BLOCK 1342.19 LOT 54+55 ADDRESS (SITE) 234 20TH AVENUE PERMIT NO. 2632-94

RECEIVED
AUG 8 1994
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

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

I. IDENTIFICATION

1. Proposed Work-site at: 234 20TH AVENUE
2. Name of Owner JOHN SALERNO Te[redacted]
   Address 234 (street) 20TH AVENUE (municipality) BRICK TOWN, NJ (zip code)
3. Ownership Public _____ Private X
4. Principal Contractor: MODULAR ASSOCIATES Tel. (908) 244-3335
   Address 864 Rt 37 W TOMS RIVER NJ
   License No. OR, if new home, Builder Reg. No. 01565 Exp. Date 11/94
   Federal Emp. No. 22-1965679 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work RON PINGREY Tel. 908 244-3335

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	60 —		
2. Electrical				
3. Plumbing				
4. Fire Protection		53 —		
5. Elevator Devices				
6. Subtotal	$	113 —		
7. Less 20% for late Plan Review		11 —		
8. Subtotal	$			
9. DCA Training Fee		11 —		
10. Subtotal	$			
11. Cert. of Occupancy		20 —		
12. Other				
13. TOTAL	$	155 —		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	8 ft.	
3. Area—Largest Floor	420 sq. ft.	437.9 ft.
4. New Building Area	~~480~~ sq. ft.	
5. Volume of New Structure	~~4360~~ cu. ft.	6700
6. Construction Classification		
7. Total Land Area Disturbed	420 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

Addn

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	16,000
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	16,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
MP	8/8/94		8/11/94	RM	11/30/94		
			9/19/94	JC			
	8/9/94		8/9/94	Pete			

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

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10518752

20K

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (X) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) 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 8/5/94

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☒ Zoning Officer SK	add.	8/9/94							IMPORTANT A.H.B.T. EXEMPT
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				

ORIGINAL
ILLEGIBLE

CONSTRUCTION PERMIT

Date Issued 6-20-94
Control #
Permit # 2632-94

IDENTIFICATION Block 1342.19 Lot 54155

Work Site Location 234 - 20th Ave

Owner in Fee [illegible]
Address [illegible]
Tele. ( ) 201-[illegible]

Contractor Modular Co.
Address Rout 1-A 37
T.I.S.
Tele. ( )
Lic. No. or Bldrs. Reg. No. _____ Exp. Date 2632*#
Federal Emp. No. _____
or Social Security No. 1342.19 #

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

4-7
Cost of 6,100

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 $ 11,100

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)	54 #	
Building	BUILDING	0.00
Plumbing		50.00
Electrical	ELEC	53.00
Fire Protection	PLMB RVW	1.00
Other	B.C.H.	1.00
Other	C / O	20.00
DCA Training Fee	CHECK 11	5.00
Cert. of Occ.	CHECK	5.00
Other	CHARGE	0.00
Total	154	
Check No.	07/20/94 NO. 0	0000000 2:06
Cash		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-20-94
Date Issued
Control #
Permit # 2632-94

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

Block 1342.19 Lot 54x55
Work Site Location 234 20TH AVENUE
BRICK TOWN NJ
Owner in Fee JOHN SAIERNO
Address 234 20TH AVENUE
BRICK TOWN. NJ
Tele. [redacted]
Contractor MODULAR ASSOCIATES, INC t/a CENTENNIAL HOMES
Address 864 Rt 37 W
TOMS RIVER, NJ
Tele. (908) 244-3335
Lic. No. or Bldrs. Reg. No. 01565
Federal Emp. No. 221-96567G 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

12x35 ADDITION
ON
CRAWL SPACE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing			10-3-94	
[X] All	9/20/94	RC	Foundation			10/14/94	
[ ] Footing			Slab				
[ ] Foundation			Frame			11/7/94	
[ ] Frame			Insulation			11-22-94	
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [X] CA			Other				
Date: 11-30-94			Final				
Approved By:							

TYPE OF WORK:
- [ ] New Building
- [X] 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	$

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 8 Ft.
Area—Largest Floor 420 Sq. Ft.
Total Bldg. Area/All Floors 420 Sq. Ft.
Volume of Structure 3360 Cu. Ft.
Total Land Area Disturbed 420 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 16,000 00
3. Total (1+2) $ 16,000

White - Office Copy Canary - Applicant Copy Tag - Inspector Copy U.C.C. Form F-110A

Brick

WILL CALL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # NOU 9940100214

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

Block 1342.19 Lot 54x55
Work Site Location 234 20TH AVENUE BRICKTOWN NJ
Owner in Fee JOHN SALERNO
Address 234 20TH AVENUE BRICKTOWN NJ
Tele. [redacted]
Contractor JOE CENTER
Address 1654 W. PRINCETON BRICK N.J.
Tele. (908) 458-4155
Lic. No. 1273
Federal Emp. No. 222-458-111 or Social Security No.

B: ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Paid [ ] Check # 219
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 40.-

U.C.C. Form F-120B RF

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

Add by Tech Rec Entry

864 Rt. 37 W. TR

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9-20-94
Date Issued
Control #
Permit # 26332-94

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

Block 1342.19 Lot 54 + 55
Work Site Location 234 20th Ave
Buffalo NY
Owner in Fee John Salerno
Address 234 20th Ave
Tele. ( ) [redacted]
Contractor Modular Apex
Address 864 Rt 37 West
Tonawanda
Tele. ( ) 246-3335
Lic. No. 01563
Federal Emp. No. 22-1965679 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Basement
Total Est. Cost of Fire Prot. Work $ 500.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 9/19/94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			9/19/94	X
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 Extend ducts

Water Supply Source 93-
Method of Valve Supervision
Local Alarm Supervision
Central Supervision 113
Proprietary Supervision 111

Flammable Liquid Storage Tanks		( ) Capacity		Fuel
Combustible Liquid Storage Tanks	20	( ) Capacity		Fuel
L.P.G. Storage Tanks		( ) Capacity		Fuel
L.N.G. Storage Tanks	155	( ) Capacity		Fuel

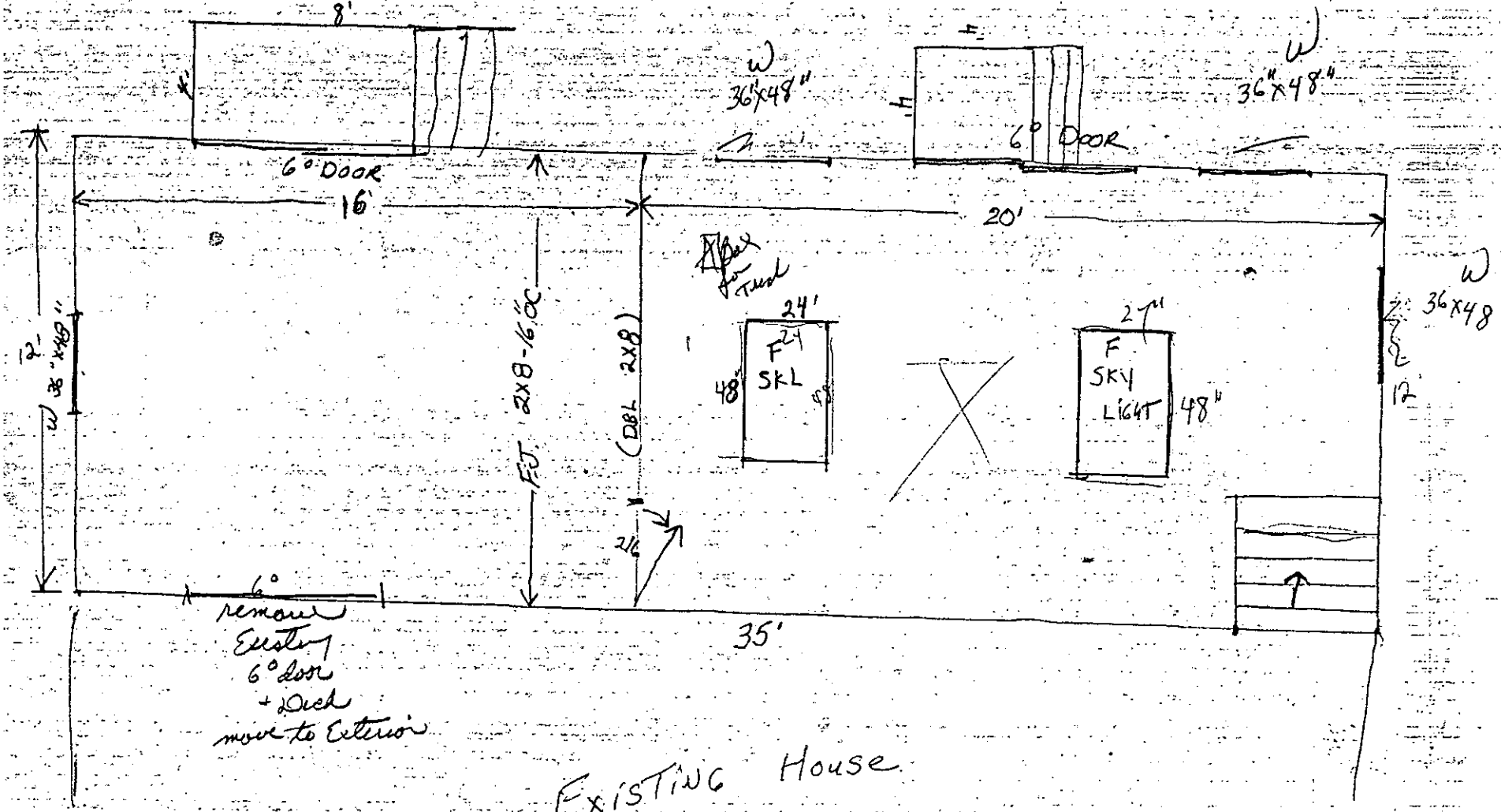
	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads	6	6.00
TOTAL		
Smoke Detectors	3	46.00
Heat Detectors		
TOTAL	3	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Duct work.	1	1
		53.00

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

U.C.C. Form F-140B

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

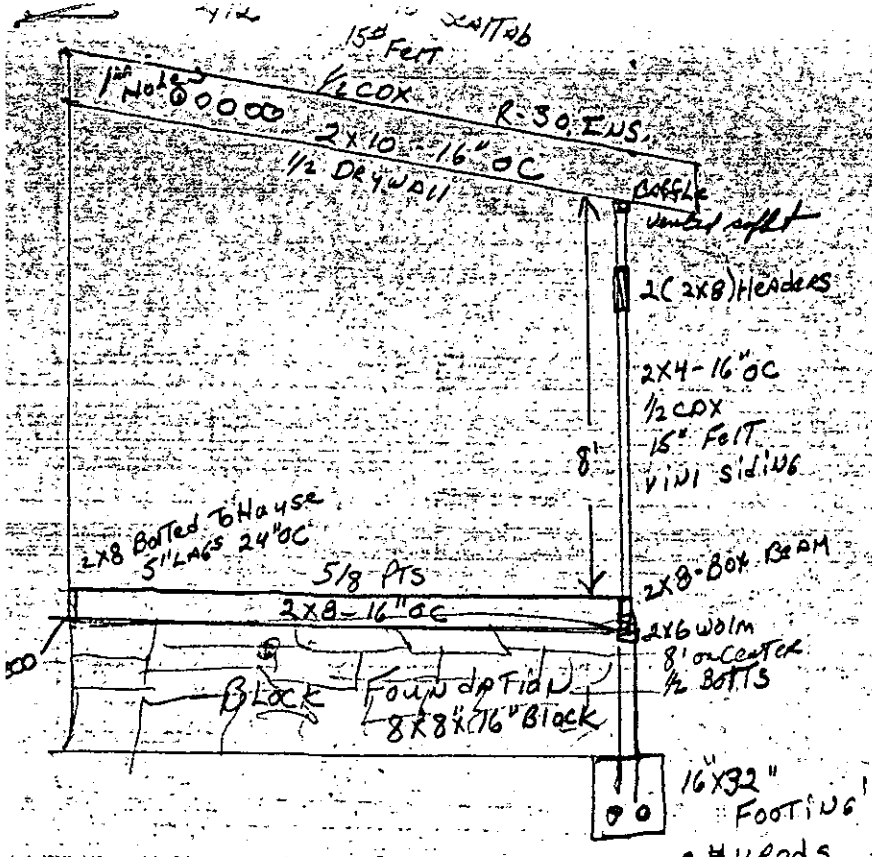
SALERNO
234 20th Ave
BRKTN, N.J.

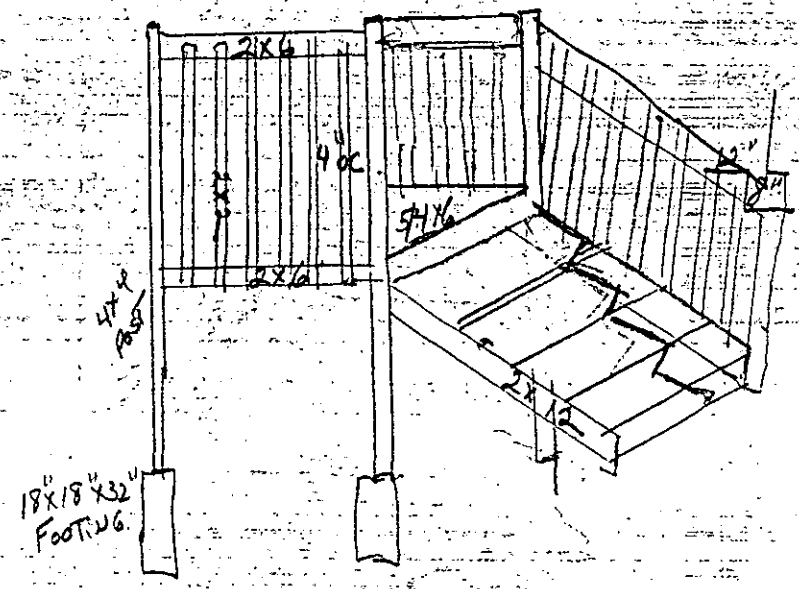


EXISTING House

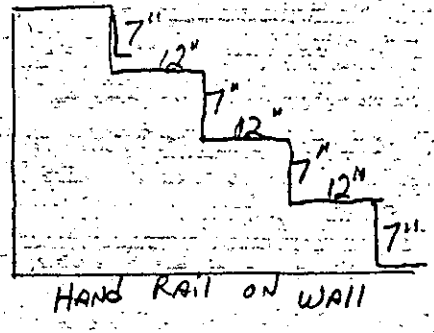
1/4 - 1

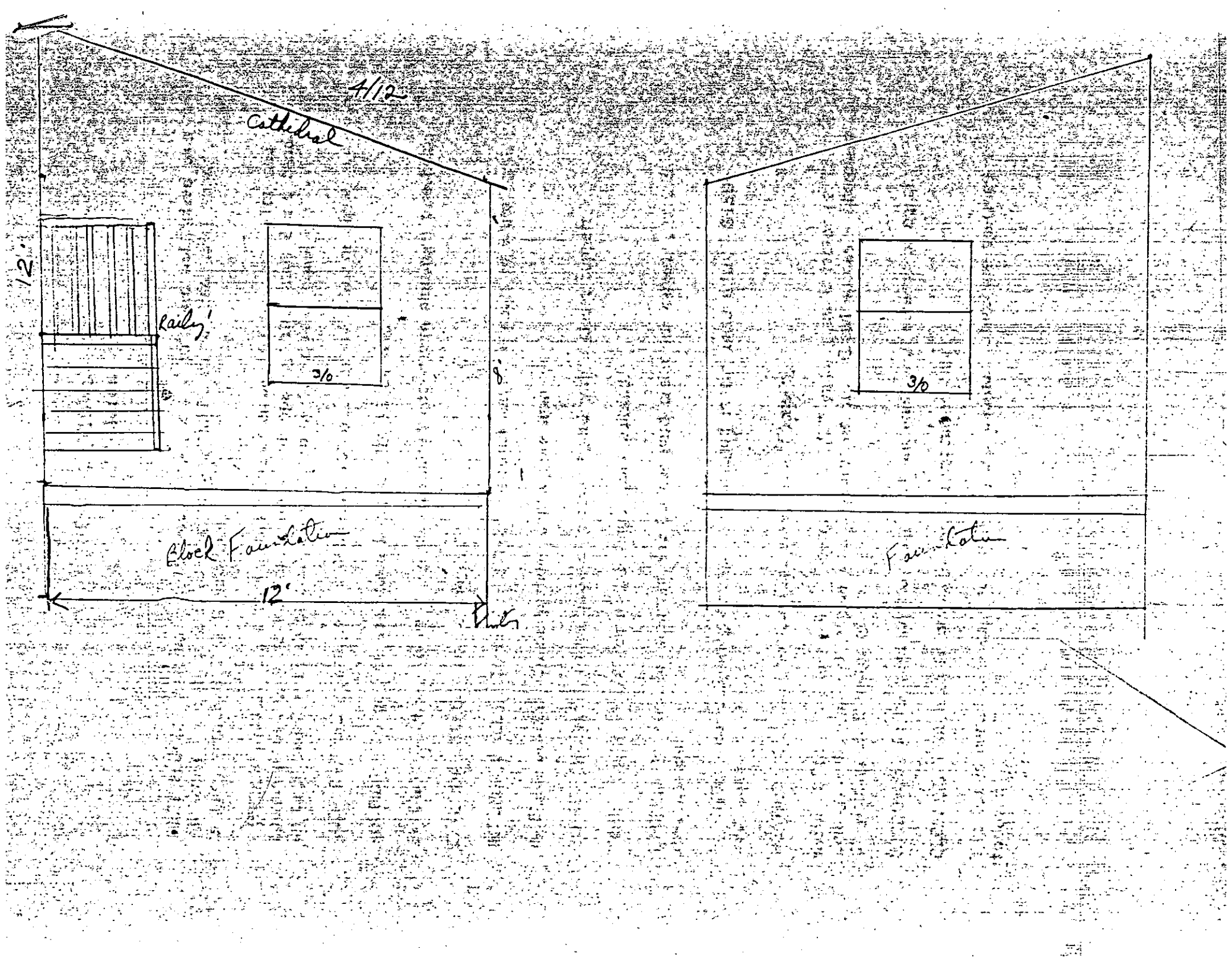
SALERNO
234 20TH AVE
BRKTN, N.J





All Lbr Deck
CCA w/Im




4/12
Cathedral
12'
Railing
3/0
8'
Block Foundation
12'
3/0
Foundation

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

TO: Municipal Engineer. DATE: 8/8/94

I John Salerno of 234 20th Ave
(Name - Please Print) (Address)

The property ____ is located
____ is not located in a flood zone.

BLOCK: 1342.19 LOT: 5455

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

Phone No. 206-1688 John Salerno
Signed by Applicant

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

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

Approved Date:_____By_____

Rejected Date:_____By_____

Remarks: _____

8/17/94 SD

TOWNSHIP OF BRICK

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

PLAN REVIEW

PLAN REVIEW # _____

DATE _____

Name Solano

Address 234 20th Ave

Block 1342.19 Lot 64.55

TOWNSHIP OF BRICK
PLAN REVIEW RECORD

INITIAL		DATE
_____	BUILDING SUBCODE	_____
_____	ELECTRICAL SUBCODE	_____
_____	PLUMBING SUBCODE	_____
_____	FIRE PROTECTION SUBCODE	_____

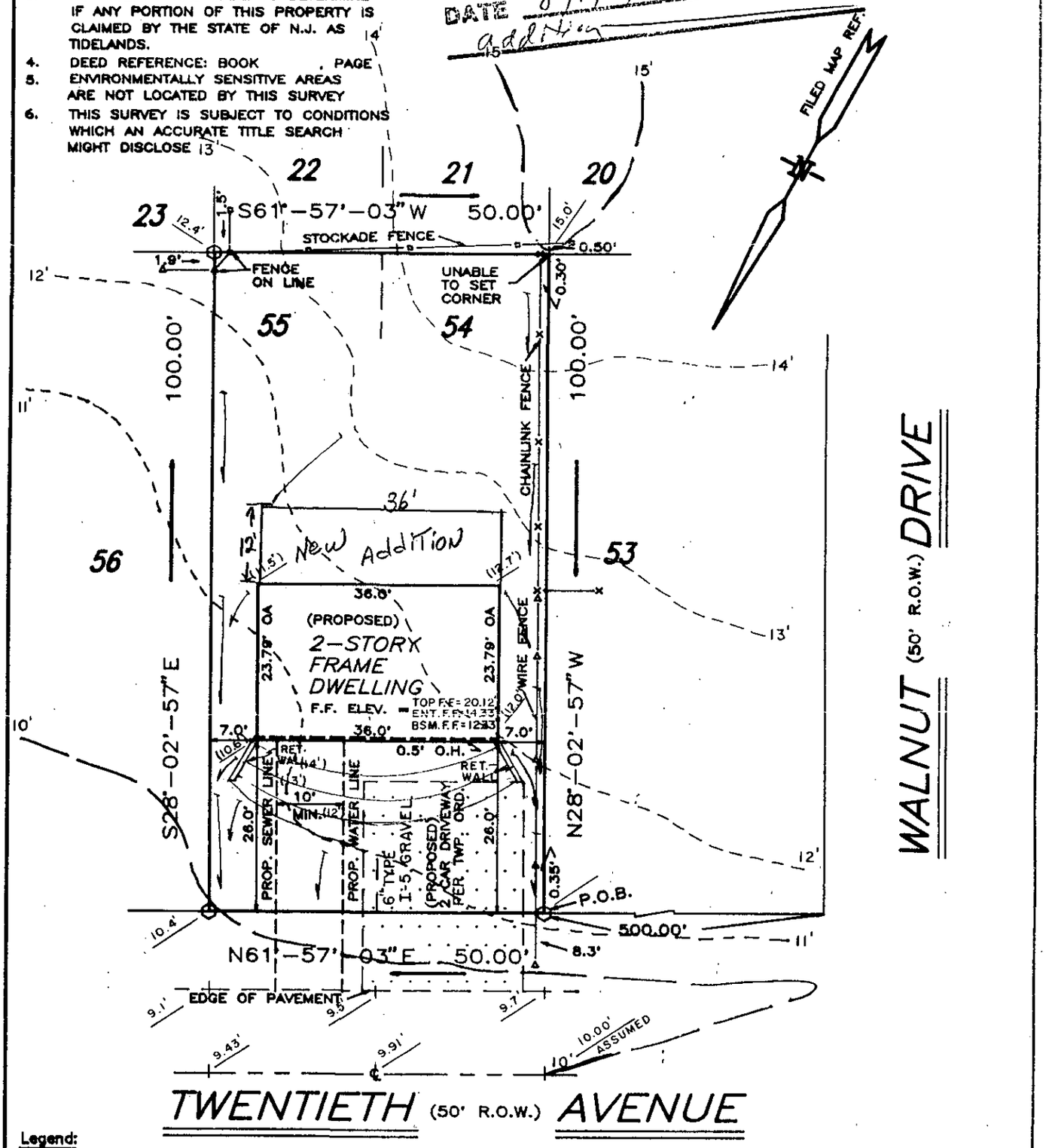
NO.	DESCRIPTION	CODE SECTION NUMBER	DEPT. CHECK OFF
	Needs Fire Tech Cond Filled out 1 SD.		
	Spoke to Owner 8/17/94 will call Joe E. on 8/18		

NOTES:
1. CONTRACTUAL AGREEMENT STATES THAT PROPERTY CORNERS ARE TO BE SET BY THIS SURVEY.
2. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.
3. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF N.J. AS TIDELANDS.
4. DEED REFERENCE: BOOK , PAGE
5. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY
6. THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE

Title Co. File No.

Job No. S- 10155

APPROVED FOR ZONING ONLY
SEAN KENNEDY, ZONING OFFICER
DATE 8/9/94 Sean Kennedy



Legend:

○ – REBAR SET

Certification:

I hereby certify this survey was made under my immediate supervision to:

JOSEPH S. SALERNO & ANTOINETTE SALERNO, H/W

BAKER ABSTRACT COMPANY
CONTINENTIAL TITLE INSURANCE COMPANY

JAY A. GRUNIN, ESQ.

Map of Survey / Plot Plan

REV. 5/23/89

LOTS 54 & 55, BLOCK 1342.19, TAX MAP,
BRICK TOWNSHIP --- OCEAN COUNTY --- NEW JERSEY

A.K.A. LOTS 54 & 55, BLOCK 19, AS SHOWN ON A MAP ENTITLED "MAP OF RIVIERA BEACH, PROPERTY OF COAST FINANCE COMPANY, INC., LOCATED AT BRICK TOWNSHIP, OCEAN COUNTY, N.J." FILED DECEMBER 15, 1928, AS MAP NO. B-73.

DELCO Land Surveying Corp.
14 Hooper Avenue
Toms River, N.J. 08753
(201) 341-4200

SCALE	DATE
1" = 20'	4/13/89
DRAWN BY	SHEET
R.L.R.	1 OF 1

Bernard M. Collins LICENSED LAND SURVEYOR N.J. LIC. NO. 29181
PROFESSIONAL PLANNER N.J. LIC. NO. 02863
Bernard M. Collins PE DATE 4/13/89

NOTES:

1. CONTRACTUAL AGREEMENT STATES THAT PROPERTY CORNERS ARE TO BE SET BY THIS SURVEY.
2. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.
3. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF N.J. AS TIDELANDS.
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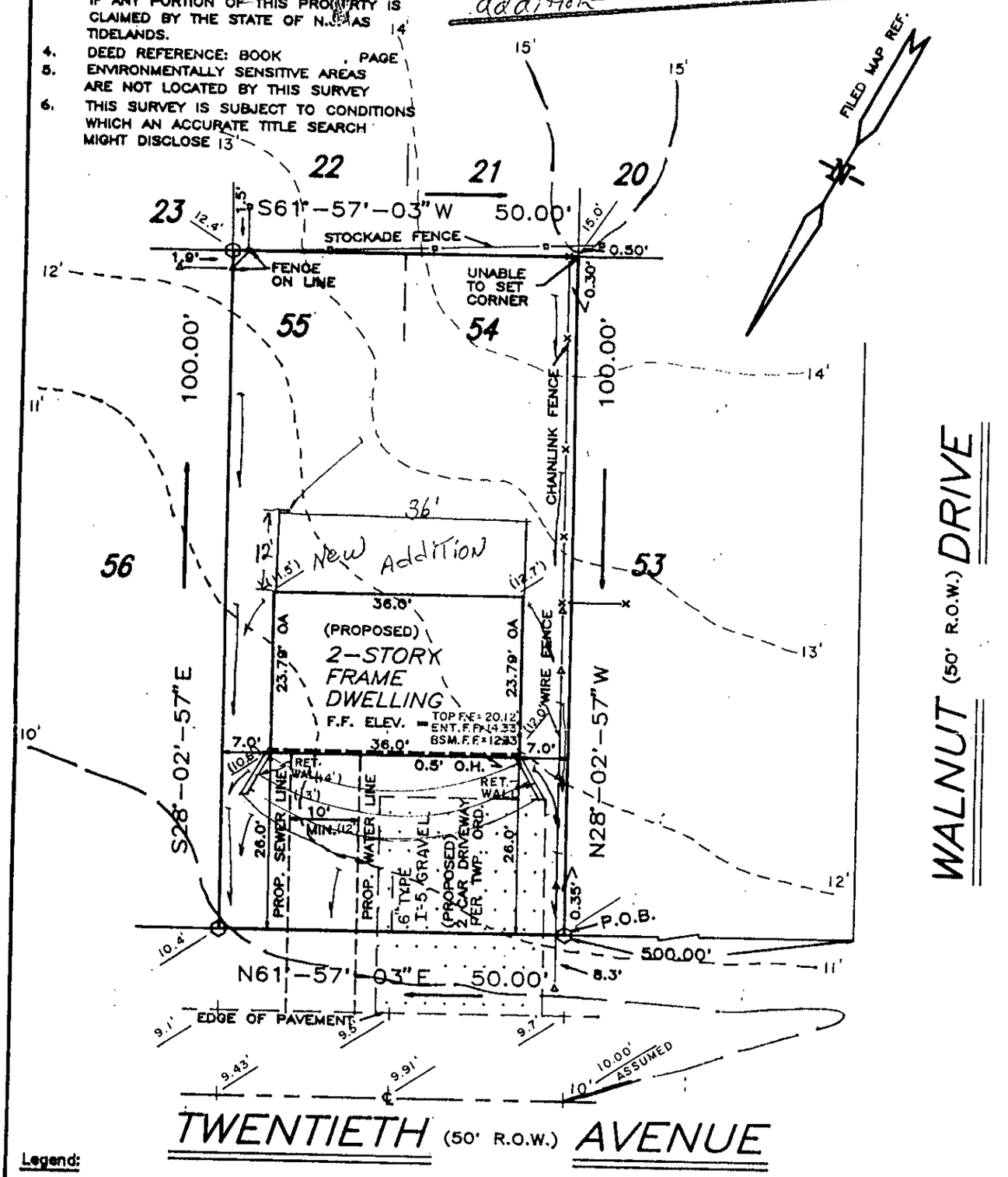
5. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY
6. THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE

Title Co. File No.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE 8/9/94 Sean Kinn
addition

Job No. S- 10155



Legend:

○ – REBAR SET

Certification:

I hereby certify this survey was made under my immediate supervision to:

JOSEPH S. SALERNO & ANTOINETTE SALERNO, H/W

BAKER ABSTRACT COMPANY
CONTINENTIAL TITLE INSURANCE COMPANY

JAY A. GRUNIN, ESQ.

Map of Survey / Plot Plan

REV. 5/23/89

LOTS 54 & 55, BLOCK 1342.19, TAX MAP,
BRICK TOWNSHIP --- OCEAN COUNTY --- NEW JERSEY

A.K.A. LOTS 54 & 55, BLOCK 19, AS SHOWN ON A MAP ENTITLED "MAP OF RIVIERA BEACH, PROPERTY OF COAST FINANCE COMPANY, INC., LOCATED AT BRICK TOWNSHIP, OCEAN COUNTY, N.J." FILED DECEMBER 15, 1928, AS MAP NO. B-73.

DELCO Land Surveying Corp.
14 Hooper Avenue
Toms River, N.J. 08753
(201) 341-4200

SCALE	DATE
1" = 20'	4/13/89
DRAWN BY	SHEET
R.L.R.	1 OF 1

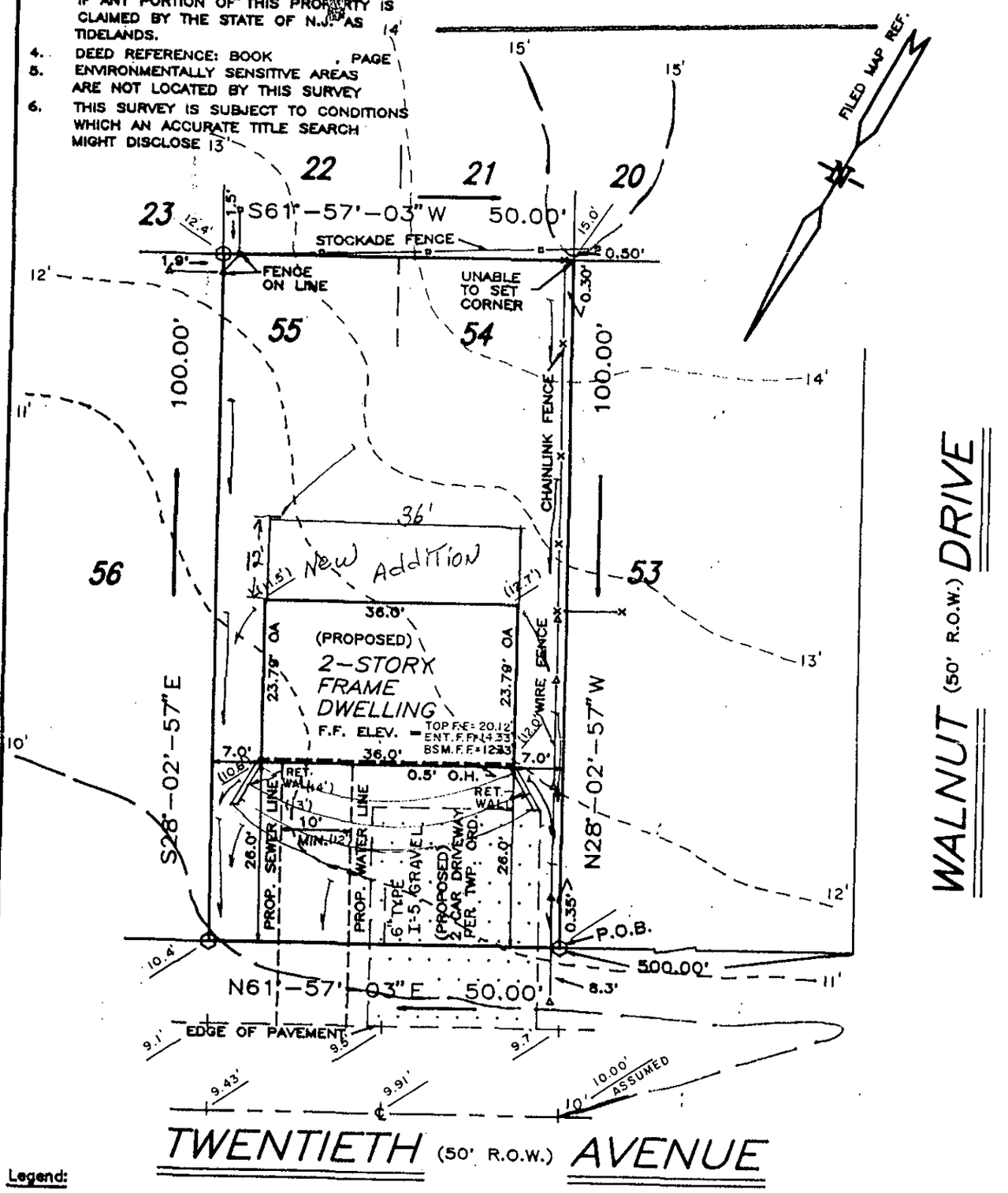
Bernard M. Collins
LICENSED LAND SURVEYOR N.J. LIC. NO. 29181
PROFESSIONAL PLANNER N.J. LIC. NO. 02863
Bernard M. Collins PLS DATE 4/13/89

NOTES:
1. CONTRACTUAL AGREEMENT STATES THAT PROPERTY CORNERS ARE TO BE SET BY THIS SURVEY.
2. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.
3. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF N.J. AS TIDELANDS.
4. DEED REFERENCE: BOOK , PAGE
5. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY
6. THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE

Title Co. File No.

Job No. S- 10155

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE _____



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