**Complaint Response Form**

Date Created: 9/4/2025  
Date Received: 9/4/2025  
Time Received: 8:46:27 AM  
Tracking Number:  
CPT-25-00742

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Complaint Submitted By:  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address 1: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: NJ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Complaint Notes: \_\_\_\_\_  
\_\_\_\_\_