BLOCK 11124.03 LOT 9 QUALIFICATION CODE C27.24 ADDRESS (SITE) C27.24.1 PERMIT NO. 01-1330

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 245 OAK FOREST BRICKTOWN
2. Name of Owner in Fee: MR. MRS MURTHA [redacted]
   Address 245 OAK FOREST BRICKTOWN NJ 08723
   street municipality zip code
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: PETER D BYK CONST INC Tel. (609) 242-1470
   Address 1131 LAUREL BLVD LAVALLETTE NJ.
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 223713859 FAX: ( ) ____
5. Architect or Engineer OWNER Tel. ( ) ____
   Address 245 OAK FOREST BRICK NJ
6. Responsible Person in Charge of Work PETER D BYK CONST-INC
   Tel. (609) 242 1470 FAX (609) 242 1079

2ND STORY BEDROOM over garage.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	346	
2.	Electrical		35	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		2	
10.	Subtotal		35	
11.	Cert. of Occupancy		30	
12.	Other		433	35
13.	TOTAL	$		

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 144 sq. ft.	
5.	Volume of New Structure 13824 cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes ____	
	no ____	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost
1.	☐ Minor Work	
2.	☐ New Building	
3.	☒ Addition	
4.	☒ Alteration	
5.	☐ Fire Protection	
6.	☐ Plumbing	
7.	☒ Electrical	
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch. 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	16250

OPTIONAL (for office use only)

	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
		4/25						
				5/9/01	JK	7/5/01		OK
				5 901	lm	7/3/01		OK
	EW	5/3/01		5/3/01				

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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: R-3.
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10505096

U.C.C. F100-1 (rev. 3/96)

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.

Signature Marianne Murtha Date 4/4/01

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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.

(X) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

IMPORTANT
A.H.B.T. - 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.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/09/2001
Control #
Permit # 01-1330

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1124.01 Lot 3 Qual

Work Site Location 215 OAK FOREST DR
ADDITION
Owner in Fee MURTHA
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor PETER D BYK CONST INC
Address 1131 LAUREL BLVD
LANOKA HARBOR, NJ 08734-
Telephone (609)242-1470
Lic. No. or Oldrs. Reg. No.
Federal Emp. No. 22-3713859

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
4TH BEDROOM ADDITION ON BACK OF GARAGE OVER DEN

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 $ 16,251

Construction Official 05/09/2001 Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	346
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	22
Cert. of Occupancy	35
Other ZBA	30
Total	433
Check No.	
Cash	Y
Collected By	ERP

05/09/01 9:46AM 0000003438
#007 SERV.007

#011330	
BUILDING	$346.00
DCA	$22.00
C/O	$35.00
ZPA	$15.00
EPA	$15.00
***TOTAL	$433.00
CASH	$433.00
CHANGE	$0.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update [illegible] 05/16/2001
Control [illegible]
Permit # [illegible]
Permit Issued 05/09/2001

05/16/01 [illegible]00AM 000000#3693
XX06 SERV.006
#01[illegible]0
ELECTRIC $35.00
XXTOTAL $35.00
CASH $35.00
CHANGE $0.00

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1124.03 Lot 9 Qual ______

Work Site Location 245 OAK FOREST DR	Contractor FRANK LOMBARDI
ELECTRICAL	Address 248 W SHIRLEY AVE
Owner in Fee MURTHA	EDISON, NJ 08820-
Address SAME	Telephone (732)381-2884
BRICK, NJ 08724-	Lic. No. or Bldrs. Reg. No. 7275
Telephone [redacted]	Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ADDITION

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	
Cash	X
Collected By	NB

Estimated Cost of Work $ 500

J. Cirrazza / NB 05/16/2001
Construction Official Date

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

HCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2001
Date Issued 5/16/01
Control # C27-24-1
Permit # 01-1330+A

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

Block 1124.03 Lot 9 Qual
Work Site Location 245 OAK FOREST DR
ADDITION
Owner in Fee MURTHA
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor FRANK LOMBARDI
Address 248 W SHIRLEY AVE
EDISON, NJ 08820-
Tele.(732)381-2884
Lic. No. or Bldrs. Reg. No. 7275
Federal Emp. No.

Peter
D Byk 609
242 1470

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 5/9/01
Approved By: MM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/30/01
Approved By: MR

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			5/22/01	MM
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			7/30/01	MR

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
4		Lighting Fixtures	
5		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2001
Date Issued 5/9/01
Control # ~~C27-24~~
Permit # 01-1330

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

Block 1124.03 Lot 9 Qual
Work Site Location 245 OAK FOREST DR
ADDITION
Owner in Fee MURTHA
Address SAME
BRICK, NJ 08724-
Tele. [redacted]
Contractor PETER D BYK CONST INC
Address 1131 LAUREL BLVD
LANOKA HARBOR, NJ 08734-
Tele.(609)292-1470 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3713859

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

4TH BEDROOM ADDITION ON BACK OF GARAGE OVER DEN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/1/01	JC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elect [ ] Plumb [ ] Fire		
SUBCODE APPROVAL [ ] Elev		
[ ] CO [ ] CCO [ ] CA		
Date: 7-5-01		
Approved By: (FM)		

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			5/22/01	JC
BarrierFree				
Insulation			5/23/01	JC
Finishes				
~~Energy~~			5 days 5/10/01	JC
Mechanical				
TCO				
Other				
Final			7/3/01	JC
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	346
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 144 Sq. Ft.
Volume of New Structure 13,824 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 16,250
2. Alteration $ 0
3. Total (1+2)$ 16,250

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 346
DCA Training Fee	$ 22

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: April 30, 2001 **No. 1.0566**

Block: 1124.03 **Lot:** 9 **Zone:** R-10

Property Address: 245 Oak Forest Drive

Applicant: Marianne Murtha

Property Owner: Same.

Existing Use: Single-family residential.

Proposed Use: Same.

Proposed Construction: Second-floor addition for bedroom, 12' x 14', 24' high.

Conditions: The addition may not extend over the footprint of the first floor.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
APR 27 2001
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block 1124.03 Lot 9 Qualifer N/A

PROPERTY ADDRESS 245 Oak Forest Drive

PERSONAL NAME OF APPLICANT Marianne + Brian Murtha

BUSINESS NAME OF APPLICANT N/A

PROPERTY OWNER Brian + Marianne Murtha

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please decribe)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe)
☒ Addition 24' high bedroom over garage. not to exceed over existing house
☐ Alteration
☐ Porch or deck (state heights)
☐ Shed (state height)
☐ Fence (state type & height)
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

☑ All information completed above
☑ Two (2) copies of a 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.

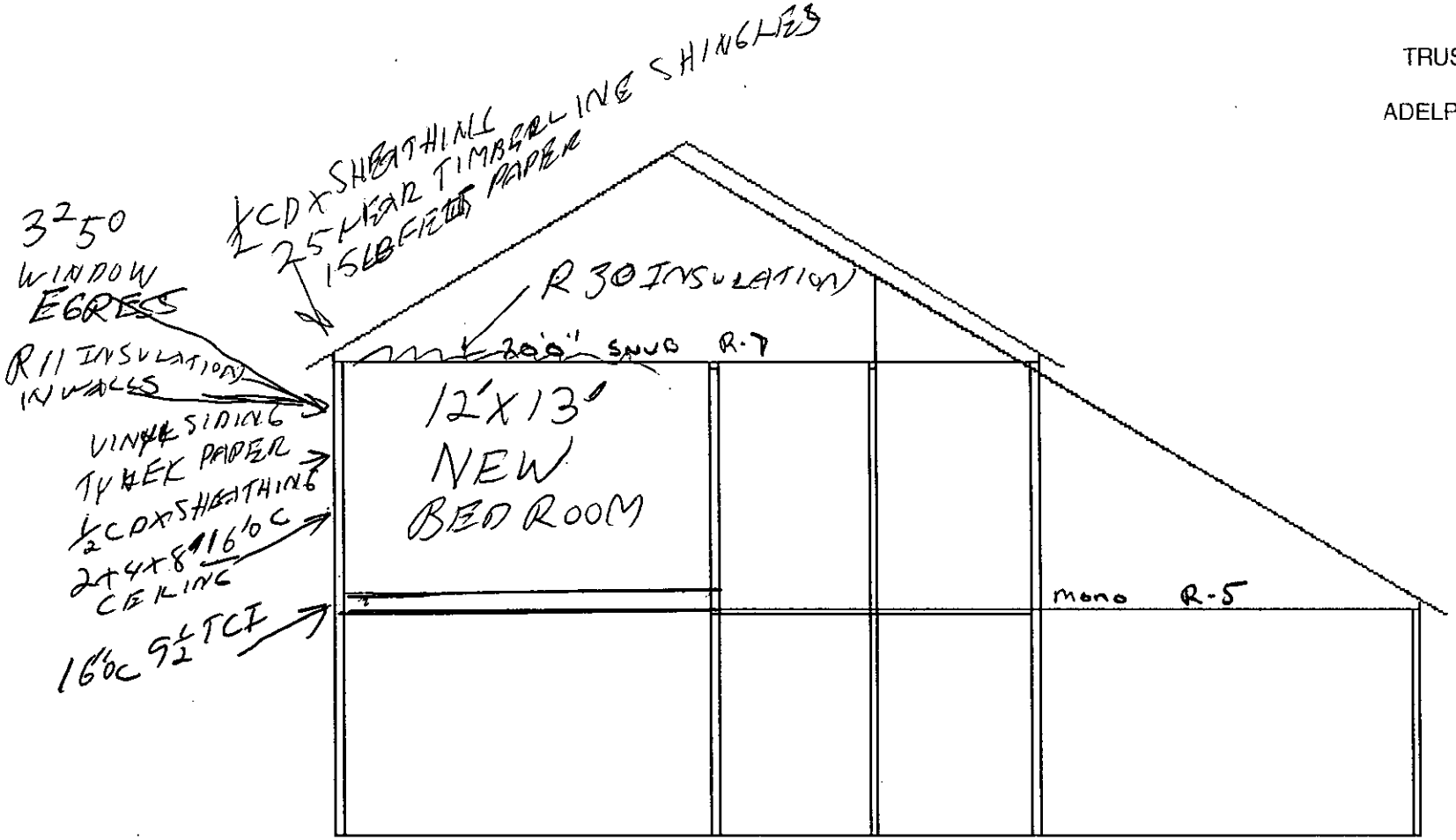
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant Marianne Murtha Date 4/4/01

Reviewed by Zoning Office SK Date 4-30-1 (X) Approved ( ) Denied

SIDE ELEV. 4 BD RM.

TRUSS SYSTEMS, INC.
P.O. BOX 233
ADELPHIA, NJ 07710-0233



5-9-01

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038 1025
Fax: (732) 262-8954 BUILDING
www.twp.brick.nj.us

Date: 4/4/01

Block: 1124.03 Lot: LOT 09

Property Address: 245 OAK FOREST

I, MARIANNE Murtha (name) of 245 Oak Forest Drive (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Marianne Murtha
Applicant's Signature

The following shall be submitted with this request:

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

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

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

FOR OFFICE USE ONLY

Approved on: 5/3/01 Signed:

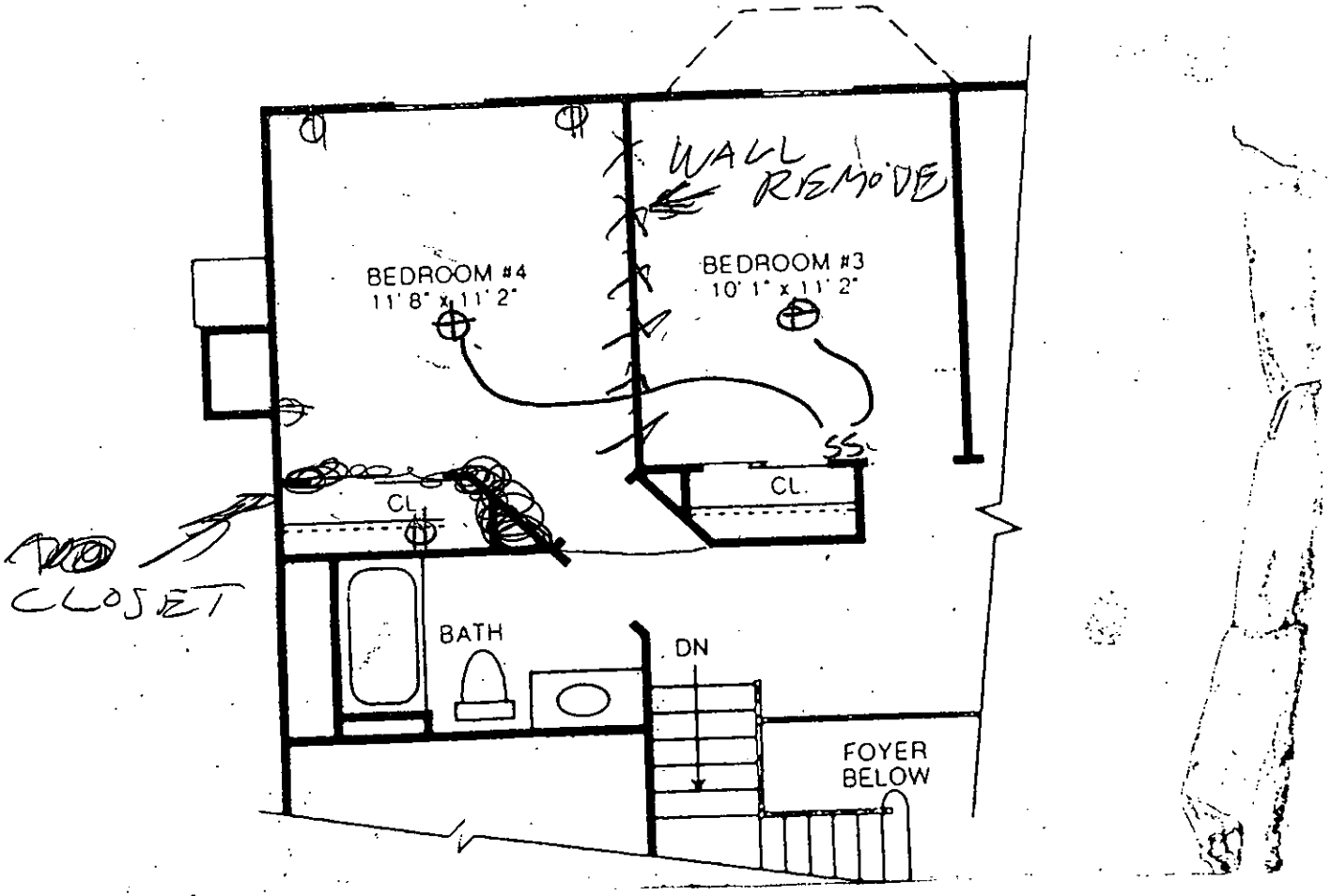
Rejected on: _____ Signed: _____

Comments:

PETER D. BYK CONSTRUCTION
1131 Laurel Blvd.
Lanoka Harbor, NJ 08734

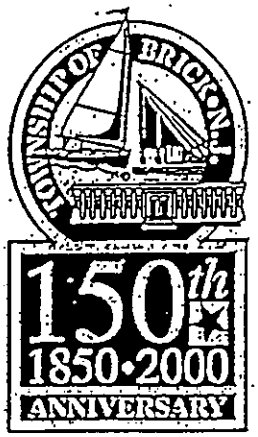
245 OAK FORESTER
BRICK LOT 9 BLOCK 1124.03

CB7-24-1
01-1330



TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050



Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

Date: 04-25-01

Block: 1124-02 Lot: 9

Property Address: 245 Oak Road

I, _____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

_____
Applicant's Signature

The following shall be submitted with this request:

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

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

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

FOR OFFICE USE ONLY

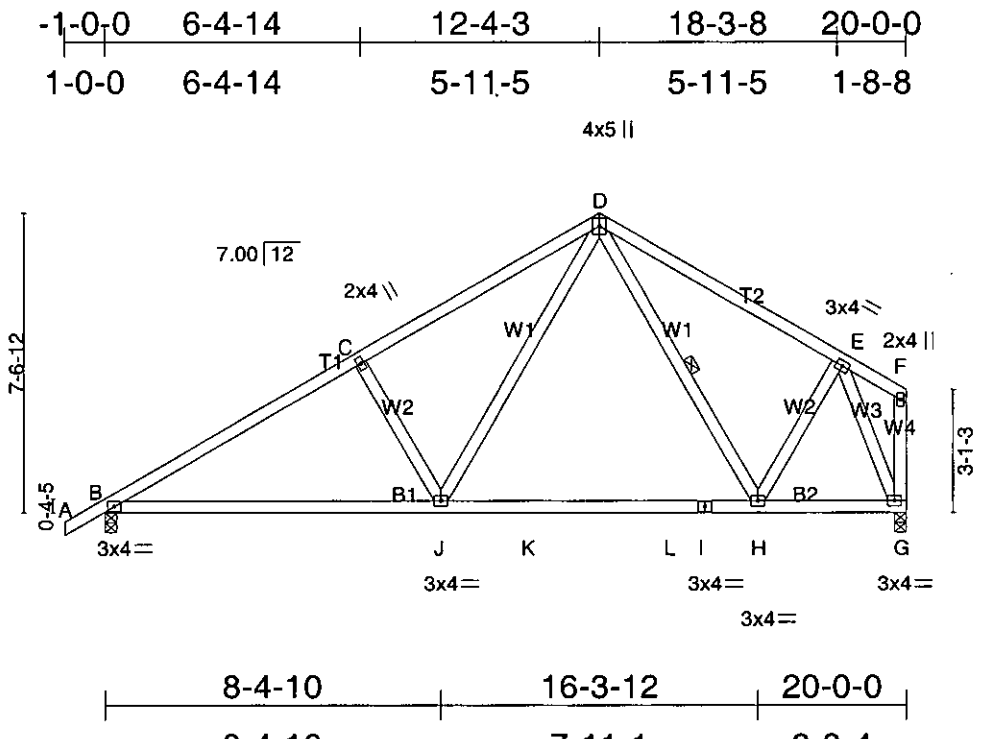
Approved on: 5/3/01 Signed: _____

Rejected on: _____ Signed: _____

Comments: 2nd Story Add.

Job	Truss	Truss Type	Qty	Ply	BENNINGTON
01S042	R-7	FINK	1	1	

Truss Systems Incorporated, Howell, NJ. 07731 4.0-32 s Feb 18 1999 MiTek Industries, Inc. Wed Apr 25 14:21:08 2001 Page 1



8-4-10 16-3-12 20-0-0

8-4-10 7-11-1 3-8-4

LOADING (psf)		SPACING	2-0-0	CSI		DEFL	(in)	(loc)	l/defl	PLATES	GRIP
TCLL	30.0	Plates Increase	1.15	TC	0.56	Vert(LL)	-0.15	H-J	>999	M20	249/190
TCDL	7.0	Lumber Increase	1.15	BC	0.68	Vert(TL)	-0.21	H-J	>999		
BCLL	0.0	Rep Stress Incr	YES	WB	0.36	Horz(TL)	0.02	G	n/a		
BCDL	10.0	Code	BOCA/ANSI95	(Matrix)		1st LC LL Min l/defl = 360				Weight: 111 lb	

LUMBER
TOP CHORD 2 X 4 SYP No.2
BOT CHORD 2 X 4 SYP No.2
WEBS 2 X 4 SYP No.3

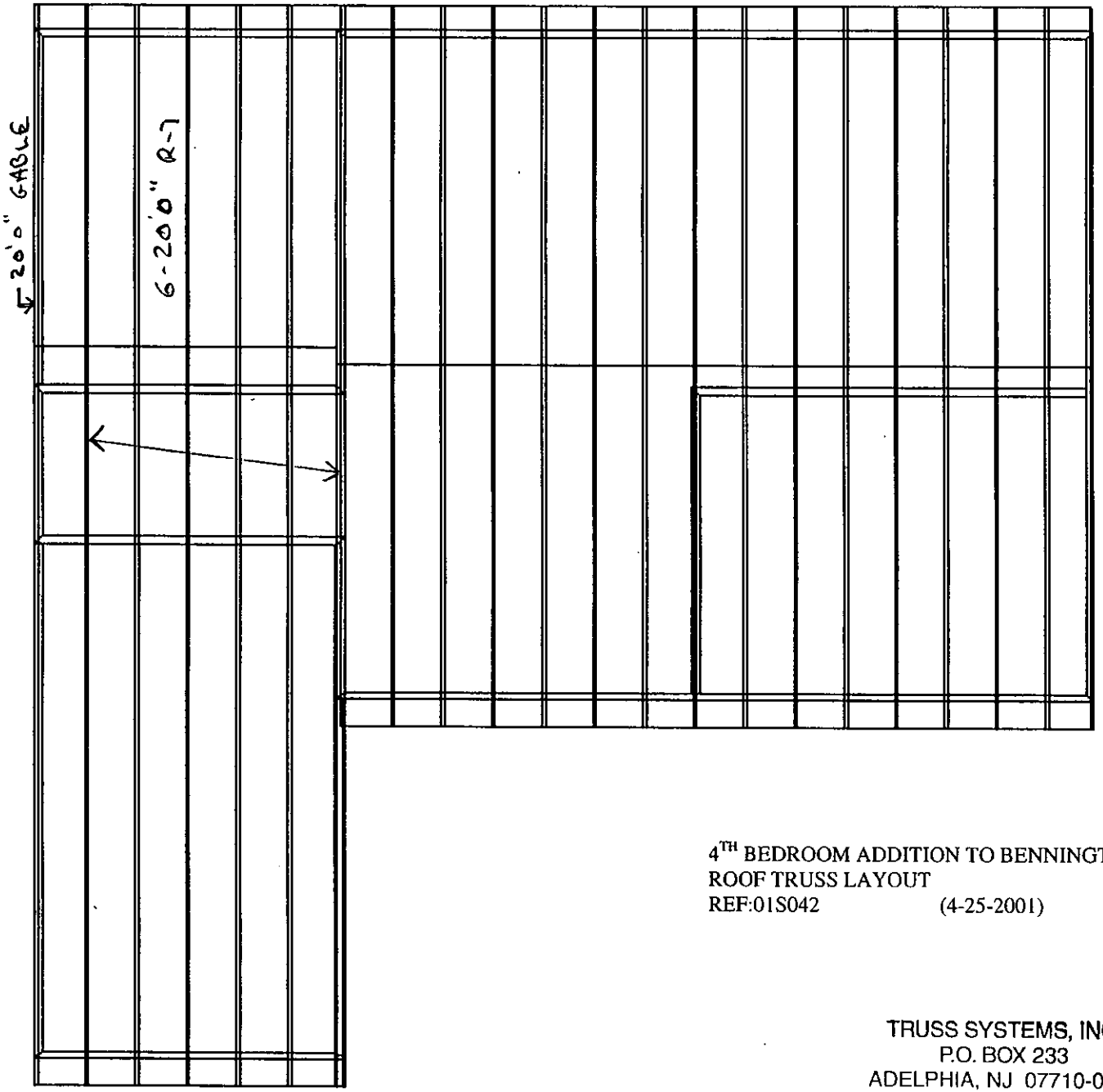
BRACING
TOP CHORD Sheathed or 4-3-10 on center purlin spacing, except end verticals.
BOT CHORD Rigid ceiling directly applied or 10-0-0 on center bracing.
WEBS 1 Row at midpt D-H

REACTIONS (lb/size) B=1068/0-3-8, G=1013/0-3-8
Max Horz B=240(load case 3)
Max UpliftB=-79(load case 4), G=-56(load case 4)

FORCES (lb) - First Load Case Only
TOP CHORD A-B=36, B-C=-1515, C-D=-1292, D-E=-826, E-F=98, F-G=67
BOT CHORD B-J=1206, J-K=682, K-L=682, I-L=682, H-I=682, G-H=429
WEBS C-J=-391, D-J=701, D-H=-127, E-H=398, E-G=-1185

NOTES
1) This truss has been checked for unbalanced loading conditions.
2) This truss has been designed for the wind loads generated by 90 mph winds at 18 ft above ground level, using 5.0 psf top chord dead load and 5.0 psf bottom chord dead load, 10 mi from hurricane oceanline, on an occupancy category I, condition I enclosed building, of dimensions 63 ft by 43 ft with exposure B ASCE 7-93 per BOCA/ANSI95 If end verticals or cantilevers exist, they are exposed to wind. If porches exist, they are not exposed to wind. The lumber DOL increase is 1.33, and the plate grip increase is 1.33
3) All plates are M20 plates unless otherwise indicated.
4) This truss has been designed for a live load of 20.0psf on the bottom chord in all areas with a clearance greater than 3-6-0 between the bottom chord and any other members.
5) Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 79 lb uplift at joint B and 56 lb uplift at joint G.
6) This truss has been designed with ANSI/TPI 1-1995 criteria.

LOAD CASE(S) Standard

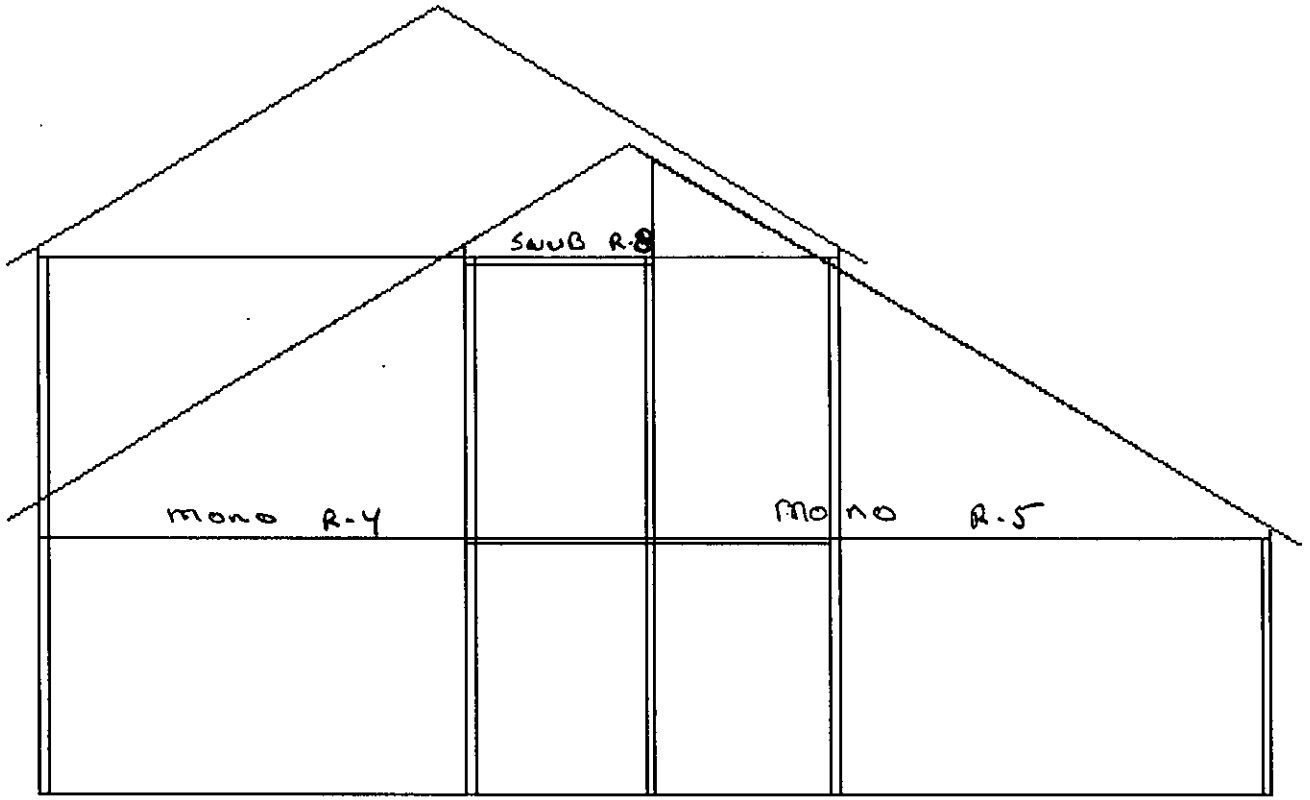


4TH BEDROOM ADDITION TO BENNINGTON MODEL
ROOF TRUSS LAYOUT
REF:01S042 (4-25-2001)

TRUSS SYSTEMS, INC.
P.O. BOX 233
ADELPHIA, NJ 07710-0233

SIDE ELEV. 3BO Rm

TRUSS SYSTEMS, INC.
P.O. BOX 233
ADELPHIA, NJ 07710-0233



Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 245 OAK FOREST BRICK NJ
Block: 1124.03 Lot: 9
Owner's Name: MR. MRS MURTHA
Owner's Mailing Address: 245 OAK FOREST BRICK NJ

Phone: [redacted]

BUILDING

Contractor: PETER D. BYK CONST INC.
Address: 1131 LAUREL BLVD
LAVALLETTE HARBOR NO. OF 734
Phone#: 609. 242 1470
Lis #
Federal Emp # or SSN 223-71-3859

Technical Data

Description of Work:
ADD ON 4TH BED ROOM
TO BRANCHPORT MODEL
COUNTRY WOODS
12'X12' BACK OF
GARAGE OVER
DECK.
24' high

Type of Work

___ New Building	___ Siding
X Addition	___ Fence
___ Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft

Building Characteristics

Use Group Present: X Proposed: _____
No of Stories: 2.5 STORY
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: $16,250.00
Cost of New Building: —
Total Cost of Building Work: —

Signature:
Please Print Name PETER BYK

ELECTRICAL

Contractor: FRANK LOMBARDI
Address: 248 W. SHIRLEY AVE
EDISON NJ 08820
Phone#: 381-2844
Lis #: 7227
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	4
Receptacles	5
Switches	1
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 500

Signature:
Please Print Name FRANK LOMBARDI

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks._____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

Applicable to Ordinance 728-92
This form must be Handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

245 OAK FOREST — 1124.03 — LOT 09
Work Site Address — Block — Lot

MR. MRS MURTHA 245 OAK FOREST BRICK
Owner's Name, Address, Phone

PETER D BYK CONST. LLC
1131 LAUREL BLVD. LAVOKA HARBOR NJ 609 242-1470
Contractor's Name, Address, Phone

Construction SINGLE FAMILY ADDITION
Describe type (Single -family home, etc.)

Demolition RIP OFF ROOF BACK OF GARAGE
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material WOOD
R.D. ROSATO

Name, address and phone of party responsible for removal of debris:
PETER D BYK CONST 1131 LAUREL BLVD LAVOKA HARBOR

Size of dumpster: 30 YR.

Destination of discarded debris:

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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

PETER BYK — 4/4/07
Printed/Typed Name — Signature — Date

Marianne Murtha 4/4/07

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSU

Recycling tonnage receipts attached?

Certified tipping receipts attached?

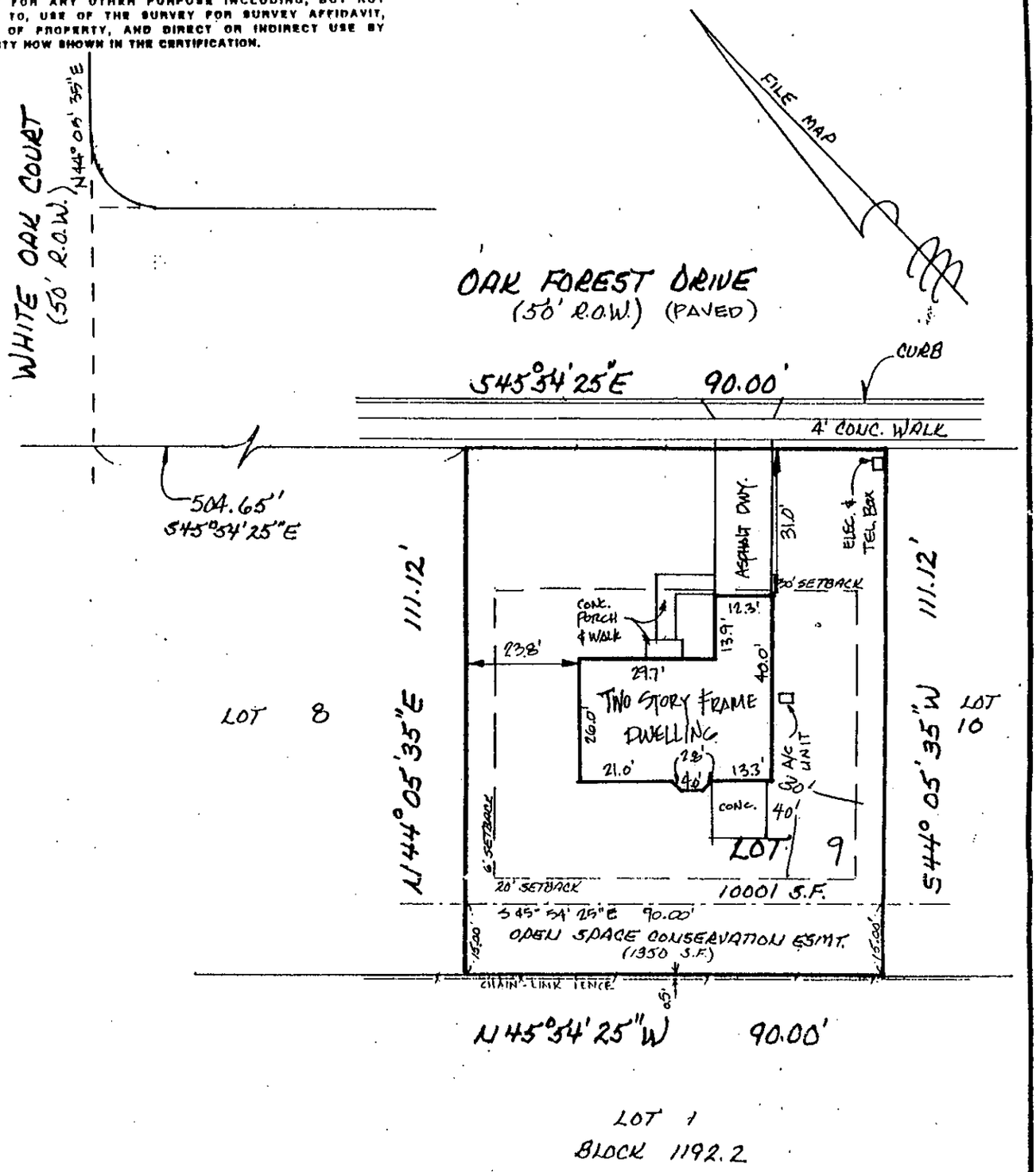
**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

THE CERTIFICATION OF THIS SURVEY ON THE DATE SHOWN IS LIMITED TO THE BELOW NAMED PARTIES FOR THE PURCHASE AND/OR MORTGAGE OF THE HEREIN DELINEATED PROPERTY. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE CERTIFYING SURVEYOR AND/OR FIRM FOR USE OF THE SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF THE SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, AND DIRECT OR INDIRECT USE BY ANY PARTY NOW SHOWN IN THE CERTIFICATION.

PROPERTY CORNER MARKERS OMITTED AT CLIENTS REQUEST.

BUILDING LOCATION DIMENSIONS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR THE ERECTION OF FENCES OR OTHER PERMANENT STRUCTURES.



LOT 1
BLOCK 1192.2

Certified to: Brian Murtha & Maryann Murtha;
First American Title Insurance Company;
Joseph S. Preziosi, Esquire;
Chapel Mortgage Corporation, its successors and/or assigns.

ALSO KNOWN AS TAX LOT 9 ON BLOCK 1124.03
STREET ADDRESS: # 245 OAK FOREST DRIVE

I CERTIFY THAT THIS SURVEY WAS MADE IN ACCORDANCE WITH THE RECORD DESCRIPTION AND THAT THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN HEREON.

WSB engineering group, p.a.
Weinert * Smildzins * Baer
Prepared under the supervision of

Edward M. Weinert DATE: 9/11/96

EDWARD M. WEINERT, L.S. 31284, P.P 3756
IMANTS A. SMILDZINS, P.P. 3267, C.L.A. 137
FRANK J. BAER, JR., P.E. 28776, P.P. 2801
Engineers * Planners * Surveyors
Landscape Architects * Environmental Assessors
1108 Hooper Avenue, Toms River, New Jersey 08753
(908) 244-7227 FAX (908) 505-8940

DATE	REVISION	CHK	BY
9/11/96	FINAL SURVEY		RGM

LOCATION SURVEY

LOT 9 BLOCK 1124.03

AS SHOWN ON A MAP ENTITLED,

FINAL MAJOR SUBDIVISION OF
COUNTRY WOODS AT BRICK
SECTION 1

FILED IN THE OCEAN COUNTY CLERKS OFFICE
AS MAP # I-2564 FILED ON: 11-29-94

OCEAN COUNTY BRICK TOWNSHIP NEW JERSEY

SCALE 1"=30'		DATE 9/11/96	
DRN. M.S	CHK.	FILE NO. 1811-050	
FB # 1811	PG # 40	DWG. NO. 34818	A