

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

MAY 7 1960



CONSTRUCTION PERMIT APPLICATION

INSPECTION

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

I. IDENTIFICATION

- IDENTIFICATION**
1. Proposed Work-site at: 9 SCHEIDER DRIVE, BRICK, N.J. 08723
2. Name of Owner in Fee: JANICE E. CUSTER Title [REDACTED]
- Address 9 SCHEIDER DRIVE BRICK, N.J. 08723
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒ u. [REDACTED]
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

II. PROPOSED WORK

1. ☐ Minor Work
(single trade)
2. ☐ Small Job (\$5,000
and no prior
approvals)
3. ☐ New Building
4. ☒ Addition
5. ☒ Alteration *Siding*
6. ☒ Fire Protection
7. ☐ Plumbing
8. ☒ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

Est. Cost

12.500

5000

500

18,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
<i>Sh</i>					<i>5/27/94</i>		<i>gc</i>
			<i>5/14/93</i>	<i>gc</i>			
<i>Smg</i>	<i>5/11/93</i>	<i>5/11/93</i>		<i>Reu</i>			

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

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

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

V. FEE SUMMARY (for office use only)

- | | | Update | Update |
|--------------------------------------|---------|--------|--------|
| 1. Building | \$ 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 | \$ 98 - | / | |

VI. BUILDING/SITE CHARACTERISTICS *EXIST*

1. Number of Stories ONE
2. Height of Structure 16' ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors 1800 sq. ft.
5. Volume of Structure 1506 cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone 1930 _____
9. Base Flood Elevation 14.15 ft.
10. Wetlands yes _____ sq. ft.
 no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

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: 58 DE
2. Use Group: 5
3. Change in Use Group: Indicate Former:

LDS BR 10405599

20k

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

James 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		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other <i>2015</i>	<i>JK</i>	<i>5/7/95</i>	<i>080.</i>						
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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. _____
☐ Name _____	



CONSTRUCTION PERMIT

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

IDENTIFICATION Block 92.1 Lot 11

Work Site Location 9 Schermerhorn Contractor Duffin
Address 404 N. Pineapple St

Owner in Fee Trust
Address 9 Schermerhorn St
Buick St
Tele. () () Tele. ()
Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. or Social Security No. ***0005**

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Add 2nd 1500
Sq Ft 126

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

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)			11/230
Building	<u>14</u>	<u>02-1</u>	<u>4</u>
Plumbing	<u>LOT</u>		
Electrical		<u>11</u>	<u>4</u>
Fire Protection	<u>46</u>	<u>5</u>	<u>4</u>
Other	<u>P/A</u>	<u>6</u>	<u>00-1</u>
Other		<u>02-1</u>	<u>4</u>
DCA Training Fee	<u>2.00</u>		
Cert. of Occ.	<u>20</u>	<u>11</u>	<u>4</u>
Other		<u>BUILDING</u>	
Total	<u>88</u>	<u>FIRE</u>	
Check No.		<u>PLAN ROOM</u>	
Cash		<u>D.C.A.</u>	
Collected By:	<u>JA</u>		



FIRE PROTECTION 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 921 Lot 11
Work Site Location 9500 1st St. D1
Owner in Fee James J. Pappalardo
Address 9500 1st St. D1
Contractor Kenneth J. Pappalardo
Address 400 N. Riverside Dr. D1
Telephone 1-800-272-1000
Lic. No. _____ or Social Security No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Const. 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:	INSPECTIONS:	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
[] No Plans Required	Suppression Test	
Joint Plan Review Required:	Fire Alarm Test	
[] Bldg. [] Plumb.	Smoke Test	
[] Elec. [] Elevator	Mechanical	
[X] Fire Plans Approved	TCO	
Date: <u>5/14/93</u>	Other	
Approved by: <u>[Signature]</u>	Other	
SUBCODE APPROVAL	Other	
[] CO [] CCO [] CA	Other	
Date: _____		
Approved by: _____		

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 _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

FEE (Office Use Only)

Paid [] Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	DCA Training Fee \$ _____
	TOTAL FEE \$ <u>46</u>



Date Received: 6-9-23
Date Issued:
Control #
Permit # 1175-93

D. TECHNICAL SITE DATA

Description of Work

10

Method of Valve Supervision

Local Admittance Supervision

Proprietary supervision

Client-Initiated Cases Tools

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

Wet Sprinkler Heads

Dry sprinkler heads

TOTAL

1
2
3
4
5

Smoke Detector

TOTAL

TOTAL

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Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

1432

Gas or Oil Fired Appliances

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Collected by: _____

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

2 Canary = Office Copy
4 Gold = Applicant Copy

Back



Date Received
Date Issued
Control # JUN 25 93 008154
Permit #

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

Block 821 Lot 11
Work Site Location 9 SCHWEIBER DRIVE
BRICK TOWN, N.J.
Owner in Fee JANICE CUSTER
Address (SAME)
Tele. (908) 774-4734
Contractor WILLIAM K. HOOD
Address 9 LORRAINE DR.
NEPTUNE, N.J. 07753
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:		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
☐ No Plans Required		Rough			Initial
Joint Plan Review Required:		Temporary			
☐ Bldg. ☐ Plumb.		Constr. Serv.			
☐ Fire ☐ Elevator		TCO			
☐ Elec. Plans Approved		Other			
Date: _____		Service			
Approved by: _____		Final			
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued _____			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued _____			
Date: _____					
Approved By: _____					

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.

☒ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
<u>2</u>		Fixtures (1)
<u>6</u>		Receptacles (2)
<u>2</u>		Switches (3)
<u>10</u>		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

FEE (Office Use Only)

Paid ☒ Check # <u>81043</u>	Administrative Surcharge	\$ _____
Collected by: <u>RF</u>	Minimum Fee	\$ _____
	DCA Training Fee	\$ _____
	TOTAL FEE	\$ <u>400.00</u>

U.C.C. Form F-1208

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

FOR RETURN TO: JUN 25 1993
JUN 25 1993 008154
JUN 25 1993 008154



Date Received
Date Issued
Control #
Permit #
6-9-93
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 1
Work Site Location 950 N. Riverside Dr.
Owner in Fee TANICE CUSTER
Address 9 SCHUBERT DR.
Tele. [REDACTED]
Contractor NEW RIVERSIDE DR.
Address NEW RIVERSIDE DR.
Tele. (908) 224-9295
Lic. No. or Bids. Reg. No. [REDACTED]
Federal Emp. No. [REDACTED] 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 DATE Initial INSPECTIONS
☒ No Plans Req. 6/23/93 Type: Foundation
☒ All Foundation
☐ Footing Foundation
☐ Foundation Foundation
☐ Frame Foundation
☐ Other Foundation
Joint Plan Review Required: Foundation
SUBCODE APPROVAL Foundation
Energy Foundation
Mechanical Foundation
TCO Foundation
Other Foundation
Date: 6/23/93
Approved By: [Signature] Final

B. BUILDING CHARACTERISTICS

Use Group Present Proposed 1
Constr. Class Present Proposed 1
No. of Stories 1 Ft. 14
Height of Structure 14 Ft. 14
Area—Largest Floor 1000 Sq. Ft. 1000
Total Bldg. Area/All Floors 1000 Sq. Ft. 1000
Volume of Structure 120 Cu. Ft. 120
Total Land Area Disturbed 120 Sq. Ft. 120

Est. Cost of Bldg. Work:
1. New Bldg. \$ 15,000
2. Alteration \$ 18,000
3. Total (1+2) \$ 33,000

TYPE OF WORK:

☒ New Building
☒ Addition
☐ Alteration
☐ Roofing
☒ Siding
☐ Other Foundation
☐ Demolition
☐ Miscellaneous
☐ Fence Height
☐ Sign Sq. Ft.
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other Foundation

(Office Use Only)

FEE

Administrative Surcharge \$
Paid ☐ Check # Minimum Fee \$
Collected by: TOTAL FEE \$



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

6-9-93
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 950 KENNEDY DRIVE

Owner in Fee TANIGUCHI

Address 950 KENNEDY DRIVE

Tele. (908) 224-9295

Contractor KEVIN J. DUFFY

Address 400 N. RIVERSTREET DR

Tele. (908) 224-9295

Lic. No. or Bids. Reg. No. 224-9295

Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW DATE Initial INSPECTIONS
☒ No Plans Req. Type:

☒ All Footing

☐ Footing Foundation

☐ Foundation Slab

☐ Frame Frame

☐ Other Insulation

Joint Plan Review Required: Finishes:

☐ Elec. ☐ Plumb. ☐ Fire Energy

SUBCODE APPROVAL Mechanical

☐ CO ☐ CCO ☐ CA TCO

Date Other

Approved By: Final

Dates (Month/Day)
Failure Failure Approval Initial

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 1000 Sq. Ft.

Volume of Structure Cu. Ft.

Total Land Area Disturbed 120 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 12,000

2. Alteration \$ 18,000

3. Total (1+2) \$ 30,000

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**

TYPE OF WORK:

☐ New Building

☒ Addition

☐ Alteration

☐ Roofing

☒ Siding

☐ Other

☐ Demolition

☐ Miscellaneous

☐ Fence Height Sq. Ft.

☐ Sign Sq. Ft.

☐ Pool

☐ Elevator

☐ Asbestos Abatement

☐ Other

(Office Use Only)
FEE
\$

Administrative Surcharge \$

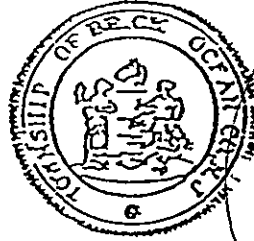
Paid ☐ Check # Minimum Fee \$

Collected by: TOTAL FEE \$

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. Bottazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe



Catted
S-25-93
N/A
8:50 AM
[Signature]

Division of Inspection

AJ Cierzo
Construction Official

(201) 477-3000 ext.

CHECK LIST

RC Block 921 Lot 11 Address 9 SC HEIBER

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

Administrative

~~Zoning~~

Engineering

Building

Plumbing

Electric

Fire

CHARACTERISTICS

FLOOD ELEVATION

CRAW + 1ST FLOOR ELEVATION

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 is in cases in the event of a rejection on any item, and begins over again when the rejection(s) have 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

Stevan J. Zboyan, Mayor

Township Council:

Albert Chrobocinski, President
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Malorine
Mary Lou Powner
Warren H. Wolf



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. 774-9295

[Signature]
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 [Signature]

Remarks: Show finished floor on addition
Crawl space finished floor -

FLOOD ZONE

LOT 10

<< Lot 10 >>

N. 85° 45' W.

112.09'

26.9'

ONE STORY
FRAME
DWELLING
NO. 9

concrete
walk

90.00'

Asphalt
Driveway

TWO CAR
GARAGE

concrete walk

27.0'

S. 85° 45' E.

112.09'

LOT 12

<< Lot 12 >>

TAX MAP
BLOCK 92.1
LOT 11

(AREA = 10,088 +/- SQ. FT.)

<< Lot 11 >>
<< Block 1 >>

chain link fence

N. 4° 15' E. 90.00'

chain link fence

{ Tax Map Block
Limit Line.

chain link
fence

ON LINE

TWILIGHT DRIVE
(50 FEET WIDE - FILED MAP)

5/19/93
addition
Scheiber Manor

14. BY LAW.
5. PROPERTY
6. BY CONTR
THE LOCA

PROPERTY
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Monument
Found

Monument
Found

concrete sidewalk

concrete curbing

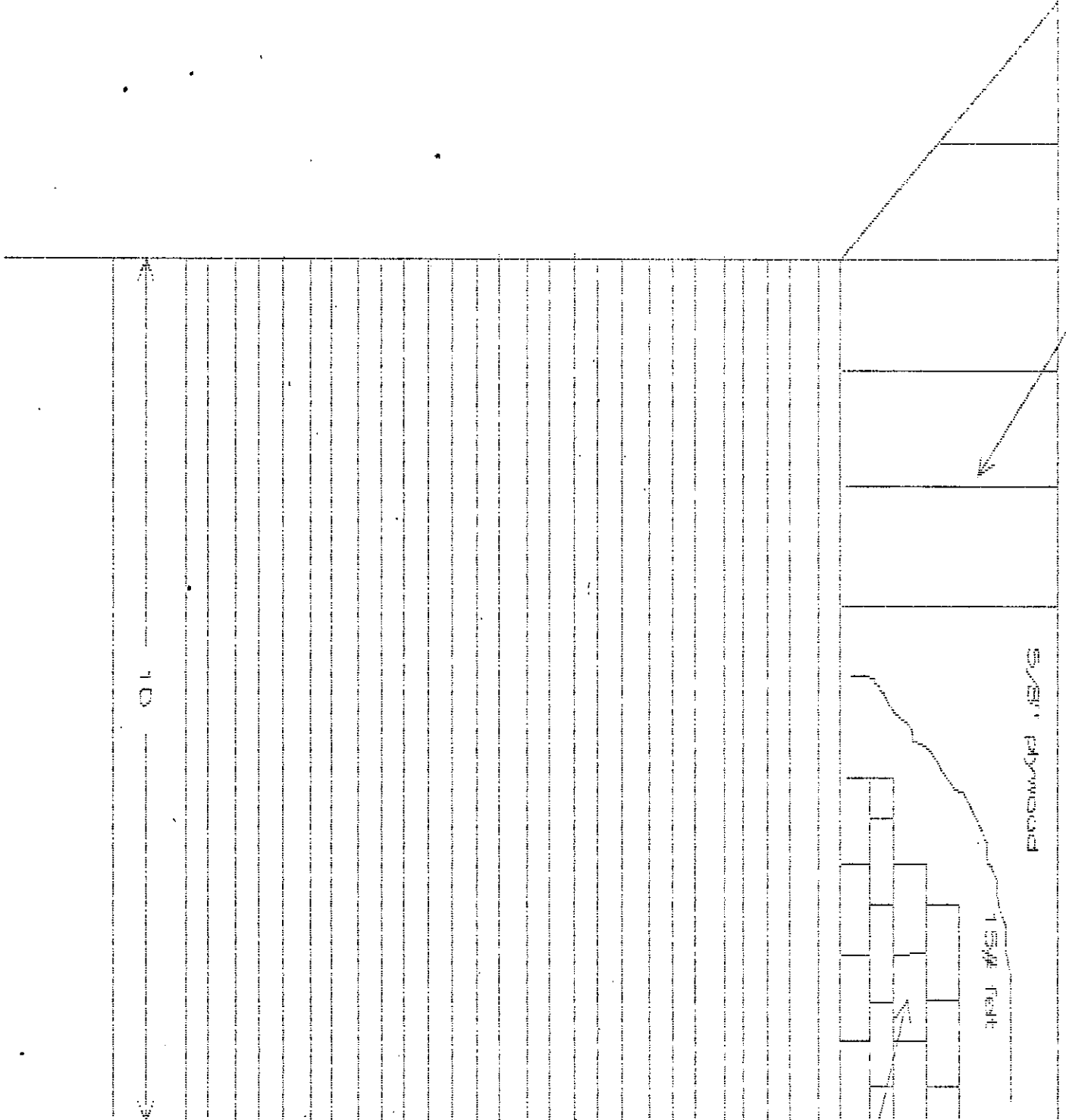
SCHEIBER DRIVE
(50 FEET WIDE - FILED MAP)
Asphalt pavement

overhead wires

James E. Luster
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

2x4 rafters @ 16" o.c.
w/ 8" insulation and baffles



North

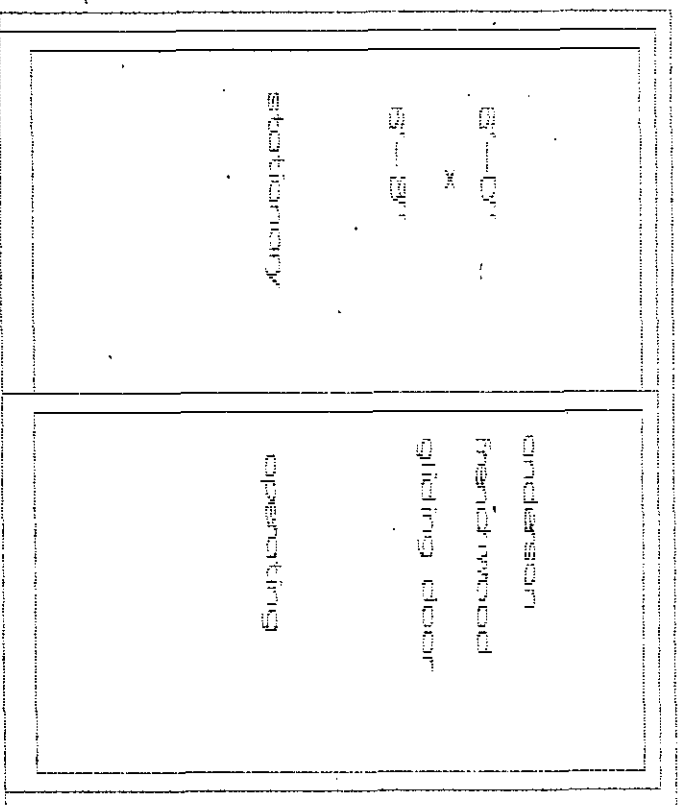
elevation

2x4 rafters @ 16" o.c.

double 4" vinyl siding
on 1 1/2" sheetrock
on tyvek
cover 1 1/2" sheetrock
on 2x4 studs @ 16" o.c.
with 4" fiberglass insulation

Jane E. Lester
May 7, 1993

south elevation



Jessie E. Custer
May 7, 1913

ridge vent

12

West elevation

CONDENSATION CONDENSIBLE
#424-2 NO. 1751, 440"

2

couple 4"
vinyl siding

1/2" styrofoam

tyvek

1/2" sheetrock

continuous
weathered board

Foundation

Gravel

2" return to gutter

Jane & Ruth
May 1, 1993

2x8 rafters @ 16" o.c. w/ 5/8" plywood sheathing w/ 15# felt w/ 2x4 DM fiberglass battles and ridge vent

2x6 collar ties @ 16" o.c.

8" insulation w/ styrofoam batts

1/2" sheetrock on wall & ceiling

1/4" plywood underlayment

4" insulation

8" insulation

2x10 @ 16" o.c.

8" curtil. foundation wall w/ horiz. rein. every 2nd course 2x4x12" concrete footing w/ (8) #4 bars

2" concrete dust cap on E.M.

polyethylene vapor barrier

continuous vertical soffit

1' soffit

typical exterior wall construction

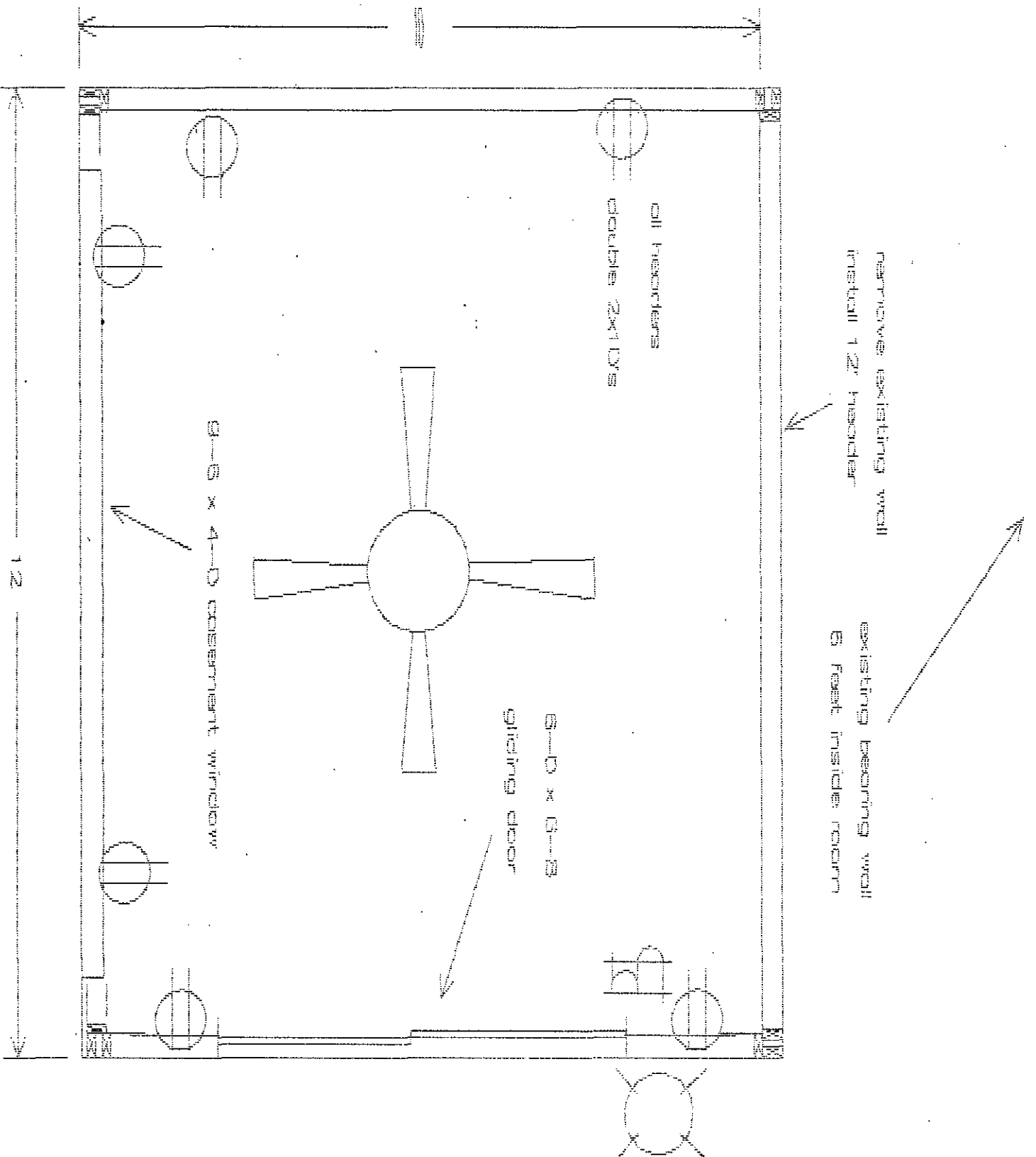
double 4" vinyl siding over 1/2" styrofoam over tyvek over 1/2" plywood sheathing on 2x4 studs 16" o.c. w/ r-13 batt insulation

termites shield under sill

1/2" cement plaster foundation exterior

Jane & Luther May 7, 1993

Floor plan



James E. Gutter
May 3, 1993