

NO RECORD ON COMPUTER

BLOCK 286.73 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 564 Drum Point Rd. PERMIT NO. 05-0065



CONSTRUCTION PERMIT APPLICATION

C22-18

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

I. IDENTIFICATION

1. Proposed Work Site at: 564 Drum Point Road

2. Name of Owner in Fee: Kristine DaCosta Tel. [REDACTED]

Address 564 Drum Point Road Brick 08125
street municipality zip code

3. Ownership in fee: Public _____ Private ☒

4. Principal Contractor: self Tel. () _____

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: () _____

5. Architect or Engineer none Tel. () _____

Address _____ Contact _____

6. Responsible Person in Charge once Work has Begun Sean Burger

T [REDACTED] FAX: () _____

6' Stockade fence cash

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>16</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$ <u>3</u>		
9. State Permit Fee Surcharge			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	\$ <u>15</u>		
13. TOTAL	\$ <u>18</u>		

called 1/17/05 2.m.

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 0

2. Height of Structure 0 6 ft.

3. Area — Largest Floor 0 sq. ft.

4. New Building Area 0 sq. ft.

5. Volume of New Structure 0 cu. ft.

6. Construction Classification FENCE

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone NO

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____
no _____

11. Max. Live Load NONE

12. Max. Occupancy Load NONE

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☒ Minor Work		[Signature]	12/21/04		1-4-05	FM		
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: FENCE

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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:

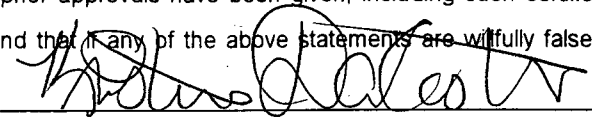
C.3. ☐ Electrical C.4. ☐ Plumbing

- 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



Date

12/14/04

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.

☐ 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
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. 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	Other
Building _____	Energy _____	
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. _____	_____	_____	_____

Constituent Contact Report

[illegible]

☒ Zoning Application deemed complete

[Signature]

12/21/04

☐ Zoning Application approved

Date:

☐ Zoning permit updates:



CONSTRUCTION PERMIT

Date Issued 1/7/2005
Control # C22-18
Permit # 05-0065

IDENTIFICATION Block: 286.73 Lot: 1.01 Qualifier _____
Work Site Location: SAME BRICK, NJ 08723- Contractor DACOSTA, KRISTINE
Address SAME BRICK NJ 08723-
Owner in Fee DACOSTA, KRISTINE
Address SAME BRICK NJ 08723- Telephone: _____
Lic. No. or Bus. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$2,000

Construction Official Date 1/7/2005

U.C.C. F170
equiv (rev 8/03)

TAX ASSESSOR COPY

PAYMENTS (Office Use Only)

Building	\$16
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$15
Total	\$34
Check No.	
Cash	\$34
Credit	\$0
Collected By	Ann Marie Hanlon

**Township of Brick
Zoning Permit**

Approved: Wednesday, December 29, 2004 **Number:** 1854

Block 286.73 **Lot** 1.01 **Zone:** R-5

Property Address: 564 Drum Point Road

Applicant: Kristine DaCosta

Property Owner: Kristine Nicole DaCosta

Existing Use: Single Family Residential

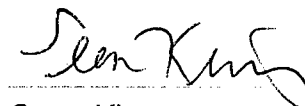
Proposed Use: Single Family Residential

Proposed Construction: 6' high stockade fence.

Conditions: The 6' high stockade fence must be set back at least 20 feet from the front property line. The finished side of the fence must face the exterior of the property.

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

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

DEC 23 2009

DEC 27 2009

Applications missing any of the following information
will delay processing and may be returned to you.

BLOCK 286.73 LOT 1.01 QUALIFIER _____

PROPERTY ADDRESS 564 Drum Point Road

PERSONAL NAME OF APPLICANT Kristine DaCosta

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 564 Drum Point Road, Brick, NJ 08723

PROPERTY OWNER'S FULL NAME Kristine Nicole DaCosta

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 describe) _____

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration _____
☐ Porch or deck - Height _____
☐ Shed - Height _____
☒ Fence - Type stockade Height 6 foot
☐ 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.

Note: No partial, taped, faxed,
reduced or enlarged copies
can be accepted.

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 Kristine DaCosta Date Dec. 14, 2004

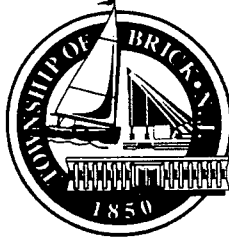
Reviewed by Zoning Office _____ Date 12/29/04 Approved () Denied

8/2/04

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor



Department of Administration & Finance

Township Council:

Anthony Matthews - President
Stephen C. Acropolis - Vice-President
Kathy M. Russell
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.
Dan Toth

Division of Inspections
Daniel F. Newman Jr.
Construction Official
(732) 262-1027
Fax: (732) 262-8954
<http://www.twp.brick.nj.us>

Date: 4-11-06

Kristine DaCosta
564 DrumPoint Rd.
Brick, NJ 08723

Address: 564 DrumPoint Rd. Brick, NJ 08723

An application for a Building Permit has been approved for the following:

Stockade Fence

Please be sure to pick up the permit or call for arrangements by mail. The fee for the permit is \$34. If payment arrangements have not been made for the permit and an inspection reveals that the work has been completed, we will have no other alternative but to issue a violation notice which can result in a fine and/or summons.

Sincerely,

Daniel F. Newman, Jr.
Construction Official

Cc: _____

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/21/2004
Date Issued 1/17/05
Control # C22-18
Permit # 05-0065

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

Block 286.73 Lot 101 qual
Work Site Location 364 DRUM POINT RD
FENCE

Owner in Fee DACOSTA, KRISTINE
Address SAME
BRICK, NJ 08723-

Tele. ()
Contractor
Address

Tele. () Fax ()
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
☒ No Plans Req. 1-4-05 PM
☐ All
☐ Footing
☐ Foundation
☐ Slab
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev
☐ CO ☐ CCO ☐ CA
Date:
Approved By:

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 2,000
3. Total (1+2) \$ 2,000
Industrialized Building:
☐ State Approved
☐ HUD

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

6' STOCKADE FENCE
20' From Front P.L.

TYPE OF WORK
☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence 0 Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☒ Other FENCE
Other
☐ Demolition

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 16
DCA State Permit Fee \$ 3
U.C.C. F110 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/21/2004
Date Issued 1/17/05
Control # C22-18
Permit # 05-0065

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

Block 286.73 Lot 101 Qual
Work Site Location 564 DRUM POINT RD
FENCE

Owner in Fee DACOSTA, KRISTINE
Address SAME

Telephone ()
Contractor

Address

Tele. () Fax ()
Lic. No. of Bldgs. Reg. No.
Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req-4/05 EMM

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 2,000

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

Industrialized Building:

☐ State Approved

☐ HUD

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

6' STOCKADE FENCE

25' FROM FRONT P.L.

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other FENCE

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 16

DCA State Permit Fee \$ 3

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:

Stephen C. Acropolis – President

Gregory S. Kavanagh

Anthony Matthews

Kathy M. Russell

Ruthanne Scaturro

Michael A. Thulen, Sr.

Frederick J. Underwood, Sr.



Department of Engineering

Office of the Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

Date: December 14, 2004

Block: 286.73 Lot: 1.01

Property Address: 564 Drum Point Road

I, Kristine DaCosta of 564 Drum Point Road
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Kristine DaCosta
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: 1/4/05

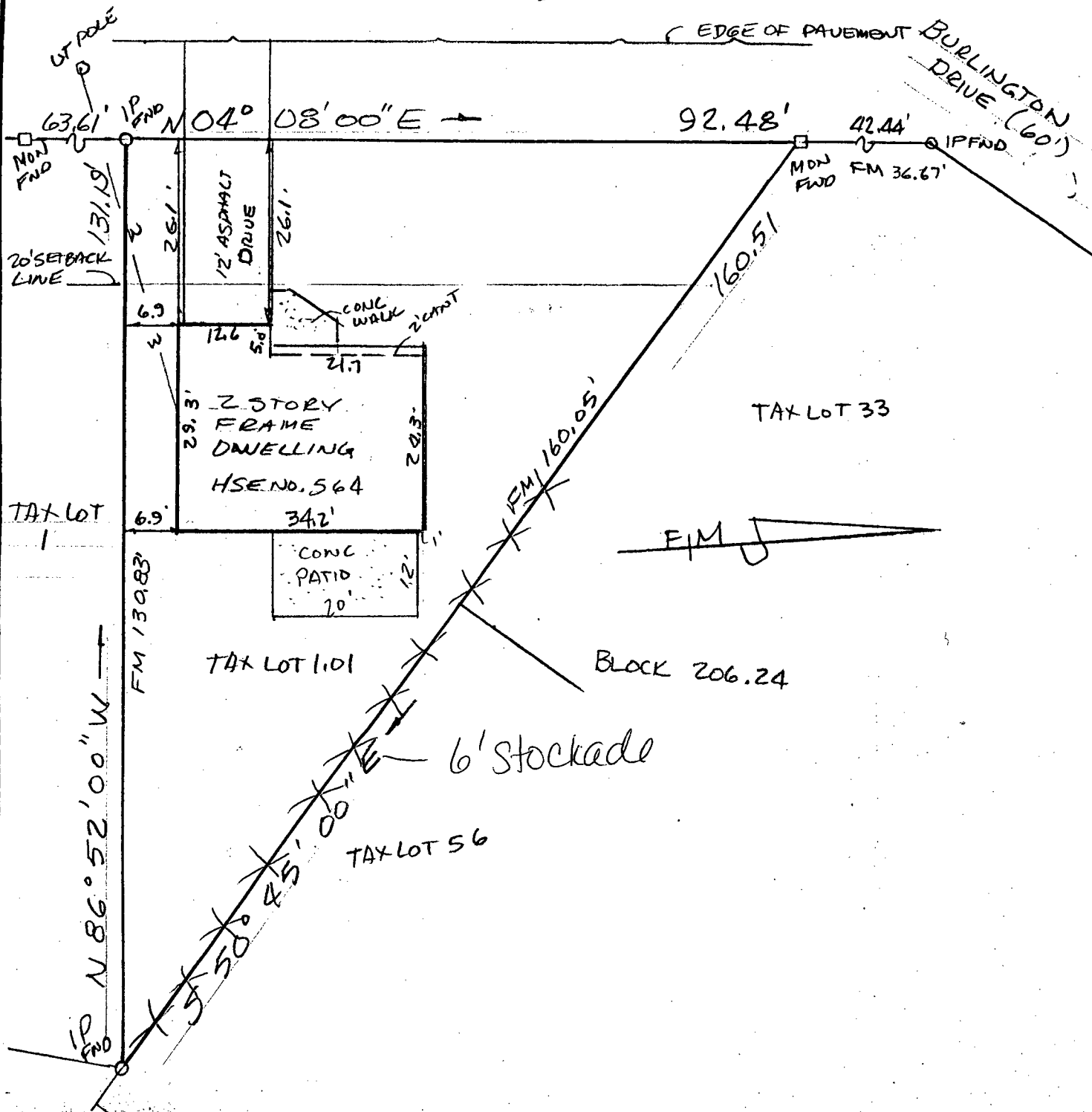
Signed: [Signature]

Rejected on: _____

Signed: _____

Comments:

DRUM POINT ROAD (60') (38' BIT. CONG.)



CERTIFIED TO:
ELAINE DACOSTA & KRISTINE DACOSTA
GREENTREE MORTGAGE COMPANY, L.P. AND/OR
ITS SUCCESSORS AND ASSIGNS
SOUTH JERSEY SEARCH COMPANY
CONESTOGA TITLE INSURANCE COMPANY
HAINES & THOMPSON, ESQS.

This is to certify that this survey is accurate, and that this drawing is a true representation of actual conditions existing on the property, except such easements, if any, that may be located below the surface of the lands, or on the surface of the lands and not visible.

ALSO KNOWN AS TAX LOT 1.01 BLOCK 286.73

YH
12/21/04

HEDGES & ASSOCIATES INC

ENGINEERS PLANNERS SURVEYORS

D. ERNEST HEDGES
N. J. LIC. LAND
SURVEYOR 18256

214 WASHINGTON
STREET

TOMS RIVER
NEW JERSEY
08753

D. ERNEST HEDGES

6-26-96

DATE

LOCATION SURVEY

LOT 1.01 BLOCK 286.73
AS SHOWN ON MINOR SUBDIVISION MAP OF
LOTS 1, 1A & P BLOCK 286.73
BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY
FILE MAP NO. I-1977 FILED 1-4-1988

DATE JUNE 26, 1996

DRAWN DEH

JOB NO. BR 284-6-96

1
OF
1

SCALE 1" = 20'

CHECKED

FIELD BOOK BR-5

DWG. NO. BR-284A

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE
(REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE)
BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED
ON EACH LEVEL AND IN THE VICINITY OF THE SLEEPING ROOMS. AS
OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF
AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF

ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS
CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code,
homeowners or their agents (contractors) shall be required to confirm the
installation of these devices. This may be done by signing the below affidavit in lieu
of an inspection.

*****PLEASE READ AND SIGN*****

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate
vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the
sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey
Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Kristine Dalosta

SIGNATURE: Kristine Dalosta DATE: Dec. 14, 2004

BLOCK: 286.73 LOT: 101 ADDRESS: 564 Drum Point Road

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 564 Drum Point Road
Block: 286-73 Lot: 1.01
Owner's Name: Kristine DaCosta
Owner's Mailing Address: 564 Drum Point Road
Brick NJ 08723
Phone: [REDACTED]

BUILDING

Contractor: NONE
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

A 6-foot stockade fence
around the perimeter of
my back yard.

Type of Work

☐ New Building ☐ Siding
☐ Addition ☒ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: 6 feet
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____
Cost of Alteration: \$ _____
Cost of New Building: \$ _____
Cost of Site Work \$ _____

Total Cost of New Building Work: \$ 2000

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

Signature: [Signature]
Please Print Name Kristine DaCosta

ELECTRICAL

Contractor: NONE
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
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
Sprinkler System _____
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: 80

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

Signature: [Signature]
Please Print Name Kristine DaCosta

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: NONE
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping _____ No. of outlets _____	
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain) _____ Tons _____	
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work \$0

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

Signature: Kristine DaCosta

Please Print Name: Kristine DaCosta

CONTRACTOR'S SEAL

FIRE

Contractor: NONE
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: _____

Tank Removal _____
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 _____
CO Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System Commercial _____

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

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work \$0

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

Signature: Kristine DaCosta

Print Name: Kristine DaCosta