BLOCK 1429.02 LOT 20127 ADDRESS (SITE) 127 CAMILLE CT BRICK PERMIT NO. D93-96

J-16-96

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 127 CAMILLE CT, BRICK NJ
2. Name of Owner in Fee: SCOTT O'Donnell Tel. [redacted]
   Address 127 CAMILLE CT (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Bob Baylis Tel. (908) 286-5097
   Address 824 Seamen Ave. Beachwood, NJ 08722
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer Bob Baylis Tel. (Same
   Address Same
6. Responsible Person in Charge of Work Bob Baylis Tel. (908) 286-5097

Deck.

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

Construct New Deck $500.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date/	Re-viewer/	Resubmission Dates Approval	Rejection	Re-viewer
			6/11/96		1/15/97		
ELVG	6/3/96		6/3/96				

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	30-		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	30-		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZPA		$15		
13. TOTAL	$	45 00		

VI. BUILDING/SITE CHARACTERISTICS

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL Condo
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10317538

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be *deemed part of, an existing single family residence* that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

X Signature Linda J. O'Donnell Date 6/7/96

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.I.B.I. EXEMPT

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

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

X. CERTIFICATES ISSUED **(office use only)**

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

Other 06/07/95 MD 5 0021A005 15:58
DCA Training Fee
Cert. of Occ. 25-15
Other
Total 25
Check No. #1
Cash
Collected By:

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 $ 500.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

ORIGINAL
ILLEGIBLE

CONSTRUCTION PERMIT

Date Issued 6/7/96
Control #
Permit # 1293-96

IDENTIFICATION Block K129.02 Lot 2C.0127

Work Site Location 127 Carnell Ct

Owner in Fee [illegible] O'Donnell

Address [illegible]

Tele. ( ) ____

Contractor Rick Bracilio

Address [illegible]

Tele. ( ) ____

Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____

Federal Emp. No. ____

or Social Security No. ____

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER ____

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Deck

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 5000.00

Ray Kobrowski

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

PAYMENTS (Office Use Only) 2 #

Building 30 —	BUILDING	30.00
Plumbing ____	ZONEPLOT	15.00
Electrical ____	TOTAL	45.00
Fire Protection ____	CASH	45.00
Other ____	CHANGE	0.00
Other 06/07/96 MD 9	00710005	15:58
DCA Training Fee ____		
Cert. of Occ. ____		
Other 2FF - 15 —		
Total 45.—		
Check No. #		
Cash ✓		
Collected By: LW		

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/7/96
Date Issued
Control #
Permit # 1293-96

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

Block 1429-C Lot 127
Work Site Location 127 Camille Ct. Brick, NJ 08724
Owner in Fee Linda & Scott O'Donnell
Address 127 Camille Ct Brick, NJ 08724
Tele [redacted]
Contractor Bob Baylis
Address 824 Seaglen Ave., Beachwood, NJ 08722
Tele. (908) 286-5097
Lic. No. or Bldrs. Reg. [redacted]
Federal Emp. No. _____ Social Security [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[X] All	6/7/96	JK	Footing			6/11/96	JK
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final			1/15/99	JK

Condo JK.

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 500—

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.

X Linda J O'Donnell
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

14X14 DECK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

Construct New Deck

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: May 28, 1996 1996 Z 0633

Block 1429.02 Lot 2-C0127 Zone R-M

Property Address: 127 Camille Court

Owner: Scott O'Donnell (Phor [redacted]

Applicant: Same (Phone): Same

Use: Residential condominium unit.

Proposed Construction (if any): 14' by 14' deck.

Conditions: As approved by Evergreen Woods Park Association.
Letter dated May 3, 1996.

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy
Zoning Officer

EVERGREEN WOODS PARK ASSOCIATION

107 MIRANDA COURT BRICK, NJ 08724
(908) 458-1784 Fax (908) 458-8405

May 3, 1996

Township of Brick
Building Department
401 Chambersbridge Road
Brick, NJ

Re: Scott O'Donnell
127 Camille Court

Dear Sir/Madam,

Please be advised that plans for a deck have been approved on the above referenced unit. We have placed our seal on each of the pages.

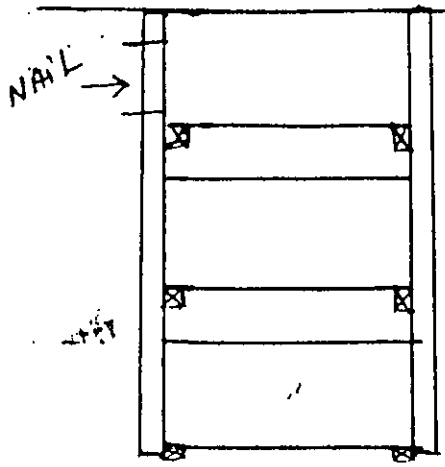
If you have any questions concerning the above, please do not hesitate to contact us at the above number.

Sincerely,

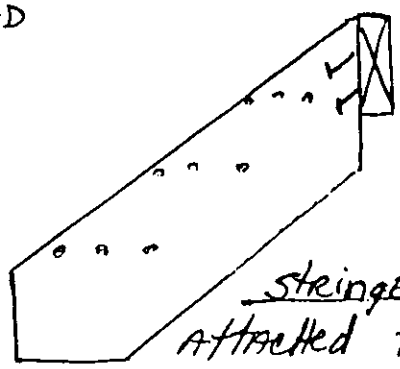
Dana Rossi
Property Administrator

DR/gc

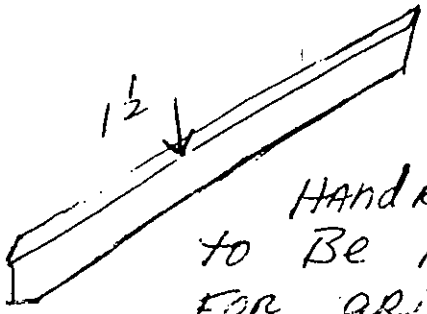
STAIR DETAIL



STAIR
2x12 stringER
with 2x12 TREAD
ON 2x4 Blocks
36" WIDE

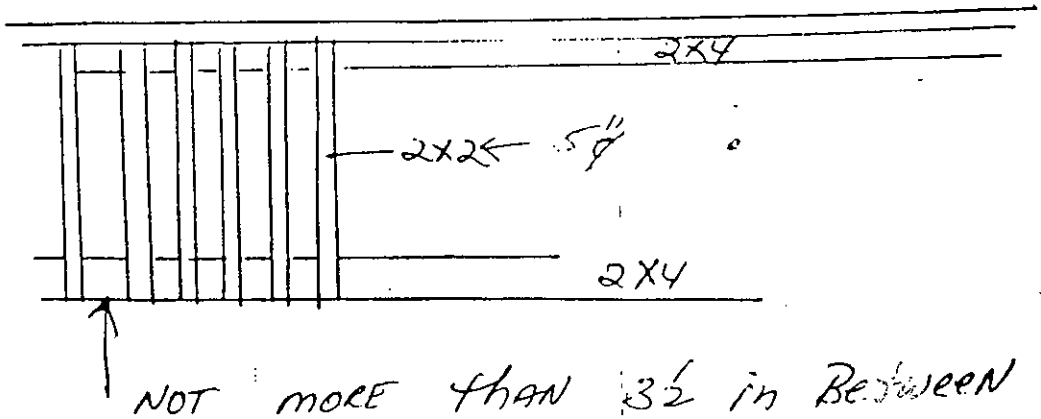


STRINGER
Attached to
Box Beam and
top TREAD



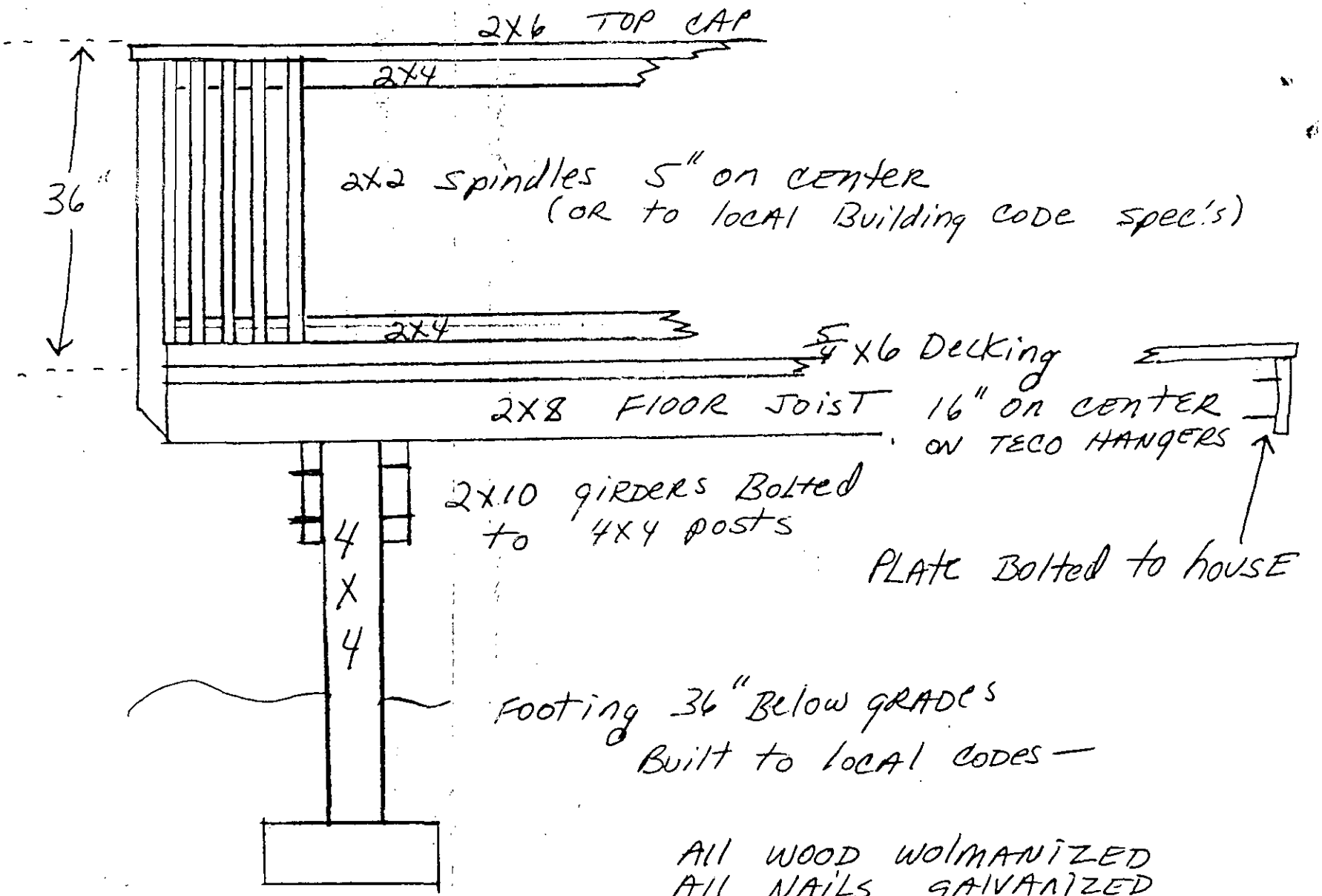
HANDRAIL
to Be 1½ WIDE
FOR GRIP

RAIL DETAIL



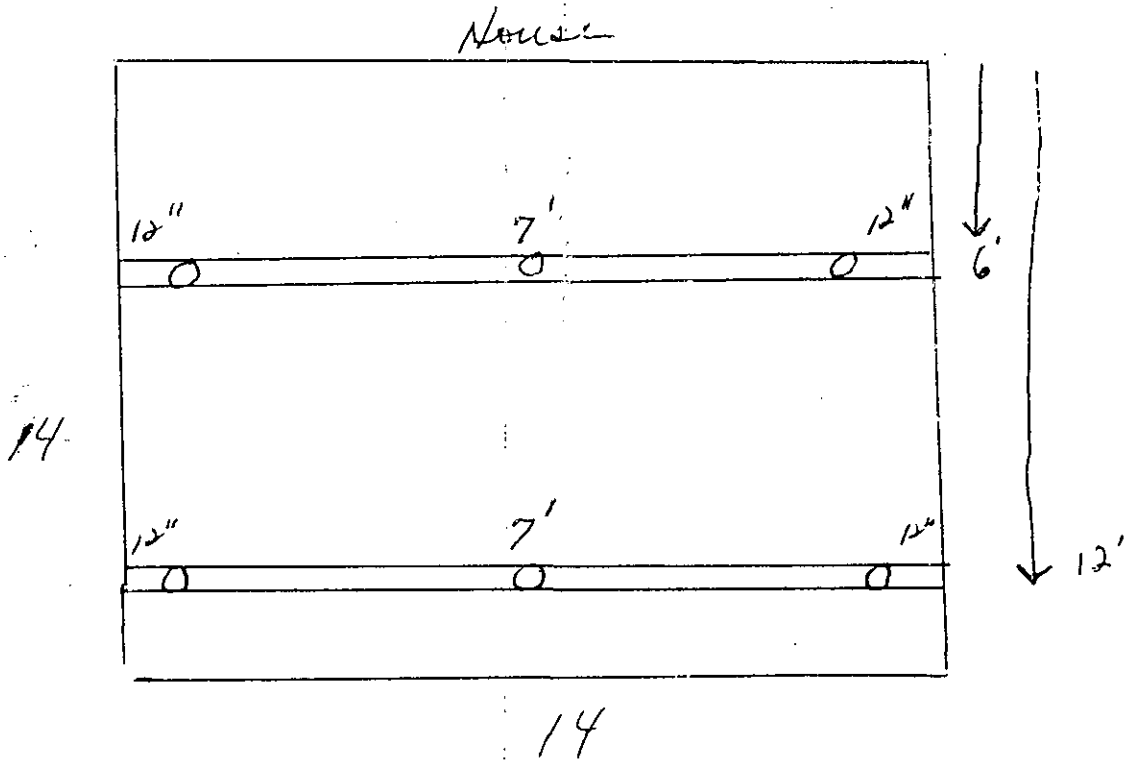
NOT more than 3½ in Between

6/7/96



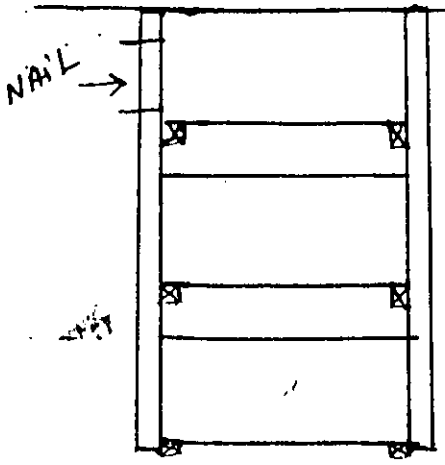
DECK DIAGRAM

* Footing Detail on rear

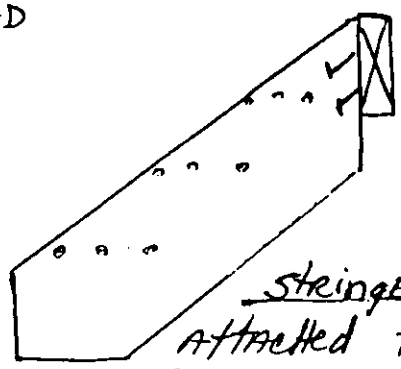


Deck to have 2 girders
- 1 set at 12' out - 1 set at
6' out. there will be 6 footings.

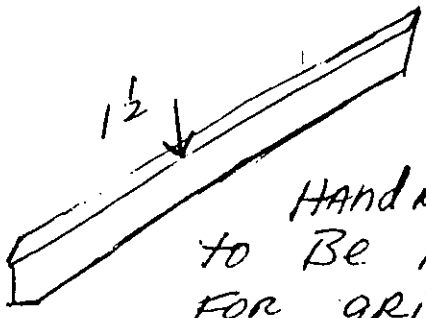
STAIR DETAIL



STAIR
2x12 stringER
with 2x12 TREAD
ON 2x4 Blocks
36" WIDE

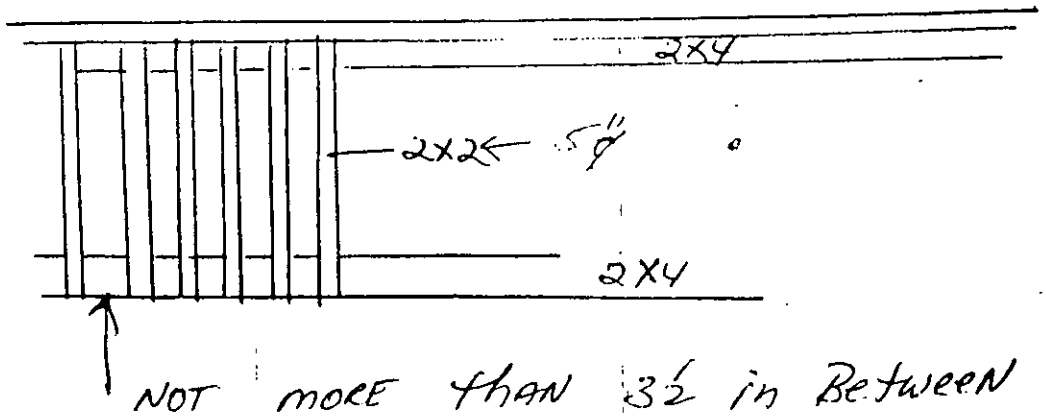


stringER
Attached to
Box Beam And
top TREAD



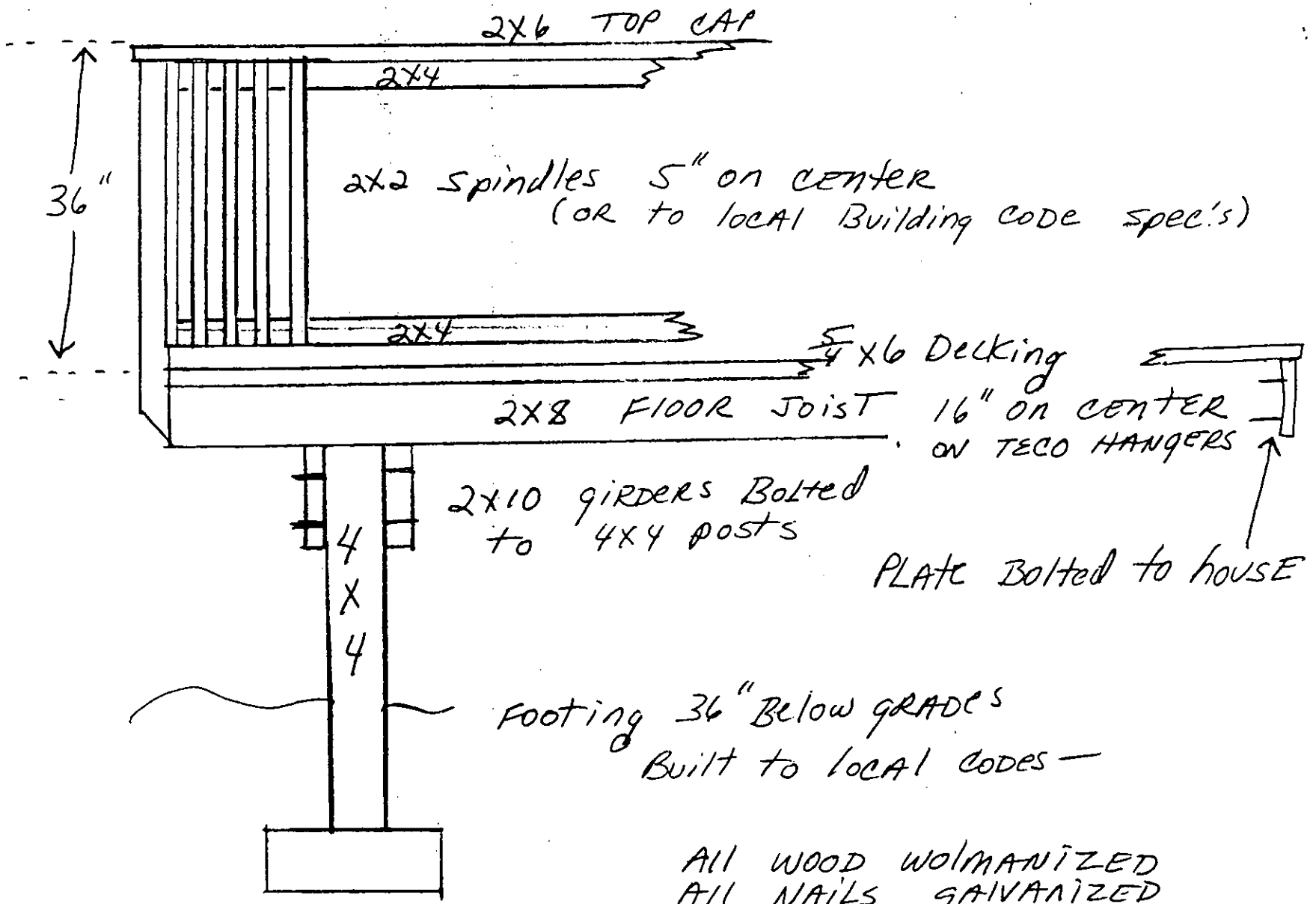
HandRAIL
to Be 1½ WIDE
FOR GRIP

RAIL Detail



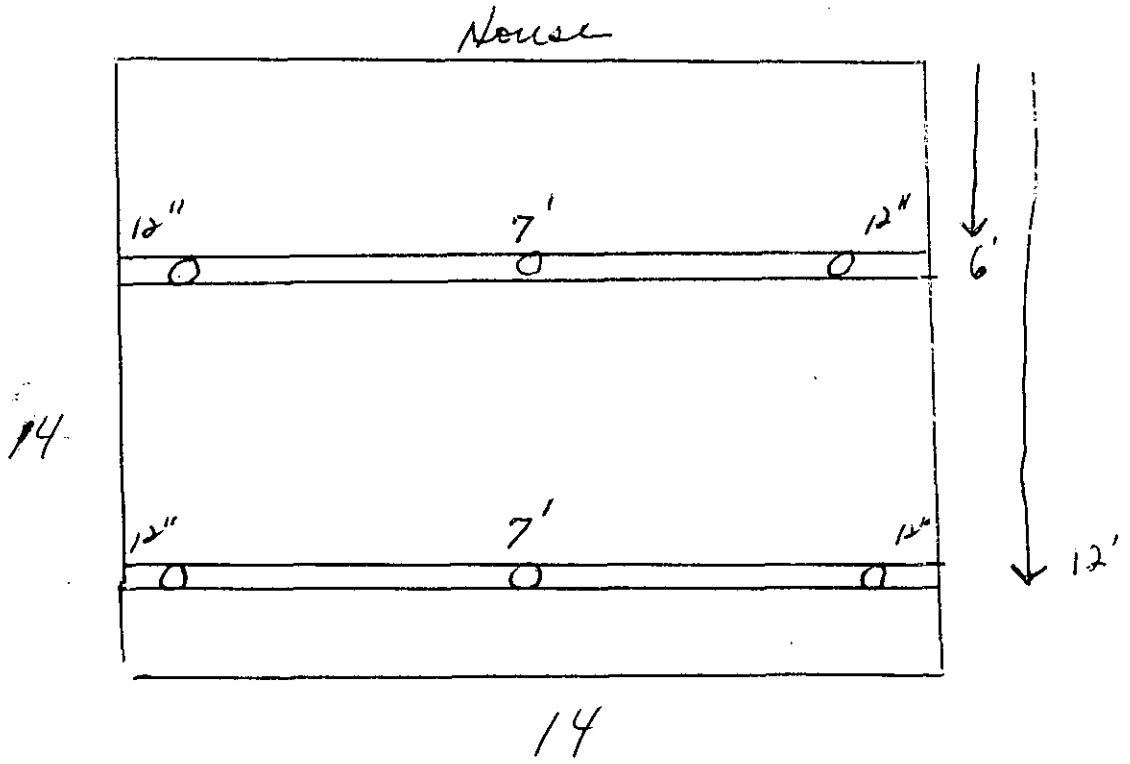
NOT more than 3½ in Between

6/7/96
gc



DECK DIAGRAM

* Footing Detail on rear



Deck to HAVE 2 girders
- 1 set at 12' out - 1 set at
6' out. there will Be 6 footings.