BLOCK 383.13 LOT 39 QUALIFICATION CODE _____ ADDRESS (SITE) 391 Tennessee Dr. PERMIT NO. 15-1375

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-15-001573

I. IDENTIFICATION

1. Proposed Work Site at: 391 Tennessee Dr., Brick, N.J.
2. Name of Owner in Fee: John Bell
   Te[redacted] e-mail _____
   Address 391 Tennessee Dr. (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: [redacted] Owner Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun John Bell
   Tel. (732) 920-1970 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 125 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 125		
9. State Permit Surcharge Fee	3		
10. Subtotal	$ 128		
11. Cert. of Occupancy			
12. Other	7.20		
13. TOTAL	$ 150		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK 10x20 Shed (Arrow)

- ☒ 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		LH.			5/5/15	LW			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			4/28/15	ECE			
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. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/18/2015
Control Number C-15-001573
Permit Number 15-1375
Permit Issue Date 5/7/2015
Certificate Number 15-1375

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 391 TENNESSEE DR Brick Township, NJ 08723 Block: 383.13 Lot: 39 Qual:

Owner in Fee: BELL, JOHN W & MARIA MESSIAS

Owner Address: 391 TENNESSEE DR BRICK NJ 08723

Telephone: [redacted]

Contractor BELL, JOHN W & MARIA MESSIAS

Address 391 TENNESSEE DR BRICK NJ 08723

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SHED ...10'x20'

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/18/2015

U.C.C. F260 (rev. 08/05)

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 John Bell Date 4-10-2015

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 5-7-15
Permit # 15-1375

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

Block 383.13 Lot 39 Qualification Code _____

Work Site Location 391 Tennessee Dr. Brick N.J.

Owner in Fee: John Bell

Tel. ([redacted] e-mail _____

Address 391 Tennessee Dr. (street) Brick (municipality) 08723 (zip code)

Contractor: Owner Tel. (____) _____

Address Same e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/5/15	IW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 05/05/15
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 08/06/15
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/30/15	IW
Barrier-Free				

B. BUILDING CHARACTERISTICS

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 _____
Max. Occupancy Load _____

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,500.00
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: John Bell
Print name here: John Bell

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Erection of New Metal Shed on property
10X20
(Arrow Brand)

TYPE OF WORK:
[ ] 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

FEE (Office Use Only)
$ _____

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

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

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

4M ready 5-6-15 G4P

CONSTRUCTION PERMIT

Date Issued 5-7-15
Control # C-15-001573
Permit # 15-1375

IDENTIFICATION Block: 383.13 Lot: 39 Qualifier
Work Site Location: 391 TENNESSEE DR Brick Township, NJ 08723

Owner in Fee: BELL, JOHN W & MARIA MESSIAS
391 TENNESSEE DR BRICK NJ 08723
Telephone: [redacted]

Contractor: BELL, JOHN W & MARIA MESSIAS
Address: 391 TENNESSEE DR BRICK NJ 08723
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SHED ...10'x20'

Note: If constuction 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 $1,500

David J. Newman Jr 5-5-15
Construction Official Date

PAYMENTS (Office Use Only)

Building	$125
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$128
Check No.	1103
Cash	$0
Credit	$0
Collected By	G4R

+30 $158

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.

- [x] 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:

- [x] 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 LH
DATE REC'D 4/13/15

ZONING PERMIT APPLICATION

PERMIT # ZP-15-00498
DATE ISSUED 5-7-15

BLOCK: 383.13 LOT: 39 QUALIFIER: ~ SITE ADDRESS: 391 Tennessee Dr.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: John Bell
   COMPLETE ADDRESS: 391 Tennessee Dr.
   Brick N.J. 08723
   PHONE # [redacted] EMAIL:

2. NAME OF APPLICANT: John Bell
   APPLICANT ADDRESS: same as above
   PHONE # EMAIL:

3. RESPONSIBLE PERSON FOR WORK: John Bell
   PHONE: [redacted] FAX#

4. SIGNATURE OF APPLICANT: John Bell

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 30
OTHER: $
TOTAL: $ 30

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: 6 (*IF APPLICABLE)

OTHER Erect a 10X20 metal shed

DESCRIPTION: Arrow Brand

ZONING REVIEW:

DATE REVIEWED: 4-23-15 DATE DENIED: DATE APPROVED: 4-23-15 INTLS:

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
APR 23 2015
ZONING

ZONING REVIEW:

DATE REVIEWED: 4/23/15 DATE DENIED: — DATE APPROVED: 4/23/15 INTLS: SEZ

DATE:	COMMENTS:	INITIALS:
4/23/15	SENT TO KNS	SEZ

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1336

Receipt

Payment Date 05/07/2015

Transaction # PMT-15-03502

Receipt #

Issued To JOHN BELL

Description
PRELIM AH FEE $16
391 TENNESSEE DR.
BLK 383.13 LOT 39

Date Printed 05/07/2015

Check Number 1104

Cash	$0.00
Check	$16.00
Charge	$0.00
Total Paid	$16.00

ADDRESS: 391 Tennessee Dr.

Township of Brick

Department of Land Use and Community Development

Construction Permit Fees:

Building	$ 125
Electric	$ —
Plumbing	$ —
Fire	$ —
State permit Fee	$ 3
Certificate of Occupancy Fee	$ —
Prototype Processing (less 20%)	$ —
State plan Review (less 20%)	$ —
Subtotal	$ 128

Prior Approval Fees:

Zoning	$ 30
Engineering	$ —
Subtotal	$ 30
Total Permit Fee	$ 158

ck # 1103

Please note payment for permits and affordable housing are SEPARATE.

Affordable Housing Fees:

Preliminary	$ 16
Final	$

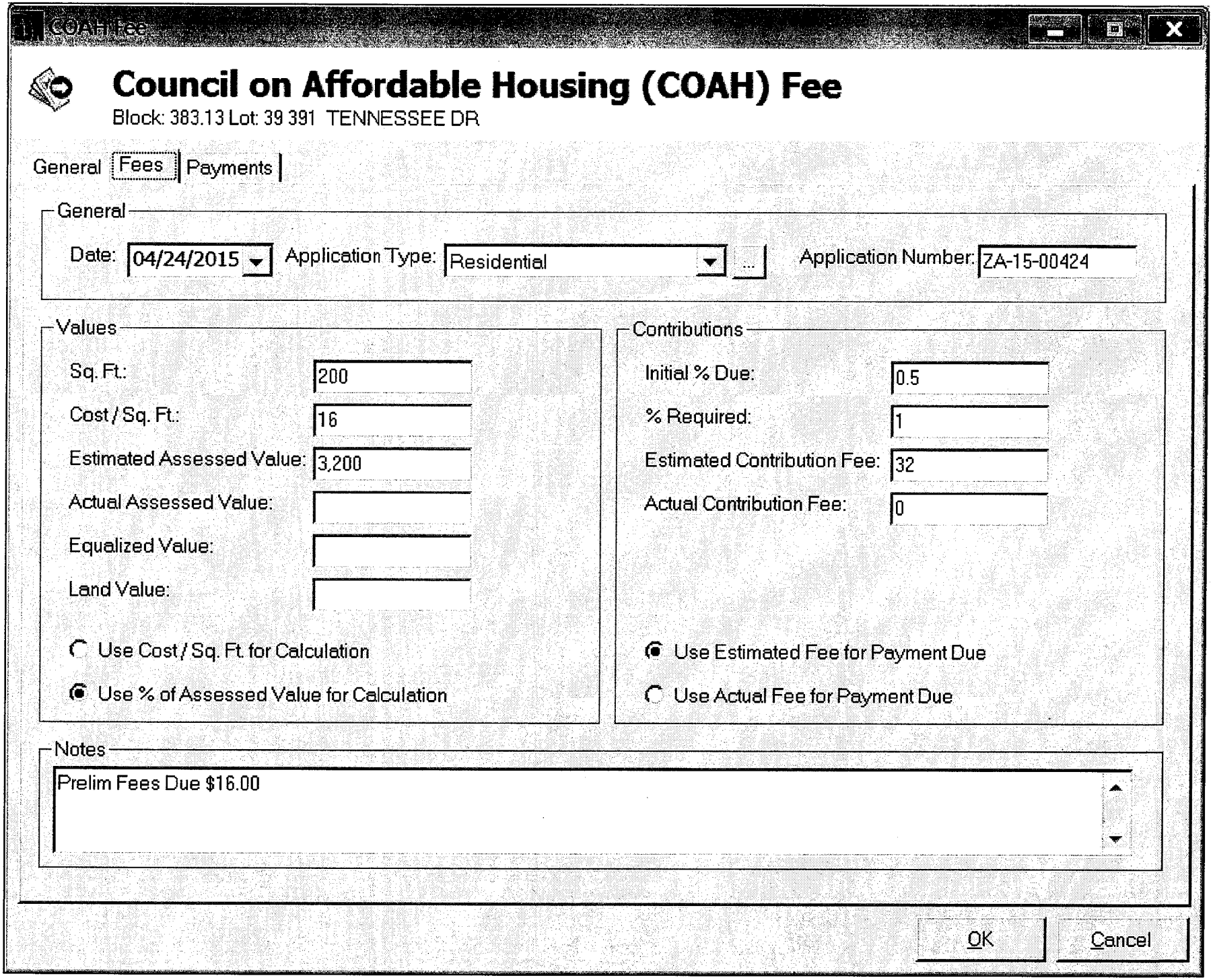
ck # 1104

Caller Name Geri

Date 5-6-15

Spoke To (i.e. h/o or contr.) H/M

Time 10:20 am


COAH Fee
Council on Affordable Housing (COAH) Fee
Block: 383.13 Lot: 39 391 TENNESSEE DR
General
Fees
Payments
General
Date: 04/24/2015
Application Type: Residential
Application Number: ZA-15-00424
Values
Sq. Ft.: 200
Cost / Sq. Ft.: 16
Estimated Assessed Value: 3,200
Actual Assessed Value:
Equalized Value:
Land Value:
Use Cost / Sq. Ft. for Calculation
Use % of Assessed Value for Calculation
Contributions
Initial % Due: 0.5
% Required: 1
Estimated Contribution Fee: 32
Actual Contribution Fee: 0
Use Estimated Fee for Payment Due
Use Actual Fee for Payment Due
Notes
Prelim Fees Due $16.00
OK
Cancel

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 5-7-15
Application Number: ZA-15-00424
Application Date: 04/22/2015
Project Number:
Permit Number: ZP15-00498
Fee: $30

Zoning Permit

Worksite Location: **391 TENNESSEE DR**
Brick Township, NJ

Block: **383.13**
Lot: **39**
Qualifier:
Zone: **R-7.5**

Owner: **BELL, JOHN W & MARIA MESSIAS**
Address: **391 TENNESSEE DR**
BRICK, NJ 08723

Applicant: **BELL, JOHN W & MARIA MESSIAS**
Address: **391 TENNESSEE DR**
BRICK, NJ 08723

Application Approved Date: 04/23/2015

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:
Storage Shed - 10' x 20' x 6' High Metal Shed

The storage shed must be setback at least 25' from the front property line, 5' from the side, and 5' from the rear property line.

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, Office of Zoning — 04/23/2015 Date

Sean Kinnevy, Zoning Officer — 4-23-15 **Date**

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 383.13 LOT: 39 ADDRESS: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 391 Tennessee Dr.
2. NAME OF OWNER IN FEE: John Bell

   ADDRESS: 391 Tennessee Dr. PHONE #: (__) _____

   _____ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Owner

   ADDRESS: Same as above PHONE #: (__) _____

   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: John Bell

   ADDRESS: 391 Tennessee Dr.

PHONE [redacted] K #: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Erect a 10X20 shed

LENGTH: 20 WIDTH: 10 HEIGHT: 6'

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: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

TOWNSHIP OF BRICK

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

Division of Engineering

Elissa C. Commins, PE, PP, CME, CPWM, CFM
Township Engineer & Floodplain Manger
Ecommins@twp.brick.nj.us

732-262-1040
Fax: 732-262-2941
www.twp.brick.nj.us

Date: 4-10-15

ENGINEERING
PLOT PLAN EXEMPT FORM
(ONLY IF NOT IN A FLOOD ZONE)

Block: 383.13 Lot: 39

Property Address: 391 Tennessee Dr.

I, John Bell (name) of 391 Tennessee Dr. (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Township Code, Chapter 245, Section 245-29.

John Bell
Applicant's Signature

The following shall be submitted with this request:

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

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

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

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

311 ACCESS BRICK TOWNSHIP

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Sales / Support Mo

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Home » Catalog » X-Large Utility Buildings, Barns & Storage Garages » Arrow 10x20 Mountaineer Metal Storage Shed Kit (M

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- Large Storage Sheds
- **X-Large Utility Buildings**
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- Metal Storage Sheds
- Plastic Storage Sheds
- Wood Storage Sheds
- DuraMax Vinyl Sheds
- Arrow Outdoor Sheds
- Lifetime Plastic Sheds
- Suncast Resin Sheds
- Keter Plastic Sheds
- Best Barns Wood Sheds
- Handy Home Sheds
- Shed Accessories
- Playground & Playsets
- Carports & Patio Covers
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Arrow Metal Shed Kits
Best Barn Shed Kits

Arrow 10x20 Mountaineer Metal Storage Shed Kit

[MHD1020]

~~$1,6~~
$1,3

New from Arrow Sheds! Introducing our Mountaineer 10x20 metal shed. The Mountaineer building will replace our old Arrow Utility Buildings.
Clearance Sale Today!

Click to en

--> Owne

Arrow 10.27'W x 20.31'D x 7.71'H Mountaineer Metal Storage Shed Kit (model MHD1020)

NOTE: **this shed does not qualify for any other promotions**.

New from Arrow Sheds! Introducing our large Mountaineer Series metal sheds. The Mou buildings will now replace our old Utility Buildings from Arrow.

The 10x20 Mountaineer is great for larger storage applications. Use for cars, tractor and b or even a small workshop or home office. The new Mountaineer features **6' 1" tall side w maximum interior height of 7' 7"**. Constructed of heavy dutry, **hot dipped galvanize** a low profile truss system that makes the roof extra sturdy. The exterior is finished with a lasting, **double baked on enamel paint finish** that will last for many years. Extra large doors provide lots of space to move large equipment in and out with ease.

Take command of your storage needs today with our new Mou

- **Color:** Eggshell White

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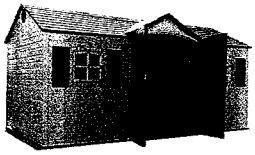
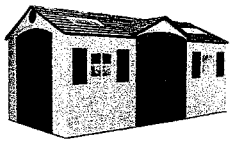
10-Apr-2015

DuraMax Storage Sheds
Handy Home Shed Kits
Keter Storage Sheds
Leisure Season Sheds
Lifetime Storage Sheds
Palram Structures
Rhino MDM Shelters
Suncast Storage Sheds

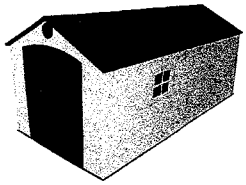
Most Popular Items



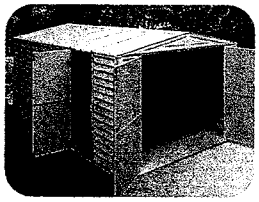
Lifetime 15x8 Plastic Garden Storage Shed w/ Floor



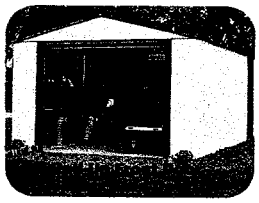
Lifetime 15x8 Plastic Storage Shed Kit w/ Double Doors



Lifetime Sheds 8x15 Plastic Storage Shed w/ 2 windows



DuraMax Sheds Vinyl Garage 10x15 w/ Floor Kit



Arrow Vinyl Murryhill 12x17 Shed

- Extra large swing open, lockable doors
- *Foundation / floor not included.* We recommend concrete or wood for the base.
- **12 year limited manufacturer's warranty!**
- **No Sales Tax!** **excludes MO*
- **Free FAST Shipping!**

Specifications:

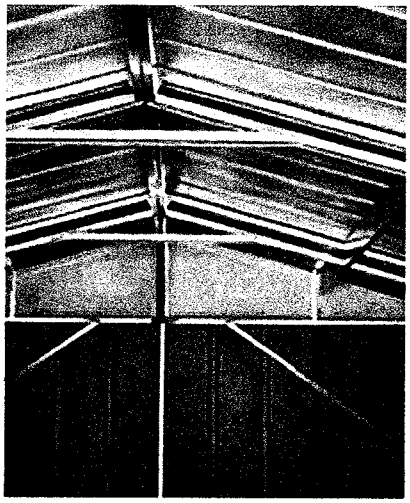
Model: MHD1020
Square Feet: 195.9'
Cubic Feet: 1346.5'
Exterior Dimensions: 123.25"W x 243.75"D x 92.5"H (10.27'W x 20.31'D x 7.71'H)
Interior Dimensions: 118.25"W x 238.5"D x 91.5"H (9.86'W x 19.88'D x 7.63'H)
Wall Height: 73.75"H (6.15'H)
Door Opening: 98.25"W x 72.75"H (8.19'W x 6.07'H)
Weight: 609 lbs.
Recommended Foundation Size: 122.25"W x 242.5"D (10.19'W x 20.21'D)
Packaged Dimensions:
Box 1 (79.75" x 34.00" x 6.50" / 257 lbs.)
Box 2 (78.75" x 34.00" x 3.50" / 140 lbs.)
Box 3 (78.75" x 34.00" x 3.50" / 106 lbs.)
Box 4 (78.75" x 34.00" x 3.50" / 106 lbs.)

Customer Service

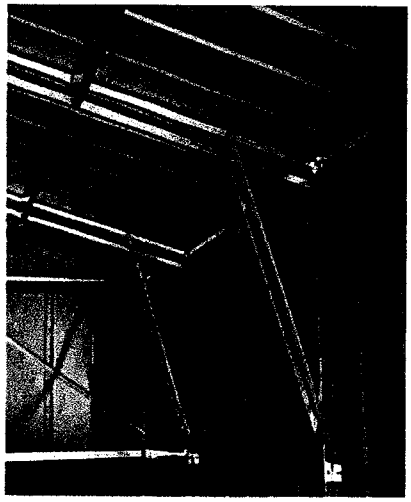
Information

About Us
About Sheds
FAQ
Privacy Notice
Replacement Parts
Shipping & Returns
Site Map

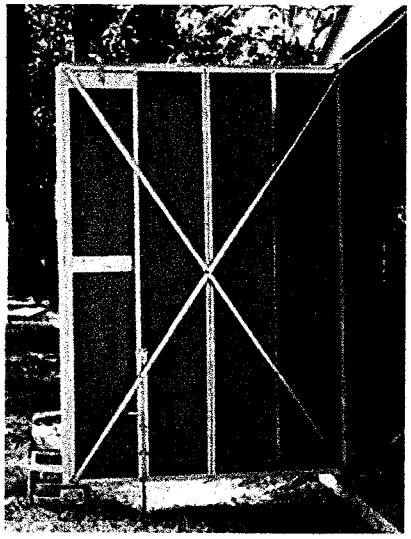
Safe Secure Shopping



Steel Reinforced Trusses!



Steel Reinforced Trusses!



Top and Bottom Latches!

Pad Lockable for Security!

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	SC	4/23/15							ZA-15-00424
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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