

BLOCK 261 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) 23 Farmgout Drive PERMIT NO. 16-0653



CONSTRUCTION PERMIT APPLICATION

(LH)

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

C-15-003489

I. IDENTIFICATION

1. Proposed Work Site at: 23 Farmgout Drive Brick, NJ 08723

2. Name of Owner in Fee: Rossics & Russo Assoc LLC

Tel. (932) 251-8870 e-mail _____

Address 23 Farmgout Drive Brick 08723

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Russo Seamless Gutters LLC Tel. (932) 251-8870

Address 5100 Route 33 #34 Farmingdale, NJ 07727 e-mail _____

License No. OR, if new home, Builder Reg. No. 13VH08168100 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-3781542 FAX: () _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun Steve Rossics

Tel. (932) 251-8870 FAX: (932) 251-8870

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>1,553</u>	<u>150</u>	<u>150</u>
2. Electrical	<u>410</u>	<u>150</u>	<u>150</u>
3. Plumbing	<u>70</u>	<u>150</u>	<u>150</u>
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	<u>70</u>		
10. Subtotal	\$ <u>2.50</u>		
11. Cert. of Occupancy	<u>150</u>		
12. Other			
13. TOTAL	\$ <u>2976</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	<u>1</u>
2. Height of Structure	<u>7</u> ft.
3. Area — Largest Floor	<u>1100</u> sq. ft.
4. New Building Area	<u>1100</u> sq. ft.
5. Volume of New Structure	<u>7700</u> cu. ft.
6. Max. Live Load	<u>10</u> psf.
7. Max. Occupancy Load	<u>10</u> psf.
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	<u>1100</u> sq. ft.
10. Flood Hazard Zone	<u>1</u>
11. Base Flood Elevation	<u>10</u> ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
	<u>LH</u>		<u>11/5/15</u>	<u>11/12/15</u>	<u>DSA</u>		
	<u>PSC</u>		<u>10/9/15</u>			<u>10/14/15</u>	<u>PE</u>
				<u>10/15</u>	<u>10/15</u>		
	<u>ag</u>	<u>8/4/15</u>	<u>8/4/15</u>	<u>9/11/15</u>	<u>11/15</u>	<u>6/9/17</u>	<u>MS</u>

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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. ☐ Refrigeration Systems
4. ☐ Cross-Connections/Backflow Preventers
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Smoke Control Systems in Open Wells
7. ☐ Fire Alarm
8. ☐ Underground Storage Tanks
9. ☐ Swimming Pools, Spas and Hot Tubs

PFILM A2-810

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(f)1.ix:

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 _____

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. 5:23-2.15(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 Russell Seamless Gutter, LLC
Address 5100 Highway 33 #34
Terminole, NJ 07727
Telephone (932) 751-8870
Signature [Signature]

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

1. THESE PROPERTIES ARE KNOWN AND DESIGNATED AS LOT 9 OF BLOCK 281, SITUATED IN THE TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY, AS SHOWN ON TAX MAP PAGE NO. 24.01.
2. OFFSET DIMENSIONS FROM STRUCTURES TO PROPERTY LINES SHOWN HEREON ARE TAKEN FROM THE FOUNDATION OF SAID STRUCTURE PERPENDICULAR TO SAID LINE, BUT ARE NOT TO BE USED FOR PROPERTY LINE ESTABLISHMENT. OFFSET DIMENSIONS SHOWN ARE APPROXIMATE ± TO CALCULATED PROPERTY LINES.
3. THIS SURVEY IS SUBJECT TO ANY EASEMENTS OF RECORD AND OTHER PERTINENT FACTS AND CONDITIONS, AS MAY BE DISCLOSED BY AN ACCURATE TITLE SEARCH.
4. THE SURVEYOR HAS NOT PERFORMED ANY SUBSURFACE INVESTIGATION TO IDENTIFY UNDERGROUND STRUCTURES AND/OR ANY SUBSURFACE CONTAMINATION.
5. THE OWNER AND CONTRACTOR ARE DIRECTED TO THE FACT THAT THE APPROXIMATE LOCATIONS OF UTILITY STRUCTURES AND FACILITIES (INCLUDING BUT NOT LIMITED TO SANITARY SEWERS, STORM SEWERS, POTABLE WATER LINES AND APPURTENANCES, NATURAL GAS LINES, ELECTRIC, TELEPHONE AND CATV LINES AND UNDERGROUND STORAGE TANKS) THAT MAY BE ENCOUNTERED WITHIN AND ADJACENT TO THE LIMITS OF THE WORK ARE SHOWN ON THE PLANS. THE ACCURACY AND COMPLETENESS OF THIS INFORMATION IS NOT GUARANTEED BY THE ENGINEER AND SURVEYOR, AND THE OWNER AND CONTRACTOR ARE ADVISED TO VERIFY (IN THE FIELD) ALL THE FACTS CONCERNING THE LOCATION AND ELEVATION OF THESE UTILITIES OR OTHER CONSTRUCTION OBSTACLES IMPACTED BY NEW CONSTRUCTION PRIOR TO CONSTRUCTION. THE CONTRACTOR SHALL NOTIFY THE ENGINEER, IN WRITING, PRIOR TO CONSTRUCTION, OF ANY DISCREPANCIES WHICH MAY AFFECT THE PROJECT DESIGN.
6. FEMA ADVISORY BASE FLOOD ELEVATION FOR 23 FARRAGUT DRIVE IS 8.00 FEET FOR THE 100-YEAR FLOOD PER PRELIMINARY FIRM NO. 340290213G WITH A PRELIMINARY ISSUE DATE OF JANUARY 30, 2015.
7. THE PROJECT VERTICAL DATUM IS NAVD 1988 FROM GPS USING LEICA SMATNET.
8. NO TIDELANDS INVESTIGATION HAS BEEN PERFORMED FOR THIS PROJECT. THE SURVEY MAKES NO REPRESENTATION REGARDING THE EXISTENCE OF ANY TIDELANDS CLAIMS ON THE SUBJECT PROPERTY.
9. THE RIGHT TO HAVE PROPERTY CORNERS SET HAS BEEN WAIVED PURSUANT TO NJAC 13:40-5.2 OF THE STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.

1. TAX MAP OF THE TOWNSHIP OF BRICK (SHEET 24.01)
2. DEED BOOK 12067, PAGE 1356.

THIS DRAWING AND ALL INFORMATION CONTAINED HEREIN IS AUTHORIZED FOR USE ONLY BY THE PARTY FOR WHOM THE WORK WAS CONTRACTED AND TO WHOM IT IS CERTIFIED. THIS DRAWING MAY NOT BE COPIED, REUSED, DISCLOSED, DISTRIBUTED OR RELIED UPON FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN CONSENT OF GRANT ENGINEERING & CONSTRUCTION GROUP, LLC

SIGNATURE & SEAL

GRANT

ENGINEERING & CONSTRUCTION GROUP

Steven E. Macher

STEVEN E. MACHER
PROFESSIONAL LAND SURVEYOR
LIC. NO. 246502689

[illegible]

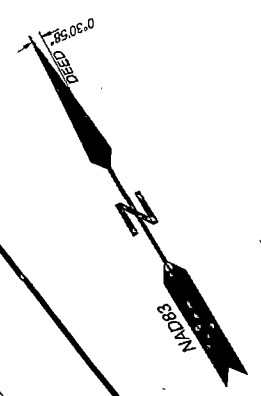
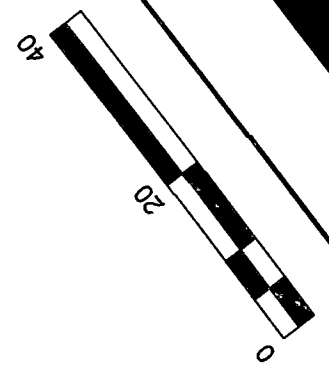
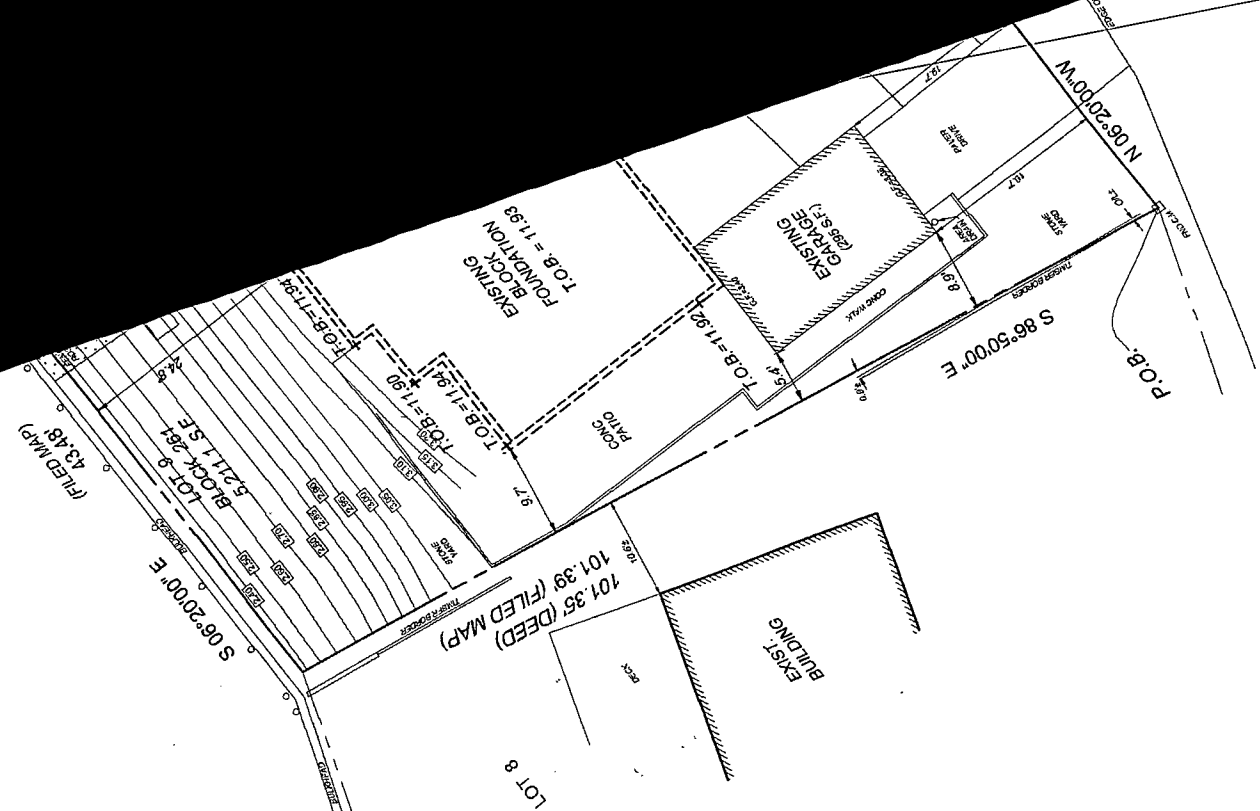
FOUNDATION AS-BUILT SURVEY

PROJECT OWNER: STEVE ROSSICS

TOWNSHIP OF BRICK COUNTY OF OCEAN NEW JERSEY

DESIGNED BY:		---	DATE:	6/04/16
DWN BY: CNL	CKD BY: SEM		SCALE:	1" = 20'
CLIENT PROJECT #:		-----	DRAWING #:	AB-1
GECG PROJECT #:		130.079/RSG-01	SHEET #:	1 OF 1

6-9-16 LW
Foundation Location
App'd

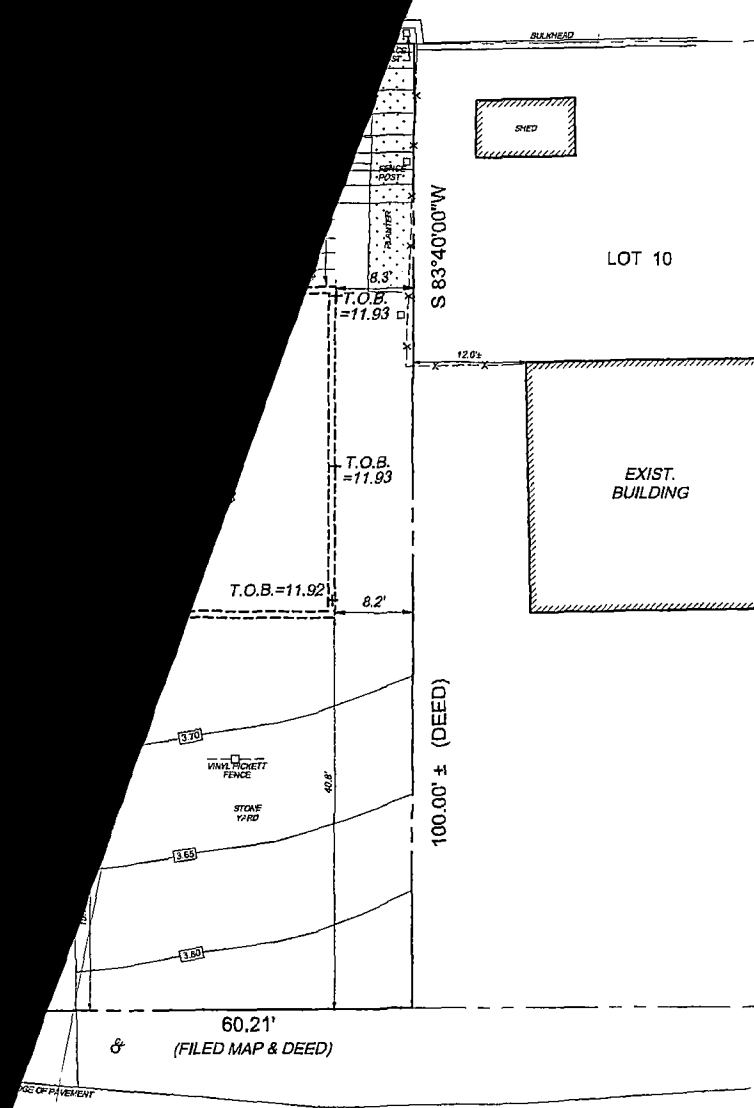


GENERAL NOTES:

1. THESE PROPERTIES ARE KNOWN AND DESIGNATED AS LOT 9 OF BLOCK 261, SITUATED IN THE TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY, AS SHOWN ON TAX MAP PAGE NO. 24.01.
2. OFFSET DIMENSIONS FROM STRUCTURES TO PROPERTY LINES SHOWN HEREON ARE TAKEN FROM THE FOUNDATION OF SAID STRUCTURE PERPENDICULAR TO SAID LINE, BUT ARE NOT TO BE USED FOR PROPERTY LINE ESTABLISHMENT. OFFSET DIMENSIONS SHOWN ARE APPROXIMATE ± TO CALCULATED PROPERTY LINES.
3. THIS SURVEY IS SUBJECT TO ANY EASEMENTS OF RECORD AND OTHER PERTINENT FACTS AND CONDITIONS, AS MAY BE DISCLOSED BY AN ACCURATE TITLE SEARCH.
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7. THE PROJECT VERTICAL DATUM IS NAVD 1988 FROM GPS USING LEICA SMATNET.
8. NO TIDELANDS INVESTIGATION HAS BEEN PERFORMED FOR THIS PROJECT. THE SURVEY MAKES NO REPRESENTATION REGARDING THE EXISTENCE OF ANY TIDELANDS CLAIMS ON THE SUBJECT PROPERTY.
9. THE RIGHT TO HAVE PROPERTY CORNERS SET HAS BEEN WAIVED PURSUANT TO NJAC 13:40-5.2 OF THE STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.

SITE REFERENCES:

1. TAX MAP OF THE TOWNSHIP OF BRICK (SHEET 24.01)
2. DEED BOOK 12087, PAGE 1356.



FARRAGUT DRIVE
(33' R.O.W.)

6-9-16 W
Foundation location
Apprd

DRAWING DISCLAIMER:

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SURVEYOR:

GRANT ENGINEERING AND
CONSTRUCTION GROUP, LLC
2517 HIGHWAY 35, BUILDING P, SUITE 202
MANASQUAN, NJ 08736
PH: 732-705-7373
FX: 732-377-8612
EMAIL: BGRANT@GRANTECG.COM
CERT. OF AUTHORIZATION #: 24GA28146200

GRANT
ENGINEERING & CONSTRUCTION GROUP, LLC

STEVEN E. MACHER
PROFESSIONAL LAND SURVEYOR
NJ LICENSE # 225566040

REV#	REV DATE	DESCRIPTION

DRAWING TITLE:

**FOUNDATION AS-BUILT
SURVEY**

PROJECT TITLE: RAISING OF SINGLE FAMILY RESIDENCE
AT 23 FARRAGUT DRIVE

PROJECT OWNER: STEVE ROSSICS

PROJECT LOCATION: LOT 9, BLOCK 261
23 FARRAGUT DRIVE

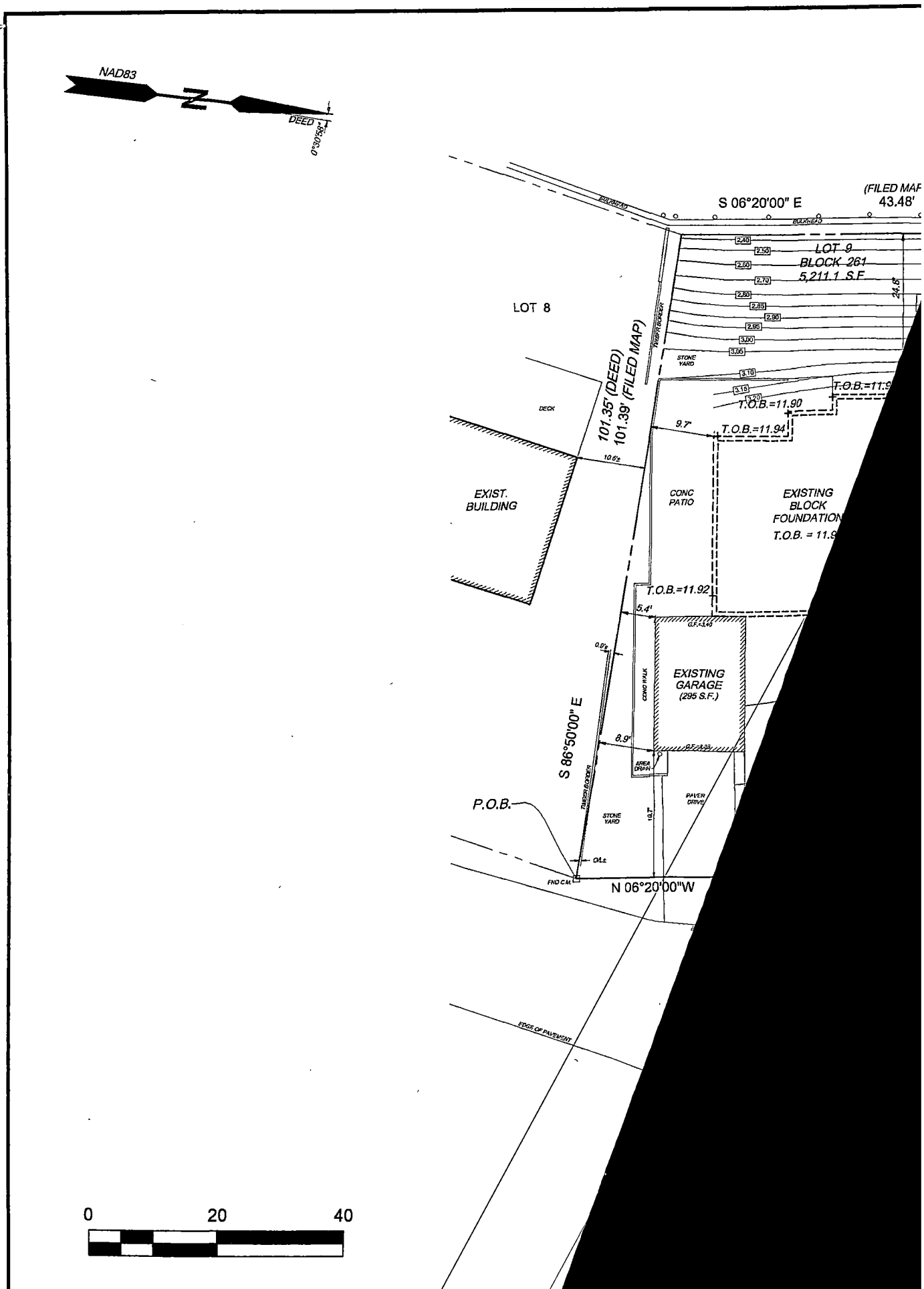
TOWNSHIP OF BRICK COUNTY OF OCEAN NEW JERSEY

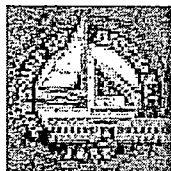
DESIGNED BY: --- DATE: 6/04/16

DWN BY: CNL CKD BY: SEM SCALE: 1" = 20'

CLIENT PROJECT #: ----- DRAWING #: AB-1

GECG PROJECT #: 130.079/RSG-01 SHEET #: 1 OF 1





Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/12/2019
Control Number C-15-003489
Permit Number 16-0653
Permit Issue Date 03/01/2016
Certificate Number 16-0653

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 23 FARRAGUT DR. Brick Township, NJ 08724 Block: 261 Lot: 9 Qual: _____
Owner in Fee: ROSSICS & RUSSO ASSOC LLC
Owner Address: 23 FARRAGUT DR. BRICK NJ 08723
Telephone: (732) 751-8870
Contractor: RUSSO SEAMLESS GUTTERS LLC
Address: 5100 ROUTE 33 & 34 FARMINGDALE NJ 07719-
Telephone: (732) 751-8870 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3786542

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INTERIOR ALTERATION(S), RAISE HOUSE

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 NJACS: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 Issued
Permit #

3/1/16
16-0653

Federal Emp. ID No. 22-3786542 FAX: () _____

D. TECHNICAL SITE DATA

Interior Renovation
Raise single family
Dwelling

Approved by: [Signature] Final 1/14/24 1/14/24

Max. Occupancy Load _____

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

[illegible]

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

Raise \$/ 9,800
Rehab \$/ 28,950
Total \$/ 38,750

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

U.C.C. F110
(rev. 11/09)



Contractor License No. or Builder Registration No. HEC13HE00000700 Exp. Date 03/31/2016
Home Improvement Contractor Registration No. or Exemption Reason 13VH0756880
Federal Emp. ID No. 462607723 FAX: (732) 551-2708

JOB SUMMARY (Office Use Only)				INSPECTIONS			
PLAN REVIEW		Date	Initial	Type:		Dates (Month/Day)	
					Failure	Failure	Approval
☒	No Plans Required	11/12/15	DSA	Footings			
☒	All			Footings Bonding			
☐	Footings/Foundations			Foundation			
☐	Structural/Framework			Slab			
☐	Exterior			Frame			
☐	Interior			Truss Sys./Bracing			
Joint Plan Review Required:				Barrier-Free			
☐	Elec.	☐	Plumb.	☐	Fire	☐	Elevator
SUBCODE APPROVAL for PERMIT				Insulation			
Date:	11/12/15			Finishes -Base Layer			
Approved by:	DSA			Finishes -Final			
SUBCODE APPROVAL for CERTIFICATE				Energy			
☒	CO	☐	CCO	Mechanical			
☐	CA			TCO			
Date:	01/16/19			Other			
Approved by:	CO			Final			1-17-19 DSA
				Barrier-Free			

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____ **3**
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
 If Industrialized Building:
 State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg.	\$ _____
2. Rehabilitation	\$ _____ 9,800
3. Total (1+ 2)	\$ _____ 9,800

U.C.C. F110 (rev. 11/09)

3/1/14
14-0653A

Print name here: Deanna M. DeVoght

HOUSE LIFT

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☒ Other LIFT
☐ Demolition

[illegible]

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



Block 261 Lot 9 Qualification Code _____
Work Site Location 23 Paragat Dr Bridge

Federal Emp. ID No. 22-3786542 FAX: (752) 751-8872

BUILDING CHARACTERISTICS

(rev. 11/09)

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

2 Canary = Office Copy
4 Gold = Applicant Copy



ELECTRICAL SUBCODE TECHNICAL SECTION



Change of
Contract ONLY

Date Received
Control #
Date Issued
Permit #

11/2/19
670053

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

Block 261 Lot 9 Qualification Code _____

Work Site Location 23 Paragard dr

Brick NJ 08723

Owner in Fee: Ross & Reed associates LLC

Tel. (732) 904, 3002 e-mail steven.ross@ gmail.com

Address 5600 Hwy 33 334 Farmingdale NY 07227

Contractor: Falusi Electric LLC Tel. 732 695-0300

Address 154 Roller Rd e-mail _____

Ocean, n.j. 07112-3492

Contractor License No. 14844A Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 01-0640176 FAX: 732 695-0307

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ Included in original Permit

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Anthony Falusi

Print name here: Anthony Falusi

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

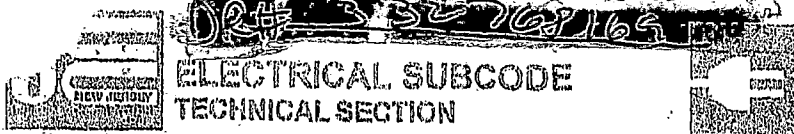
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Finish (change of contractor)

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough	_____	_____	_____
[] Partial Underslab Utilities Approved		Barrier-Free	_____	_____	_____
Date: _____	Approved by: _____	Trench	_____	_____	_____
[] Electric Plans Approved		Temp. Serv.	_____	_____	_____
Date: _____	Approved by: _____	Constr. Serv.	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____
Date: _____	Approved by: _____	Final	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free	_____	_____	_____
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Date: <u>1/32/19</u>	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Approved by: _____	Annual Pool Inspection	_____	_____	_____	_____
Date of Grounding and Bonding Certification		_____	_____	_____	_____

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



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

Block 361 Lot 9 Qualification Code _____

Work Site Location 23 Farragut Dr. Birch

Owner in Fee: Rosses & Russo Associates, LLC

Tel. (732) 751-8870 e-mail _____

Address 5100 Hwy 33 & 34 Farmingdale NY 02227

Contractor: CRISTAL ELECTRIC LLC Tel. (732) 920-3532

Address 17 SEVINE DR BRICK, NJ 08723 e-mail _____

Contractor License No. 4558 Exp. Date 3/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 223459212 FAX: (732) 920-7659

B. ELECTRICAL CHARACTERISTICS GC Steve 732-904-3002

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as DWELLING Utility Co. _____

Est. Cost of Elec. Work \$ 5000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough			
[] Partial -Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
[] Electric Plans Approved		Temp. Serv.			
Date: <u>9/14/15</u> Approved by: <u>PS</u>		Const. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>10/14/15</u>		Final			
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-In-Card Date Issued			
M CO [] COO CA		Final Cut-In-Card Date Issued			
Date: <u>1/32/19</u>		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding Certification			

9/20/16 NG COVER CORROSION
ON MOTOR PAN
U.G.C. F120 (rev. 11/08) 1 White = Inspector Copy 2 Cherry = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Date Received
Control #
Date Issued
Permit #

3/11/16
11/19/53

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Thomas Russo

Print name here: THOMAS RUSSO

[X] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Appl

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RPIPE + REWIRE HOUSE DUE TO STORM SANDY-

QTY:	SIZE	ITEMS	FEE (Office Use Only)
21		Lighting Fixtures	
40		Receptacles	
18		Switches	
4		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			\$
		Pool Permit/With UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	4.0	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
1	3.0	HP Garbage Disposal	
1	1.5	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
1	1.50	KW Transformer/Generator	
1	1.00	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 261 Lot 9 Qualification Code _____
Work Site Location 23 Farragut dr Brick

Owner in Fee: Rossics & Russo Associates, LLC

Tel. (732) 751-8870 e-mail _____

Address 5100 Hwy 33 & 34 Farmingdale NJ 07727

Contractor: Rossics & Sons Plumbing & Heating Tel. (732) 513-7769

Address 2019 Margavum ave Lake Como NJ 07719 e-mail _____

Contractor License No. B1011207 Exp. Date 6-30-18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 595.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required
☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-12-17

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 1-12-19

Approved by: _____

INSPECTIONS

Type: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LPGas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

Dates (Month/Day)

Failure Failure Approval Initial

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Adding a bath Tub (originally was to be a 1/2 bath)

QTY. FIXTURE/EQUIPMENT

_____ Water Closet

_____ Urinal/Bidet

☒ Bath Tub

_____ Lavatory

_____ Shower

_____ Floor Drain

_____ Sink

_____ Dishwasher

_____ Drinking Fountain

_____ Washing Machine

_____ Hose Bibb

_____ Water Heater

_____ Fuel Oil Piping

_____ Gas Piping

_____ LPGas Tank

_____ Steam Boiler

_____ Hot Water Boiler

_____ Sewer Pump

_____ Interceptor/Separator

_____ Backflow Preventer

_____ Greasetrap

_____ Sewer Connection

_____ Water Service Connection

_____ Stacks

_____ Other

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 260 Lot 9 Qualification Code _____

Work Site Location 23 FARMGROVE DRIVE

BRICK, N.J. 08723

Owner in Fee: ROSSICS & RUSSO ASSOC. LLC

Tel. (732) 751-8870 e-mail _____

Address 5100 HWY 334 34 FARMINGDALE, N.J. 07727

Contractor: Rossics and Sons PTH LLC Tel. 732 513-7769

Address 2019 MORGAN AVE e-mail _____

LAKE LORNE NJ 07719

Contractor License No. BE011207 Exp. Date 6/30/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 5,595.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
☐ No Plans Required		Slab		3-2-17	WJ
☐ Partial -Underslab Utilities Approved		Rough		3-27-17	WJ
Date: _____ Approved by: _____		Water		9-14-18	WJ
☒ Plumbing Plans Approved		Sewer		9-14-18	WJ
Date: _____ Approved by: _____		Fixtures			
Joint Plan Review Required:		Gas Equipment		3-27-17	WJ
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping			
SUBCODE APPROVAL for PERMIT		LPGas Tank			
Date: <u>10-8-18</u>		Fuel Oil Piping			
Approved by: <u>WJ</u>		Solar			
SUBCODE APPROVAL for CERTIFICATE		TCO			
☒ CO ☐ CCO ☐ CA		Final		1-17-19	WJ
Date: <u>1-17-19</u>				3-20-18	WJ
Approved by: <u>WJ</u>					

C. CERTIFICATION IN LIEU OF BOND

I hereby certify that I am the (agent, owner of record and am authorized to make this application and perform the work listed in this application)

Applicant sign/Contractor sign and seal here: Paul Rossics

Print name here: Paul Rossics

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Plumbing

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>2</u>	Water Closet	\$ _____
<u>1</u>	Urinal/Bidet	_____
<u>2</u>	Bath Tub	_____
<u>2</u>	Lavatory	_____
<u>1</u>	Shower	_____
<u>1</u>	Floor Drain	_____
<u>1</u>	Sink	_____
<u>1</u>	Dishwasher	_____
<u>1</u>	Drinking Fountain	_____
<u>2</u>	Washing Machine	_____
<u>1</u>	Hose Bibb	_____
<u>4</u>	Water Heater	_____
<u>1</u>	Fuel Oil Piping	_____
<u>1</u>	Gas Piping	_____
<u>1</u>	LPGas Tank	_____
<u>1</u>	Steam Boiler	_____
<u>1</u>	Hot Water Boiler	_____
<u>1</u>	Sewer Pump	_____
<u>1</u>	Interceptor/Separator	_____
<u>1</u>	Backflow Preventer	_____
<u>1</u>	Greasetrap	_____
<u>1</u>	Sewer Connection	_____
<u>1</u>	Water Service Connection	_____
<u>1</u>	Stacks	_____
<u>1</u>	Other <u>AC Condensat</u>	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

3/1/14
16-0653

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

Block 201 Lot 9 Qualification Code _____

Work Site Location 23 Farmingdale Drive

BRICK, NJ 08723

Owner in Fee: Rossics & Russo Assoc. LLC

Tel. (732) 751-8870 e-mail _____

Address 23 Farmingdale Drive BRICK 08723

Contractor: Russo Seamless Gutters LLC Tel. (732) 751-8870

Address 5100 Highway 33 & 34 e-mail _____

Farmingsdale, NJ 07727

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

Capacity _____ Heating System: [] New OR [] Modification to Existing

OR [] Conversion OR [] Replacement Fire Alarm System: [] New, OR [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar Location of Panel: _____

Other _____ Fire Suppression/Standpipe System: _____

[] New OR [] Existing Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 9000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
[] No Plans Required		Alarm System	_____	_____	<u>10-28-13</u> <u>RA</u>
[] Partial -Underslab Utilities Approved		Suppression Sys.	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____
[] Fire Protection Plans Approved		Fire Pump	_____	_____	_____
Date: <u>10-28-13</u> Approved by: <u>RA</u>		Pre-Eng. System	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Elev.		Smoke Control	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____
Date: _____		Flam/Combust Tanks	_____	_____	_____
Approved by: _____		Fireplace Venting	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	<u>10-28-13</u> <u>RA</u>
[] CO [] CCO [] CA		Other	_____	_____	_____
Date: <u>10-31-13</u>					
Approved by: _____					

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.

Applicant/Contractor sign here: John

Print name here: Steve Rossics

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:	
Water Supply Source	_____
Method of Alarm/Suppression System Supervision	_____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
[] System	_____	_____
[S] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances [] Gas [] Oil [] Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

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

* 10/22/19 OK FINAL - GR

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Steve Rossics				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 23 Farragut DRIVE				Company NAIC Number:	
City Brick Township		State New Jersey		ZIP Code 08723	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Map Lot 9 in Block 261					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. 40 01'11.1" Long. -74 06'18.4" Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number 7 ✓					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) 966.50 sq ft ✓					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 6 ✓					
c) Total net area of flood openings in A8.b 1200.00 sq in ✓					
d) Engineered flood openings? ☒ Yes ☐ No					
A9. For a building with an attached garage:					
a) Square footage of attached garage 294.00 sq ft ✓					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 2 ✓					
c) Total net area of flood openings in A9.b 400.00 sq in ✓					
d) Engineered flood openings? ☒ Yes ☐ No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Brick Township of / 345285			B2. County Name Ocean County		B3. State New Jersey
B4. Map/Panel Number 34029C0213	B5. Suffix F	B6. FIRM Index Date 09-29-2006	B7. FIRM Panel Effective/ Revised Date 09-29-2006	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 5
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date: _____ ☐ CBRS ☐ OPA					

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 23 Farragut Drive			Policy Number:
City Brick Township	State New Jersey	ZIP Code 08723	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction ✓
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO.
Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: Static GPS Observations Vertical Datum: NAVD1988

Indicate elevation datum used for the elevations in items a) through h) below.
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

	Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	3.7	☒ feet ☐ meters
b) Top of the next higher floor	12.9	☐ feet ☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☐ feet ☐ meters
d) Attached garage (top of slab)	3.2	☐ feet ☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	9.0	☐ feet ☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	2.9	☐ feet ☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	4.2	☐ feet ☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	2.9	☐ feet ☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☒ Check here if attachments. ✓

Certifier's Name
Steven E. Macher, PLS

License Number
24GS02680400

Title
Land Surveyor

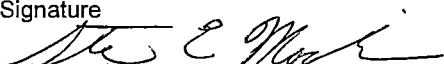
Company Name
Grant Engineering and Construction Group

Address
211 Warren Street STE. 209

City
Newark

State
New Jersey

ZIP Code
07103

Signature


Date
10/17/2019

Telephone
(732) 705-7373

Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
C2(e) Bottom of Lowest electric switch box = Elevation 9.0
Flood Vents are by Smart Vent Inc. Model No. 1540-510 certified to cover 200 SF
A8(c) Enclosure has 6 exterior flood vents including vents which cover a total of 1200 SF
A9(c) Garage has 2 flood vents which cover a total of 400

Flood Map 34029C0213 G is a revised preliminary map dated 01/30/2015 showing the property in an AE zone with a base flood elevation of 8.0

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 23 Farragut Drive			Policy Number:
City Brick Township	State New Jersey	ZIP Code 08723	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 23 Farragut DRIVE			Policy Number:	
City Brick Township	State New Jersey	ZIP Code 08723	Company NAIC Number	
SECTION G – COMMUNITY INFORMATION (OPTIONAL)				
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.				
G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)				
G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.				
G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.				
G4. Permit Number		G5. Date Permit Issued		G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement				
G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum _____				
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum _____				
G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____				
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments (including type of equipment and location, per C2(e), if applicable)				
☐ Check here if attachments.				

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
23 Farragut Drive

Policy Number:

City
Brick Township

State
New Jersey

ZIP Code
08723

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front View

Clear Photo One



Photo Two

Photo Two Caption Rear View

Clear Photo Two

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.**FOR INSURANCE COMPANY USE**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
23 Farragut Drive

Policy Number:

City
Brick TownshipState
New JerseyZIP Code
08723

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption Left Side View

Clear Photo Three



Photo Four

Photo Four Caption

Clear Photo Four



Most Widely Accepted and Trusted

ICC-ES Evaluation Report

ESR-2074

Reissued 02/2019

ICC-ES | (800) 423-6587 | (562) 699-0543 | www.icc-es.org

This report is subject to renewal 02/2021

DIVISION: 08 00 00—OPENINGS

SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS:

**MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574;
#1540-524; #1540-514**

FLOOD VENT SEALING KIT #1540-526



*"2014 Recipient of Prestigious Western States Seismic Policy Council
(WSSPC) Award in Excellence"*



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ICC-ES Evaluation Report

ESR-2074

Reissued February 2019

This report is subject to renewal February 2021.

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A Subsidiary of the International Code Council®

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

**SMART VENT® AUTOMATIC FOUNDATION FLOOD
VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-
511; #1540-570; #1540-574; #1540-524; #1540-514
FLOOD VENT SEALING KIT #1540-526**

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2018, 2015, 2012, 2009 and 2006 *International Building Code*® (IBC)
- 2018, 2015, 2012, 2009 and 2006 *International Residential Code*® (IRC)
- 2018 *International Energy Conservation Code*® (IECC)
- 2013 *Abu Dhabi International Building Code* (ADIBC)[†]

[†]The ADIBC is based on the 2009 IBC. 2009 IBC code sections referenced in this report are the same sections in the ADIBC.

Properties evaluated:

- Physical operation
- Water flow

2.0 USES

The Smart Vent® units are engineered mechanically operated flood vents (FVs) employed to equalize hydrostatic pressure on walls of enclosures subject to rising or falling flood waters. Certain models also allow natural ventilation.

3.0 DESCRIPTION

3.1 General:

When subjected to rising water, the Smart Vent® FVs internal floats are activated, then pivot open to allow flow in either direction to equalize water level and hydrostatic pressure from one side of the foundation to the other. The FV pivoting door is normally held in the closed position by a buoyant release device. When subjected to rising water, the buoyant release device causes the unit to unlatch, allowing the door to rotate out of the way and allow flow. The water level stabilizes, equalizing the lateral forces.

Each unit is fabricated from stainless steel. Smart Vent® Automatic Foundation Flood Vents are available in various models and sizes as described in Table 1. The SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 units each contain two vertically arranged openings per unit.

3.2 Engineered Opening:

The FVs comply with the design principle noted in Section 2.7.2.2 and Section 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)] for a maximum rate of rise and fall of 5.0 feet per hour (0.423 mm/s). In order to comply with the engineered opening requirement of ASCE/SEI 24, Smart Vent FVs must be installed in accordance with Section 4.0.

3.3 Ventilation:

The SmartVENT® Model #1540-510 and SmartVENT® Overhead Door Model #1540-514 both have screen covers with 1/4-inch-by-1/4-inch (6.35 by 6.35 mm) openings, yielding 51 square inches (32 903 mm²) of net free area to supply natural ventilation. The SmartVENT® Stacking Model #1540-511 consists of two Model #1540-510 units in one assembly, and provides 102 square inches (65 806 mm²) of net free area to supply natural ventilation. Other FVs recognized in this report do not offer natural ventilation.

3.4 Flood Vent Sealing Kit:

The Flood Vent Sealing Kit Model #1540-526 is used with SmartVENT® Model #1540-520. It is a Homasote 440 Sound Barrier® (ESR-1374) insert with 21 – 2-inch-by-2-inch (51 mm x 51 mm) squares cut in it. See Figure 4.

4.0 DESIGN AND INSTALLATION

4.1 SmartVENT® and FloodVENT®:

SmartVENT® and FloodVENT® are designed to be installed into walls or overhead doors of existing or new construction from the exterior side. Installation of the vents must be in accordance with the manufacturer's instructions, the applicable code and this report. Installation clips allow mounting in masonry and concrete walls of any thickness. In order to comply with the engineered opening design principle noted in Section 2.7.2.2 and 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)], the Smart Vent® FVs must be installed as follows:

- With a minimum of two openings on different sides of each enclosed area.
- With a minimum of one FV for every 200 square

feet (18.6 m²) of enclosed area, except that the SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 must be installed with a minimum of one FV for every 400 square feet (37.2 m²) of enclosed area.

- Below the base flood elevation.
- With the bottom of the FV located a maximum of 12 inches (305.4 mm) above the higher of the final grade or floor and finished exterior grade immediately under each opening.

4.2 Flood Vent Sealing Kit

The Flood Vent Sealing Kit Model 1540-526 is used in conjunction with FloodVENT® Model #1540-520. When installed and tested in accordance with ASTM E283, the FV and Flood Vent Sealing Kit assembly have an air leakage rate of less than 0.2 cubic feet per minute per lineal foot (18.56 l/min per lineal meter) at a pressure differential of 1 pound per square foot (50 Pa) based on 12.58 lineal feet (3.8 lineal meters) contained by the Flood Vent Sealing Kit.

5.0 CONDITIONS OF USE

The Smart Vent® FVs described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

- 5.1 The Smart Vent® FVs must be installed in accordance with this report, the applicable code and the manufacturer's installation instructions. In the event of a conflict, the instructions in this report govern.

- 5.2 The Smart Vent® FVs must not be used in the place of "breakaway walls" in coastal high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.

6.0 EVIDENCE SUBMITTED

- 6.1 Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015 (editorially revised October 2017).
- 6.2 Test report on air infiltration in accordance with ASTM E283.

7.0 IDENTIFICATION

- 7.1 The Smart VENT® models and the Flood Vent Sealing Kit recognized in this report must be identified by a label bearing the manufacturer's name (Smartvent Products, Inc.), the model number, and the evaluation report number (ESR-2074).
- 7.2 The report holder's contact information is the following:

SMART VENT PRODUCTS, INC.
430 ANDBRO DRIVE, UNIT 1
PITMAN, NEW JERSEY 08071
(877) 441-8368
www.smartvent.com
info@smartvent.com

TABLE 1—MODEL SIZES

MODEL NAME	MODEL NUMBER	MODEL SIZE (in.)	COVERAGE (sq. ft.)
FloodVENT®	1540-520	15 ³ / ₄ " X 7 ³ / ₄ "	200
SmartVENT®	1540-510	15 ³ / ₄ " X 7 ³ / ₄ "	200
FloodVENT® Overhead Door	1540-524	15 ³ / ₄ " X 7 ³ / ₄ "	200
SmartVENT® Overhead Door	1540-514	15 ³ / ₄ " X 7 ³ / ₄ "	200
Wood Wall FloodVENT®	1540-570	14" X 8 ³ / ₄ "	200
Wood Wall FloodVENT® Overhead Door	1540-574	14" X 8 ³ / ₄ "	200
SmartVENT® Stacker	1540-511	16" X 16"	400
FloodVent® Stacker	1540-521	16" X 16"	400

For SI: 1 inch = 25.4 mm; 1 square foot = m²

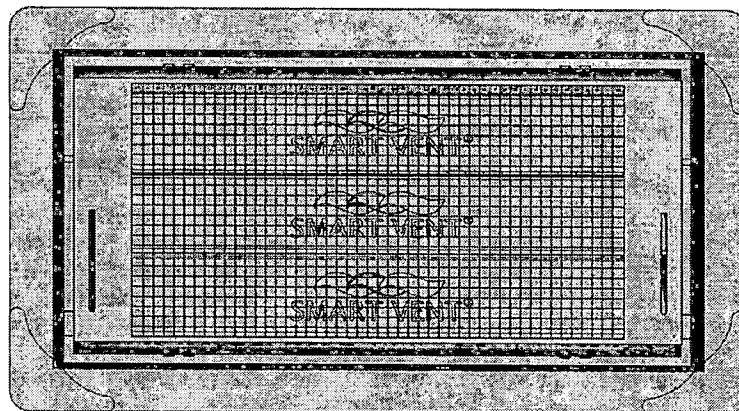


FIGURE 1—SMART VENT: MODEL 1540-510

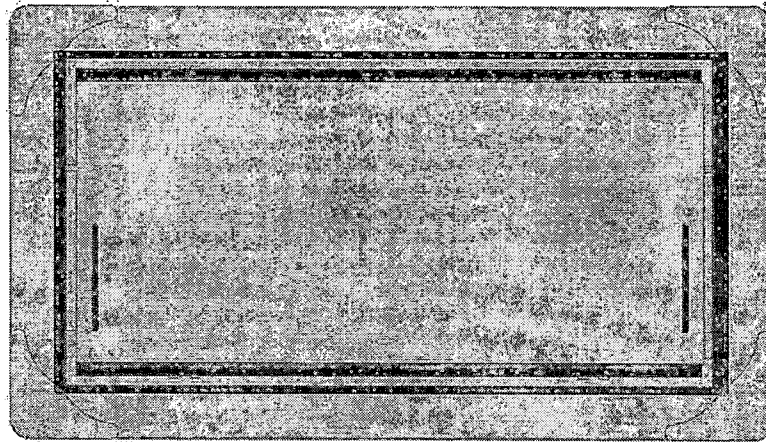


FIGURE 2—SMART VENT MODEL 1540-520

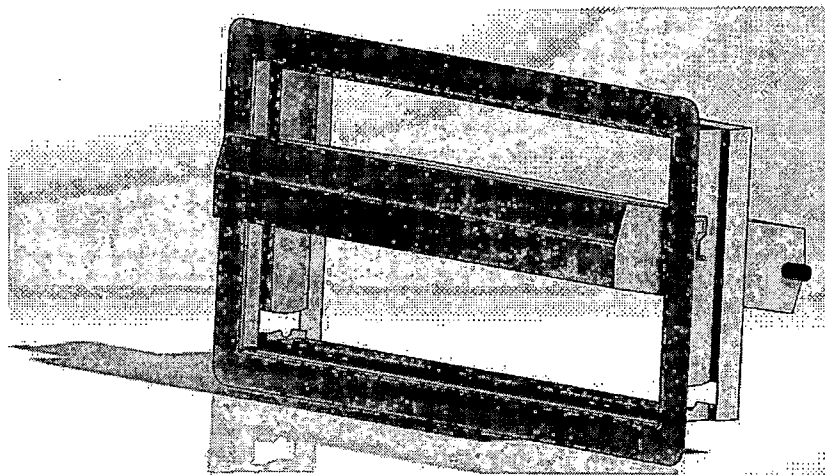


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN

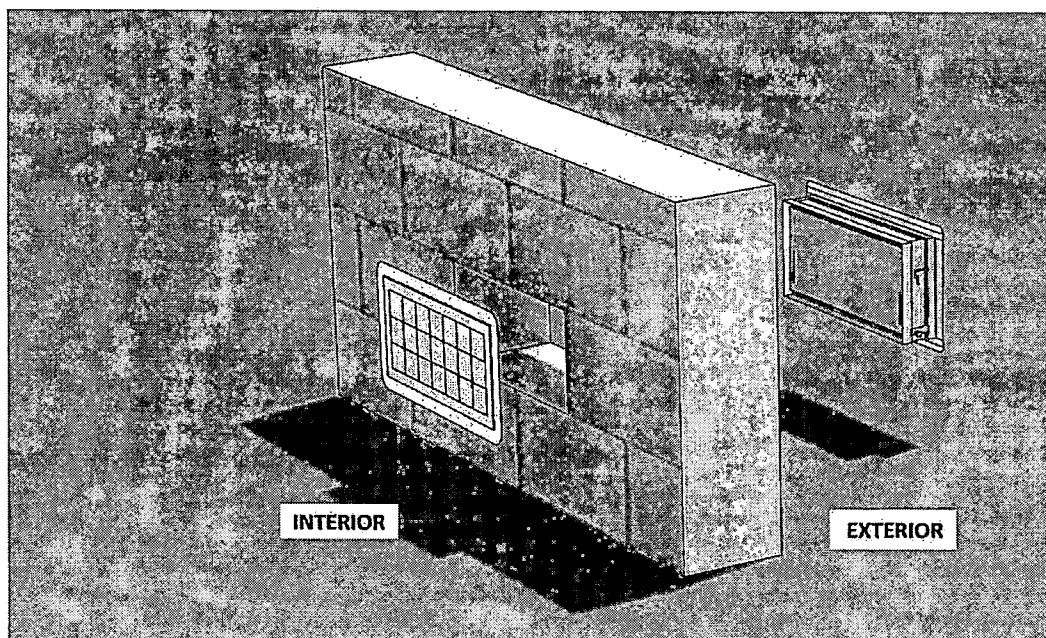


FIGURE 4—FLOOD VENT SEALING KIT

ICC-ES Evaluation Report

ESR-2074 CBC and CRC Supplement

Reissued February 2019

This report is subject to renewal February 2021.

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DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514
FLOOD VENT SEALING KIT #1540-526

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, recognized in ICC-ES master evaluation report ESR-2074, have also been evaluated for compliance with codes noted below.

Applicable code edition:

- 2016 California Building Code (CBC)
- 2016 California Residential Code (CRC)

2.0 CONCLUSIONS

2.1 CBC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-2074, comply with 2016 CBC Chapter 12, provided the design and installation are in accordance with the 2015 *International Building Code*® (IBC) provisions noted in the master report and the additional requirements of CBC Chapters 12, 16 and 16A, as applicable.

The products recognized in this supplement have not been evaluated under CBC Chapter 7A for use in the exterior design and construction of new buildings located in any Fire Hazard Severity Zone within State Responsibility Areas or any Wildland-Urban Interface Fire Area.

2.2 CRC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-2074, comply with the 2016 CRC, provided the design and installation are in accordance with the 2015 *International Residential Code*® (IRC) provisions noted in the master report.

The products recognized in this supplement have not been evaluated under 2016 CRC Chapter R337, for use in the exterior design and construction of new buildings located in any Fire Hazard Severity Zone within State Responsibility Areas or any Wildland-Urban Interface Fire Area.

The products recognized in this supplement have not been evaluated for compliance with the International Wildland–Urban Interface Code®.

This supplement expires concurrently with the master report, reissued February 2019.

ICC-ES Evaluation Report

ESR-2074 FBC Supplement

Reissued February 2019

This report is subject to renewal February 2021.

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A Subsidiary of the International Code Council®

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-511;
#1540-570; #1540-574; #1540-524; #1540-514
FLOOD VENT SEALING KIT #1540-526

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, recognized in ICC-ES master report ESR-2074, have also been evaluated for compliance with the codes noted below.

Applicable code editions:

- 2017 Florida Building Code—Building
- 2017 Florida Building Code—Residential

2.0 CONCLUSIONS

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-2074, comply with the *Florida Building Code—Building* and the FRC, provided the design and installation are in accordance with the 2015 *International Building Code*® provisions noted in the master report.

Use of the Smart Vent® Automatic Foundation Flood Vents has also been found to be in compliance with the High-Velocity Hurricane Zone provisions of the *Florida Building Code—Building* and the *Florida Building Code—Residential*.

For products falling under Florida Rule 9N-3, verification that the report holder's quality assurance program is audited by a quality assurance entity approved by the Florida Building Commission for the type of inspections being conducted is the responsibility of an approved validation entity (or the code official when the report holder does not possess an approval by the Commission).

This supplement expires concurrently with the master report, reissued February 2019.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS
PERMIT #: 16-0653

BLOCK: 261 LOT: 9 ADDRESS: 23 Farragut dr Brick

IDENTIFICATION:

1. WORK SITE ADDRESS: 23 Farragut dr Brick
2. NAME OF OWNER IN FEE: Rossier & Russo Asso., LLC
ADDRESS: 5100 Hwy 33 & 34 PHONE #: (732) 751-8870
Farmingdale NJ 07727 FAX #: (732) 751-8872
3. PRINCIPAL CONTRACTOR: Russo Seamless Gutter, LLC
ADDRESS: 5100 Hwy 33 & 34 PHONE #: (732) 751-8870
Farmingdale NJ 07727 FAX #: (732) 751-8872
4. ARCHITECT OR ENGINEER: Dario L. Pasquariello
ADDRESS: 709 AC Blvd. Beachwood 08722 PHONE: # (732) 608-6838
5. RESPONSIBLE PERSON FOR WORK: Steve Rossier
ADDRESS: 244 Van Zile rd Brick NJ 08724
PHONE #: (732) 904-3002 FAX #: (732) 751-8872 E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL

☒ OTHER Updating permit, see blue prints

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: \$ _____
REVIEW FEE: \$ _____
INSPECTION FEE: \$ _____
OTHER: \$ _____
BOND(S): \$ _____
TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 6/8/17 DATE REJECTED: _____ DATE APPROVED: 6/8/17 INITIALS: KSS

FLOOD ZONE

PERM AS-8.0

**PEST SERVICES, INC.**

EXECUTIVE AND PROCESSING OFFICE

1775 HIGHWAY 34 • SUITE C-7 • FARMINGDALE, NJ 07727

TEL: (732) 681-8283 • FAX: (732) 681-8799

TOLL FREE 1-888-593-4948

www.amcopest.com

INVOICE: 361514

DATE: 04/05/17

ORDER: 398514

INVOICE

B I L L T O

[1118680]
 Russo Gutters
 5100 Highway 33 & 34
 Farmingdale, NJ 07727

W O R K L O C A T I O N

[1118680] 732-904-3002
 Steve
 23 Farragat Drive
 Brick, NJ 08723

Work Date	Time	Target Pest	Technician	Time In
04/05/17	10:41 AM		004 Thomas Ko	
Purchase Order	Terms	Last Service	Map Code	Time Out
	NET 30	04/05/17		

Service	Description	Price
TERMITE TREATME	TERMITE TREATMENT	\$ 550.00
Termite treatment Treated interior and exterior Soil treatment around home.		
		SUBTOTAL \$ 550.00
		TAX 37.81
		=====
		TOTAL \$ 587.81
		AMOUNT PAID 0.00
		BALANCE 587.81

Great news We are going green! We can now email invoices; to begin paperless billing provide us with your email address and we can get started right away.

APPROVED For
 USB 4.10.17

* Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.
 Customer agrees to pay accrued expenses in the event of collection.

I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

X
 PLEASE PAY FROM THIS INVOICE

CUSTOMER SIGNATURE

FOUNDATION LOCATIONS

DATE: 6/8/16

NAME: Steve

PHONE # TO CALL FOR INSPECTION:

(732) 904-3002

.....

PASSED: 6-9-16 145

261/9

FAILED: _____

PLEASE GIVE TO INSPECTION DESK WHEN DONE TO
SCHEDULE INSPECTION.

THANK YOU!

Stuart M. Kovacs P.C., L.L.C.

CONSULTING STRUCTURAL ENGINEERS

107 McKnight Avenue • Jamesburg, New Jersey 08831 • (732) 521-7743

May 23, 2016

Rossics & Russo Asso., LLC
5100 Route 33
Farmingdale, NJ 07727

Attn: Steve Rossics

Re: **Single Family House**
23 Farragut Drive
Brick, New Jersey

Dear Mr. Rossics:

On May 21, 2016 our office observed the subject property which contains a single story house recently lifted on a raised foundation. This report deals specifically with some hairline cracks at the pre-existing section of the rear masonry foundation wall and the structural integrity of the new CMU piers which will support the center girder. The following commentary is offered:

1. Despite the fact that the new masonry (eleven courses) 7'-4" exceeded what our office certified on November 18, 2013 (six courses) 4'-0" of new masonry, the existing foundation will be able to support the additional courses of masonry. Nonetheless, the contractor will be required to route and fill all cracks at existing masonry with Sikadur 35 by Sika or equal.
2. The new CMU piers are not keyed into the masonry walls which are not acceptable condition. The contractor will be required to submit details to correct this condition.

Stuart M. Kovacs
N.J. P.E. #25854



PERMIT UPDATE

Date Update Issued 3/1/16
Control # C-15-003489+A
Permit # +A

16-06531A

IDENTIFICATION Block: 261 Lot: 9 Qualifier _____
Work Site Location: 23 FARRAGUT DR. Brick Township, NJ 08724 Contractor RUSSO SEAMLESS GUTTERS LLC
Owner in Fee ROSSICS & RUSSO ASSOC LLC Address 5100 ROUTE 33 & 34 FARMINGDALE NJ 07719-
23 FARRAGUT DR. BRICK NJ 08723 Telephone: (732) 751-8870
Telephone: (732) 751-8870 Lic. No. or Bldrs. Reg. No. 13VH00268100
Federal Employee No. 22-3786542

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

RAISE HOUSE...UPDATE +A - H.E.C. REGISTRATION

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 \$0

Stanley Newman Jr.

Construction Official

Date 11/13/15

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$0
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.



3/1/16
C-15-003489
16-0653

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☒ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

INTERIOR ALTERATION(S). RAISE HOUSE

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 \$50,245

Construction Official

Date 11/13/15

U.C.C. F170
equiv (rev 1/04)

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.

PAYMENTS (Office Use Only)

Building	_____	\$1,553
Electrical	_____	\$465
Plumbing	_____	\$410
Fire Protection	_____	\$70
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$78
CO Fee	_____	
Other	_____	\$150
Total	_____	\$2,726
Check No.	_____	
Cash	_____	\$0
Credit	_____	\$0
Collected By	_____	

$$\begin{array}{r} +50 \\ \hline 2774 \end{array}$$



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, November 05, 2015

To: ROSSICS & RUSSO ASSOC LLC
23 FARRAGUT DR
BRICK, NJ 08723

RE: Building Subcode
Block: 261 Lot: 9 Qual:
23 FARRAGUT DR.
Permit Number: Control Number: C-15-003489
Last Submit Date: Saturday, October 17, 2015

Dear ROSSICS & RUSSO ASSOC LLC,

Your request is hereby denied based upon the following infractions.

1. Please provide flood resistant bldg material below the DFE. Specifically the entire garage area as per NJ IRC R322.1.8

Sincerely,

John J. [Signature]
11/12/15

State Inspector, Subcode Official

CC:

RESUBMIT 1032

SUBCODES BLDG

DATES 11/12/15

Rossics & Russo Associates, LLC

23 Farragut Dr. Brick town, NJ 08723

Block number 261

Lot number nine

Permit number, control number C – 15 – 003489

sub code official,

The existing garage to remain intact, there is no adjustments to be made. The garage is not getting raised and there is no access from garage to main house being lifted. It is a detached garage although it is adjacent to existing foundation. Interior of garage to remain unfinished exposed beams.

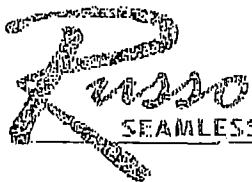
Thank you



Steve Rossics

11-11-15

Any questions I can be reached at 732 – 904 – 3002



SEAMLESS GUTTER, LLC

F 732-262-2941

5100 Highway 33 & 34 • Farmingdale, NJ 077
Office: 732-751-8870 • Fax: 732-751-8871
www.russcosseamlessgutter.co

RE: FAX SHEET

DATE:

11/11/15

TO:

David Anderson

ATTENTION:

David

FROM:

Steve Russco

NUMBER OF PAGES (INCLUDING COVER SHEET):

2

Here is the document you requested
in reference to 23 Farragut dr

Permit number; control number :

CC - 15 - 003489



TOWNSHIP OF BRICK

LIST OF EXISTING PLUMBING FIXTURES

BLOCK: 261 LOT: 9

ADDRESS: 23 Farragut dr

OWNER: Rosses & Russo associates, LLC

2 WATER CLOSET (TOILET)

 URINAL/BIDET

1 BATH TUB

2 LAVATORY (BATHROOM SINKS)

 SHOWER

1 SINK (KITCHEN)

1 DISHWASHER

1 WASHING MACHINE

1 HOSE BIBS (TOWNSHIP WATER ONLY)

 MOP SINK

ONLY FILL OUT ABOVE IF YOU ARE ADDING PLUMBING TO YOUR ADDITION

Stuart M. Kovacs P.C., L.L.C.

CONSULTING STRUCTURAL ENGINEERS

November 18, 2013

Rossics & Russo Asso., LLC
5100 route 33
Farmingdale, NJ 07727

Attn: Steve Rossics

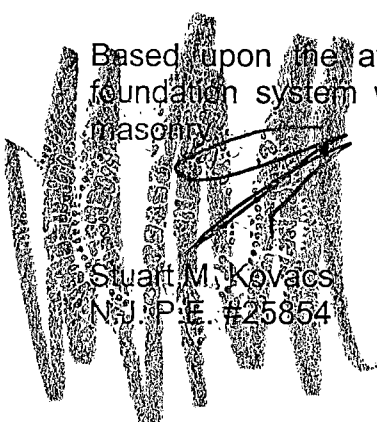
Re: **Single Family House**
23 Farragut Drive
Brick, New Jersey

Dear Mr. Rossics:

On November 7, 2013 our office observed the subject property which contains a single story house with a crawl space, reportedly constructed in the 1950s. This report deals specifically with the ability of the existing foundation system to support an additional four (4) feet of masonry required to raise the house. The existing conditions are as follows:

1. Floor Joists – 2x8 at sixteen (16) inches.
2. Main Girder – 3-2x8 supported by two (2) CMU piers.
3. Existing Foundation Wall – five (5) courses of eight (8) inch CMU.
4. Existing Footing – 16" x 8".
5. Analysis – IRC-2009.
Roof Load – 40 psf.
Floor Load – 50 psf.
Allowable Soil Bearing Pressure – 2,000 psf.

Based upon the aforementioned loads and the attached calculations the existing foundation system will be able to support an additional four (4) feet (6 courses) of masonry.



Stuart M. Kovacs
N.J. P.E. #25854

IRC-2009

Roof Load - $40 \times 12 = 480$

Attic Load - $30 \times 6 = 180$

Floor Load - $50 \times 6 = 300$

EXIST FON - $55 \times 5 = 275$

New CMU - $55 \times 6 = 330$

1,565 #/ft

$$\text{Area} = 1,565 / 2,000 = 0.78' = 9''$$

We have 1'-4" OK

 SHEET No. SK-1	STUART M. KOVACS, P.E. 107 McKNIGHT AVENUE JAMESBURG, NEW JERSEY 08831 (732) 521-7333	
	PROJECT: 23 FARRAGUT DRIVE BRICK, NJ	STUART M. KOVACS, P.E. DATE: 11/18/03 SCALE:

Home Elevation Contractor Certification

DEVOOGHT HOUSE LIFTERS

WE LIFT HOUSES

990 CEDAR BRIDGE AVE, STE B7-121
BRICK, NEW JERSEY 08723-4159

Office: 732-300-3956

Fax: 732-551-2708

Email: office.dhbm@gmail.com



I, Erin Belfiglio, do hereby certify, as the contractor hired to undertake the home elevation at 23 Farragut Drive; BLOCK 261 LOT 09; that I am certified in accordance with the N.J.A.C. 13:45A-17A to perform such work and that I am in compliance with all of the requirements of P.L. 2014, c.34 and the regulations promulgated thereunder. I understand that if any the foregoing statements made by me is false, I am subject to punishment.

Erin Belfiglio
Signature of the Contractor

HEC#HE00000700; HIC#13VH0756880

Contractor's Registration Numbers

06/30/2015

Date



DEV00-1

OP ID: MP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Maguire Agency 1970 Oakcrest Avenue, #300 Roseville, MN 55113 Housemovers	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Insurance Companies INSURER B: Liberty Mutual Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Devooght House and Building Movers of New Jersey 602 Mantoloking Rd, Unit 2 Brick, NJ 08723	NAIC # 24775	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		6601E135963	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	☐ CLAIMS-MADE ☒ OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	☐ POLICY ☐ PRO-JECT ☐ LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY		BA1E031584	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ ANY AUTO					BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS	☒ SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	☒ HIRED AUTOS	☒ NON-OWNED AUTOS				PROPERTY DAMAGE (PER ACCIDENT) \$
						\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED	RETENTIONS				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WC533S360748015	06/07/2015	06/07/2016	WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☒ Y				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Structural Movers Riggers/Cargo		6601E135963	01/01/2015	01/01/2016	ACV Up To 1,000,000 PER LOAD \$10,000*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*5% Wind/Hail Deductible Subject to \$10,000 Minimum

CERTIFICATE HOLDER

DHBMOFN

DHBW of NJ LLC
602 Mantoloking Rd, Unit 2
Brick, NJ 08723

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

DEVOOGHT HOUSE AND BUILDING MOVERS OF NEW JERSEY LLC
Jason DeVooght, Don DeVooght, David DeVooght
990 Cedarbridge Ave
Ste B7-121
Brick NJ 08723

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED
DEVOOGHT HOUSE AND BUILDING MOVERS OF NEW JERSEY LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

03/18/2015 TO 03/31/2016

VALID

SIGNATURE

[Signature]
ACTING DIRECTOR

13VH07568800

License/Registration/Certificate #

03/18/2015 TO 03/31/2016
VALID

13VH07568800

LICENSE/REGISTRATION/CERTIFICATION #

[Signature]
Signature of Licensee/Registrant/Certificate Holder

[Signature]
ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

DEVOOGHT HOUSE & BUILDING MOVERS OF NEW JERSEY
Jason J DeVooght, Donald E DeVooght
900 Cedar Bridge Avenue
Suite B7-121
Brick NJ 08723

FOR PRACTICE IN NEW JERSEY AS A(N): Home Elevation Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED
DEVOOGHT HOUSE & BUILDING MOVERS OF NEW JERSEY
Home Elevation Contractor

11/05/2014 TO 03/31/2016

VALID

SIGNATURE

[Signature]
ACTING DIRECTOR

13HE00000700

License/Registration/Certificate #

11/05/2014 TO 03/31/2016
VALID

13HE00000700

LICENSE/REGISTRATION/CERTIFICATION #

[Signature]
Signature of Licensee/Registrant/Certificate Holder

[Signature]
ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Home Elevation Adjoining Property Protection Letter

DEVOOGHT HOUSE LIFTERS

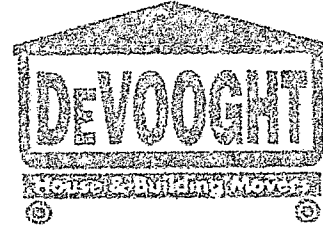
WE LIFT HOUSES

990 CEDAR BRIDGE AVE, STE B7-121
BRICK, NEW JERSEY 08723-4159

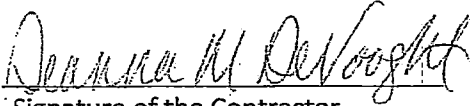
Office: 732-300-3956

Fax: 732-551-2708

Email: office.dhbm@gmail.com



I, Deanna M. DeVooght, understand and agree that it is the contractor's responsibility for the protection of adjoining properties and the protection for all public rights of way for the duration of the home elevation project.

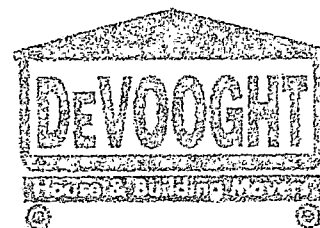

Signature of the Contractor

HEC#HE00000700; HIC#13VH0756880

Contractor's Registration Numbers

06/08/2015

Date



HEC#13HE00000700 HIC#13VH07568800

For more than 50 years, **DeVooght House & Building Movers** has been skillfully elevating and relocating structures of all shapes and sizes. DeVooght uses industry-proven methods to safely and efficiently elevate its structures and is looked to as an innovative leader in structural lifting and moving circles around the world.

DeVooght creates an in-house engineered steel and cribbing structural support plan for each structure to be elevated. The steel and cribbing structural support plan takes into account the estimated weight of the structure and identifies the specific and strategic locations of the principal lift beams, lateral support beams and cribbing. In addition, all supports, including jacks, beams, cribbing and strapping, are determined to be of sufficient size and strength to support the estimated weight of the structure.

DeVooght has an extensive inventory of state-of-the-art equipment and machinery, and is owner-operator of six synchronized Unified™ Hydraulic Lifting Machines. Each machine is run by a trained and experienced operator. In addition, the company inventories over one million pounds of painted steel beams, over 25,000 quality crib blocks, and over 100 elevation jacks at our Brick, New Jersey, equipment yard.

An advocate for industry participation and governance, Don DeVooght, owner and company founder, is a long-standing member and past president of the Wisconsin Building Movers Association (WBMA).

In addition to being a member of the WBMA, Jason DeVooght, owner, currently serves on the board of directors for the International Association of Structural Movers (IASM). He served as president in 2011, and prior to that chaired an industry guidelines development committee that penned all-encompassing structural mover guidelines, which became the industry safety standard in 2008.

Family owned and operated, DeVooght is a completely licensed house lifter and is fully insured with Cargo, Liability and Workers' Compensation coverage through The Maguire Agency (651-635-2750). Our crews are thoroughly trained on proper house lifting procedures and safety guidelines using our own 58-page DeVooght Operating Procedures Manual ... the only safety document of its kind in the industry.

Should you have specific questions, we would be happy to personally meet with you at your convenience.

Respectfully,

Deanna DeVooght
Vice President — Operations

SITE-SPECIFIC STEEL AND CRIBBING LIFT PLAN

23 Farragut Drive, Brick, New Jersey

BLOCK 251 LOT 9

NOTES

Cribbing and steel configuration may vary due to site conditions.

House to be lifted using JSJS Unified Jacking System with 15-ton crib jacks.

Estimated weight of structure: ± 35 ton.

Adding on 9 courses to existing.

Steel Minimum- 4x13, 6x15, 8x27, 10x45, 12x63.

All details required/ particular to lift may not be shown. This plan is only to indicate those items required to be submitted for permitting in accordance with N.J.A.C. 5:23-2.37 (b) and (c).

Beams to be connected with Armstrong 78-020 Heavy Service "C" Clamps where applicable.

All ledger board fastening to use Spax # 4581020801005, 4" lag screws.

All upright shoring to use Ellis 6x6 screw jack model # SJ-6, 15 ton capacity.

Foundation contractor to protect cribbing with 3/4"plywood shoring if removing foundation walls, to prevent any undermining of cribbing.

Steel and cribbing plan based on accuracy of architect or engineers foundation plans.

Cribbing and steel layout designed by and for the exclusive use of DeVooght-trained home elevation crews only.

Unauthorized use of this cribbing plan is strictly prohibited.

Prepared by Jason J. DeVooght

June 27, 2015

DeVooght House Lifters of New Jersey
51 continuous years of house lifting experience.
HEC# 13HE00000700
HIC# 13VHO7568800

990 Cedar Bridge Avenue, Ste B7-121
Brick, New Jersey 08753
732-300-5534

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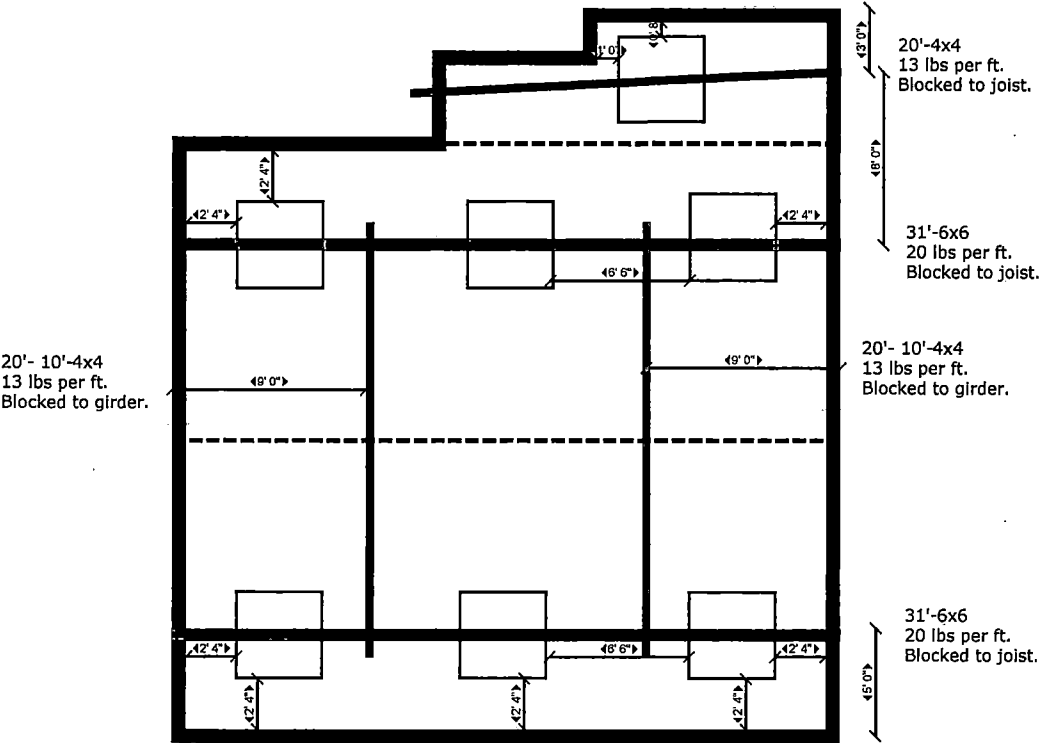
Cribbing Detail



-Temporary steel support beam.

X		X
X		X
X		X
X	X	X

- Support beam to be within 2" of center of cribbing tower.
- Support rows to be leveled with wood shims as necessary.
- Construction of cribbing tower to be of oak or pine 4" blocks.
- Second row to consist of 4 blocks.
- Bottom row to be 6 blocks minimum.



Site-specific steel and cribbing lift plan.
23 Farragut Drive, Brick, NJ.
Block 251 Lot 9



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Friday, October 09, 2015

To: ROSSICS & RUSSO ASSOC LLC
23 FARRAGUT DR
BRICK, NJ 08723

RE: Electrical Subcode
Block: 261 Lot: 9 Qual:
~~23 FARRAGUT DR~~
Permit Number: Control Number: C-15-003489
Last Submit Date: Thursday, October 08, 2015

Dear ROSSICS & RUSSO ASSOC LLC ,

Your request is hereby denied based upon the following infractions.

Provide original signature on application, not copy.

Plans acceptable.

Sincerely,

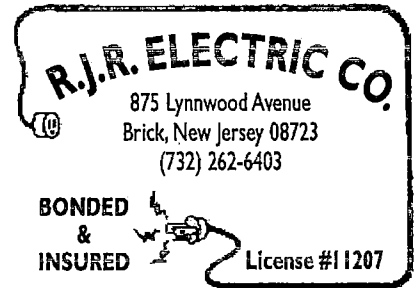
A handwritten signature in black ink, appearing to be "P. Callahan", written over a horizontal line.

Patrick Callahan, Subcode Official

CC:

*Resubmit
10/14/15*

January 14, 2014



CO: Russo Gutters and Construction
5100 Highway 33 and 34
Farmingdale, NJ 07727

RE: 23 Farragut Drive
Brick, NJ 08723

To Whom It May Concern:

I, Ralph Rosamilia, owner of RJR Electric Company, have examined the above-referenced property.

Regarding the main service entrance that is attached to the garage as well as the main breaker panel, which is not being raised during the lifting process, have found that it will not be affected by the lift, as to keep power available during the process.

If you have any questions or concerns, please do not hesitate to contact me at (732) 674-5540.

Sincerely,

R.J.R. Electric Company

Ralph J. Rosamilia, Owner

License No. 11207

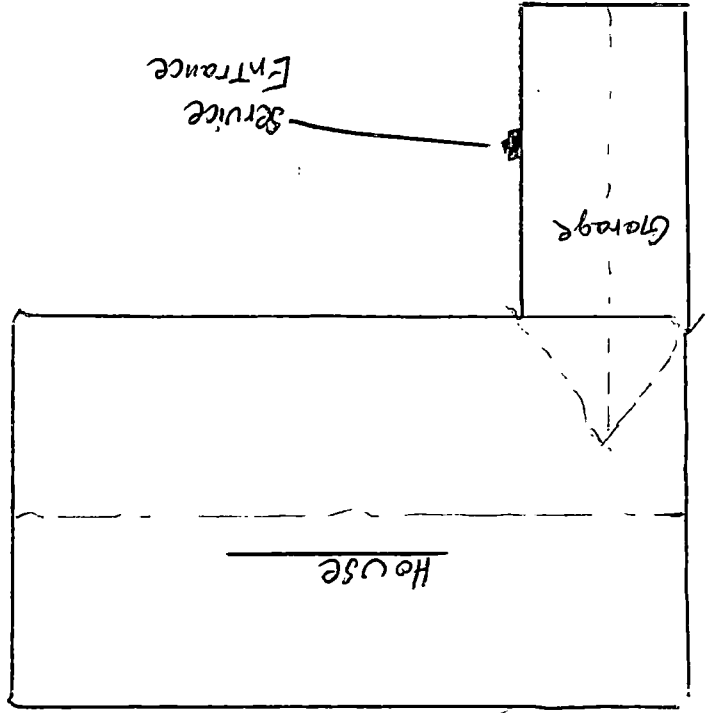
875 Lynnwood Avenue

Brick, NJ 08723

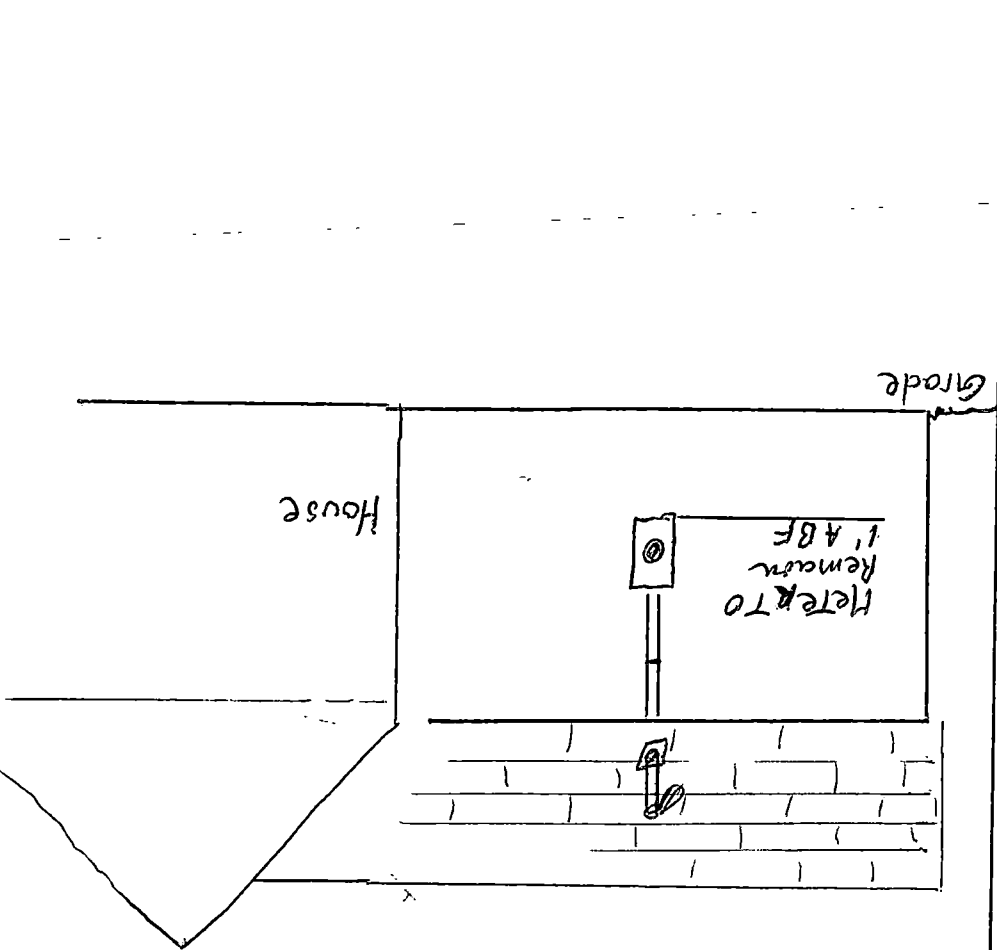
23 Farragut Dr.
 Brick N.J. 08723
 LOT 9 Blk 261

~~XDP~~

RJR Electric Co.
 732-674-5540 Lic 11907
 Ralph Rossmiller



Top



Side



1551 Highway 88 West * Brick, New Jersey 08724-2399
(732) 458-7000 * FAX (732) 458-5378
www.brickmua.com

JAMES F. LACEY, C.P.W.M.
Executive Director

COMMISSIONERS

ALLAN E. CARTINE
Chairman

JOSEPH M. VENI, P.E.
Vice Chairman

PATRICK L. BOTTAZZI
Secretary

JAMES FOZMAN
Treasurer

GEORGE CEVASCO
Asst. Secretary/Treasurer

ALTERNATES

JOHN M. CIOCCO
EDWARD J. MCBRIDE

January 15, 2014

ROSSICS & RUSSO ASSOCIATES LLC
5100 HIGHWAY 33-34
FARMINGDALE NJ 07727-3622

Account: 5820007-0
Service Location: 23 FARRAGUT DR
Block: 261_9
Subject: Building to Be Demolished and Reconstructed

Dear Customer,

This is to certify that the water and sewer service at the subject property has been terminated and the water metering system has been removed.

If further information is required, please contact the undersigned.

Respectfully yours,

Diane Osborne
Customer accounts representative



January 6, 2014

STEVE ROSSICS
5100 RTE 33
Wall, NJ 07727

Gas Service Meter Turn Off

Re: 23 Farragut Dr., Brick (7507395)
Fax: 732.751.8872
Email: estimates@russogutter.com

Dear Mr. Rossics:

This letter will serve to confirm that New Jersey Natural Gas has fulfilled your request to turn off your natural gas service **at the meter** so you may complete repairs to your home.

You and your contractor will be responsible for separating the fuel line attached to our meter and for protecting the natural gas service line and meter during all construction. Failure to do so could result in significant damage and possible delays in restoring your natural gas service.

Please also keep in mind that you are **required by law to call 811 for a mark-out** of all underground utilities prior to any excavation.

As soon as your construction is completed, and fuel line is reconnected to the gas meter please call us at 800-221-0051 so a customer service representative can schedule your natural gas service to be turned back on.

We appreciate your partnership in protecting your safety, and look forward to continuing to serve you. Good luck with your project.

c. NBPT
File
7507395

Stuart M. Kovacs P.C., L.L.C.

CONSULTING STRUCTURAL ENGINEERS

November 18, 2013

Rossics & Russo Asso., LLC
5100 route 33
Farmingdale, NJ 07727

Attn: Steve Rossics

Re: **Single Family House**
23 Farragut Drive
Brick, New Jersey

Dear Mr. Rossics:

On November 7, 2013 our office observed the subject property which contains a single story house with a crawl space, reportedly constructed in the 1950s. This report deals specifically with the ability of the existing foundation system to support an additional four (4) feet of masonry required to raise the house. The existing conditions are as follows:

1. Floor Joists – 2x8 at sixteen (16) inches.
2. Main Girder – 3-2x8 supported by two (2) CMU piers.
3. Existing Foundation Wall – five (5) courses of eight (8) inch CMU.
4. Existing Footing – 16" x 8".
5. Analysis – IRC-2009.
Roof Load – 40 psf.
Floor Load – 50 psf.
Allowable Soil Bearing Pressure – 2,000 psf.

Based upon the aforementioned loads and the attached calculations the existing foundation system will be able to support an additional four (4) feet (6 courses) of masonry.

Stuart M. Kovacs
N.J. P.E. #25854

IRC-2009

Roof Load - $40 \times 12 = 480$

Attic Load - $30 \times 6 = 180$

Floor Load - $50 \times 6 = 300$

EXIST FON - $55 \times 5 = 275$

New CMU - $55 \times 6 = 330$

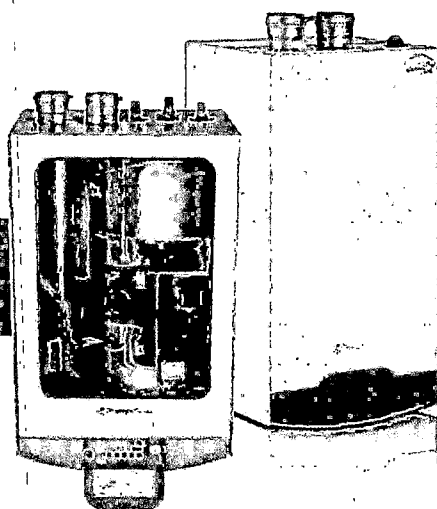
1,565[#]/ft

$$\text{Area} = 1,565 / 2,000 = 0.78' = 9''$$

We have 1'-4" OK

 SHEET No. SK-1	STUART M. KOVACS, P.E. 107 McKNIGHT AVENUE JAMESBURG, NEW JERSEY 08831 (732) 521-2343	
	PROJECT: 23 FARRAGUT DRIVE BRICK, NJ	STUART M. KOVACS, P.E. 25854
REVISIONS:	DATE: 11/18/13	SCALE:

High efficiency condensing boilers
and indirect fired water heaters



 TriangleTube

EFFICIENT RELIABLE COMFORT

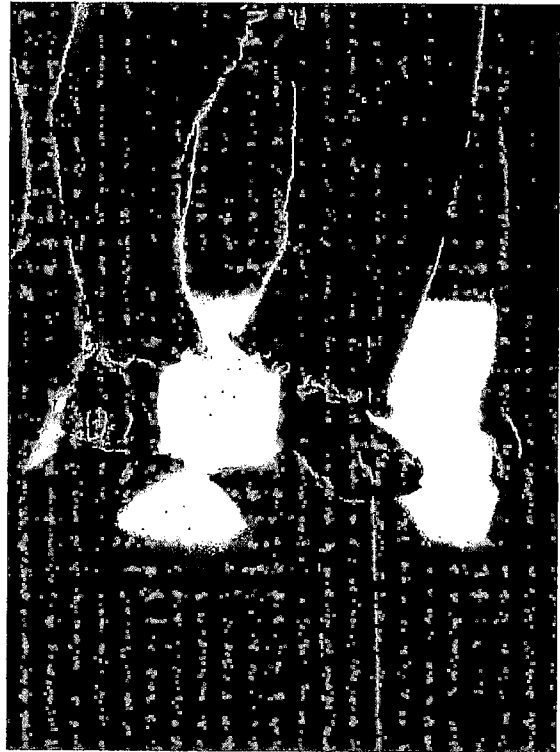
Efficient and reliable comfort. This is what you expect from your heating and hot water system. This is the foundation of our philosophy. The engineers at Triangle Tube use the latest technology to maximize the efficiency of our products so that you can minimize your utility bills. By designing products that are durable and easy to maintain, you save money on your maintenance costs as well. And because you don't want to be left in the cold, our products are designed to be reliable. So reliable in fact that our Smart indirect fired water heaters come with a lifetime warranty.*

Triangle Tube, and our parent company, ACV, have produced high quality stainless steel boilers and water heaters for more than 80 years. This gives us a strong history to build on, yet we continue to look to the future, and continue to improve our products to meet your changing needs. Our 500,000 square feet of manufacturing space contains the latest in laser welding and computer controlled equipment, operated by experienced craftsmen with decades of experience.

"Even though we were skeptical about the savings, Triangle Tube delivered! My heating bills are down 45%."



-Cliff R. - Indiana



Triangle Tube's Prestige boilers work efficiently with all radiant heating systems, including the latest radiant flooring systems

The Triangle Tube Team

Performance. Ingenuity. Efficiency. Qualities that not only describe Triangle Tube's complete line of home heating products, but also the engineers and technicians responsible for creating them at our state-of-the-art facility. Whether it's inventing breakthrough technologies or offering unparalleled customer service, this experienced team is one of the most renowned in the industry.



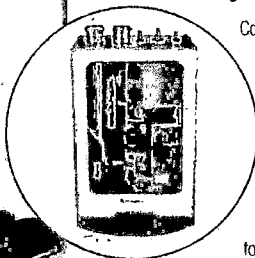
Prestige High Efficiency Condensing Boilers

Prestige Solo Condensing Boilers

Combining performance and durability, Triangle Tube's Prestige Solo Condensing Boilers are among the most efficient and environmentally friendly heating systems available today. The performance advantage of Triangle Tube boilers rests in their unique heat exchanger, burners, and controls.

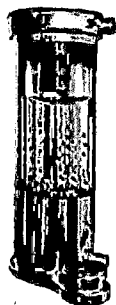
Prestige Excellence Combination Boiler

The Prestige Excellence is a combination boiler which meets both your heat and hot water needs within the boiler. The Prestige Excellence contains a 14 gallon storage tank for immediate hot water response. This tank continues to supply hot water as long as needed due to its high heat transfer rate.



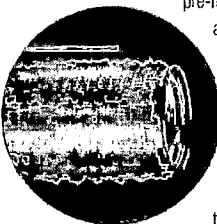
Heat Exchanger

Triangle Tube's Prestige boilers feature a unique, self-cleaning, fire tube heat exchanger constructed from stainless steel that is built to stand up to corrosion and provide 95% efficiency. The high water content of the heat exchanger provides for stable temperature control and a low pressure drop.



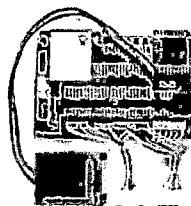
Low NOx Stainless Steel Premix Burner Assembly

The Prestige's high grade stainless steel burner uses pre-mixed air and gas providing a 25% to 100% modulating firing rate. The burner provides a long life, quiet operation, reliable spark ignition, and clean combustion. The Prestige is certified to meet California's requirements for the lowest emissions available today.



Control Module

The Prestige control module, a microprocessor based electronic control, automatically adjusts the blower fan speed and gas flow rate, modulating the firing rate to closely match the boiler's output to the space heating and domestic hot water demand.



The control responds to signals from the room thermostat, domestic hot water aquastat, supply and return water temperature sensors, flue temperature, and outdoor temperature sensors.



"The Smart tank is the perfect complement to the Prestige. Plentiful hot water has eliminated morning arguments."

-Joseph B. - Pennsylvania

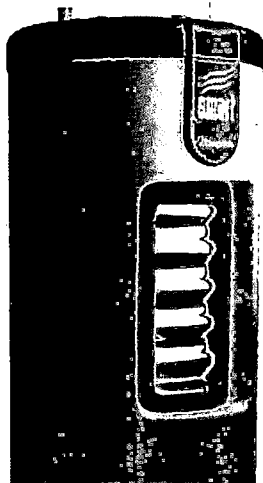
Smart Indirect Fired Water Heaters

Efficient Tank-in-Tank Design

Triangle Tube's Smart indirect fired water heaters are designed to maximize efficiency and reliability. The exclusive tank-in-tank design of the Smart water heaters rapidly heats the incoming water, producing hot water quickly and reliably using heat already produced by your high efficiency boiler. With 2 inches of insulation completely surrounding the tank, heat loss is minimized to less than 1/2 °F per hour.

The stainless steel inner tank expands and contracts to virtually eliminate scale build-up which causes other water heaters to lose performance over time. With a lifetime guarantee*, the Smart water heater will be the last water heater you ever buy.

*Smart Indirect fired water heaters feature a limited lifetime residential warranty



Providing comfort,
Protecting the Environment

Prestige Boilers provide exceptional efficiency and low emissions.

95%

AFUE Efficiency of
the Prestige boiler.

2012

Prestige Boilers currently meet
stringent California 2012 NOx
emissions requirements.

5¢

Daily standby heat cost for
a Smart 40 water heater.

*Based on NG @ \$1.25/therm

4x

Faster hot water from a Smart
water heater vs an electric model
(and 2x faster than a standard
gas model).



"The Prestige Boiler is whisper quiet. We never
hear it running, even though it's in the next room."

-John M. - Ontario

A complete line of stainless steel heat exchangers are available from Triangle Tube. From pool and spa heating to snow melting, Triangle Tube has the solution for your heating needs.

THE TRIANGLE TUBE DIFFERENCE

It's true. Other companies manufacture quality heat and hot and water systems. What sets Triangle Tube apart from our competition is the innovative spirit in which we provide it all. We see the bigger picture. Our focus isn't just on providing individual comfort, but also on global responsibility. By striving to live in harmony with the world around us. By searching for new ways to reduce short-term expenditures and enhance long-term savings. By standing behind everything we do.

We stand behind our products with the best warranties in the industry. Triangle Tube's SMART indirect fired water heaters come with a limited lifetime guarantee. Our Prestige Boilers come with a best-in-class 10-year warranty.



1 Triangle Lane
Blackwood, NJ 08012-3236

www.triangletube.com



NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

RUSSO SEAMLESS GUTTERS LLC
Sal Russo / Steve Rossics
5100 Highway 33 & 34
Farmingdale NJ 07727

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
RUSSO SEAMLESS GUTTERS LLC
Home Improvement Contractor

LICENSE
OF PLUMBERS

ELECTRICIAN'S

NOT AN

02/24/2015 TO 03/31/2016

VALID

SIGNATURE

13VH00268100

License/Registration/Certificate #

ACTING DIRECTOR

02/24/2015 TO 03/31/2016
VALID

13VH00268100
LICENSE/REGISTRATION/CERTIFICATION #

Steve C. L.

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

RUSSO SEAMLESS GUTTERS LLC

EXPIRATION DATE 2016

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 00268100 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL
CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 23 Farmout Drive Brick, NJ 08723

Block: 11 Lot: 9

Contractor: Russell Seamless Gutter, LLC

Contractor's Address: 5100 Highway 33 #34

Type of Construction (minor, new home): _____

Type of Debris (shingles, siding, wood, etc): X

Party responsible for removal: Russell Seamless Gutter, LLC

Dumpster Size: 20 yd.

Destination of Debris: County Land Fill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission 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 of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

[Signature]

6, 22, 15

Signature

Steve Rossier

Date

Print Name

732-377-8612

Township of Brick

ENGINEERING PLOT PLAN REVIEW
CHECKLISTBLOCK 261 LOT 9 DATE RECEIVED _____PROPERTY ADDRESS 23 Farragut dr. Brick NJ 07724APPLICANT Rosses & Russo 9550. LLC PHONE 732-751-8470ADDRESS 5100 Hwy 33 & 34 Farmingdale NJ 07727CONTRACTOR Russo Seamless Gutter, LLC PHONE 732-751-8471ADDRESS 5100 HwyTYPE OF WORK Reverse single family dwelling ZONING APPROVAL _____FLOOD ZONE PFIRM AE FLOOD ELEVATION 8.0

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES _____ NO _____

THE FOLLOWING IS FOR OFFICE USE ONLY:		YES	NO	N/A
1	PLANS/DETAILS SIGNED & SEALED	✓		
2	SCALE NOT LESS THAN 1"=50'	✓		
3	EXISTING ELEVATIONS (NGVD IN FLOOD ZONE)	✓		
4	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	✓		
5	STREET, GUTTER, CURB & CENTER LINE ELEVATIONS	✓		
6	CONTOURS 1' INCREMENTS	✓		
7	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS	✓		
8	PROPOSED GRADING & ELEVATIONS <u>missing/required</u>	✓	✓	
9	GARAGE FLOOR/CRAWL SPACE/BASEMENT ELEVATION <u>missing</u>	✓	✓	
10	PROPOSED DWELLING DIMENSIONS & CORNER ELEVATIONS <u>missing</u>	✓	✓	
11	METHOD OF DRAINAGE <u>Missing Grading</u>	✓	✓	
12	NORTH ARROW	✓		
13	DRIVEWAY WIDTH & TYPE	✓		
14	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	✓		
15	PROPERTY ADDRESS/BLOCK & LOT NUMBER	✓		
16	SIDEWALK/CURB & APRONS			✓
17	PARKING AREAS			✓
18	UTILITY & CONNECTIONS: WATER, SEWER, GAS, ELECTRIC <u>missing</u>	✓	✓	
19	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES & SIGNS	✓		
20	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH	✓		
21	LIMITS OF CLEARING	✓		
22	BASEMENT/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS			✓
23	PRIOR APPROVALS: ARMY CORP/NJ DEP/SOIL EROSION, ECT.			✓
24	EXISTING STRUCTURES			
25	RETAINING WALL/SERVICE WALKS, OTHER MISC. ITEMS <u>all okay</u>	✓	✓	

PLOT PLAN REVIEW:

APPROVED _____ REJECTED ✓ SIGNED KCS DATE 8/17/15

REVISION:

APPROVED ✓ REJECTED _____ SIGNED KCS DATE 9/17/15COMMENTS: No Notes/We require numbers

Township of Brick Engineering Review Form

Permit #: C15-003489

Date: 8/4/15

Applicant: Russo

Address: 23 Farragut Dr

City: Brick State: NJ Zip: 08723

Property Address: same

Block: 261 Lot: 9

Phone: 732-751-8820

Project Type: Large SFD

Denied:

Rejected for missing info, Final
Site Eng to notified contr

Approved:

info received and acceptable

Application Reviewed By:

KSS 9/17/15

8/26/15 Spoke to Contr.
Still awaiting Site Eng
re submitted.
KSS

Elissa C. Commings, P.E.
Municipal Engineer

PROPERTY ADDRESS 60 Carraigat Dr. Duncraig, Co. DU
APPLICANT Ross & Co. Ltd PHONE 722-751-8876
ADDRESS 5100 Hwy 33 & 34 Ramseydale NO 07727
CONTRACTOR Ross & Co. Ltd PHONE 722-751-8871
ADDRESS 5100 Hwy

TYPE OF WORK Ross & Co. Ltd ZONING APPROVAL
FLOOD ZONE PF 1/2 M AC FLOOD ELEVATION 8.0

PANEL # _____ MAP # _____ DATE _____
PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES _____ NO _____

THE FOLLOWING IS FOR OFFICE USE ONLY:		YES	NO	N/A
1	PLANS/DETAILS SIGNED & SEALED	✓		
2	SCALE NOT LESS THAN 1"=50'	✓		
3	EXISTING ELEVATIONS (NGVD IN FLOOD ZONE)	✓		
4	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	✓		
5	STREET, GUTTER, CURB & CENTER LINE ELEVATIONS	✓		
6	CONTOURS 1' INCREMENTS	✓		
7	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS	✓		
8	PROPOSED GRADING & ELEVATIONS <u>Missing Required</u>	✓		
9	GARAGE FLOOR/CRAWL SPACE/BASEMENT ELEVATION <u>Missing</u>	✓		
10	PROPOSED DWELLING DIMENSIONS & CORNER ELEVATIONS <u>Missing</u>	✓		
11	METHOD OF DRAINAGE <u>Missing Grading</u>	✓		
12	NORTH ARROW	✓		
13	DRIVEWAY WIDTH & TYPE	✓		
14	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	✓		
15	PROPERTY ADDRESS/BLOCK & LOT NUMBER	✓		
16	SIDEWALK/CURB & APRONS	✓		
17	PARKING AREAS	✓		
18	UTILITY & CONNECTIONS: WATER/SEWER/GAS, ELECTRIC <u>Missing</u>	✓		
19	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES & SIGNS	✓		
20	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH	✓		
21	LIMITS OF CLEARING	✓		
22	BASEMENT/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS	✓		
23	PRIOR APPROVALS: ARMY CORP/NJ DEP/SOIL EROSION, ECT.	✓		
24	EXISTING STRUCTURES	✓		
25	RETAINING WALL/SERVICE WALKS, OTHER MISC. ITEMS <u>Missing</u>	✓		

PLOT PLAN REVIEW:
APPROVED _____ REJECTED ✓ SIGNED Yes DATE 8/1/15
REVISION:
APPROVED _____ REJECTED _____ SIGNED _____ DATE _____
COMMENTS: No Notes/We require numbers

Reason for error
E. 1) Hand up or line fail
E. 2) No answer
E. 3) Exceeded max. E-mail size
E. 4) Busy
E. 5) Destination does not support IP-Fax

TOWNSHIP OF BRICK

LIST OF EXISTING PLUMBING FIXTURES

BLOCK: 261 LOT: 9

ADDRESS: 23 Farragut dr Brick

OWNER: Rossier & Russo Associates, LLC

2 WATER CLOSET (TOILET)

 URINAL/BIDET

 BATH TUB

2 LAVATORY (BATHROOM SINKS)

1 SHOWER

1 SINK (KITCHEN)

1 DISHWASHER

1 WASHING MACHINE

2 HOSE BIBS (TOWNSHIP WATER ONLY)

 MOP SINK

ONLY FILL OUT ABOVE IF YOU ARE ADDING PLUMBING TO YOUR ADDITION



THE STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY

[NJHome](#) | [Services A to Z](#) | [Departments/Agencies](#) | [FAQs](#)

DIVISION OF CONSUMER AFFAIRS



[OAG Home](#)

OAG Services from A - Z



[OAG Contact](#)

DIVISION OF CONSUMER AFFAIRS



[OAG Home](#)

Steve C. Lee
Director



License Information

Accurate as of June 02, 2017 10:10 AM

[Return to Search Results](#)

Name: RUSSO SEAMLESS GUTTERS LLC **Doing Business As:**
Owner Name: Sal Russo / Steve Rossics
Address: 5100 Highway 33 & 34,
Farmingdale, NJ 07727

Profession: Home Improvement Contractors
License Type: Home Improvement Contractor
License No: 13VH00268100

License Status: Active **Status Change Reason:** License Issuance
Issue Date: 4/4/2005 **Expiration Date:** 3/31/2018

For Contractors needing information regarding registration contact the New Jersey Home Improvement Contractors registration section (973) 424-8150 prompt #2. For consumers requiring information concerning Contractor complaints contact the New Jersey Home Improvement Contractors complaints section (973) 424-8150 prompt #6.

HOUSE RAISE

Certificate Requirements

[print](#)
[reset defaults](#)
[check all](#)
[complete](#)

CERTIFICATE OF OCCUPANCY CHECKLIST**SUBCODES**

Approved Final Building Inspection	comment	☒	☐
Approved Final Electric Inspection	comment	☒	☐
Approved Final Plumbing Inspection	comment	☒	☐
Approved Final Fire Inspection	comment	☒	☐
Approved Final Mechanical Inspection	comment	☐	☒
Approved Final Elevator Inspection (If Applicable)	comment	☐	☒

PRIOR APPROVALS

Approval from Division of Engineering (Two Sealed Final As-Built Surveys and Two Sealed Final Elevation Certificates)	comment	☒	☐
3/18/19 SUBMIT FINAL ASBUILTS AND ELEVATION CERTS. CW Electric needs to be above the DFE. 2 Flood vents are needed in utility closet. Need detailed re-inspection. 4/2/19 rec'd in bldg. 4/15/19 MFF 7/10/19 sub final asbuilts and elevation certs. CW Need detailed re-inspection 7/22/19 rec'd in bldg. 7/26/19 MFF 8/19/19 sub final asbuilts and elevation certs. CW BACK TO BLDG. NEED LOWER LEVEL ASBUILT FOR FLOOD VENTING. Need detailed re-inspection 8/22/19 rec'd in bldg. 9/4/19 MFF 10/8/19 sub final asbuilts and elevation certs. cw Passed 10/22/19 rec'd in bldg. 11/12/19 MFF			
Certificate of Compliance from the BTMUA (732) 458-7000	comment	☒	☐
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002	comment	☒	☐
Completed CO Application	comment	☒	☐
All Updates have been approved	comment	☒	☐
All open permits on property have been closed	comment	☒	☐

This checklist has been given to: [\(edit\)](#)

Stuart M. Kovacs P.C., L.L.C.

CONSULTING STRUCTURAL ENGINEERS

107 McKnight Avenue • Jamesburg, New Jersey 08831 • (732) 521-7743

May 23, 2016

Rossics & Russo Asso., LLC
5100 Route 33
Farmingdale, NJ 07727

Attn: Steve Rossics

Re: **Single Family House**
23 Farragut Drive
Brick, New Jersey

Dear Mr. Rossics:

On May 21, 2016 our office observed the subject property which contains a single story house recently lifted on a raised foundation. This report deals specifically with some hairline cracks at the pre-existing section of the rear masonry foundation wall and the structural integrity of the new CMU piers which will support the center girder. The following commentary is offered:

1. Despite the fact that the new masonry (eleven courses) 7'-4" exceeded what our office certified on November 18, 2013 (six courses) 4'-0" of new masonry, the existing foundation will be able to support the additional courses of masonry. Nonetheless, the contractor will be required to route and fill all cracks at existing masonry with Sikadur 35 by Sika or equal.
2. The new CMU piers are not keyed into the masonry walls which are not acceptable. The contractor will be required to submit details to correct this condition.

Stuart M. Kovacs
N.J. P.E. #25854

*Letter Approved for Use
6-17-16*

Stuart M. Kovacs P.C., LLC

CONSULTING STRUCTURAL ENGINEERS

107 McKnight Ave • Jamesburg, New Jersey 08831 • (732) 521-7743

August 10, 2016

Rossics & Russo Associates, LLC
5100 Route 33
Farmingdale, NJ 07727

Attn: Steve Rossics

Re: Single Family House
23 Farragut Drive
Brick, New Jersey

Dear Mr. Rossics:

The two (2) CMU piers have been grouted solid and keyed into the existing wall with a series of No. 4 rebar and Simpson ties. This methodology complies with IRC 2015 and is acceptable to our office.

Stuart M. Kovacs
NJPE #25854

Approval for use

8-15-16 SKR

Stuart M. Kovacs P.C., LLC

CONSULTING STRUCTURAL ENGINEERS

107 McKnight Ave • Jamesburg, New Jersey 08831 • (732) 521-7743

August 10, 2016

Rossics & Russo Associates, LLC
5100 Route 33
Farmingdale, NJ 07727

Attn: Steve Rossics

Re: Single Family House
23 Farragut Drive
Brick, New Jersey

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Stuart M. Kovacs
NJPE #25854

Approved For use
8-12-16 JCF

Stuart M. Kovacs P.C., LLC

CONSULTING STRUCTURAL ENGINEERS

107 McKnight Ave • Jamesburg, New Jersey 08831 • (732) 521-7743

August 10, 2016

Rossics & Russo Associates, LLC
5100 Route 33
Farmingdale, NJ 07727

Attn: Steve Rossics

Re: Single Family House
23 Farragut Drive
Brick, New Jersey

Dear Mr. Rossics:

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Stuart M. Kovacs
NJPE #25854

APPROVED For use
8-12-16 

Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS 23 FAIRBROT DR

PERMIT NUMBER 16-0653

BLOCK 261

LOT 9

~~OWNER~~ FNO 20F2 / SLAB

Upon inspection, violations of the ☒ Building ☐ Plumbing ☐ Electric ☐ Fire Code
were in evidence and the following orders are hereby issued for their correction:

- 1) Need termite cont for slab.
- 2) Need to anchor Floor Joist to FND Plate and Box Beam to FND Plates

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 4-17-17

INSPECTOR

JGR

Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS _____

PERMIT NUMBER 16-0653 BLOCK _____ LOT _____

OWNER 23 Farrington

Upon inspection, violations of the X Building _____ Plumbing _____ Electric _____ Fire Code
were in evidence and the following orders are hereby issued for their correction:

- ① Missing Anchor Bolts front house and
not 2) from out side left side house D.P. needs
retro fit for missing bolts also detail ~~at~~^{to} Anchor
Header at Bow window.
- ② Repairs for Deck not to Plugs / Also Foundation
- ③ Retro fix for missing Anchor Bolts
- ③ let contractor move forward at his own risk
to side house.

~~Beware contractor records you at inspection.~~

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND
APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 5/24/17 INSPECTOR gmc

266/9



709 Atlantic City Boulevard
Beachwood, New Jersey 08722

p. 732.608.6838
f. 732.358.0236

August 25, 2017

Re: Rossics & Russo Associates LLC
23 Farragut Drive
Brick NJ

To Whom It May Concern:

The stairs from the living room to the basement (1st floor) is omitted, as well as the rear entry door of the garage to the outside. The bathroom entrance is now off of the master bedroom (not off of the living room). The blocking procedure as performed for the rail post to deck is adequate.

Hereby certified,

A handwritten signature in black ink, appearing to be 'Dario Pasquariello'.

Dario Pasquariello, R.A., A.I.A.
Principal Architect
NJ LIC. NO. AI-17852
NY LIC NO. 033969
PA LIC NO. 405008



Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS 23 Farragut

PERMIT NUMBER 16-0653 + B BLOCK _____ LOT _____

~~OWNER~~ open Deck Side and Rear Porches Frame.

Upon inspection, violations of the 1 Building _____ Plumbing _____ Electric _____ Fire Code

were in evidence and the following orders are hereby issued for their correction:

- ① Highlighted on plans in yellow Plans call for $3\frac{1}{2} \times 7\frac{1}{2}$ PL flush - 2-2"x12" one end is not supported, and nailed properly.
- ② Plumb cut at stringer NOT full bearing.
- ③ All Girders need to be nailed Row 3-10 D-common gals 16" on center both sides
- ④ Still need interior Frame After Rough Eke pass and Plumbing Pass.

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 9/27/17 INSPECTOR GM

Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS 23 Farnagot Dr

PERMIT NUMBER 16-0653 BLOCK _____ LOT _____

OWNER Alma

Upon inspection, violations of the ☒ Building ☐ Plumbing ☐ Electric ☐ Fire Code
were in evidence and the following orders are hereby issued for their correction:

- ① Bottom Both Deck stairs grade 4" platform Anchored
- ② Graspable Railing at stairs Both Decks
- ③ Rear slider - Grade Platform
- ④ Rear Deck Header need to be Bolted thru Post
- ⑤ Dead Bolt Garage Door
- ⑥ Gutter and leader
- ⑦ Pay Attention when installing Grade Platform
Risers can't vary more than 3/8"
- ⑧ Post mid-span at Rear stringers shakey.

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND
APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 10/29/18 INSPECTOR [Signature]

* * * Communication Result Report (Mar.28. 2017 8:21AM) * * *

1}

Date/Time: Mar.28. 2017 8:20AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
8959 Memory TX	918889149140	P. 1	OK	

Reason for error

E. 1) Hang up or line fail

E. 3) No answer

E. 5) Exceeded max. E-mail size

E. 2) Busy

E. 4) No facsimile connection

E. 6) Destination does not support IP-Fax

Brick Township
Building Department (732) 262-1030

MUNICIPALITY Brick Township

LOCATION 23 FARRAGUT DR UTILITY CO

Brick Township, NJ 08724 BLK 281 LOT 9

OWNER ROSSI & RUSSO ASSOC LLC OCCUPANT ROSSI & RUSSO ASSOC LLC

"Installation in the above premises has been inspected and
is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after days

DESCRIPTION OF SERVICE 150 amp

INSTALLED BY COASTAL ELECTRIC LLC LICENSE NO 4551

DATE 03/28/2017 PERMIT # 164553 INSPECTOR Thomas Olson

☐ FAXED IN 03/28/2017 Lic. No: 5151

U.C.C. Form F-100 (rev. 1) WHITE UTILITY 2 CHARGE OFFICE FILE 3 FIRM OFFICE CONTRACTOR

Brick Township
Building Department (732) 262-1030



DRUR # NO WR #

MUNICIPALITY Brick Township

CUT-IN-CARD

LOCATION 23 FARRAGUT DR. UTILITY CO

Brick Township, NJ 08724 BLK 261 LOT 9

OWNER ROSSICS & RUSSO ASSOC LLC OCCUPANT ROSSICS & RUSSO ASSOC LLC

"Installation in the above premises has been inspected and
is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after days

DESCRIPTION OF SERVICE 150 amp

INSTALLED BY COASTAL ELECTRIC LLC LICENSE NO 4558

DATE 03/28/2017 PERMIT # 16-0653 INSPECTOR Thomas Olson

☐ FAXED IN 03/28/2017 Lic. No: 5151

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

* * * Communication Result Report (Mar. 31. 2017 7:14AM) * * *

1)
2)

Date/Time: Mar. 31. 2017 7:14AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
8996 Memory TX	918889149140	P. 1	OK	

Reason for error

E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection
E. 6) Destination does not support IP-Fax

Brick Township
Building Department (732) 252-1000

MUNICIPALITY Brick Township

LOCATION 21 EARRAGUT RD UTILITY CO.

Brick Township, NJ 08724 BLK 281 LOT 2

OWNER ROSSI & RUSSO ASSOC LLC OCCUPANT ROSSI & RUSSO ASSOC LLC

*Installation in the above premises has been inspected and
is in accordance with N.E.C. and DCA requirements.*

☒ FINAL ☐ TEMPORARY This approval void after days

DESCRIPTION OF SERVICE 150 amp

INSTALLED BY COASTAL ELECTRIC LLC LICENSE NO 4551

DATE 03/28/2017 PERMIT # 164853 INSPECTOR Thomas Olson

☐ FAXED IN 03/28/2017 SCP Lic. No. 5191

U.S.D. Form 1000 (April 1, 1997) UTILITY & CANNY OFFICER/LE & P.W. OFFICE/CONTRACTOR

Brick Township
Building Department (732) 262-1030



DRUR # 332768169

MUNICIPALITY Brick Township

CUT-IN-CARD

LOCATION 23 FARRAGUT DR.

UTILITY CO _____

Brick Township, NJ 08724

BLK 261

LOT 9

OWNER ROSSICS & RUSSO ASSOC LLC

OCCUPANT ROSSICS & RUSSO ASSOC LLC

"Installation in the above premises has been inspected and
is in accordance with N.E.C. and DCA requirements."

☒ FINAL

☐ TEMPORARY

This approval void after _____ days

DESCRIPTION OF SERVICE 150 amp

INSTALLED BY COASTAL ELECTRIC LLC

LICENSE NO 4558

DATE 03/28/2017

PERMIT # 16-0653

INSPECTOR Thomas Olson

☐ FAXED IN 03/31/2017

Lic. No: 5151

Dec 6/6/17

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

17

Date/Time: Jun. 6. 2017 2:26PM

File	No. Mode	Destination	Pg(s)	Result	Page Not Sent
9931	Memory TX	918889149140	P. 1	OK	

Reason for error

- E. 1) Hang up or line fail
- E. 3) No answer
- E. 5) Exceeded max. E-mail size

- E. 2) Busy
- E. 4) No facsimile connection
- E. 6) Destination does not support IP-Fax

Brick Township
Building Department (732) 262-1000

MUNICIPALITY Brick Township

LOCATION 23 FARRAGUT DR UTILITY CO

Brick Township, NJ 08724 BUK 201 LOT B

OWNER ROSSICK & RUSSO ASSOC. LLC OCCUPANT ROSSICK & RUSSO ASSOC. LLC

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after days

DESCRIPTION OF SERVICE 100 amp

INSTALLED BY COASTAL ELECTRIC LLC LICENSE NO 4558

DATE 05/26/2017 PERMIT # 18-0563 INSPECTOR Thomas Olson

☐ FAXED IN 05/31/2017 Lic. No. 5151

Dec 16/17

L.L.C. Form 1000 eqn. 1. IN THE UTILITY 2. CANNOT OFFICER FILE 3. PER OFFICE CONTRACTOR

Brick Township

CORRECTION NOTICE

ADDRESS 23 FAR NAGUT
PERMIT NUMBER 16-0653 BLOCK 261 LOT 9
OWNER Russo

Upon inspection, violations of the ☐ Building ☐ Plumbing ☒ Electric ☐ Fire Code
were in evidence and the following orders are hereby issued for their correction:

FRONT - REAR GFI GRABE REAR
NEED CHANGE OF CONTRACTOR
ID BREAKERS - SOME NOT ID CORRECTLY
LOCK OUT DISH WASHER
UNDER COUNTER LIGHTS NOT WORKING
FITTINGS TO BE PUSH WITH BRASS BAR

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND
APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 10 29 17 INSPECTOR Thomas Russo

Rossics & Sons
 Plumbing and Heating
 2019 Margerum Ave.
 Lake Como, NJ 07719
 732-513-7769

Paul Ross

Triangle tube
 Boiler / water heater combo

90,000 BTU

PLUMBING
 OCT 08 2015
[Signature]
 APPROVED

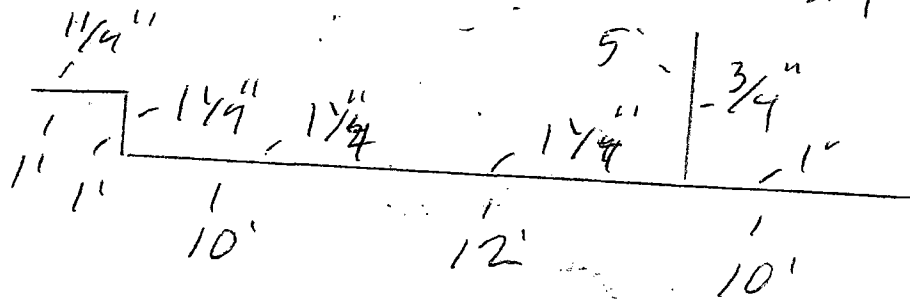
20'

Stove

45,000 BTU

3/4" Dryer
 20,000 BTU

meter



total BTU 155,000
 total feet 60

Steel Pipe

INSPECTOR: GREG RIELLO

DATE: 10/25/19

JOB: SFD

SECTION: SHORE
ACRES

INSPECTION: FINAL C.O.

TYPE OF WORK: HOUSE
RAISE

PERMIT #: 16-0653

LOCATION: 23 FARRAGUT DR.

WEATHER / TEMP: SUNNY 63°F

BLOCK: 261 LOT: 9

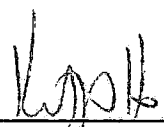
ENGINEERING RECOMMENDATIONS FOR
CERTIFICATION OF OCCUPANCY
INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on-going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey / Elevation Certificate	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☒ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE / ADDITIONAL PERMITS
- ☐ \$50.00 REINSPECTION FEE


MUNICIPAL ENGINEER

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

Date

11-2-18

NAME Rossica & Russo Associates LLC

ADDRESS 5100 Highway 33-34 Farmingdale NJ 07727

PROPERTY LOCATION 23 Farraout Dr.

Account No 5820007-0

Block 261

Lot 2

Residential <u>Res</u>	Commercial - Specify Type	No. of Units <u>1</u>
Size of Sewer Svc. <u>4"</u>	Size Water Svc. <u>2 1/4"</u>	Meter Size <u>2 1/4"</u>
WATER SVC.		SEWER SVC.
APPLICATION FEES		
CONNECTION FEES		
INSPECTION FEES <u>P.D. 2/19/18</u>		<u>15.00</u>
<u>SC. Electric 5/17/18</u>		<u>50.00</u>
<u>P.D. 2/19/18</u>		<u>15.00</u>

For the Authority [Signature]



714 Lacey Road, Forked River, NJ 08731 Tel (609) 971-7002 Fax (609) 971-3391
www.SoilDistrict.org

PROJECT EXEMPTION APPLICATION

Applicant's Name (PRINT) Steve Rossics

Address 5100 Hwy 33 & 34 Farmingdale
N.J. 07727

Contact Telephone No. 732-751-8870 Fax: 732-751-8872

Project Address 23 Farragut dr. Brick N.J. 08723

Block(s) 261 Lot(s) 9 Municipality Bricktown

A SEALED PLOT PLAN OR SITE PLAN SHOWING THE TOTAL AREA OF SOIL / SURFACE DISTURBANCE MUST BE SUBMITTED ALONG WITH THIS REQUEST.

I, the undersigned, am requesting an exemption from the Soil Erosion and Sediment Control Act, P.L. 1975, based on the following activity for total soil / surface disturbance of less than 5,000 square feet:

CHECK REASON FOR REQUEST:

☐ Demolition/Land grading (no structure to be constructed): TOTAL SOIL DISTURBANCE _____ Sq. ft.

☒ Single-family dwelling: TOTAL SOIL DISTURBANCE HOUSE RAISE 50 Sq. ft.

☐ Commercial construction/site plan: TOTAL SOIL DISTURBANCE _____ Sq. ft.

☐ Agriculture (crop farming including orchards) or horticulture. This applies only to cultivation. It does not apply to construction of buildings/greenhouses which requires a construction permit or site plan review.

A \$150.00 NON-REFUNDABLE project exemption application fee is required, made payable to the Ocean County Soil Conservation District (OCSCD).

I understand and agree that if the activity I propose changes from the category denoted in this application, it will render this exemption void. A re-assessment will be made by the District.

Applicant's Signature Steve Rossics (member) Date 6-23-15

ACKNOWLEDGEMENT OF EXEMPTION – DISTRICT USE ONLY

Whereas, the owner has certified, in writing, that they are engaging in the above referenced exempt activity, and, therefore, a certified Soil Erosion and Sediment Control application will not be required by the Ocean County Soil Conservation District.

☒ APPROVED

☐ DENIED

[Signature]
OCSCD OFFICIAL

REASON FOR DENIAL: _____



APPLICATION FOR CERTIFICATE

Date Received 07/07/2015
Date Permit Issued 03/01/2016
Control # C-15-003489
Permit # 16-0653
Date Issued

IDENTIFICATION

Block 261 Lot 9 Qualifier _____
Work Site Location 23 FARRAGUT DR. Brick Township, NJ 08724 Contractor RUSSO SEAMLESS GUTTERS LLC
Owner in Fee ROSSICS & RUSSO ASSOC LLC Address 5100 ROUTE 33 & 34 FARMINGDALE NJ 07719-
23 FARRAGUT DR. BRICK NJ 08723 Telephone (732) 751-8870
Telephone (732) 751-8870 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 22-3786542

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ R-5 _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 50245

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

Addition/Alteration RAISE HOUSE INTERIOR ALTERATION(S)

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: [Signature]
Owner/Agent

☐ OWNER

☒ AGENT

INSPECTOR: GREG RIELLO

DATE: 8/22/19

* BACK TO
BUILDING

JOB: SF 1)

SECTION: SHORE
ACRES

INSPECTION: FINAL CO

TYPE OF WORK: HOUSE
RAISE

PERMIT #: 16-0653

LOCATION: 22 FARRAGUT DR.

WEATHER / TEMP:

BLOCK: 261 LOT: 9

ENGINEERING RECOMMENDATIONS FOR CERTIFICATION OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on-going construction in immediate area	✓	
8. Safety	✓	
9. As-Built-Survey / Elevation Certificate		✓ REVISE PAPERWORK

COMMENTS REFERENCING ITEM NUMBER:

* UPDATE ARCH. FOUNDATION PLAN. SHOW ASBUILT CONDITIONS. (2 SEALED COPIES)

(1) REMOVE STAIRWELL

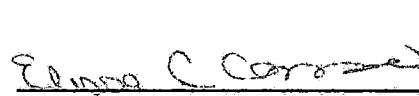
(2) SHOW UTILITY CLOSET

(2) SHOW ASBUILT LOCATIONS OF FLOOD VENTS

* REVISE & RESUBMIT ELEVATION CERT. (2 SEALED COPIES)

RECOMMENDATIONS:

- ☒ TEMP. C.O. 30 DAYS (EXPIRES 9/21/19)
- ☐ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE / ADDITIONAL PERMITS
- ☐ \$50.00 REINSPECTION FEE


 EMMA C. CORCORAN
 MUNICIPAL ENGINEER

Erin Bolger

From: Erin Bolger
Sent: Friday, August 23, 2019 11:42 AM
To: 'estimates@russogutter.com'
Cc: Gregory Riello
Subject: 23 Farragut Drive (2).pdf
Attachments: 23 Farragut Drive (2)

Hello,

Please see the failed CO from Greg Riello. If you have any questions you can email him or call 732 262 1040X 1346

Thank you,

Erin Bolger

INSPECTOR: GREG RILLO

DATE: 7/22/10

JOB: SINGLE FAMILY

SECTION: SHORE ACRES

INSPECTION: FINAL CO

TYPE OF WORK: HOUSE RAISE

PERMIT #: 16-1653

LOCATION: 72 FARRAGUT DR.

WEATHER / TEMP: SUNNY 91°F

BLOCK: 261 LOT: 9

ENGINEERING RECOMMENDATIONS FOR
CERTIFICATION OF OCCUPANCY
INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading		✓
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on-going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey / Elevation Certificate		✓ REVISE & RESUBMIT

COMMENTS REFERENCING ITEM NUMBER:

- * MUST PROVIDE A MINIMUM OF 2 FLOOD OPENINGS IN UTILITY CLOSET AREA ON LOWER LEVEL.
- * MUST REGRADE AREA IN THE FRONT AND RIGHT SIDE OF DWELLING SO THAT IT PITCHES OUT AND AWAY FROM FOUNDATION.
- * REVISE & RESUBMIT ASBUILT SURVEY & ELEVATION CERT.
(2 SEALED COPIES)

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☐ FINAL C.O.
- ☒ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE / ADDITIONAL PERMITS
- ☐ \$50.00 REINSPECTION FEE

K. Pol

MUNICIPAL ENGINEER

Erin Bolger

From: Erin Bolger
Sent: Tuesday, July 23, 2019 3:36 PM
To: 'estimates@russogutter.com'
Cc: - Gregory Riello
Subject: 23 Farragut Drive 7-22-19.pdf
Attachments: 23 Farragut Drive 7-22-19

Please see the failed CO from Greg Riello. If you have any questions feel free to email or call 732 262 1040 X 1346

Thank you,

Erin Bolger

Erin Bolger

From: Erin Bolger
Sent: Tuesday, July 23, 2019 3:36 PM
To: 'estimates@russogutter.com'
Cc: Gregory Riello
Subject: 23 Farragut Drive 7-22-19.pdf
Attachments: 23 Farragut Drive 7-22-19

Please see the failed CO from Greg Riello. If you have any questions feel free to email or call 732 262 1040 X 1346

Thank you,

Erin Bolger

INSPECTOR: Russell Harris
JOB: Single Family House Lift SECTION: Shore Acres
TEMPERATURE: Clear
WEATHER: 40's

DATE: Tues. 4/2/19 *Back to Building
TYPE OF WORK: Final CO
LOCATION: 23 Farragut Dr.
BLOCK: 261 LOT: 9

ENGINEERING RECOMMENDATIONS FOR
CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading		✓
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding		✓
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey/ Elevation Certificate		✓ - Low equipment & Fagework

COMMENTS REFERENCING ITEM NUMBER:

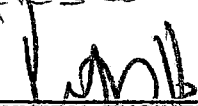
* Electric Switch Box identified below DFE on elevation certificate - Electric Switch Box must be raised to DFE @ 9.0mm - also must verify electric switches in lower level & garage area

* Must provide a minimum of 2 Flood openings in utility closet area on lower level

* Must regrade area along right side of garage to be level with bottom of Flood Vent in wall & pitch out & away from foundation

RECOMMENDATIONS:

- ☐ TEMP. C.O. * Must provide clean gravel in driveway areas
- ☐ FINAL C.O. * Must stabilize disturbed & dirt areas around yard - clean stone cover required at min.
- ☒ DETAILED REINSPECTION * Revise & Resubmit Final Survey & Elevation Cert (2 sealed copies each)
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ \$ 50.00 REINSPECTION FEE


MUNICIPAL ENGINEER

Erin Bolger

From: Erin Bolger
Sent: Friday, April 12, 2019 11:44 AM
To: 'estimates@russogutter.com'
Cc: Russell Harris
Subject: 23 Farragut Drive
Attachments: 23 Farragut Drive.pdf

Hello,

Please see the failed CO from Russell Harris. If you have any questions feel free to email or call 732 262 2937.

Thank you,

Erin Bolger
Engineering Dept.
732-262-1040X 5310
732-262-2941 Fax
ebolger@twp.brick.nj.us



PERMIT UPDATE

Date Update Issued 6/22/17
Control # C-15-003489+B
Permit # 16-0653+B

IDENTIFICATION Block: 261 Lot: 9 Qualifier _____
Work Site Location: 23 FARRAGUT DR. Brick Township, NJ 08724 Contractor: RUSSO SEAMLESS GUTTERS LLC
Address: 5100 ROUTE 33 & 34 FARMINGDALE NJ 07719-
Owner in Fee: ROSSICS & RUSSO ASSOC LLC
23 FARRAGUT DR BRICK NJ 08723 Telephone: (732) 751-8870
Telephone: (732) 751-8870 Lic. No. or Bldrs. Reg. No.: 13VH00268100 13VH00268100
Federal Employee. No.: 22-3788342

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

RAISE HOUSE ...UPDATE +B- HALF BATH TO FULL BATH; A/C PLATFORM TO BRACKET;
DORMER & ENTRY ALTS

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 \$596

[Signature]
Construction Official

6/30/17
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$0
Plumbing	\$150
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$301
Check No.	<u>14021</u>
Cash	\$0
Credit	\$0
Collected By	

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 16-0653
DATE ISSUED 6/22/17

BLOCK: 261 LOT: 9 QUALIFIER: _____ SITE ADDRESS: 23 Farragut dr Brick

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Rossics & Russo Associates, LLC
COMPLETE ADDRESS: 5100 Hwy 33 & 34 Farmingdale
N.Y. 07727
PHONE # 732-751-8870 EMAIL: _____

2. NAME OF APPLICANT: Russo Seamless Gutter, LLC
APPLICANT ADDRESS: 5100 Hwy 33 & 34 Farmingdale
N.Y. 07727
PHONE # 732-751-8870 EMAIL: estimates@russogutter.com

3. RESPONSIBLE PERSON FOR WORK: Steve Rossics
PHONE# 732-904-3002 FAX# 732-751-8872

4. SIGNATURE OF APPLICANT: [Signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 75
OTHER: \$ _____
TOTAL: \$ 75

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: _____
EXISTING USE: SFR
PROPOSED USE: SFR

BOARD APPROVAL: _____ PB _____ ZB _____
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER adding decorative dormer front upper slope, not to exceed peak

DESCRIPTION: Updating existing permit

ZONING REVIEW:

DATE REVIEWED: 6/5/17 DATE DENIED: _____ DATE APPROVED: 6/5/17 INTLS: an

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) Four (4) copies of 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.

2) Two copies of the plans with dimensions and heights noted:

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) Plot plans and building plans must match for complete review

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

OFFICE USE ONLY

RECEIVED

JUN 06 2017

ZONING

ZONING REVIEW:

DATE REVIEWED: 6/6/17 DATE DENIED: — DATE APPROVED: 6/6/17 INTLS: 5520

[illegible]

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

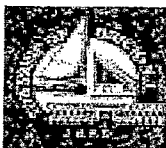
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTT-88; 9-27-1988 by Ord. No. 354-2XXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building			Maximum Building Height					
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard ³ (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	-	25			-	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	-	40	10	10	25%	-	25	35	38.5	-	
R-15	15,000	100	115	17,250	100	115	35	12	-	35	10	10	25%	-	25	35	38.5	-	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	-	25	35	38.5	-	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	-	25	35	38.5	-	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	-	25	35	38.5	-	
O-P	15,000	100	150	15,000	100	150	50	10	-	50	20	50	35% ²	2	-	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	-	20	10	20	30% ²	2	-	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	-	50	10	50	30% ²	2	-	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	-	50	20	50	25% ²	-	-	35	38.5	2,000	65%
B-4	5 acres	300	300	-	-	-	100	50(150 ¹)	-	100(150 ¹)	20	50	25%	3	-	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	-	150	75	150	30% ²	-	-	35	38.5	5,000	65%
R-M	25 acres	350	200	-	-	-	50	50	-	30	30	30	20%	-	25	35	38.5	-	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	-	50	20	50	25% ²	2	-	35	38.5	2,000	50%
H-S	See § 245-261.																		
														-	-	-	-		70%

NOTES:

- ¹ If adjacent to residential zone or use.
- ² The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
- ³ For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:

Application Number: ZA-17-00735

Application Date: 06/02/2017

Project Number: _____

Permit Number: _____

Fee: \$75.00

Zoning Permit

Worksite **23 FARRAGUT DR.**
Location: **Brick Township, NJ 08724**

Block: 261

Lot: 9

Qualifier: _____

Zone: R-5

Owner: **ROSSICS AND RUSSO ASSOCIATES LLC**
Address: **5100 HWY 33/34**
FARMINGDALE, NJ 07727

Applicant: **Russo Seamless Gutter, LLC**
Address: **5100 Hwy 33 & 34**
Farmingdale, NJ 07727

Application Approved Date: 06/05/2017

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential

Nonconforming Use is: _____

Work Description:

Rehabilitation, A/C Bracket - Extending the deck along the side to connect to entryway.

Construction of a dormer not exceeding the existing footprint.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

☒ Permitted by Ordinance

☐ Permitted by Variance approved on: _____

☐ Valid Nonconforming Use is established by

☐ Zoning Board of Adjustment

☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer

06/05/2017

Date

Sean Kinnevy, Zoning Officer

6/6/17

Date

RECEIVING CLERK

DATE REC'D

ZONING PERMIT APPLICATION

PERMIT #

DATE ISSUED

BLOCK:

LOT:

QUALIFIER:

SITE ADDRESS:

24
7/2/13
261 9 QUALIFIER: SITE ADDRESS: 23 Farmout Drive Brick, NJ
08723

IDENTIFICATION:

1. NAME OF OWNER IN FEE:

COMPLETE ADDRESS:

PHONE #

EMAIL:

2. NAME OF APPLICANT:

APPLICANT ADDRESS:

PHONE #

EMAIL:

3. RESPONSIBLE PERSON FOR WORK:

PHONE#

FAX#

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$

OTHER: \$

TOTAL: \$

REQUIRED BY APPLICANT

RESIDENTIAL: ☒COMMERCIAL: ☐

EXISTING USE: SFD

PROPOSED USE: SFD

BOARD APPROVAL: _____ PB _____ ZB

RESOLUTION#: _____

APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____

*ADDITION _____

*ALTERATION ☒

*PORCH _____

*DECK _____

POOL: ABOVE GROUND _____

IN GROUND _____

FENCE: HEIGHT _____

TYPE _____

MATERIAL _____

HEIGHT: 33' from Grade

(*IF APPLICABLE)

OTHER

DESCRIPTION:

ZONING REVIEW:

DATE REVIEWED: 7-16-15

DATE DENIED: _____

DATE APPROVED: 7-16-15

INTI S:

(SEE BACK PAGE)

OFFICE USE ONLY

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 20 2015

552

ZONING REVIEW:

DATE REVIEWED: 7/20/15 DATE DENIED: — DATE APPROVED: 7/20/15 INTLS: 5425

[illegible]

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

Township of Brick

Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage	
	Interior Lots			Corner Lots			Principal Building				Accessory Building			Maximum Building Height						
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard ¹ (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)			
R-R	40,000	150	150	40,000	150	150	50	25			50	25	25	25%	-	25			-	
RR-2	See § 245-90.																			
RR-3	See § 245-103.																			
R-20	20,000	100	125	25,000	100	125	40	15	-		40	10	10	25%	-	25	35	38.5	-	
R-15	15,000	100	115	17,250	100	115	35	12	-		35	10	10	25%	-	25	35	38.5	-	
R-10	10,000	90	100	10,500	100	100	30	6	20		20	5	5	30%	-	25	35	38.5	-	
R-7.5	7,500	75	90	9,000	75	90	25	6	15		15	5	5	30%	-	25	35	38.5	-	
R-5	5,000	50	75	6,000	50	75	20	5	12		15	5	5	35%	-	25	35	38.5	-	
O-P	15,000	100	150	15,000	100	150	50	10	-		50	20	50	35% ²	2	-	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	-		20	10	20	30% ²	2	-	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	-		50	10	50	30% ²	2	-	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	-		50	20	50	25% ²	-	-	35	38.5	2,000	65%
B-4	5 acres	300	300	-	-	-	100	50(150')	-		100(150')	20	50	25%	3	-	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	-		150	75	150	30% ²	-	-	35	38.5	5,000	65%
R-M	25 acres	350	200	-	-	-	50	50	-		30	30	30	20%	-	25	35	38.5	-	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	-		50	20	50	25% ²	2	-	35	38.5	2,000	50%
H-S	See § 245-261.																			

NOTES:

- ¹ If adjacent to residential zone or use.
- ² The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
- ³ For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

FOR REFERENCE ONLY



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: _____
Application Number: ZA-15-00953
Application Date: 07/15/2015
Project Number: _____
Permit Number: _____
Fee: \$50

Zoning Permit

Worksite **23 FARRAGUT DR.**
Location: **Brick Township, NJ**

Block: 261
Lot: 9
Qualifier: _____
Zone: R-5

Owner: **Rossics & Russo Associates LLC**
Address: **23 Farragut Dr.**
Brick, NJ 08723

Applicant: **Rossics & Russo Associates LLC**
Address: **23 Farragut Dr.**
Brick, NJ 08723

Application Approved Date: 07/16/2015

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential

Nonconforming Use is: _____

Work Description:

Rehabilitation, Deck/Porch, Raising Foundation, Platform for A/C - Raising a one-story single family dwelling to 25.44' to the peak based on the NAVD 88 Datum calculation. The landings and steps are required to meet the flood elevation Ordinance. The front access staircase cannot exceed 100 sq. ft. in area and may project no further than 10' into a required front yard setback area. The rear access staircase cannot exceed 50 sq. ft. in area and may project no further than 5' into a required rear yard setback area.

The deck must be minimum 20' from the front property line, 5/12' combined from the side, and 15' from the rear property line.

The A/C and platform must be setback at least 20' from the front property line, 1' from the side property line, and 15' from the rear property line and bulkhead. Must be raised to the required flood elevation.

Additional Zoning permit required for any other work done on property.

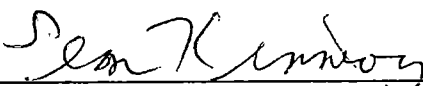
Upon review it was determined that the Zoning Permit:

- ☒ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer



Christopher J. Romano, Office of Zoning

07/16/2015
Date



Sean Kinnevy, Zoning Officer

7/20/15
Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: CMPERMIT #: RN15-00383BLOCK: 261 LOT: 9 ADDRESS: 23 Farmout Drive Brick, NJ 08723**IDENTIFICATION:**

1. WORK SITE ADDRESS: 23 Farmout Drive Brick, NJ
2. NAME OF OWNER IN FEE: Rossis & Russo Assoc, LLC
ADDRESS: 5100 HWY 33 #34 PHONE #: ()
Farmingdale, NJ 07727 FAX #: ()
3. PRINCIPAL CONTRACTOR: Russo Seamless Gutter, LLC
ADDRESS: 5100 Highway 33 #34 PHONE #: (938) 751-8870
Farmingdale, NJ 07727 FAX #: ()
4. ARCHITECT OR ENGINEER: _____
ADDRESS: _____ PHONE: # ()
5. RESPONSIBLE PERSON FOR WORK: Russo Seamless Gutter, LLC
ADDRESS: 5100 HWY 33 #34 Farmingdale, NJ 07727
PHONE #: (938) 751-8870 FAX #: () E-MAIL: _____

- PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL
☒ OTHER Raise Single Family Dwelling

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: \$ 150⁰⁰

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER: \$ _____

BOND(S): \$ _____

TOTAL: \$ 150⁰⁰

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 8/4/15 DATE REJECTED: 8/4/15 DATE APPROVED: 9/17/15 INITIALS: KRS

FLOOD ZONE FROM AC-8.0