210-03

BLOCK 210 B 13 LOT 2 ADDRESS (SITE) 16 Mandalay Ave. PERMIT NO. 107-90

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 16 mandalay Ave.
2. Name of Owner in Fee: Frank Sharp Tel. ([redacted]
   Address 16 mandalay (street) Brick (municipality)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Modern Homes Tel. ( ) 2490099
   Address 65 Fritz Dr. Toms River
   License No. OR, if new home, Builder Reg. No. 13152 Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer Deluxe Homes PA. Tel. ( ) _____
   Address _____
6. Responsible Person In Charge of Work BRUCE WALKER Tel. ( ) _____

V. FEE SUMMARY (for office use only)

		Update 25.-Demo 6/1/90	Update
1. Building	$ 68.99		
2. Electrical			
3. Plumbing	55.-		
4. Fire Protection	20.-		
5. Other			
6. Subtotal	$ 143.99		
7. Less 20% for State Plan Review	14.40		
8. Subtotal	$		
9. BOCA Training Fee	5.91		
10. Subtotal	$		
11. Cert. of Occupancy	21.60		
12. Other			
13. TOTAL	$ 185.90		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 17 ft.	
3. Area—Largest Floor 1232 sq. ft.	
4. Building Area—All Floors 1232 sq. ft.	
5. Volume of Structure 9856 cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed 3768 sq. ft.	
8. Flood Hazard Zone A5	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____ sq. ft. / no _____	
11. Fire Grading _____	
12. Max. Live Load _____	
13. Max. Occupancy Load _____	

II. PROPOSED WORK

Modular dwelling

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work (single trade)									
2. ☐ Small Job ($5,000 and no prior approvals)									
3. ☑ New Building	60,000	GB	1-19-90		2-7-90	WK	6/20/90 WS		
4. ☐ Addition									
5. ☐ Alteration									
6. ☑ Fire Protection			2-8-90		2-8-90		6-18-90		
7. ☒ Plumbing			1-25-90	1-25-90	1-31-90		6/15/90		
8. ☐ Electrical Modulars							6-15-90		
9. ☐ Asbestos Abatement									
10. ☐ Demolition									
TOTAL COSTS					1-26-90	FD	OK		

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 Devices
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Malls

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:
2. Use Group: R-3
3. Change in Use Group

LDS BR 10507403

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 and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other t single family residential use. I attest that all construction, plumbing, or electrical work will be done, in wh or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; a I further acknowledge that said new home is not covered under the New Home Warranty and Builc Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purcha 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 RESPONSIBIL FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURI AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I H EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WOR 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 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, alterat renovation, or repair to an existing single family residence owned and occupied by myself and located the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will deemed part of, an existing single family residence that is owned and occupied by myself and located 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 Jer 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 St county, and local prior approvals have been given, including such certification as the construction official may requ

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

Signature _____ Date _____

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) proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make 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 S county, and local prior approvals have been given, including such certification as the construction official may req

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Div 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 Modern Homes

Address 65 Fritz Dr.
Toms River NJ

Telephone ( ) 244-0099

Signature Barry Wall Date 1-18-90

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	COMMENTS
☐ 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	SIC	1/22/90	house						
☐									
☐									

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. 107-90	6-22-90	

CERTIFICATE

Date Issued 6-22-90
Control #
Permit # 107-90

IDENTIFICATION

Block 210.03 Lot 2
Work Site Location 16 Mandalay Rd.

Owner in Fee Frank Sharp
Address

Tele. ( )
Contractor Modern Homes
Address 65 Fritz Dr.
Toms River, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 090501
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Single family dwelling

Type of Warranty Plan: [X] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

xx☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Ciarlo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

TOWNSHIP OF BRICK

APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block 210B13 Lot 2
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:

Name Ellen Sharpe
Address 16 mandalay Ave
Town/State/Zip Brick NJ 08723

CONSTRUCTION LOCATION:

Address 16 mandalay AVE
Brick
Tel. (___) 920 0184

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: R-3 Previous R-3 Current

FINAL COST OF CONSTRUCTION: $ 80,000

(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

X SIGNED: Dan Walsh Modern Homes
OWNER/AGENT

☐ Owner
☒ Agent

CONSTRUCTION PERMIT

Date Issued 2-8-90
Control #
Permit # 107-90

IDENTIFICATION Block 210 B 13 Lot 2

Work Site Location 16 Mandalay Rd

Owner in Fee Frank Sharp
Address 16 Mandalay Rd
Bell Mead NJ
Tele. ( ) 922-0864

Contractor Modern Homes
Address 65 Fifth Ave
Toms River, N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No. **0005** 107**

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Dwelling
Det. 9856.

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 $ 64,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	68.99 210B13 #	0.00
Plumbing	55 LOT	0.00
Electrical	2 #	
Fire Protection	30 BUILDING	58.99
Other P/R	14 PLUMBING	55.00
Other	FIRE	20.00
DCA Training Fee	SLA/RVW	14.00
Cert. of Occ.	30 C/O	5.91
Other	C/O	21.60
Total	185.90	185.90
Check No.	# CHECK	185.90
Cash		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

Date Issued 2-8-90
Control #
Permit # 107-90

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

Block 210-B-13 Lot 2
Work Site Location 16 Mandalay Ave.

Owner in Fee Frank Sharp
Address 16 Mandalay
[redacted]
Tele. ( ) [redacted]
Contractor Modern Homes
Address 605 Fritz Dr.
Toms River 08753
Tele. ( ) 244-0099
Lic. No. or Bldrs. Reg. No. 13152
Federal Emp. No. _____ or Social Security No. _____

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 Ben Wath

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW Modular Home
28x44
ONE STORY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	2-7-90	mc
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/20/90
Approved By: WJS.

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			3-28-90	
Foundation			4-18-90	
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		✓
Constr. Class		
No. of Stories	1	
Height of Structure	17	Ft.
Area—Largest Floor	1232	Sq. Ft.
Total Bldg. Area/All Floors	9856	Sq. Ft.
Volume of Structure		Cu. Ft.
Total Land Area Disturbed	3768	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 60,000

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] 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 $ _____

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 2-8-90
Control #
Permit # 107-90

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

Block 210-B-13 Lot 2
Work Site Location 16 mandalay Ave.

Owner in Fee Frank Sharp
Address 16 mandalay [redacted]
Tele. ( ) [redacted]
Contractor Modern Homes
Address 605 Fairview Dr.
Toms River NJ
Tele. ( ) 244-0099
Lic. No. or Bldrs. Reg. No. 13152
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	2-7-90	MK
[ ] 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				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		✓
Constr. Class		
No. of Stories		1
Height of Structure		17 Ft.
Area—Largest Floor		Sq. Ft.
Total Bldg. Area/All Floors		1232 Sq. Ft.
Volume of Structure		9856 Cu. Ft.
Total Land Area Disturbed		3768 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 60,000
3. Total (1+2) $ 60,000

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.

Brian Walsh
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW Modular Home
28 X 44
ONE STORY

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] 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 $ _____

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 6-1-90
Control #
Permit # X 107-90

210 B13

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

Block 210.03 Lot 2
Work Site Location 16 mandalay Ave Brick
Owner in Fee ELLEN SHARPE
Address 16 mandalay
Tele. ( )
Contractor MODERN Homes
Address 65 FRITZ DR.
Tele. ( ) 244-0099
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

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.

X Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Demolition - House

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Req. 6-1-90
[ ] 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				

B. BUILDING CHARACTERISTICS

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] 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 $

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 6-1-90
Control #
Permit # # 107-90

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

Block 210.03 Lot 2
Work Site Location 16 mandalay Ave Brick
Owner in Fee ELLEN SHARE
Address 16 mandalay
Tele. ( )
Contractor MODERN Homes
Address 65 Frita Dr.
Tele. ( ) 244-0099
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

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.

X Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demolition - House

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[X] No Plans Req.	6-1-90		Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire	6/20/90		Energy				
SUBCODE APPROVALS:			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] 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 $

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-8-90
Control #
Permit # 107-90

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

Block 210 B 13 Lot 2
Work Site Location 16 mandalay Ave

Owner in Fee Frank Sharp
Address 16 mandalay
Tele. ( ) [redacted]
Contractor [illegible]
Address 65 Fritz Dr. Toms River NJ 08755
Tele. ( ) 244-0099
Lic. No. 13152
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 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.
[✓] Fire Plans Approved
Date: 2-8-90
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 6-18-90
Approved by: [signature]

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other CA MODULAR R-3			6-18-90	

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		
Smoke Detectors	1	
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		20.00
OTHER		
Administrative Surcharge		$
Minimum Fee		$
TOTAL FEE		$

Paid [ ] Check # _____
Collected by _____

U.C.C. Form F-140A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-8-90
Control #
Permit # 107-90

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

Block 210 B 13 Lot 2
Work Site Location 16 mandalay Ave

Owner in Fee Frank Sharp
Address 16 mandalay
[redacted]
Tele. ( ) [redacted]
Contractor Modern Homes
Address 65 Fritz Dr. Toms River NJ 08755
Tele. ( ) 244-0099
Lic. No. 13152
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 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:
[X] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 2-8-90
Approved by: [signature]
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		
Smoke Detectors	1	
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		20 (cash)
OTHER		

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

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-8-90
Control #
Permit # 107-90

MODULAR DWELLING

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

Block 210-B-13 Lot 2
Work Site Location 16 Mandalay Ave. Brick
Owner in Fee Frank Sharp
Address 16 Mandalay Ave. Brick
Tele. [redacted]
Contractor ERDMAN
Address 1020 ENSIGN AVE Beachwood, N.J.
Tele. ( ) 349-3482
Lic. No. BIO 6824
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed X
Building Sewer Size 3"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 1-31-90
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: 6-5-90
Date: [signature]

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			5-21-90	
Water			5-17-90	
Sewer			5-17-90	
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

[signature]
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
4	Gas Piping	15.-
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	15.-
1	Water Service Connection	15.-
1	Gas Service Connection	
	Active Solar System	
	Other	10.-

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 55.-

ADD. FEE DUE FOR WATER HEATER + HOT WATER BOILER 5-21-90 $30.-

U.C.C. Form F-130A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-8-90
Control #
Permit # 107-90

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

Block 210-B-13 Lot 2
Work Site Location 16 Mandalay Ave.
Brick
Owner in Fee Frank Sharp
Address 16 Mandalay Ave
Brick
Tele. ([redacted]
Contractor FERMAN
Address 1020 ENSIGN Ave
Benchwood, N.J
Tele. ( ) 349-3482
Lic. No. BIO 6824
Federal Emp. No. _____ or Social Security N[redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed X
Building Sewer Size 3"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 1-31-90
Approved by: [signature]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

[signature]
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

MODULAR DWELLING

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
4	Gas Piping	15.-
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	15.-
1	Water Service Connection	15.-
1	Gas Service Connection	
	Active Solar System	
	Other	10.-

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

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CUT-IN-CARD

MUNICIPALITY B. T.

LOCATION 16 Mandalay Rd UTILITY CO T

BLK 710 B13 LOT 2

OWNER ELLEN SHARPE OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after _____ days

SERVICE _____ RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS RF 1492958

DATE 6-15-90 PERMIT # 005497 INSPECTOR [signature]

Elec. 104 P 900601 Insp. Lic# 1427

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 6-25-90

NAME Frank & Ellen Sharp

ADDRESS 16 Mandalay Rd. Brick, NJ 08723

PROPERTY LOCATION 16 Mandalay Rd.

Account No. D643208 Block 210-B13 Lot 2

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority J. Evan

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT
BUREAU OF HOMEOWNER PROTECTION
NEW HOME WARRANTY PROGRAM
CN 805
Trenton, New Jersey 08625

CERTIFICATE OF PARTICIPATION

in New Home Warranty Security Fund

OWNER ☐ **CHECK IF FOR COMMON ELEMENTS***

1 ELLEN SHARPE AND FRANK SHARPE

NAME OF OWNER WHO WILL BE FIRST RESIDENT. (WHEN USED FOR COMMON ELEMENTS, ENTER NAME OF CONDOMINIUM DEVELOPMENT. SEE INSTRUCTIONS.)

NEW DWELLING LOCATION

3 16 mandalay Ave.
STREET NAME AND NUMBER

BUILDING UNIT NUMBER

BRICK
CITY ZIP

210-B-13 2
BLOCK NUMBER LOT NUMBER

BRICK OCEAN
MUNICIPALITY COUNTY

COMMENCEMENT DATE OF WARRANTY

4

	month	day	year
COMMENCEMENT DATE	06	21	90

(The date of closing or first occupancy, whichever occurs first.)

NOTE: Any change in the commencement date must be reported to the Bureau.

OWNER: ANY DISAGREEMENT WITH INFORMATION ON THIS CERTIFICATE MUST BE REPORTED TO THE NEW HOME WARRANTY PROGRAM WITHIN 45 DAYS FROM ITS RECEIPT.

☐ CHECK IF EXCLUSION SHEET IS INCLUDED

REGISTERED BUILDER-WARRANTOR

2 MODERN HOMES / BRUCE WALLER & SON
NAME

65 FRITZ DR.
STREET AND NO.

TOMS RIVER NJ 08755
CITY STATE ZIP

PHONE NUMBER (201) 244-0099

N.J. BLDR. REGISTRATION # 13152

Registered Builder's Signature

NOTE: WHERE TITLE IS TRANSFERRED, THE SELLER MUST BE THE REGISTERED BUILDER AND WARRANTOR.

PREMIUM PAYMENT

5

SELLING PRICE* $ ~~81,486~~
(NOT APPLICABLE IF THIS CERTIFICATE OF PARTICIPATION IS FOR CONDOMINIUM COMMON ELEMENTS*)

Amount of Premium $ ~~407.43~~
.004 x Selling Price

*Any change in the selling price & premium must be reported to the Bureau along with supplemental payment if applicable.

☑ CHECK IF HOUSE CONSTRUCTED ON OWNER'S LOT. CALCULATE WARRANTY PREMIUM AS FOLLOWS:

TOTAL CONTRACT PRICE $ 81,486

Amount of Premium $ 407.43
(1.25 x Total Contract Price x .004)

CHECK TYPE OF HOME:

SINGLE FAMILY ☑ **TWO-FAMILY (single title)** ☐ **CONDOMINIUM** ☐ **TOWNHOUSE** ☐

*NOTE: A SEPERATE CERTIFICATE OF PARTICIPATION IS REQUIRED FOR EACH INDIVIDUAL BUILDING IN A CONDOMINIUM DEVELOPMENT. A PREMIUM PAYMENT IS NOT REQUIRED.

NOTE: See reverse side for assignment of property.

OWNER NOTE:
A HOMEOWNER BOOKLET MUST BE GIVEN WITH THIS CERTIFICATE BY YOUR BUILDER-WARRANTOR. IF NOT RECEIVED—WRITE TO THE ABOVE ADDRESS.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, Chapter 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years subject to the terms

CERTIFICATE VALIDATION STAMP NUMBER

090511 JUN 21 90

WARRANTY NUMBER

PLEASE REMOVE ALL CARBON PAPER BEFORE RETURNING

MUNICIPAL COPY

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

PHONE: (201) 458-7000

March 27, 1990

Block: 210-B13
Lot : 2
16 Mandalay Road
Account #D643208

TO WHOM IT MAY CONCERN:

Please be advised that the water service provided by this Authority has been disconnected and the meter servicing system has been removed.

Be further advised that it is the responsibility of the home-owner to gurarantee that the sewer line is properly capped so that foreign debris does not enter our sewer system.

Marilyn H. Schoof

Marilyn H. Schoof

/mhs

Jersey Central Power & Light Company
417 New Jersey Avenue
Point Pleasant Beach, New Jersey 08742
(201) 892-8585

April 17,1990

Mr. Bruce Waller
65 Fritz Dr.
Toms River, N. J. 08753

Re: 16 Mandalay Rd.
Brick, N. J.

Dear Mr. Waller:

In response to your request, we have removed the electric meter(s) and service(s) from the above referenced location.

Very truly yours,

F. L. Walker
General Supervisor Line
Pt. Pleasant Operating

cc: File
0383D

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

OFFICE OF:

(201) 477-30

January 10, 1990

Re: Tank Removals and Demolitions

From: Arthur J. Cierzo, Construction Official

Please advise all applicants for the above that they must send a copy of attached application to the State within thirty days prior to the beginning of work, they must also submit certification on tanks being emptied and purged to the building department with a receipt from where tanks were discarted before a final can be signed off.

AJC/jkg

STATE OF NEW JERSEY

THOMAS H. KEAN
GOVERNOR

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT

ANTHONY M. VILLANE JR., D.D.S.
COMMISSIONER

3131 PRINCETON PIKE
CN 816
TRENTON, N. J. 08625-0816

Re: Your variation request for ----------
---------- Our Ref.#----------

Dear :

A preliminary review of your request for a variation for the subject project has been completed. The following omissions/nonconformances/ discrepancies have been noted:

A. PLANS

3 sets of plans.
Location(s) of negative air filtration unit(s).
The location(s) of the decontamination chamber(s).
The location(s) of occupants and abatement work areas.
The exits to be used by workers and occupants.
The location of the waste container.
The route of travel for waste removal.
The route of workers to exit the building.
Separation barriers and critical barriers.

B. SPECIFICATIONS

3 sets of specifications.
Specific work proceedures (not a copy of Sub-8).
Method(s) of removal.

C. OCCUPANTS.

The number of intended occupants.
Their purpose for being in the building.
Their location within the building.
The time of day they will be in the building.

Lyman

ASBESTOS ABATEMENT NOTIFICATION

DATE:

(PRINT OR TYPE) (If applicable variance#)

Project: Demolishion
Street: 16 mandalay Ave.
Town: Brick NJ

Contractor: modern Homes Lic No:
Address: 65 FRITZ DR. Toms River NJ.

A.S.C.M.: Lic No:
Address:

OSHA Air Monitor:
Address:

Building Owner: ELLEN SHARPE
Street: 16 mandalay
Town: Brick
Phone: ( ) [redacted] County: Ocean Zip: 08723

Engineer/Architect:

Street:
Town:
Phone: ( ) - County: Zip:

Waste Hauler: Haul-a-way Lic. No.:
Address: SEASIDE Hts. 793-6564

Land Fill:
Town: Ocean County Rt. 70 Lakehurst

Job Size: (Circle One) Minor (Small) Large House consisting of wood, pipins, concrete Cedar Siding, Asphalt Shingle

Quantity of Waste Generated: CU. Yds.:
(All Applicable) Linear Footage: NO insulation or ASBESTOS
Sq. Footage:

Proposed Start Date: / / Proposed Finish Date: / /

Cost of work:$ 3500

(To be filled in by the Construction Official)
Construction Permit No.: Date Issued: / /

0843A
1/19/89

Permit
Review Check List

Project: _____

Address: _____

Municipality: _____

ASCM Firm: _____

Date received: _____ Date reviewed: _____

Reviewed by: _____

( ) 1. UCC Form (F-100) Applications for a permit

( ) 2. UCC Form (F-110) Building Subcode

( ) 3. Health Waiver or Assessment

( ) 4. Notification form for Asbestos Abatement

( ) 5. Plans
- ( ) a. Separation Barriers
- ( ) b. Critical Barriers
- ( ) c. Scope of Work
- ( ) d. Route of travel to waste container
- ( ) e. Copy of site plan
- ( ) f. Copy of floor plan and/or plans if a multi-story

( ) 6. Specifications
- ( ) a. Scope of Work
- ( ) b. Type of removal (Glove bag, full containment)
  - ( ) 1. Where (specific locations; Re. plans)
  - ( ) 2. Quantity (Ln ft) (Sq. ft)

( ) 7. Documentation of non-occupancy or copy of variance

( ) 8. Release of plans and specifications by the ASCM

( ) 9. Permit Fee

Comments: _____

_____

_____

_____

_____

1256A
3/15/88

ASBESTOS JOBS

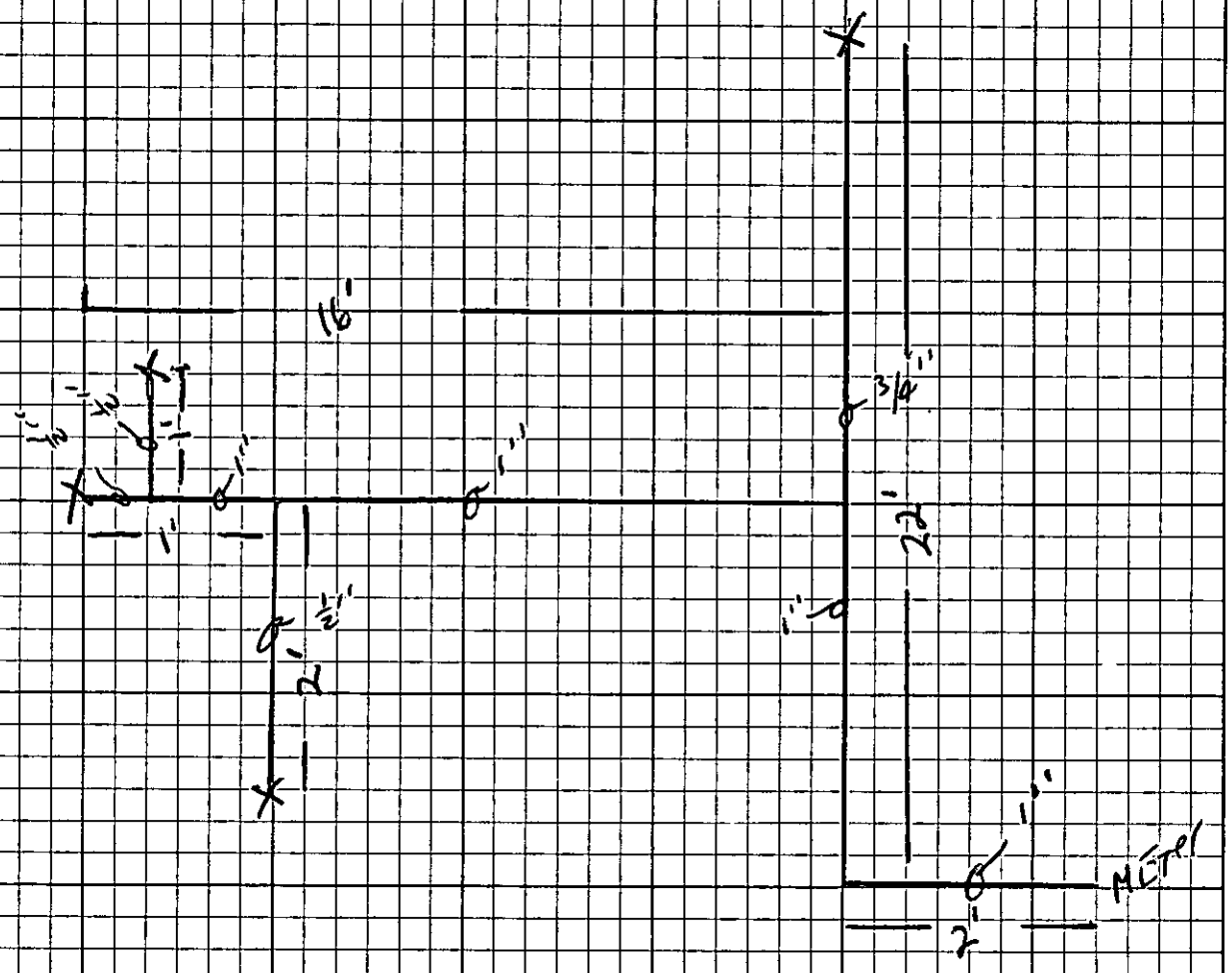
Under D.C.A. Subchapter 8

	LARGE	SMALL	MINOR
Square Feet	≥ 160	< 160 to > 25	≤ 25
Linear Feet	≥ 260	< 260 to > 10	≤ 10
Worker Training	5 day (W)	5 day (W)	2 day (M&C)
DOL Permit	Yes	Yes	No
Contractor License	Yes	Yes	No
Construction Permit	Yes	Yes	No
Notice to Adm. Authority	Yes	Yes	No
Completion Report to Adm. Av.	Yes	Yes	Yes
Contractor Daily Log	Yes	No[1,2]	N/A
Contractor Written Emerg. Plan	Yes	No[1,2]	N/A
Decon. Unit	Yes	No[2]	No
Work Area Enclosure	Yes	Yes	General Isolation[3]
Neg. Air Filtration	Yes	No[2]	No
Daily Air Monitoring	Yes	No[2]	No
Smoke Test[4]	Yes	No[2]	No
Final Air Sample	Yes	Yes	Yes(glovebag)
Pre-commencement Inspection	Yes	Yes	No
Progress Inspection	Yes	Yes	No
Pre-Sealent Inspection	Yes	No[1,2]	No
Clean-Up Inspection	Yes	Yes	No
Approved Landfill	Yes	Yes	Yes

Footnotes

1. Highly recommended.
2. ASCM may request variance.
3. Ground cover, local vents sealed, etc.
4. Smoke test is required for all glovebag type removals.

Dryer	17,000
RANGE	46,000
Boiler	85,000
WATER HEATER	35,000
	143,000 BTU



TOWNSHIP OF BRICK

PLOT PLAN REVIEW CHECK LIST

BLOCK: 210 B 13 LOT 2

ADDRESS 16 mandalay Ave-

RECEIVED JAN 24 1990 MUNICIPAL ENGINEER

A. PLOT PLAN REVIEW	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
1. SURVEY - SIGNED & SEALED (P.L.S.)	✓		✓		
2. WIDTH & TYPE OF ROAD PAVEMENT	✓				
3. EXISTING ELEVATIONS (NGVD IN FLOOD HAZARD ZONES)					
SIDE PROPERTY LINES @ DWELLING & PROPERTY CORNERS	✓				
STREET GUTTER, TOP CURB & CENTER LINE ELEVATION	✓				
CONTOURS (IF GREATER THAN 2' DIFFERENCE IN ELEVATION	✓				
ADJACENT DWELLING CORNERS	✓				
4. PROPOSED GRADING	✓				
GARAGE, FIRST FLOOR, CRAWL SPACE & BASEMENT ELEVATION	✓				
LOT GRADING	✓		✓		
METHOD OF DRAINING	✓		✓		
5. FLOOD ZONE (IF APPLICABLE) FLOOD OPENINGS SIZED & PLACED				✓	
NGVD REF. IN FLOOD ZONE (BY P.L.S.)					
6. DRIVEWAY - WIDTH & TYPE	✓		✓		
7. PLOT PLAN SIGNED & SEALED (P.E., P.L.S. OR REG. ARCH)	✓				

B. FIELD CHECK (INSP) PLOT PLAN — SIGNATURE J Hundley — DATED 1/24/90 — ACCEPTED ☑ REJECTED ☐

COMMENT J Hundley 1/30/90

FIELD CHECK (INSP) DRIVEWAY — SIGNATURE — DATED — ACCEPTED ☐ REJECTED ☐

COMMENTS

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

_____ Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

JAN 24 1990

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

J Ruckelshaus 1/26/90 Accepted
Signature Dated

Comments: _____

_____

J Ruckelshaus 1/24/90 Rejected
Signature Dated

Comments: _____

_____

E. C. O. APPROVALS

1. Field Inspection (Inspector)

_____ Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

2. Temporary C. O. (Municipal Engineer)

_____ Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

3. Final C. O. (Municipal Engineer)

_____ Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

NEW JERSEY NATURAL GAS CO.
P.O. BOX 1464
WALL, NEW JERSEY 07719

TRENTON, NJ
PM
29 MAR
1990
086

Moden Homes
65 Fritz Dr
Toms River, N.J.

Attn: Bruce Waller

(list)

FEDERAL EMERGENCY MANAGEMENT AGENCY

NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

AND

INSTRUCTIONS

ELEVATION CERTIFICATE

O.M.B. No 3067-0077
Expires May 31, 1993

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR).

Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME	POLICY NUMBER
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.)	
CITY / STATE / ZIP CODE	

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): ☐ NGVD '29 ☐ Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: _____.__ feet NGVD (or other FIRM datum–see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level ____ .
2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE): The top of the reference level floor from the selected diagram is at an elevation of _____.__ feet NGVD (or other FIRM datum–see Section B, Item 7).
(b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of _____.__ feet NGVD (or other FIRM datum–see Section B, Item 7).
(c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is ____.__ feet above ☐ or below ☐ (check one) the highest grade adjacent to the building.
(d). FIRM Zone AO. The floor used as the reference level from the selected diagram is ____.__ feet above ☐ or below ☐ (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: ☐ NGVD '29 ☐ Other (describe under Comments on Page 2). *(NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)*
4. Elevation reference mark used appears on FIRM: ☐ Yes ☐ No (See Instructions on Page 4)
5. The reference level elevation is based on: ☐ actual construction ☐ construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: _____.__ feet NGVD (or other FIRM datum-see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: _____.__ feet NGVD (or other FIRM datum–see Section B, Item 7).
2. Date of the start of construction or substantial improvement _____ .

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1–A30, AE, AH, A (with BFE), V1–V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguishing Features–If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME | LICENSE NUMBER (or Affix Seal)

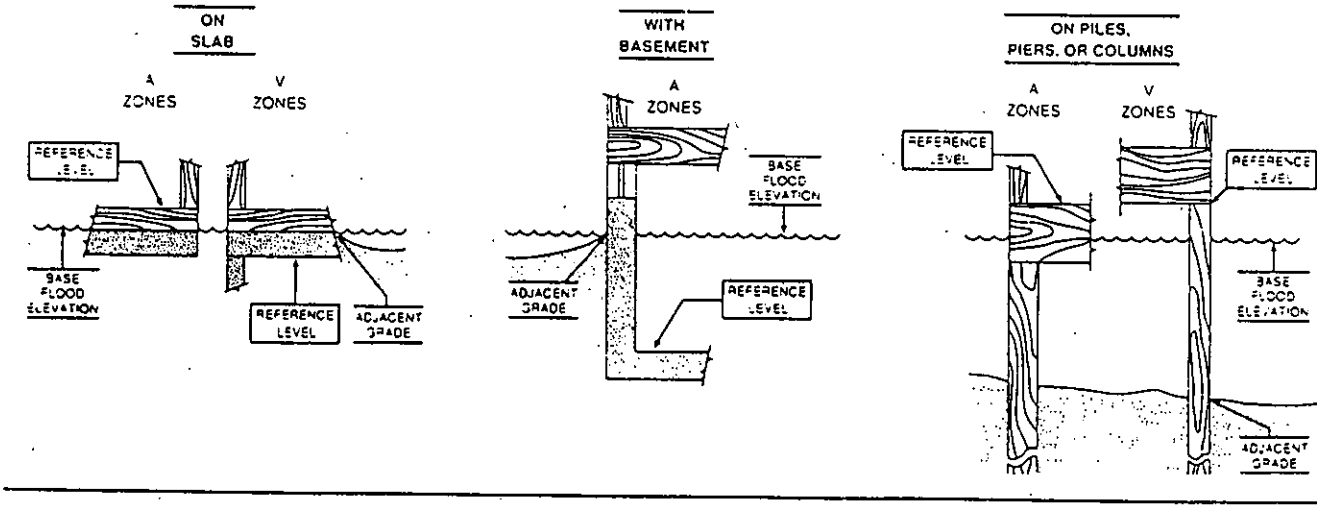
TITLE | COMPANY NAME

ADDRESS | CITY | STATE | ZIP

SIGNATURE | DATE | PHONE

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

THE NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP).

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt a floodplain management ordinance containing certain minimum requirements intended to reduce future flood losses. One such requirement is that the community "obtain the elevation of the lowest floor (including basement) of all new and substantially improved structures, and maintain a record of all such information." The Elevation Certificate is one way for a community to comply with this requirement.

The Elevation Certificate is also required to properly rate post-FIRM structures, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), for flood insurance in FIRM Zones A1-A30, AE, AO, AH, A (with Base Flood Elevations [BFE's]), V1-V30, VE, and V (with BFE's). In addition, the Elevation Certificate is also needed for pre-FIRM structures being rated under post-FIRM flood insurance rules.

Use of this certificate does not in any way alter the flood insurance purchase requirement. The Elevation Certificate is only used to provide information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper flood insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Only a LOMA or LOMR from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal requirement for a lending institution to require the purchase of flood insurance. Note that the lending institution may still require flood insurance.

This certificate is only used to certify the elevation of the reference level of a building. If a non-residential building is being floodproofed, then a Floodproofing Certificate must be completed in addition to certifying the building's elevation. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or affect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements.

INSTRUCTIONS FOR COMPLETING THE ELEVATION CERTIFICATE

The Elevation Certificate is to be completed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE's), V1-V30, VE, and V (with BFE's) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information may also complete this form. For Zones AO and A (without BFE's), a building official, a property owner, or an owner's representative may also provide the information on this certification.

SECTION A Property Information

The Elevation Certificate identifies the building, its owner and its location. Provide the building owner's name(s), the building's complete street address, and lot and block number. If the property address is a rural route or PO box number, provide a legal description or an abbreviated location description based on distance from a reference point.

SECTION B Flood Insurance Rate Map Information

In order to properly complete the Elevation Certificate, it is necessary to locate the building on the appropriate FIRM, and record the appropriate information. To obtain a FIRM, contact the community or call 1-800-333-1363.

The Elevation Certificate may be completed based on either the FIRM in effect at the time of the certification *or* the FIRM in effect when construction of the building was started.

Items 1 - 6. Using the FIRM Index and the appropriate FIRM panel for the community, record the community number, panel (or page) number, suffix, and Index date. From the appropriate FIRM panel, locate the property and record the zone and the BFE (or flood depth number) at the building site. BFE's are shown on a FIRM for Zones A1-A30, AE, AH, V1-V30, and VE; flood depth numbers are shown for Zone AO.

Item 7. Record the vertical datum system to which the elevations on the applicable FIRM are referenced. The datum is specified in the upper right corner of the title block of the FIRM.

Item 8. In A or V Zones where BFE's are not provided on the FIRM, the community may have established BFE's based on data from other sources. For subdivisions and other development greater than 50 lots or 5 acres, establishment of BFE's is required by community floodplain management ordinance. When this is the case, complete this item.

SECTION C Building Elevation Information

Item 1. The Elevation Certificate uses a building's reference level as the point for measuring its elevation. Pages 5 and 6 of this Elevation Certificate package contain a series of eight diagrams of various building types that are to be used to help determine the reference level. Choose the diagram that best represents this building, record the diagram number, and use the indicated reference level to measure the elevation as requested in Items 2a-d.

Item 2. Depending on the property location's FIRM Zone, complete Item 2a, 2b, 2c, or 2d. Use the reference level shown in the appropriate building diagram as the point of measurement. As shown in the diagram on the back of the Certificate, for all A Zones, the elevation should be measured at the top of the reference level floor. For all V Zones, the elevation should be measured at the bottom of the lowest horizontal structural member of the reference level floor. Reporting of elevations in Items 2a and 2b should be to the nearest tenth of a foot, or alternatively, unless prohibited by state or local ordinance, the reference level elevation may be "rounded down" to the nearest whole foot (**"rounding up" is prohibited**).

Item 2(a). For structures located in FIRM Zones A1-A30, AE, AH, and A (with BFE's), record the elevation (to the nearest tenth of a foot) of the top of the floor identified as the reference level in the applicable diagram.

Item 2(b). For structures located in FIRM Zones V1-V30, VE, and V (with BFE's), record the elevation (to the nearest tenth of a foot) of the bottom of the lowest horizontal structural member of the floor identified as the reference level in the applicable diagram .

Item 2(c). For structures located in FIRM Zone A (without BFE's), record the height (to the nearest tenth of a foot) of the top of the floor indicated as the reference level (from the applicable diagram) above or below the highest adjacent grade immediately next to the building.

Item 2(d). For structures located in FIRM Zone AO, the FIRM will show the base flood depth. For locations in FIRM Zone AO record the height (to the nearest tenth of a foot) of the top of the floor identified as the reference level (from the applicable diagram) above or below the highest adjacent grade immediately next to the building. For post-FIRM buildings, the community's floodplain management ordinance requires that this value equal or exceed the base flood depth provided on the FIRM. For those few communities where this base flood depth is not available, the community will need to determine if the lowest floor is elevated in accordance with their floodplain management ordinance.

Item 3. Record the vertical datum system used in identifying the reference level elevations for all buildings. If the datum used in measuring the elevations is different than that used on the FIRM, then convert the elevations in Items 2a-d to the datum used on the FIRM, and show the conversion equation under the Comments section on Page 2.

Item 4. Indicate if the elevation reference mark used appears on the FIRM. Reference marks other than those shown on the FIRM may be used for elevation determinations. In areas experiencing ground subsidence, the most recently adjusted reference mark elevations must be used for reference level elevation determinations.

Item 5. Indicate if the reference level used in making the elevation measurement is based on actual construction or construction drawings. Construction drawings should only be used if the building does not yet have the reference level floor in place, in which case the Elevation Certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be needed once construction is complete.

Item 6. Record the elevation measurement of the lowest grade adjacent to the building (to the nearest tenth of a foot). Adjacent grade is defined as the elevation of the ground, sidewalk, patio, deck support, or basement entryway immediately next to the structure. This measurement should be to the nearest tenth of a foot if this Certificate is being used to support a request for a LOMA/LOMR.

SECTION D Community Information

Completion of this section may be required by the community in order to meet the minimum floodplain management requirements of the NFIP. Otherwise, completion of this section is not required.

Item 1. The community's floodplain management ordinance requires elevation of the building's "lowest floor" above the BFE. For the vast majority of building types, the reference level and the lowest floor will be the same. If the community determines that there is a discrepancy, record the elevation of the lowest floor.

Item 2. Enter date. These terms are defined by local ordinance.

SECTION E Certification

Complete as indicated. The Elevation Certificate may only be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE's), V1-V30, VE, and V (with BFE's) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information may also sign this certification. In the case of Zones AO and A (without BFE's), a building official, a property owner, or an owner's representative may sign this certification.

Certification is normally to the information provided in Sections B and C. If the certifier is unable to certify to the selection of reference level diagram 6, 7 or 8 (Section C, Item 1), e.g., because of difficulty in obtaining construction or building use information needed to determine the Distinguishing Feature(s), the certifier must list the Feature(s) excluded from the certification under Comments on Page 2. The diagram number used for the Reference level must still be entered in Section C, Item 1.

INSTRUCTIONS

The following 8 diagrams contain descriptions of various types of buildings. Compare the features of your building with those shown in the diagrams and select the diagram most applicable. Indicate the diagram number on the Elevation Certificate (Section C, Item 1) and complete the Certificate. The reference level floor is that level of the building used for underwriting purposes.

NOTE: In all A Zones, the reference level is the top of the lowest floor; in V Zones the reference level is the bottom of the lowest horizontal structural member (see diagram on page 2). Agents should refer to the Flood Insurance Manual for instruction on lowest floor definition.

DIAGRAM NUMBER 1

ALL SINGLE AND MULTIPLE FLOOR BUILDINGS (OTHER THAN SPLIT LEVEL), INCLUDING MANUFACTURED (MOBILE) HOUSING AND HIGH RISE BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSE, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The first floor is *not* below ground level (grade) on *all* sides*. This includes "walkout" basements, where at least one side is at or above grade. (Not illustrated)

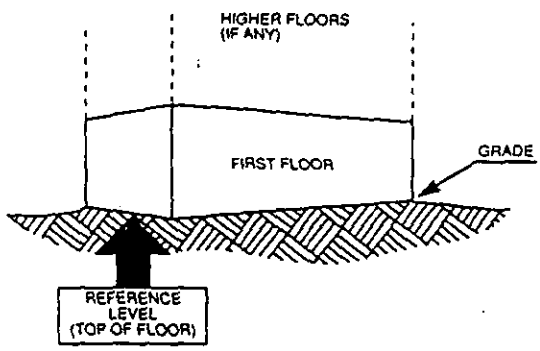


DIAGRAM NUMBER 2

ALL SINGLE AND MULTIPLE FLOOR BUILDINGS (OTHER THAN SPLIT LEVEL), INCLUDING MANUFACTURED (MOBILE) HOUSING AND HIGH RISE BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The first floor *or* basement (including an underground garage*) is below ground level (grade) on *all* sides*.

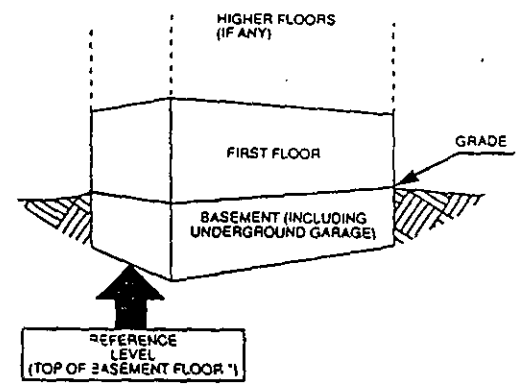


DIAGRAM NUMBER 3

ALL SPLIT LEVEL BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The lower level is *not* below ground level (grade) on *all* sides*. This includes "walkout" basements, where at least one side is at or above grade.

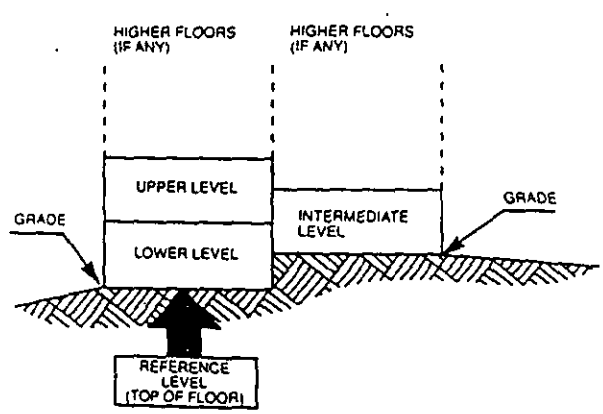
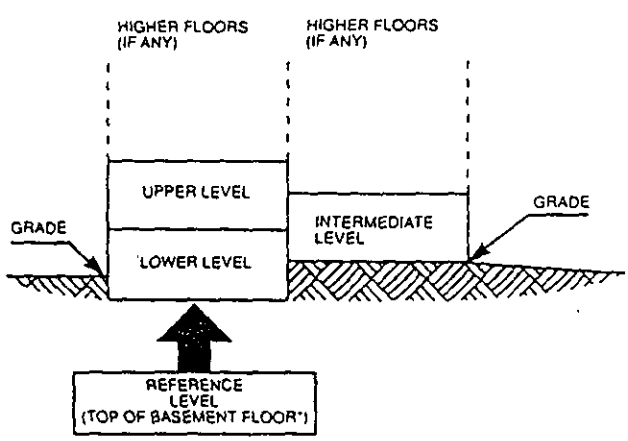


DIAGRAM NUMBER 4

ALL SPLIT LEVEL BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The lower level *(or* intermediate level) is below ground level (grade) on *all* sides*.



** Under the National Flood Insurance Program's risk classification and insurance coverage, a floor that is below ground level (grade) on all sides is considered a basement even though the floor is used for living purposes, or as an office, garage, workshop, etc.*

Note: In all A Zones, the reference level is the top of the lowest floor; in V Zones the reference level is the bottom of the lowest horizontal structural member (see diagram on page 2). Agents should refer to the Flood Insurance Manual for instruction on lowest floor definition.

DIAGRAM NUMBER 5

ALL BUILDINGS, INCLUDING MANUFACTURED (MOBILE) HOMES ELEVATED ON PIERS, POSTS, COLUMNS, SHEAR WALLS, WITH OR WITHOUT PARKING AREA BELOW ELEVATED FLOOR.

Distinguishing Feature - For all zones, the area below the elevated floor is open, with no obstruction to the flow of flood waters (open wood lattice work or readily removable insect screening is permissible).

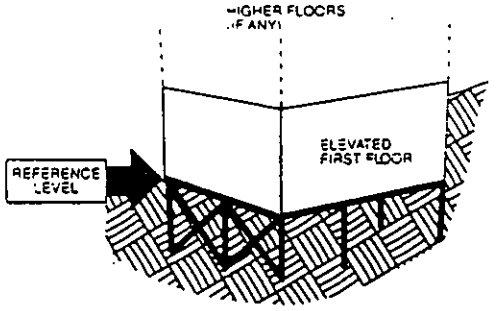


DIAGRAM NUMBER 6

ALL BUILDINGS, INCLUDING MANUFACTURED (MOBILE) HOMES ELEVATED ON PIERS, POSTS, COLUMNS, SHEAR WALLS, WITH OR WITHOUT PARKING AREA BELOW ELEVATED FLOOR.

Distinguishing Feature - For V Zones only, the area below the elevated floor is enclosed, either partially or fully, by solid breakaway walls ** When enclosed area is greater than 300 square feet or contains equipment servicing the building, use Diagram Number 7; this will result in a higher insurance rate. The enclosed area can be used for parking, building access or limited storage.

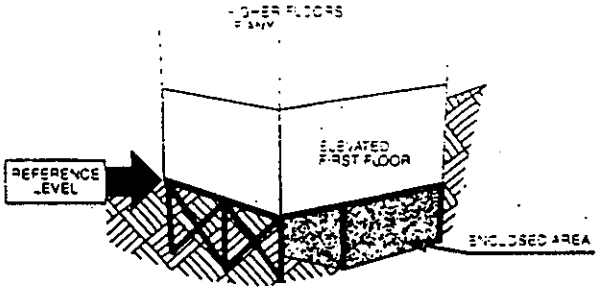


DIAGRAM NUMBER 7

ALL BUILDINGS, INCLUDING MANUFACTURED (MOBILE) HOMES ELEVATED ON PIERS, POSTS, COLUMNS, SHEAR WALLS, SOLID NON-BREAKAWAY WALLS, WITH OR WITHOUT PARKING AREA BELOW ELEVATED FLOOR.

Distinguishing Feature - For all zones, the area below the elevated floor is enclosed, either partially or fully, by solid non-breakaway walls, or contains equipment servicing the building. For V Zones only, the area is enclosed, either partially or fully, by solid breakaway walls** having an enclosed area greater than 300 square feet. For A Zones only, with an area enclosed by solid walls having proper openings.*** and used only for parking, building access, or limited storage, use Diagram Number 8 to determine the reference level.

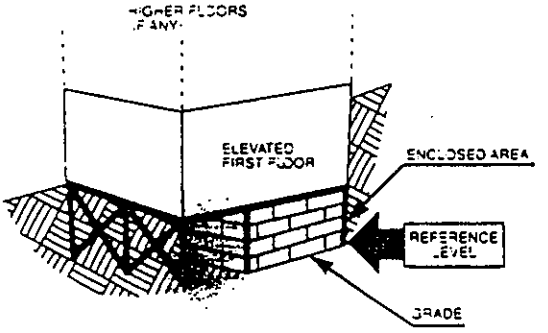
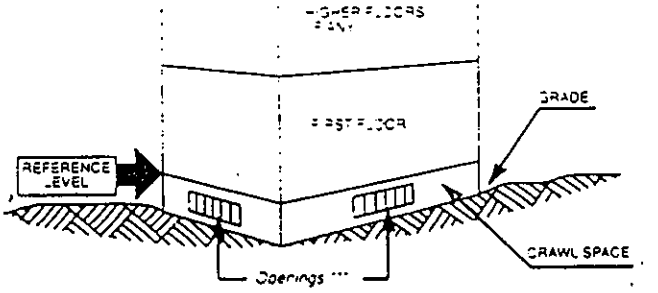


DIAGRAM NUMBER 8

ALL BUILDINGS CONSTRUCTED ABOVE AN UNFINISHED SPACE, INCLUDING CRAWL SPACE.

Distinguishing Feature - For A Zones only, the area below the first floor is enclosed by solid partial perimeter walls, is unfinished, and contains no equipment servicing the structure. The area can be used for parking, building access, or limited storage.



* *Under the National Flood Insurance Program's risk classification and insurance coverage, a floor that is below ground level (grade) on all sides is considered a basement even though the floor is used for living purposes, or as an office, garage, workshop, etc.*

** *Solid breakaway walls are walls that are not an integral part of the structural support of a building and are intended through their design and construction to collapse under specific lateral loading forces, without causing damage to the elevated portion of the building or supporting foundation. An area so enclosed is not secure against forceable entry.*

*** *If the area below the lowest floor is fully enclosed, then a minimum of two openings are required with a total net area of at least one square inch for every square foot of area enclosed with the bottom of the openings no more than one foot above grade. Alternatively, certification may be provided by a registered professional engineer or architect that the design will allow equalization of hydrostatic flood forces on exterior walls. If neither of these criteria are met, then the reference level is the lowest grade adjacent to the structure.*

116 ✓

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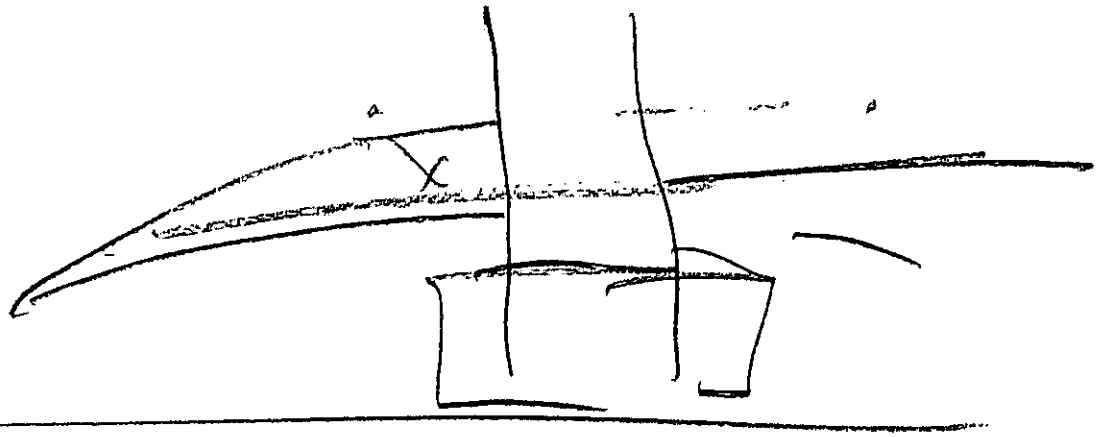
70

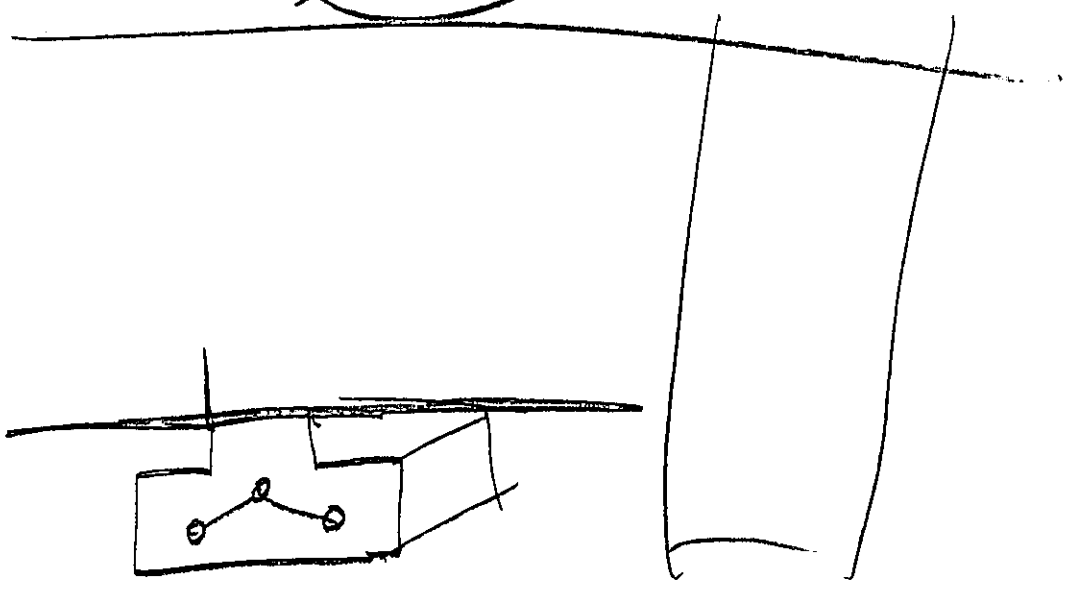
(70)

INS



(10)

lot



Hold FOR

HANK - V BRUCE

MAY PULL - CO - E.A

Prior approval 5:23-1.4 (b)

Coastal

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(908) 477-3000, Ext. 260
Fax: (908) 920-4850

Date: February 7, 1992

To: Hank Deibel, Municipal Engineer

From: Arthur J. Cierzo, Construction Code Official

Re: National Flood Insurance Program (NFIP)
Township of Brick, Ocean County

In reference to a package I received on February 4, 1992 from Clark D. Gilman, P.E. Section Chief, of the Department of Environmental Protection and Energy. He has pointed out to us that the procedure is not being followed with questions regarding approval or disapproval of plan reviews.

In the structure elevations, building problems, and problems with copies of certifications are not being addressed.

The township has to comply with Chapter 155 titled, "Flood hazards" which is addressed in our codification book which is part of the Construction permit application process.

Before commencement with work; a permit must meet all conditions under Section 5:23-1.4 Article 7:14I (Prior Approval) which includes DEP review which makes it part of any conditions required under the UCC. Under 5:23-2.15(1) (Plan Review), is to have written notice of approval or rejection. Upon rejection of review or field inspection prior to completion that person is to be sent a notice in writing from the Construction Office. If the applicant does not comply in a reasonable amount of time, you have the right as the complainant to have a summons issued.

Any application that has prior approval is part of the Construction permit application.

Arthur J. Cierzo

ARTHUR J. CIERZO
Construction Official

AJC/dmc

cc: Mayor Stevan J. Zboyan
Scott R. MacFadden, Business Adm.
Michael Vena, Remington & Vernick
Thomas E. Monahan, Esq.

B 7.18 — L 15-21 flood zone
108 - 7th ave

(a) No permit for ac flood zone.

(b) 485 Eleanor Dr FL 22.01 — 161.01
permit no — 766-91 Spa. fence pool

(c) 161 — 116 — Ellsworth
permit no. 1914-90 FZ
addition reno. roofing

(d) 162 - Sunset Zone permit 742.91
B 62 — L 12 ground level deck.
FZ

(e) 55 Mandalay Rd
permit 2552 B-250-02-5
New Haven —

(f) 10 Cedar Island FL
permit 00-9, 250-02 7
New Haven

(g) 782 - Princeton ave O L FL
New Haven 60-91

tina, wait for letter from Ranch for Bruce FEMA.) notice disappears

B 2

(9A) 149 Sunset Ave (63) (3)

Elevation Certificate or plan

10 787 Princeton Ave 943 - 889

~~132~~ -

162 Sunset Ave 62 - 14

under Const

A 162 Ellison Ave 22.01 - 16.H 162

484 Monument Ave (Pond) 22.09 151 - 152

Penn Zoning Var Ext.

55 Mandalay Rd 250-025

? Bldg Fin
0 Dock Final

TOWNSHIP OF BRICK

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

Department of Engineering

Municipal Engineer
(908) 477-3000, Ext. 273

February 26,1992

Mr. Thomas Monahan
Gilmore & Monahan
10 Allen Street
Toms River, N.J. 08753

Re: Chapter 155 Development
in Flood Hazard Areas

Dear Mr. Monahan:

As we discussed during our meeting of Feb. 10,1992, the New Jersey Department of Environmental Protection & Energy has directed the Township to obtain Elevation Certificates for new or substantially improved structures, constructed within the special flood hazard areas of the Township, since 1989.

In an effort to accommodate the NJDEPE, the Township has sent two letters to the affected property owners, requesting this document. To date twenty two (22) elevation certificates remain to be obtained.

During our February 10th meeting, Mr. Arthur Cierzo advised that summons should be issued to the affected property owners, in order to obtain the certificates. As I have pointed out, the Township may wish to complete the Elevation Certificates in-house, rather than issue summons to force compliance.

I have discussed this issue with Mr. Richard Garnett and we estimate that the cost to the Township for the in-house completion of the Elevation Certificates, would be $2,000.00.

I request that you discuss this matter with the Business Administrator, Mayor and Council, and advise us of the Township's position.

Very truly yours,

Henry W. Deibel

Henry W. Deibel, P.E.,P.P.
Municipal Engineer

HWD/dea
cc: Scott MacFadden, Business Administrator
Richard Garnett, Municipal Surveyor/Planner
Arthur Cierzo, Construction Official

TOWNSHIP OF BRICK

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

ART 5
Copy

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(908) 477-3000, Ext. 260
Fax: (908) 920-4850

Date: February 7, 1992

To: Hank Deibel, Municipal Engineer

From: Arthur J. Cierzo, Construction Code Official

Re: National Flood Insurance Program (NFIP)
Township of Brick, Ocean County

In reference to a package I received on February 4, 1992 from Clark D. Gilman, P.E. Section Chief, of the Department of Environmental Protection and Energy. He has pointed out to us that the procedure is not being followed with questions regarding approval or disapproval of plan reviews.

In the structure elevations, building problems, and problems with copies of certifications are not being addressed.

The township has to comply with Chapter 155 titled, "Flood hazards" which is addressed in our codification book which is part of the Construction permit application process.

Before commencement with work; a permit must meet all conditions under Section 5:23-1.4 Article 7:14I (Prior Approval) which includes DEP review which makes it part of any conditions required under the UCC. Under 5:23-2.15(1) (Plan Review), is to have written notice of approval or rejection. Upon rejection of review or field inspection prior to completion that person is to be sent a notice in writing from the Construction Office. If the applicant does not comply in a reasonable amount of time, you have the right as the complainant to have a summons issued.

Any application that has prior approval is part of the Construction permit application.

Arthur J. Cierzo

ARTHUR J. CIERZO
Construction Official

AJC/dmc

cc: Mayor Stevan J. Zboyan
Scott R. MacFadden, Business Adm.
Michael Vena, Remington & Vernick
Thomas E. Monahan, Esq.

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(908) 477-3000, Ext. 260
Fax: (908) 920-4850

February 18, 1991

To: Ray Korkowski, Building Sub-Code
Jim Hyers, Plumbing Inspector

From: Arthur J. Cierzo, Construction Official

Re: Bruce Wallauer - Flood Zone Report

Please review the report from Mr. Wallauer, particularly the locations we pulled from the files which are located in two boxes next to Ray Korkowski's desk. These are applications located in flood zones, some are already completed and approved and some are still in the process of being constructed.

I want you both to review carefully and compare with Mr. Wallauer's remarks to see why it was in his report. If he mentions there was additional work done and no permit for it, inspect to verify and send a notice of violation where necessary. If the report states a flood elevation certificate is needed, that will be up to the Township Attorney and the Municipal Engineer.

If you require any assistance to complete this task, please see Tina, who will assign 1 or more persons to help you.

AJC/tl

bd. 2/13/92

JACKETS PULLED AND PLACED IN BOX NUMBER 2

Block	Lot	Address	Owner
17K	5	512 Broad Ave. (addition/kitchen)	Hildebrandt — substantial improv.
20.01	18	515 Normandy Dr. (addition)	Thrower S.I. ✓
20.01	24R	503 Normandy Dr. (add/alteration)	Isabel S.I.
~~27~~	~~64Pt of 63~~	~~63 Sunset Boulevard~~ (demolition)	~~Frantzen~~ Demolished house.
27	64Pt of 63	63 Sunset Boulevard (dwelling)	Frantzen new house ✗
39	4.04	376 Osprey Lane (2-story dwelling)	Pfisterer new house ✗
40	2.06	387 Route 35 North (2-story dwelling)	Milidej new house. ✗
41	2.01	365 Route 35 South (dwelling)	Straehle/Schiabor new ✗
41	2.06	385 Route 35 South (dwelling)	Stroehle/Schiabor new house. ✗
41	2.07	389 Route 35 South (dwelling)	Stroehle/Schiabor new house ✗
44.2	11	191 Ketch Road (addition)	Yonadi S.I. ✗
~~44.05~~	~~25~~	~~292 Dutchmans Pt. Rd.~~ (fence, poll, cabana)	~~LaRocca~~
48.7	23-26	273 Ocean Avenue (addition)	Lagothetis S.I. ✗
75	57-60	29 Gale Road (dwelling)	Bull new house ✗
75	76	20 Sheldon Avenue (addition)	Lucchetti S.I. ✗
100	22	76 Nejecho Drive (dwelling)	Huff new house. ✗

133K	15	80 Tall Timber Dr. (2-story dwelling)	Miscio	new house. ✓
210.03	2	16 Mandalay Road (modular dwelling)	Sharp	new house ✓
~~210.05~~	~~5~~	~~25 Cumberland Drive (pool/fence)~~	~~Lavroff~~	
210.05	7	21 Cumberland Drive (dwelling)	Burton	new ✓
210.05	8	19 Cumberland Drive (dwelling)	Zanetti	new ✓
~~210.44~~	~~1~~	~~9 Catalina Drive (addition to deck)~~	~~Roth~~	deck
210.05	9	17 Cumberland Drive (dwelling)	Keever	new ✓
~~210B26~~	~~6~~	~~25 W. Pompano Drive (addition)~~	~~Castellano~~	not S.I.
~~210B20~~	~~33-35~~	~~51 Las Olas Drive (garage)~~	~~Moebus~~	not S.I.
~~211.04~~	~~12.01~~	~~25 Toronto Drive (addition)~~	~~Liss~~	not S.I, 1.5K ✓
~~211.05~~	~~24~~	~~66 Toronto Drive (addition)~~	~~Mayer~~	not S.I.
211.06	9	15 Obispo Drive (dwelling)	Paiva	new ✓
~~211.08~~	~~13~~	~~74 St. Lawrence Blvd. (deck/wood stove)~~	~~DeCarlo~~	not S.I.
211.08	26	22 Santiago Drive (dwelling)	Ganjoin	new ✓
211.19	1	60 Sevill Drive (dwelling)	Cherry	new ✓
~~211.31~~	~~7~~	~~201 Cartagena Drive (addition)~~	~~Corbett~~	not S.I.
211.32	8	190 Cartagena Drive (dwelling)	Fayad	new ✓
~~211.32~~	~~10~~	~~196 Cartagena Drive (repair deck)~~	~~Psaros~~	not S.I.

~~211.32~~	~~19~~	~~214 Cartagena Drive~~ (demolition)	~~Calambino~~
211C01	8	17 Obispo Drive (dwelling/bulkhead)	Kopp Construction new
211D08	1	125 Valencia Drive (dwelling)	McConaghie new
211E	5	10 Toronto Drive (addition)	Vespira S, I.
281.70	40-42	16 Vanard Drive (dwelling)	Homemark Homes new
~~284~~	~~43~~	~~24 Beckert Drive~~ (porch enclosure)	~~Ariniaco~~

JACKETS LOCATED IN BOX NUMBER 1

Block	Lot	Address	Owner
7.18	15,17,19,21	108 7th Ave. (add.alter)	Davis Jessup
20.01	30	514 Normandy Beach (2nd story)	Lynch
22.01	161.01	485 ~~Ellison Dr.~~ (Spa)	Kupper
22.01	151-152	484 Normandy Dr. ~~(irr. pool/fence)~~	Kupper
22.01	161.01-162	162 Ellison Drive. (add,reno,roof.sid)	Marton Comey
62	14	164 Sunset Lane (dwelling)	Sukalski
62	12	162 Sunset Lane (ground level deck)	Filippone
63	3	149 Sunset Lane (dwelling)	Paquet
250.02	5	55 Mandalay Rd. (dwelling)	Trend Homes
250.02	5	55 Mandalay Rd. (dock)	Miller
250.02	7	10 Cedar Island Dr. (dwelling)	Trend Corp.
942	90	786 Princeton Ave. (dwelling)	Orlando
942	91	784 Princeton Ave. (dwelling)	Harvey
942	92	782 Princeton Ave. (dwelling)	LaManna Corp.
943	88-89	787 Princeton Ave. (dwelling)	Schulz

bd. 2/13/92

JACKETS PULLED AND PLACED IN BOX NUMBER 2

Block	Lot	Address	Owner
17K	5	512 Broad Ave. (addition/kitchen)	Hildebrandt substantial improv.
20.01	18	515 Normandy Dr. (addition)	Thrower S.I.
20.01	24R	503 Normandy Dr. (add/alteration)	Isabel S.I.
~~27~~	~~64Pt of 63~~	~~63 Sunset Boulevard~~ (demolition)	Frantzen demolished house.
27	64Pt of 63	63 Sunset Boulevard (dwelling)	Frantzen new house X
39	4.04	376 Osprey Lane (2-story dwelling)	Pfisterer new house X
40	2.06	387 Route 35 North (2-story dwelling)	Milidej new house. X
41	2.01	365 Route 35 South (dwelling)	Straehle/Schiabor new X
41	2.06	385 Route 35 South (dwelling)	Stroehle/Schiabor new house. X
41	2.07	389 Route 35 South (dwelling)	Stroehle/Schiabor new house X
44.2	11	191 Ketch Road (addition)	Yonadi S.I. X
~~44.05~~	~~25~~	~~292 Dutchmans Pt. Rd.~~ (fence, poll, cabana)	~~LaRocca~~
48.7	23-26	273 Ocean Avenue (addition)	Lagothetis S.I. X
75	57-60	29 Gale Road (dwelling)	Bull new house X
75	76	20 Sheldon Avenue (addition)	Lucchetti S.I. X
100	22	76 Nejecho Drive (dwelling)	Huff new house. X

133K	15	80 Tall Timber Dr. (2-story dwelling)	Miscio	new house.
210.03	2	16 Mandalay Road (modular dwelling)	Sharp	new house
~~210.05~~	~~5~~	~~25 Cumberland Drive (pool/fence)~~	~~Lavroff~~	
210.05	7	21 Cumberland Drive (dwelling)	Burton	new
210.05	8	19 Cumberland Drive (dwelling)	Zanetti	new
~~210.44~~	~~1~~	~~9 Catalina Drive (addition to deck)~~	~~Roth~~	deck
210.05	9	17 Cumberland Drive (dwelling)	Keever	new
~~210B26~~	~~6~~	~~25 W. Pompano Drive (addition)~~	~~Castellano~~	not S.F.
210B20	33-35	51 Las Olas Drive (garage)	Moebus	not S.F.
~~211.04~~	~~12.01~~	~~25 Toronto Drive (addition)~~	~~Liss~~	not S.F. ISW
~~211.05~~	~~24~~	~~66 Toronto Drive (addition)~~	~~Mayer~~	not S.F.
211.06	9	15 Obispo Drive (dwelling)	Paiva	new
~~211.08~~	~~13~~	~~74 St. Lawrence Blvd. (deck/wood stove)~~	~~DeCarlo~~	not S.F.
211.08	26	22 Santiago Drive (dwelling)	Ganjoin	new
211.19	1	60 Sevill Drive (dwelling)	Cherry	new
~~211.31~~	~~7~~	~~201 Cartagena Drive (addition)~~	~~Corbett~~	not S.F.
211.32	8	190 Cartagena Drive (dwelling)	Fayad	new
~~211.32~~	~~10~~	~~196 Cartagena Drive (repair deck)~~	~~Psaros~~	not S.F.

not on sheet

~~211.32~~	~~19~~	~~214 Cartagena Drive (demolition)~~	~~Calambino~~ not on sheet
211C01	8	17 Obispo Drive (dwelling/bulkhead)	Kopp Construction new
211D08	1	125 Valencia Drive (dwelling)	McConaghie new
211E	5	10 Toronto Drive (addition)	Vespira S.F.
281.70	40-42	16 Vanard Drive (dwelling)	Homemark Homes new
~~284~~	~~43~~	~~24 Beckert Drive (porch enclosure)~~	~~Ariniaco~~

#18

Land 225.000

Dwell - 195.800

420,800

#24

Land 237,500

119,800

357,300

NEW JERSEY MANUFACTURERS
INSURANCE COMPANY

CN00128
WEST TRENTON, NEW JERSEY 08628-0118

ANTHONY G. DICKSON
PRESIDENT

1-609-883-1300

February 1992

609 883 1300
F737624-7

Anthony Lines
263 Huppert Drive
Brick NJ 08723

Dear Mr. Lines:

Last month the New Jersey Department of Insurance announced that it intends to charge auto insurers at some future time for the deficit of the Market Transition Facility (or "MTF"), the State pool for high-risk drivers. NJM's initial share was listed as $18.4 million.

This bill would average out to about $53 for each car presently insured by NJM. That's on top of the expenses to bail out the JUA, which so far have amounted to $229 million paid directly by NJM policyholders and $27 million paid so far by the Company.

You may recall that in 1990, when the MTF began its three-year period of covering cars, this Company warned publicly that the MTF appeared to be repeating the mistake of the JUA - charging rates that were too low to cover all losses and expenses. We projected that the MTF could suffer a $1 billion deficit unless its rates were increased significantly. State officials did raise rates on several occasions, but time has shown that the increases were not enough.

Now, at the end of its first full year of operation, the MTF has officially reported a $375 million deficit. State officials have suggested that the deficit may shrink, but we worry that it may actually grow. Under the law, NJM must pay part of the MTF deficit, whatever it turns out to be.

As you know, NJM insures households with careful drivers and exercises stewardship of your premium dollars. The Company returns money not needed to cover losses and expenses by paying you a dividend. When NJM must send $18.4 million to the State, that means about 7% of our New Jersey personal auto insurance premiums for a year are gone. That money is not available for losses, expenses or dividends.

We at NJM speak frequently with State officials about New Jersey's auto insurance problems and possible solutions, and we will continue to do so. If you wish to make your views known to them, now is an appropriate time. Insurance Commissioner Samuel F. Fortunato is currently considering another MTF rate increase and is planning rules for a new high-risk driver pool to be called the "assigned risk plan" starting next October.

The addresses of Commissioner Fortunato, Governor Florio and your local State legislators are on the back of this letter. Please tell them that any high-risk pool should collect enough premiums to cover its losses and expenses. New Jersey's good drivers should not be required to pay for any new insurance deficits.

Anthony G. Dickson

Honorable Samuel F. Fortunato
Commissioner
Department of Insurance
CN-325
Trenton, NJ 08625-0325

Honorable James J. Florio
Governor
State House
CN-001
Trenton, NJ 08625

Honorable Andrew R. Ciesla
Senator
852 Highway 70
Brick, NJ 08724

Honorable Virginia Haines
Assemblywoman
852 Highway 70
Brick, NJ 08724

Honorable David W. Wolfe
Assemblyman
852 Highway 70
Brick, NJ 08724

Ray Korkowski

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(908) 477-3000, Ext. 260
Fax: (908) 920-4850

March 3, 1992

Clark D. Gilman, P.E. Section Chief
Flood Plain Management
State of New Jersey
Department of Community Affairs
Bureau of Regulatory Affairs
CN 816
Trenton, New Jersey 08625-0816

Dear Mr. Gilman:

Attached you will find a response to your letter of February 3, 1992 in reference to the National Flood Insurance Program.

You will also find a breakdown of residents who live in a Flood Hazard Area, if they have complied with elevation certificates, if they are not applicable or delinquent.

There also is a breakdown of how the market value was determined on homes in the bay and ocean areas.

On that breakdown there is also a list of residents who have received Notices of Unsafe Structure. These people have not complied with the UCC Codes, Township of Brick Codes, and/or have not supplied us with copies of their elevation certificates. Copies of Unsafe notices are also attached.

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Arthur J. Cierzo

ARTHUR J. CIERZO
Construction Official

AJC/dmc

cc: Mayor Stevan J. Zboyan
Scott R. MacFadden, Business Administrator
Thomas E. Monahan, Township Attorney
Bill Ferguson, Construction Investigator
Hank Deibel, Municipal Engineer