

# Brick

## Permit Without a Jacket

Permit Number A - 2851

Construction Permit # A-2851

April 24

79

19

Owner Macijauskas, Peter

Location 552 Penna. Ave.

Hollywood Manor

Block 1406-5

Lot

8-10

Contractor same

Fee \$ 52.22

Use

garage

#### BUILDING SUB-CODE INSPECTIONS

Footing Trench

Slab

Foundation

Framing

Insulation

Final

C. O. Issued

VIOLATIONS

#### PLUMBING SUB-CODE INSPECTIONS

Slab

Rough

Septic/Sewer

Water

Final

Electrical Final

Use reverse side for additional remarks

# CONSTRUCTION PERMIT APPLICATION BRICK TOWNSHIP, NEW JERSEY

APR 12 1979

IMPORTANT — Complete ALL items. Mark boxes where applicable **BUILDING**

|                      |                                                                          |                               |      |
|----------------------|--------------------------------------------------------------------------|-------------------------------|------|
| LOCATION OF BUILDING | Number and street                                                        | Section                       | Lot  |
|                      | 552 PENNSYLVANIA AVE<br>N S                                              | Hollinsworth Rd<br>N S        | 8-10 |
|                      | E W side of                                                              | feet E W from intersection of |      |
|                      | (Other local geographic, political, or legal subdivision identification) |                               |      |

II. TYPE AND COST OF BUILDING — All applicants complete Parts A-D 458-3640

| <b>A. TYPE OF IMPROVEMENT</b><br>1 <input type="checkbox"/> New buildings<br>2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in Part D, 13)<br>3 <input type="checkbox"/> Alteration (See 2 above)<br>4 <input type="checkbox"/> Repair, replacement<br>5 <input type="checkbox"/> Demolition<br>6 <input checked="" type="checkbox"/> Moving (relocation)<br>7 <input checked="" type="checkbox"/> Garage<br>8 <input type="checkbox"/> Swim Pool <input type="checkbox"/> In <input type="checkbox"/> out<br>9 <input type="checkbox"/> Fence |                                                                | <b>D. PROPOSED USE — For "Wrecking" most recent use</b><br><table border="1"> <tr> <th>Residential</th> <th>Nonresidential</th> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more family — Enter number of units</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input checked="" type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other — Specify</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify</td> </tr> </table> | Residential | Nonresidential | 12 <input type="checkbox"/> One family | 18 <input type="checkbox"/> Amusement, recreational | 13 <input type="checkbox"/> Two or more family — Enter number of units | 19 <input type="checkbox"/> Church, other religious | 14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units | 20 <input type="checkbox"/> Industrial | 15 <input checked="" type="checkbox"/> Garage | 21 <input type="checkbox"/> Parking garage | 16 <input type="checkbox"/> Carport | 22 <input type="checkbox"/> Service station, repair garage | 17 <input type="checkbox"/> Other — Specify | 23 <input type="checkbox"/> Hospital, institutional |  | 24 <input type="checkbox"/> Office, bank, professional |  | 25 <input type="checkbox"/> Public utility |  | 26 <input type="checkbox"/> School, library, other educational |  | 27 <input type="checkbox"/> Stores, mercantile |  | 28 <input type="checkbox"/> Tanks, towers |  | 29 <input type="checkbox"/> Other - Specify |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|----------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|--------------------------------------------|-------------------------------------|------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|--|--------------------------------------------------------|--|--------------------------------------------|--|----------------------------------------------------------------|--|------------------------------------------------|--|-------------------------------------------|--|---------------------------------------------|
| Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Nonresidential                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
| 12 <input type="checkbox"/> One family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18 <input type="checkbox"/> Amusement, recreational            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
| 13 <input type="checkbox"/> Two or more family — Enter number of units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19 <input type="checkbox"/> Church, other religious            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
| 14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20 <input type="checkbox"/> Industrial                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
| 15 <input checked="" type="checkbox"/> Garage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 21 <input type="checkbox"/> Parking garage                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
| 16 <input type="checkbox"/> Carport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 22 <input type="checkbox"/> Service station, repair garage     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
| 17 <input type="checkbox"/> Other — Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 23 <input type="checkbox"/> Hospital, institutional            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 24 <input type="checkbox"/> Office, bank, professional         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25 <input type="checkbox"/> Public utility                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 26 <input type="checkbox"/> School, library, other educational |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 27 <input type="checkbox"/> Stores, mercantile                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 28 <input type="checkbox"/> Tanks, towers                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 29 <input type="checkbox"/> Other - Specify                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |
| <b>B. OWNERSHIP</b><br>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)<br>9 <input type="checkbox"/> Public (Federal, State, or local government)                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                | <i>decide</i><br><i>Two CAR.</i><br><i>Garage</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                |                                        |                                                     |                                                                        |                                                     |                                                                                          |                                        |                                               |                                            |                                     |                                                            |                                             |                                                     |  |                                                        |  |                                            |  |                                                                |  |                                                |  |                                           |  |                                             |

|                                                                                                                                                                                                                                                                                |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>C. COST</b><br>10. Cost of improvement <input checked="" type="checkbox"/> \$ 1500<br>To be installed but not included in the above cost<br>a. Electrical (# Fixtures, Outlets)<br>b. Plumbing (# of Fixtures)<br>c. Heating, air conditioning<br>d. Other (elevator, etc.) | (Omit cents)<br>\$ 1500 |
| 11. TOTAL COST OF IMPROVEMENT \$ 1500                                                                                                                                                                                                                                          |                         |

## III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E-I; for wrecking, complete only Part H, for all others skip to IV.

|                                                                                                                                                                                                                                                                      |  |                                                                                                                                                    |  |                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>E. PRINCIPAL TYPE OF FRAME</b><br><input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Wood frame<br><input type="checkbox"/> Structural steel<br><input type="checkbox"/> Reinforced concrete<br><input type="checkbox"/> Other - Specify |  | <b>H. DIMENSIONS</b><br>Number of stories<br>Total square feet of floor area, all floors, based on exterior dimensions<br>Total land area, sq. ft. |  | <b>FEE COMPUTATIONS</b><br>VOLUME OF BUILDING<br>BUILDING SUB CODE<br>ELECTRICAL CODE<br>PLUMBING CODE<br>PLAN REVIEW<br>CERTIFICATE OF OCCUPANCY<br>STATE TRAINING FUND<br>CONSTRUCTION<br>PERMIT FEE |  |
| <b>F. TYPE OF HEATING SYSTEM</b><br>Specify<br>Air Cond. Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                    |  | <b>1. RESIDENTIAL BUILDING ONLY</b><br>Number of bedrooms<br>Number of bathrooms                                                                   |  | 6292<br>4404<br>—<br>—<br>4440<br>—<br>3178<br>—<br>5222                                                                                                                                               |  |
| <b>G. TYPE OF SEWERAGE DISPOSAL</b><br><input type="checkbox"/> Public<br><input type="checkbox"/> Individual                                                                                                                                                        |  | Full<br>Partial                                                                                                                                    |  |                                                                                                                                                                                                        |  |

SEE REVERSE

A-2851 Cash

## SUB CONTRACTORS

| NAME | TRADE | ADDRESS | ZIP CODE | PHONE # |
|------|-------|---------|----------|---------|
| 1.   |       |         |          |         |
| 2.   |       |         |          |         |
| 3.   |       |         |          |         |
| 4.   |       |         |          |         |
| 5.   |       |         |          |         |
| 6.   |       |         |          |         |
| 7.   |       |         |          |         |
| 8.   |       |         |          |         |

## PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME PETER MACITAUSKASADDRESS 552 PENNSYLVANIA AVE BRICK TOWN, N.J. - 08723

## IV. IDENTIFICATION — To be completed by all applicants

| Name                                        | Mailing address — Number, street, city, and State | ZIP code     | Tel. No.        |
|---------------------------------------------|---------------------------------------------------|--------------|-----------------|
| 1. <u>Owner</u><br><u>PETER MACITAUSKAS</u> | <u>552 PENNSYLVANIA AVE</u>                       | <u>08723</u> | <u>458-3640</u> |
| 2. <u>Contractor</u>                        | <u>BRICK TOWN, N.J.</u>                           |              |                 |
| 3. <u>Architects</u>                        |                                                   |              |                 |

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant

P. Macitauskas

Address

552 PENNSYLVANIA AVE

Application date

4/12/79

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by

R. Macitahy

Date permit issued

4/24/79

Permit Number

A-2851

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.

## BRICK TOWNSHIP APPLICANT'S DECLARATION

I, PETER MACITAUSKAS for the purpose of inducing the Inspector to accept the plans and specifications submitted by me and to issue a building permit, declare as follows:

I am the applicant named in, and who signed, the annexed application for a building permit to be issued by the Building Inspector of the Township of Brick in the County of Ocean, State of New Jersey, for the (construction) (alteration) of a building in said township.

As permitted by the statute the plans and specifications which accompany said application were prepared by me, as I am myself acting as the designer of said (building) (alteration) which is to be constructed by me for my own occupancy.

The above words, "to be constructed by me" as used in this declaration do not mean that I intend personally to do the work of (construction) (altering) said building, but means that I am the person undertaking the work as owner and principal; and as above stated, said (building) (alteration) is to be constructed for my own occupancy.

Sworn and subscribed to  
before me this 11th day  
of April 1979

P. Macitauskas  
APPLICANT  
R. McKelvey  
BUILDING INSPECTOR

Date 4/12/79

Mary K. Smith  
MARY K. SMITH Notary Public of New Jersey  
A NOTARY PUBLIC OF NEW JERSEY  
MY COMMISSION EXPIRES JULY 30, 1981.

P. Macfandis

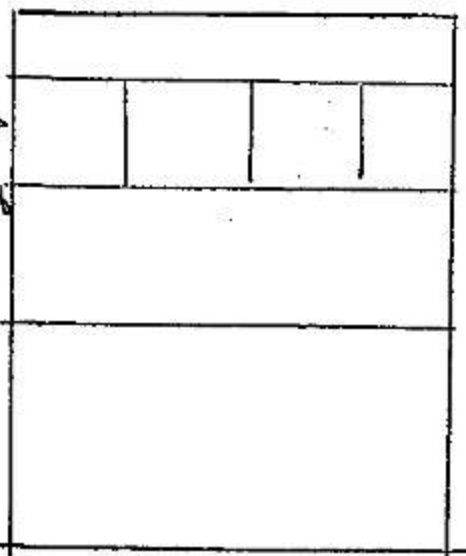
Approved  
Date 4-12-29  
Permit No. A-2851  
Building Inspector  
R. M. C. Gray

EXIST'N HOUSE

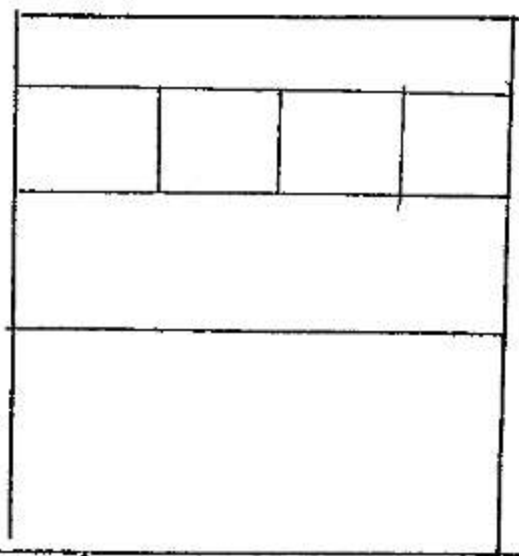
2' fire rated Abutment house wall



Roof 2x 12 boards

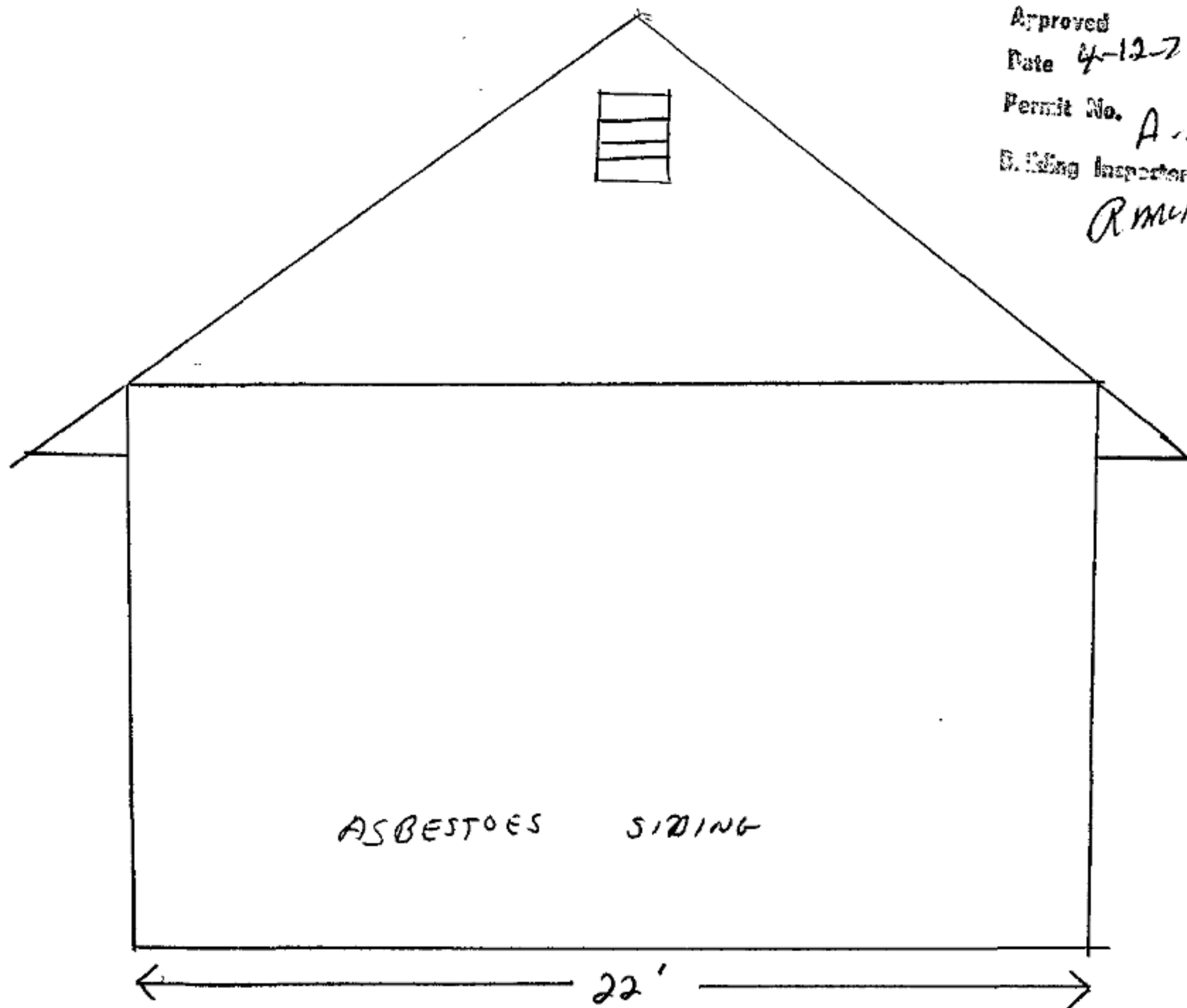


BRICK

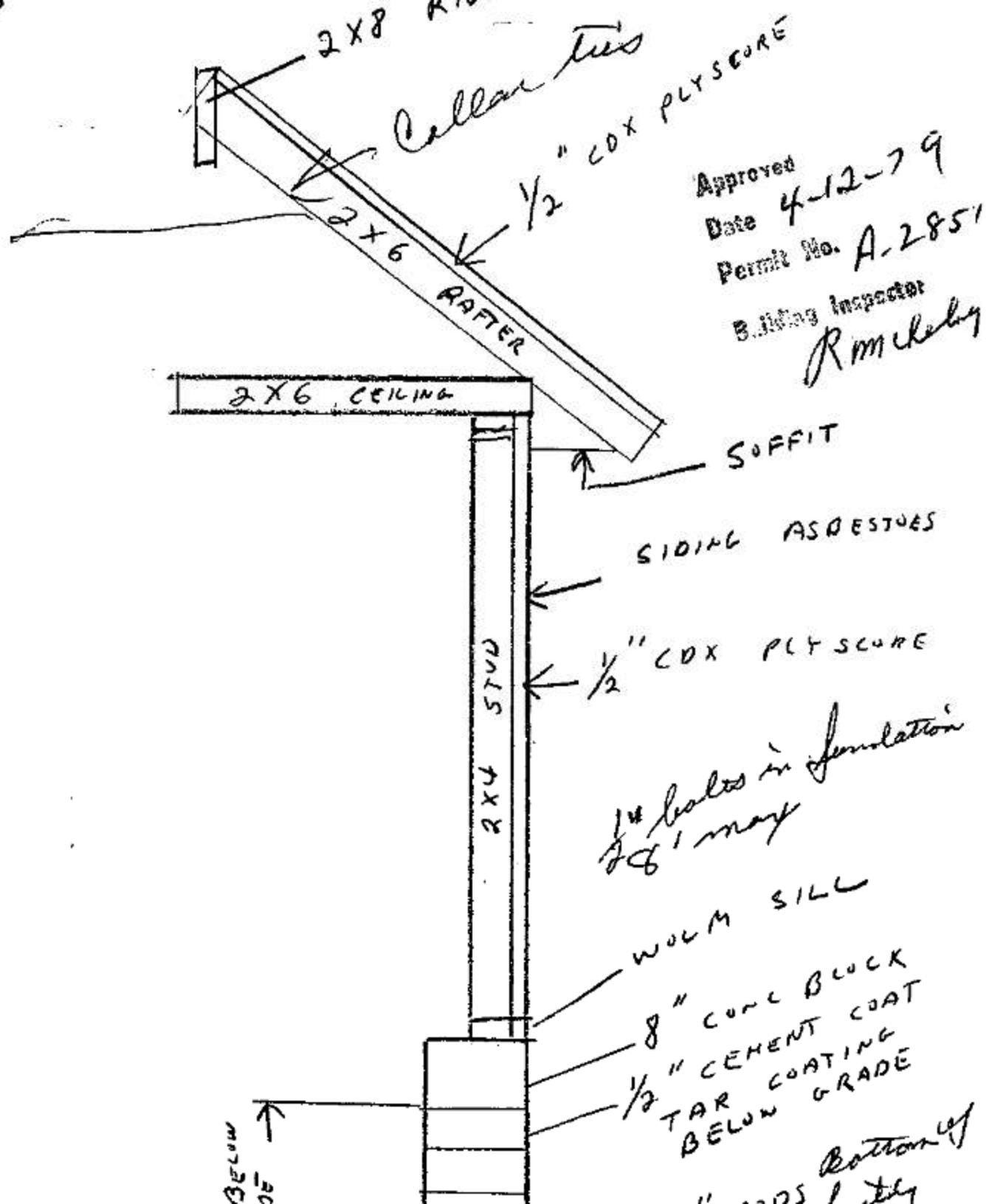


22'

Approved  
Date 4-12-79  
Permit No. A-2851  
Building Inspector  
R. McKelvey



ASBESTOS SIDING



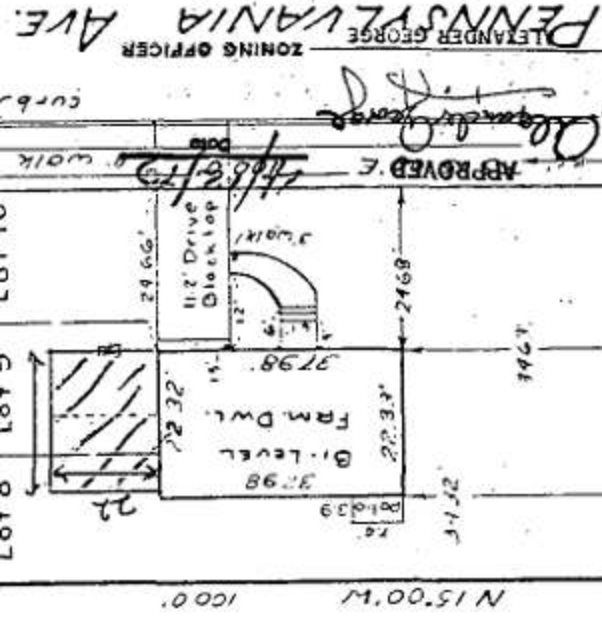
Approved  
 Date 4-12-79  
 Permit No. A-2851  
 Building Inspector  
 Rm Chelby

1/4 bolts in foundation  
 2' max

WOOD SILL  
 8" CONC BLOCK  
 1/2" CEMENT COAT  
 TAR COATING  
 BELOW GRADE

Bottom of  
 1" EPS 1 lb

BELOW  
 GRADE



LANES MILL ROAD

SURVEY OF  
LOTS - 8, 9, & 10 BLOCK - 5

HOLLYWOOD MANOR

BRICK TOWNSHIP OCEAN COUNTY, N. J.

Premises surveyed for Sherwood Park Inc. and certified to  
Henry Papenberg & Frances Papenberg, <sup>W&H</sup> Dominick A. Mirabelli,  
Esq., SOUTH JERSEY MORTGAGE CO.,  
and to the Home Title Division of the Chicago Title Insurance  
Company.

Scale 1" = 30'

*D.L.B.D.*

Cont. May 12, 1965  
Nov. 27, 1964

ROBERT B. POWERS  
Engineer & Surveyor  
Chambers Bridge Road

PENNSYLVANIA AVE.  
ALEXANDER GEORGE  
ZONING OFFICER

*Approved*  
APPROVED  
4/6/65