BLOCK 92.1 LOT 11 ADDRESS (SITE) 9 SCHEIBER DRIVE PERMIT NO. 1175-93

RECEIVED
MAY 7 19[illegible]
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 9 SCHEIBER DRIVE, BRICK, N.J. 08723
2. Name of Owner in Fee: JANICE E. CUSTER Home Tel. [redacted]
   Address 9 SCHEIBER DRIVE (street) BRICK (municipality) N.J. 08723 (zip code) Work [redacted]
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Kevin J. Duffy Tel. (908) 774-9295
   Address 400 N. Riverside Dr
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work Kevin J. Duffy Tel. (908) 774-9295

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	14 -		
2. Electrical				
3. Plumbing				
4. Fire Protection		46 -	/	
5. Other				
6. Subtotal	$	60 -	/	
7. Less 20% for State Plan Review		6 -	/	
8. Subtotal	$		/	
9. DCA Training Fee		2 -	/	
10. Subtotal	$		/	
11. Cert. of Occupancy		20 -		
12. Other				
13. TOTAL	$	88 -		

VI. BUILDING/SITE CHARACTERISTICS

	EXIST	(office use only) NEW
1. Number of Stories	ONE	1
2. Height of Structure	16' ft.	13'
3. Area—Largest Floor	sq. ft.	120 SQ FT
4. Building Area—All Floors	1800 sq. ft.	1500
5. Volume of Structure	15064 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone	1920	
9. Base Flood Elevation	11 FT ft.	
10. Wetlands yes	sq. ft.	
no		
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	12,500
5. ☒ Alteration SIDING.	5000
6. ☒ Fire Protection	
7. ☐ Plumbing	
8. ☒ Electrical	500
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	18,000

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
	[illegible]					5/27/94		JC
				5/14/93 JC				
	Orig	5/11/93	5/14/93		Rec			

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

20K

LDS BR 10405599

FLOOD ZONE

AS EV

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

D. (X) 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 Janice E. Custer Date May 7, 1993

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☑ Other Zoning	JK	5/7/95	add.					
☐								
☐								

COMMENTS

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 6-9-93
Control #
Permit # 1175-93

IDENTIFICATION Block 92.1 Lot 11

Work Site Location 9 Schuler

Contractor Duffy
Address 400 N. Kinkaid Dr
BD

Owner in Fee Austin
Address 9 Schuler Dr
Buck Tp

Tele. ( ) ()

Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No. **00058*
117530

is hereby granted permission to perform the following work:
[✓] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Add Tot 1500.
Sq ft 126

PAYMENTS (Office Use Only)			
Building	14 —	92-1 #	0.00
Plumbing		LOT	0.00
Electrical		11 #	
Fire Protection	46 —	5 #	
Other	P/C 6	BLOCK	0.00
Other		92-1 #	
DCA Training Fee	2	LOT	0.00
Cert. of Occ.	20 —	11 #	
Other		BUILDING	4.00
Total	88 —	FIRE	6.00
Check No.		PLAN REV	6.00
Cash		D.C.A.	2.00
Collected By:	JA		

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 $ 18,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6-9-93
Control #
Permit # 1173-93
add Lawn

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

Block 92.1 Lot 11
Work Site Location 9 Schalbet Dr. Brick.
Owner in Fee Janice Gupler, 9 Schalbet.
Address [redacted]
Tele.
Contractor Kevin J. Duffy
Address 400 N. Riverside Dr. Neptune N.J. 07753
Tele. (____)
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 5/14/93
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
		46
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER _____		

Administrative Surcharge $ 46
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6-9-93
Control #
Permit # 1175-93

add/Comm

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

Block 92.1 Lot 11
Work Site Location 9 Schalber Dr.
Bruch.
Owner in Fee Lauren Engler.
Address 9 Schalber Dr.
[redacted]
Tele
Contractor Kevin J. Duffy
Address 400 N. Riverdale Dr.
Neptune N.J. 07753
Tele. (____)
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 5/14/93
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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

Water Supply Source 46
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
		46
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 46
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Burn.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # JUN 25 93 0 J 8 1 5 4
Permit #

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

Block 92.1 Lot 11
Work Site Location 9 SCHEIBER DRIVE
BRICKTOWN, N.J.
Owner in Fee JANICE CUSTER
Address (SAME)
Tele. ([redacted]
Contractor WILLIAM K. HOOD
Address 9 LORRAINE DR.
NEPTUNE, N.J. 07753
Tele. (908) 774-4734
Lic. No. 6508
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present RES. Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as RES. Utility Co. _____
Est. Cost of Elec. Work $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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.

William Hood
Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Fixtures (1)	
6		Receptacles (2)	
2		Switches (3)	
10		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
		Other	

Paid [✓] Check # 21043
RF
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 40.00

U.C.C. Form F-120B

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

Pat. Kevin Duffy
401 N. Burrell
Stone River Hills

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-9-93
Control #
Permit # 1175-93

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

Block 92.1 Lot 11
Work Site Location 9 SCHEIBER DRIVE BRICK
Owner in Fee JANICE CUSTER
Address 9 SCHEIBEL DR. BRICK
Tele. [redacted]
Contractor [illegible]
Address 400 N. Riverside DR NEPTUNE, NJ 07753
Tele (908) 774-9295
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No [redacted]

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FAMILY Room

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Req. Date 6/9/93 Initial [illegible]
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date 5/27/94
Approved By: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing			7/8/94	[illegible]
Foundation			7/23/93	[illegible]
Slab				
Frame			8/13/93	[illegible]
Insulation			8/23/93	[illegible]
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
  [ ] Roofing
  [X] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 14 Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors 1900 Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed 120 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 18,000.—
3. Total (1+2) $ 18,000

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-9-93
Control #
Permit # 1175-93

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

Block 92.1 Lot 11
Work Site Location 9 SCHEIBER DRIVE
BRICK
Owner in Fee JANICE CUCTER
Address 9 SCHEIBER DR.
BRICK
Tele. (908) [redacted]
Contractor KEVIN V. DUFFY
Address 400 N. RIVERSIDE DR
NEPTUNE, NJ 07753
Tele (908) 774-9295
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

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

FAMILY Room

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Req. 6/8/93 AK
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date.
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[ ] Roofing
[X] Siding
[ ] Other
[ ] Demolition
[X] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 14 Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors 1800 Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed 120 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1
2. Alteration $ 18,000.-
3. Total (1+2) $ 18,000

Administrative Surcharge $
Paid [ ] Check # 1 Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
OCEAN COUNTY NEW JERSEY
401 CHAMBERS BRIDGE ROAD BRICK NJ 08723

Daniel F Newman Mayor

Members of Township Council
Mary Anne L Butler Council President
Charles E Anderson
Patrick L Bottezzi
Edmund H Hibbard
Joseph C Scarpelli
Warren H Wolf
David W Wolfe

Cattell
5-25-93
N/A
8:50 AM

Division of Inspec
Arthur J Cierzo
Construction Off
(201) 477 3000 ex

CHECK LIST

RE Block 92.1 Lot 11 Address 9 SCHEIBER

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas

Administrative

Zoning

Engineering

Building CHARACTERISTICS

Plumbing FLOOD ELEVATION

Electric CRAWL & 1ST FLOOR ELEVATION

Fire

See attached review check list(s) for details as to the reason your submission has been rejected Please revise your application accordingly and resubmit to this office

There is a 20 working day time limit for review of all documents submitted with a construction permit application This time limit ceases in the event of a rejection or any objections and starts over again when the rejection(s) has been corrected and the application resubmitted

Arthur J Cierzo,
Construction Official

Date

TOWNSHIP OF BRICK

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

AS 6
EL

Department of Administration & Finance

Office of Land Use Management
Richard E. Garnett, P.L.S., P.P.
Municipal Surveyor/Planner
(908) 477-3000, Ext. 275
Fax: (908) 920-4850

TO: Municipal Engineer

DATE: 5-7-93

I JANICE CUSTER of 9 Scheiber DR.
(Name - Please Print) (Address)

BLOCK: 92.1 LOT: 11

Request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B.

Phone No. 714-9295

Signed by Applicant

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

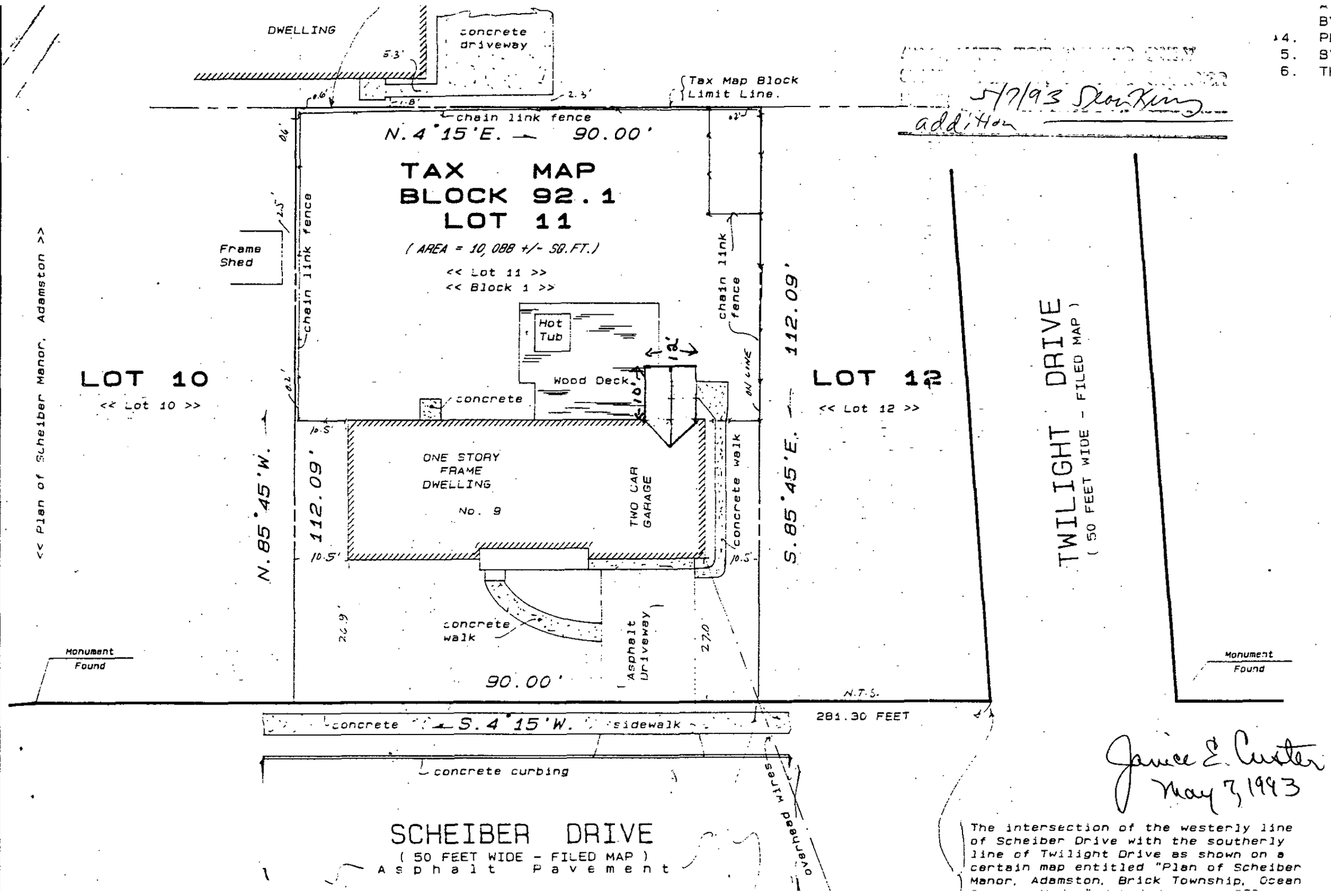
NOTE: Any excavations to be removed from the Township required a mining permit.

Approved Date: _____ By _____

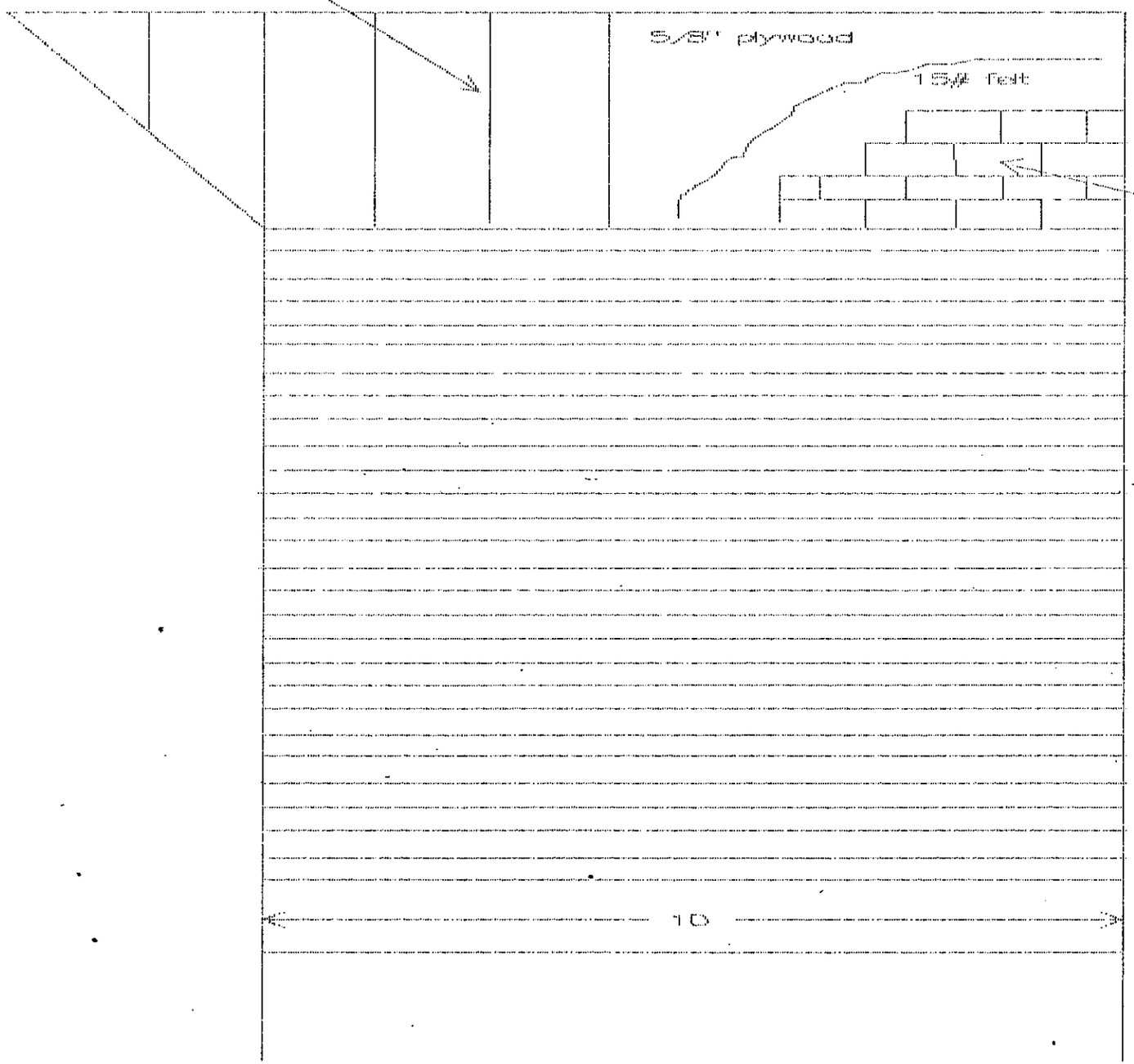
Rejected Date: 5/11/93 By H Rose

Remarks: show finished floor on addition
crawl space finished floor -

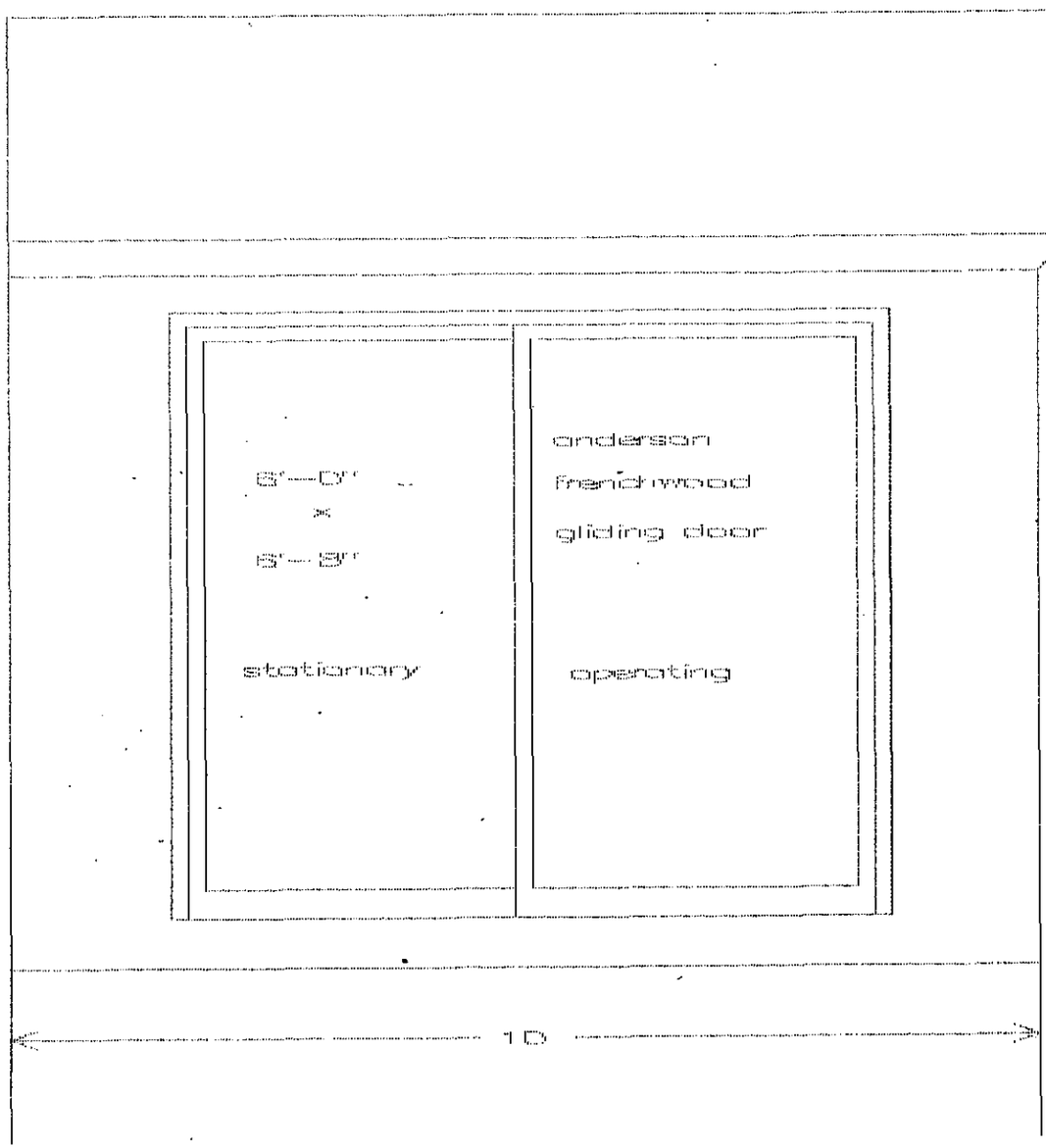
FLOOD ZONE


DWELLING
concrete driveway
5.3'
Tax Map Block Limit Line.
chain link fence
N. 4° 15' E. — 90.00'
TAX MAP
BLOCK 92.1
LOT 11
(AREA = 10,088 +/- SQ. FT.)
<< Lot 11 >>
<< Block 1 >>
Frame Shed
chain link fence
Hot Tub
Wood Deck
concrete
ONE STORY FRAME DWELLING
No. 9
TWO CAR GARAGE
concrete walk
Asphalt Driveway
N. 85° 45' W. — 112.09'
S. 85° 45' E. — 112.09'
LOT 10
<< Lot 10 >>
LOT 12
<< Lot 12 >>
<< Plan of Scheiber Manor, Adamston >>
TWILIGHT DRIVE
(50 FEET WIDE - FILED MAP)
Monument Found
Monument Found
90.00'
N.T.S.
281.30 FEET
concrete sidewalk
S. 4° 15' W.
concrete curbing
overhead wires
SCHEIBER DRIVE
(50 FEET WIDE - FILED MAP)
Asphalt Pavement
5/7/93 Stan King
addition
Janice E. Custer
May 7, 1993
The intersection of the westerly line of Scheiber Drive with the southerly line of Twilight Drive as shown on a certain map entitled "Plan of Scheiber Manor, Adamston, Brick Township, Ocean

north elevation

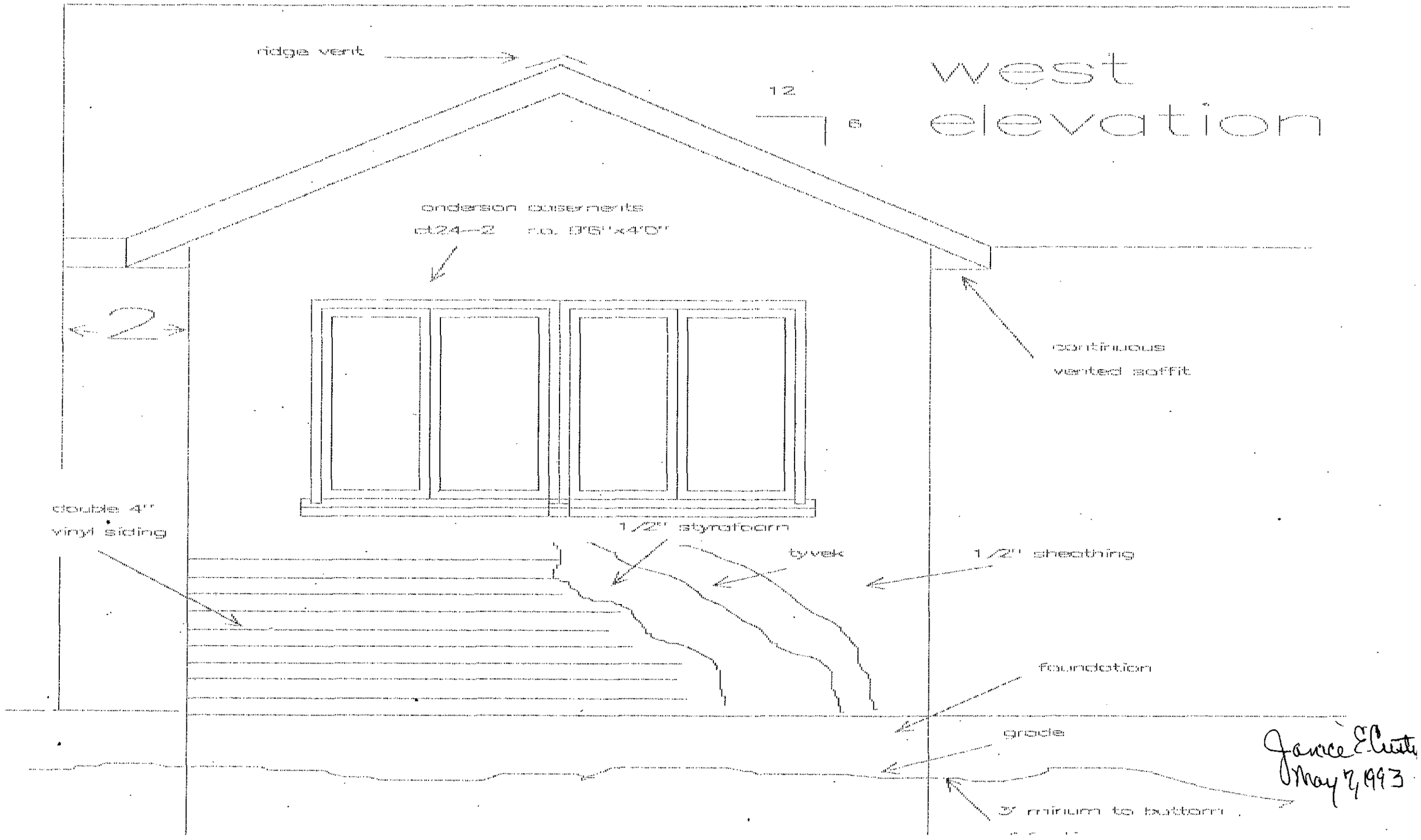


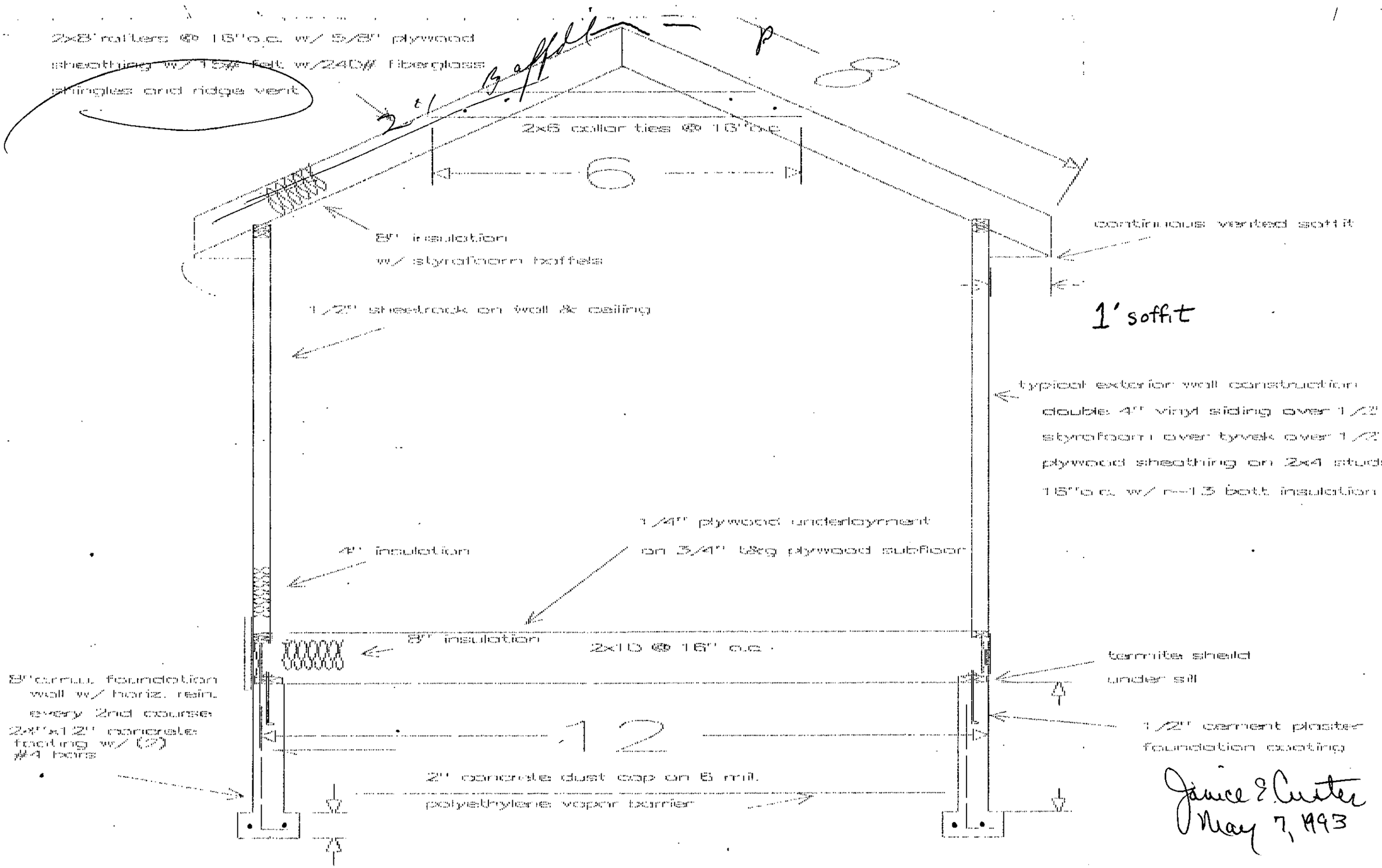
Janice E. Custer
May 7, 1993



south elevation

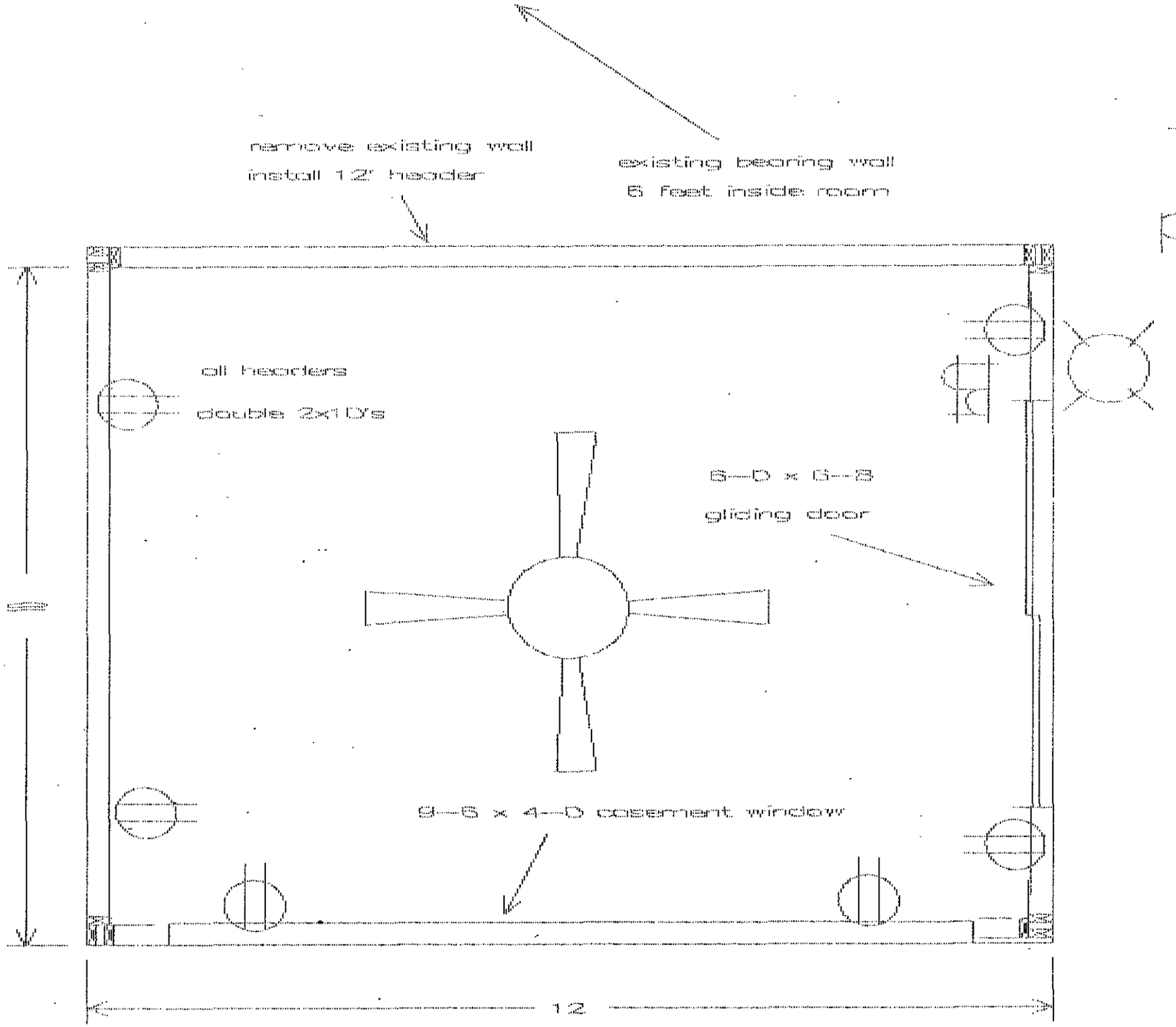
Janice E. Custer
May 7, 1993


ridge vent
12
6
west
elevation
anderson casements
ct24-2 r.o. 28"x48"
2
continuous
vented soffit
double 4"
vinyl siding
1/2" styrofoam
tyvek
1/2" sheathing
foundation
grade
3' minimum to bottom
Janice E. Cutt
May 7, 1993



Janice E. Cutter
May 7, 1993

floor plan



James E. Custer
May 3, 1993