Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 13924 LOT 95 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 19-2683

CONSTRUCTION PERMIT APPLICATION C-19-003599

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

I. IDENTIFICATION

1. Proposed Work Site at: 506 Nebraska Ave, Brick NJ 08724
2. Name of Owner in Fee: Residential Real Estate Review
   Tel. (201) 594-6338 e-mail Nellyce.bay.mgmt@gmail.com
   Address 92 (street) West 3900 South (municipality) Salt Lake city UT 84107 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Rockstone Management. Tel. (347) 673-4349
   Address 483 Oak Glen Rd [redacted] e-mail EN245.m@gmail.com
   Howell NJ
   License No. OR, if new home, Builder Reg. No. BU#054265 Exp. Date 3/31/20
   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 _____
   Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2.5		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 281		

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

- ☑ 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		CV	9/26/19		10.15.19	JBT			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			10/9/19	EOC			
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 2/11/2020
Control Number C-19-003599
Permit Number 19-2683
Permit Issue Date 10/16/2019
Certificate Number 19-2683

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 506 NEBRASKA AVE. Brick Township, NJ Block: 1399.24 Lot: 95 Qual:

Owner in Fee: RESIDENTIAL REAL ESTATE REVIEW

Owner Address: 92 WEST 3900 SOUTH SALT LAKE CITY UT 84107

Telephone: (801) 594-6338

Contractor Brookstone Management

Address 501 PROSPECT STREET Lakewood NJ 08701

Telephone: (732) 268-9473 Fax: (732) 534-7193

License Number or Builders Registration Number: Federal Emp. Number: 35-2342928

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DECK

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: 2/11/2020

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/16/19

Date Issued / Permit # 19-2683

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

Block 1399.24 Lot 95 Qualification Code

Work Site Location 506 Nebraska Ave, Brick NJ 08724

Owner in Fee: Residential Realestate Review

Tel. 801-594-6338 e-mail Nellysebaymgmt@Gmail.com

Address 92 West 3900 South Salt lake city UT 84107
street municipality zip code

Contractor: Brookstone managment Tel. 347-673-4399

Address 483 oak Glen Rd, Howell NJ e-mail Erzysm@gmail.com

Contractor License No. or Builder Registration No. 13VH05426500 Exp. Date 3/31/2020

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
- [✓] All 10.15.19
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 10/15/19
Approved by: KCM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 01/15/20
Approved by: KCM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing		*	11.15.19	
Footing Bonding				
Foundation				
Slab				
Frame 12-3-19				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final * 12/23/19			12/20/19	1/14/20
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed

No. of Stories 1

Height of Structure 25 Ft. ft.

Area — Largest Floor 1,340 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. $
2. Rehabilitation $ 3,000
3. Total (1+ 2) $ 3,000

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

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: Nelly

Print name here: Nelly Sebag

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of Concrete Steps in front and Side of home, Replacing with wooden Steps.

-As Noted

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 Porch Steps
- [ ] Demolition

FEE (Office Use Only)

$

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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

Brick Township

CORRECTION NOTICE

ADDRESS 506 NEBRASKA

PERMIT NUMBER 19-2683 BLOCK 1379.24 LOT 95

~~OWNER~~ FRANCIS

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

1) NEED WASHERS ON ALL LAG BOLTS @ LEDGER
2) NEED TO REMOVE DIRT SO 8" IS CLEAR TO UNPROTECTED SHEATHING
3) NO FLASHING USED
4) NEED TO VERIFY IF ROTTED LUMBER WAS REPLACED

SEE BACK FOR 3 IDEAS

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

DATE 12-3-19 INSPECTOR JR

CONSTRUCTION PERMIT

Date Issued 10/16/19
Control # C-19-003599
Permit # 19-2683

IDENTIFICATION Block: 1399.24 Lot: 95 Qualifier
Work Site Location: 506 NEBRASKA AVE. Brick Township, NJ
Owner in Fee: RESIDENTIAL REAL ESTATE REVIEW, 92 WEST 3900 SOUTH SALT LAKE CITY UT 84107
Telephone: (801) 594-6338

Contractor: Brookstone Management
Address: 501 PROSPECT STREET Lakewood NJ 08701
Telephone: (732) 268-9473
Lic. No. or Bldrs. Reg. No. 13VH05426500
Federal Employee. No. 35-2342928

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:
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 $3,000

D. Neuwahl Jr. 10/16/19
Construction Official Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$156
Check No.	
Cash	$0
Credit	$0
Collected By	

-75
231

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".

- [x] 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 CP
DATE REC'D 9/26/19

ZONING PERMIT APPLICATION

PERMIT # 19-R-01145
DATE ISSUED 10/16/19

BLOCK: 1399.24 LOT: 95 QUALIFIER: — SITE ADDRESS: 506 Nebraska Ave

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Residential Real Estate Review
COMPLETE ADDRESS: 92 West 3900 South Salt Lake City UT 84107
PHONE # 801-594-6338 EMAIL: Nellysebagmgmt@gmail.com

2. NAME OF APPLICANT: Nelly Sebag
APPLICANT ADDRESS: 410 Monmouth Ave Suite 304, Lakewood NJ 08701
PHONE # 347-673-4349 EMAIL: NellySebagMgmt@Gmail.com

3. RESPONSIBLE PERSON FOR WORK: Enzy SimCha
PHONE# 248-497-0794 FAX# N/A

4. SIGNATURE OF APPLICANT: Nelly

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: X
COMMERCIAL:
EXISTING USE: SFD
PROPOSED USE: SFD

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: ___ *ADDITION ___ *ALTERATION X *PORCH ___ *DECK ___

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

HEIGHT: ___ (*IF APPLICABLE)

OTHER ___

DESCRIPTION: Front Side Steps Removing and replacing with wood

ZONING REVIEW:
DATE REVIEWED: 10-9-18 DATE DENIED: ___ DATE APPROVED: 10-9-19 INITIALS: CA

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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

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

Choose which is applicable for submission

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

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

01/2010

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 10/16/19
Application Number: ZA-19-01205
Application Date: 10/3/2019
Project Number:
Permit Number: ZP 19-0145
Fee: $75.00

Zoning Permit

Worksite Location: **506 NEBRASKA AVE.**
Brick Township, NJ 08724

Owner: **US BANK NA**
Address: **3217 S DECKER LAKE DRIVE**
SALT LAKE CITY, UT 84119

Applicant: **Nelly Sebag**
Address: **410 Monmouth Ave., Suite 304**
Lakewood, NJ 08701

Block: **1399.24** Lot: **95** Qualifier: _____ Zone: **R-7.5**

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

Present Use: **Single-Family Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Single-Family Residential**

Work Description:
Deck/Porch - Removing concrete front and side concrete stoop and steps and replacing with wood. Same size and location.

Additional Zoning Permit is required for additional work.

Application Approved Date: 10/9/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 10/9/2019 Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 1399.24 **LOT** 95 **ADDRESS** 506 Nebraska Ave, Brick NJ 08724

IDENTIFICATION:

1. WORK SITE ADDRESS 506 Nebraska Ave, Brick, NJ 08724
2. APPLICANT Nelly Sebag
3. NAME OF OWNER IN FEE Residential Real Estate Review
   ADDRESS 92 West 3960 South Salt lake City Ut 84107
   PHONE 801-594-6338 EMAIL Nelly.Sebag Mgmt@Gmail.com
4. PRINCIPAL CONTRACTOR Brookstone Management
   ADDRESS 483 Oak Glen Rd Howell NJ
   PHONE 347-673-4399 EMAIL Enzysim@Gmail.com
5. ARCHITECT OR ENGINEER Jeremy Madaras, P.E.
   ADDRESS 250 Indian Ln, Boyertown PA 19512
   PHONE 484-686-7756 EMAIL JMadaras@Madarasengineering.com
6. RESPONSIBLE PERSON FOR WORK Enzy Simcha
   ADDRESS 416 Monmouth Ave Lakewood NJ 08701 Suite 304
   PHONE 1248 497 0794 EMAIL Enzysim@Gmail.com

FEE SUMMARY:

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

SPECIAL CONDITIONS:

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

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☐ DESCRIPTION _____

ENGINEERING REVIEW:

DATE RECEIVED DATE REJECTED DATE APPROVED _____ INITIALS _____

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

BROOKSTONE MANAGEMENT LLC T/A GOODY'S PROPERTY PRESERVATION
Shlomo Ingber
483 Oak Glen Rd.
Howell NJ 07731

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

03/29/2019 TO 03/31/2020
VALID

13VH05426500
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
BROOKSTONE MANAGEMENT LLC T/A GOODY'S PROPERTY PRES
Home Improvement Contractor

NOT AN ELECTRICIANS OR PLUMBERS LICENSE

03/29/2019 TO 03/31/2020
VALID

SIGNATURE

13VH05426500
License/Registration/Certificate #

Paul Rodriguez
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

BROOKSTONE MANAGEMENT LLC T/A GOODY'S PROPERTY PRESERVATION
Shlomo Ingber
483 Oak Glen Rd.
Howell NJ 07731

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

03/29/2019 TO 03/31/2020
VALID

13VH05426500
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
BROOKSTONE MANAGEMENT LLC T/A GOODY'S PROPERTY PRES
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

03/29/2019 TO 03/31/2020
VALID

SIGNATURE

Paul Rodriguez
ACTING DIRECTOR

13VH05426500
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 506 Nebraska Ave, Brick NJ 08724

BLOCK: 1399.24 **LOT:** 95

CONTRACTOR: Brookstone Management

CONTRACTOR'S ADDRESS: 483 Oak Glen Rd, Howell NJ

Type of Construction(minor, new home): Minor

Type of Debris (shingles, siding, wood, etc.): Concrete

Party responsible for removal:

Dumpster Size:

Destination of Debris: OC Landfill

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

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

9/11/2019
Date

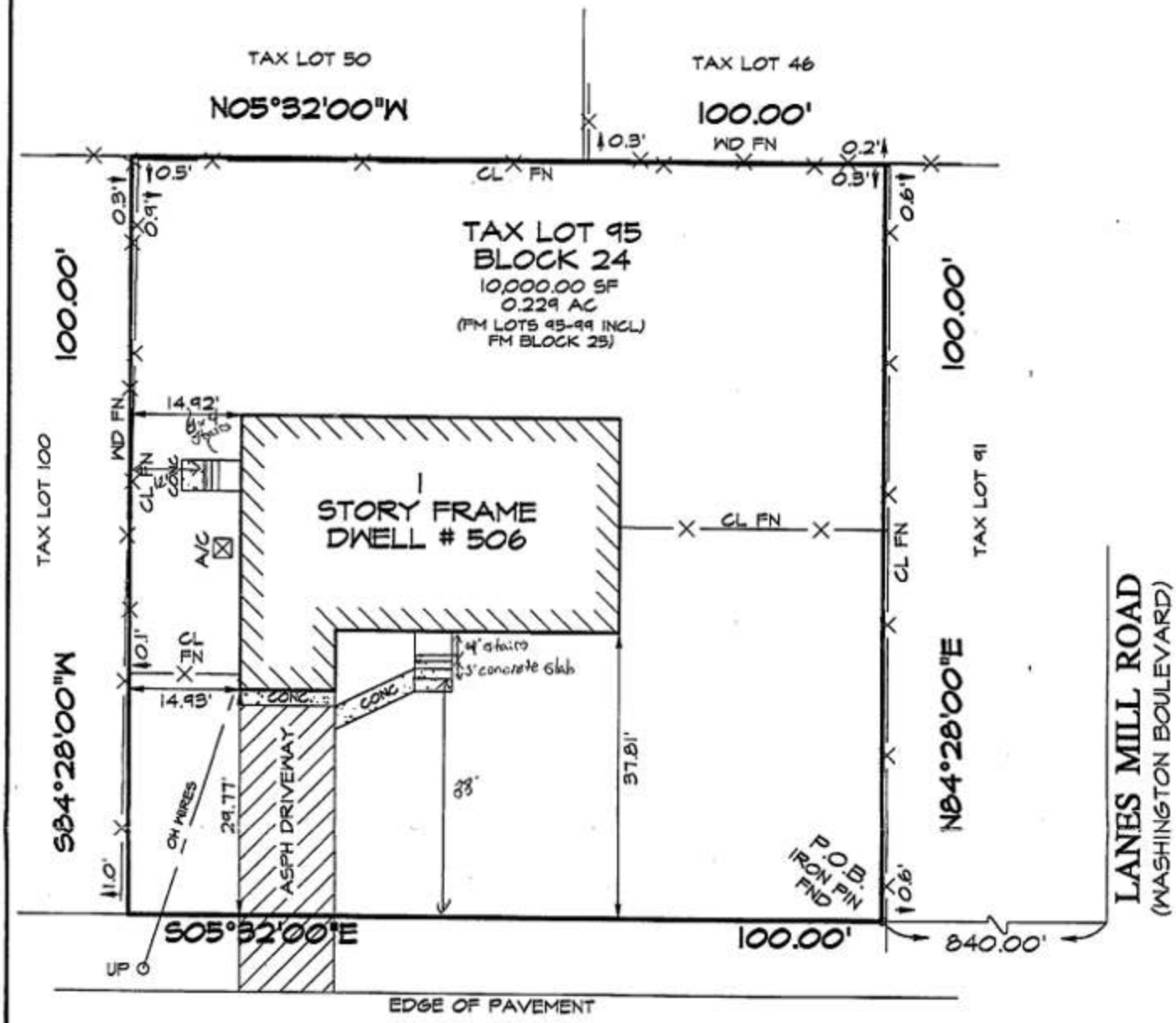
Nelly Sebaj
Print Name

Township of Brick

DECK CHECKLIST

REVISED 11/21/17

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely.	Yes ___	No ___
2. Zoning Application completely filled out (All Sections)	Yes ___	No ___
3. Engineering Form completely filled out (All Sections)	Yes ___	No ___
4. Four true size surveys to scale showing all dimensions & setback of existing and proposed structures and highlight area of proposed work.	Yes ___	No ___
5. Building Sub-code Tech completed.	Yes ___	No ___
6. Electric Sub-code if adding lighting/receptacles to deck. Indicate specific wiring methods to be used	Yes ___	No ___
7. Two sets of plans – Signed and sealed by a licensed design professional. If homeowner drawings – all pages must have the address, block & lot and be signed by the homeowner as well as the Oath.	Yes ___	No ___
8. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes ___	No ___
9. Completed Debris Form	Yes ___	No ___
10. If Condo or in an association, need approval from association	Yes ___	No ___



NEBRASKA AVENUE

(GEORGIA AVENUE)
(50' R.O.W.)

APPROVED FOR ZONING
10-8-19 DeCS
CHRIS ROMANO, ZONING OFFICER

BEING KNOWN AND DESIGNATED AS LOTS 95, 96, 97, 98, AND 99 BLOCK 25 AS SHOWN ON MAP ENTITLED, "HOLLYWOOD MANOR, OCEAN COUNTY, N.J." SAID MAP BEING FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON 10/19/1925 AS MAP No. B-6.

I declare that the best of my professional knowledge, information and belief that this map or plan is the result of a field survey made 9/09/19 by me or under my direct supervision in accordance with the rules and regulations promulgated by the state Board of professional engineers and Land Surveyors N.J.A.C. 13; 40-5.1 "Land surveyors, preparation of land surveys". The information shown hereon correctly represents the conditions found at and as of the date of the field survey except such improvements or easements if any below the surface of the ground and not visible, or any pertinent facts an accurate title search may disclose. This declaration is given to parties named hereon solely for this transaction only and is non-transferable. No responsibility is assumed by the surveyor for use of this survey for any other purpose. Caution; if this document does not contain a raised impression seal of the professional, it is not an authorized original document and may have been altered. Offsets and building dimensions shown hereon shall not be used as a basis for construction of any permanent features including fences, sheds, buildings, etc. or property line location.

THE USE OF THIS PLAN FOR A "SURVEY AFFIDAVIT" IS NOT PERMISSIBLE AND SAID USE WILL DEEM THIS PLAN INVALID.

"A WRITTEN WAIVER AND DIRECTION NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO N.J.A.C., 13; 40-5.1(D)".

SURVEY PLAT
LOT 95 BLOCK 1399.24
ON THE
TOWNSHIP OF BRICK TAX MAP
TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

CERT. OF AUTH. # 24GA27979000
WILLIAM J. FIORE, INC.
PROFESSIONAL LAND SURVEYORS
263 BRICK BLVD., UNIT 5, BRICK, NJ 08723
TEL. (732) 920-5100 FAX (732) 920-5199