

OWNSHIP OF BRICK

344 Evergreen Dr.



CONSTRUCTION PERMIT APPLICATION

JUN 5 1989
DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: LOT 10 BLOCK 383-26 TAX SHEET 33-C

2. Owner Name: James + Patricia Morris Tel. (201) 920-8869

Address: 344 EVERGREEN DRIVE BRICKTOWN NJ 08723

3. Principal Contractor: SELF Tel. () SAME

Address: SAME

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

4. Architect or Engineer: _____ Tel. () _____

Address: _____

5. Responsible Person in Charge of Work: James Morris Tel. (201) 920 8869

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
1. ☐ Minor Work (Single Trade) 2. ☐ Small Job (\$5,000 and no Prior Approvals) Complete only II.B., III and IV.A. and Page 2 3. ☐ New Building 4. ☒ Addition <u>2nd floor</u> 5. ☒ Alteration 6. ☐ Repair, Replacement 7. ☐ Demolition 8. ☐ Other: _____	<table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. ☒ Building/Structural</td> <td>\$ <u>3000.00</u></td> </tr> <tr> <td>2. ☐ Plumbing</td> <td></td> </tr> <tr> <td>3. ☒ Electrical</td> <td><u>300.00</u></td> </tr> <tr> <td>4. ☐ Fire Protection</td> <td></td> </tr> <tr> <td>5. ☐ Other _____</td> <td></td> </tr> <tr> <td>6. ☐ Other _____</td> <td></td> </tr> <tr> <td colspan="2">TOTAL COST \$ <u>3300.00</u></td> </tr> </tbody> </table> C. DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing	Permit/Category	Estimated	1. ☒ Building/Structural	\$ <u>3000.00</u>	2. ☐ Plumbing		3. ☒ Electrical	<u>300.00</u>	4. ☐ Fire Protection		5. ☐ Other _____		6. ☐ Other _____		TOTAL COST \$ <u>3300.00</u>		1. ☐ Elevators/Dumbwaiters 2. ☐ High-Pressure Boilers 3. ☐ Refrigeration Systems 4. ☒ Pressure Vessels 5. ☐ Hazardous Uses/Places of Assembly 6. ☐ Cross-connections/Backflow Preventors 7. ☐ Sprinklers 8. ☐ Smoke Control Systems in Open Wells
Permit/Category	Estimated																	
1. ☒ Building/Structural	\$ <u>3000.00</u>																	
2. ☐ Plumbing																		
3. ☒ Electrical	<u>300.00</u>																	
4. ☐ Fire Protection																		
5. ☐ Other _____																		
6. ☐ Other _____																		
TOTAL COST \$ <u>3300.00</u>																		

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____

2. ☐ Multi-Family (R-2) HMD Reg. No.: _____

3. ☐ Two Family (R-3b)

4. ☒ One-Family (R-3a) If other than new construction, enter no. of dwelling units: _____

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A) 6. ☐ Movie Theatres (A-1-B) 7. ☐ Night Clubs (A-2) 8. ☐ Restaurants, Libraries, Museums (A-3) 9. ☐ Religious Assembly (A-4) 10. ☐ Outdoor Assembly (A-5) 11. ☐ Business (B) 12. ☐ Educational (E) 13. ☐ Moderate-Hazard Factory (F-1) 14. ☐ Low-Hazard Factory (F-2) 15. ☐ High-Hazard (H)	16. ☐ Institutional Detention Center (I-1) 17. ☐ Hospitals, Infirmeries (I-2) 18. ☐ Group Homes (I-3) 19. ☐ Mercantile (M) 20. ☐ Moderate-Hazard Warehouse (S-1) 21. ☐ Low-Hazard Warehouse (S-2) 22. ☐ Temporary, Misc. (U) 23. ☐ Other _____
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State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)

2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company

11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company

13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____

15. Height of Structure _____ Ft.

16. Area—Largest Floor _____ Sq. Ft.

17. Bldg. Area—All Fls. _____ Sq. Ft.

18. Volume of Structure _____ Cu. Ft.

19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10307562

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☒ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☒ I further certify that I will perform the work below.
 B1. ☒ Building B2. ☒ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE James Morris DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.() _____

ADDRESS _____

SIGNATURE _____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	6/5/89	6-6-89	1/10	
	Footings/Foundations				
	Framing				
	Architectural				
	Other				
☐	PLUMBING				
☐	ELECTRICAL				
☐	FIRE PROTECTION				
☒	OTHER				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

Date Issued

- ☐ Temporary Certificate of Occupancy
Date Expired _____
- ☐ Temporary Certificate of Occupancy
Date Expired _____
- ☐ Certificate of Occupancy
No. _____
- ☐ Certificate of Continued Occupancy
No. _____
- ☐ Certificate of Approval
No. _____
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required
(See Page 1, II.D.)

Date Posted to
Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	2.27
PLUMBING	
ELECTRICAL	15.00
FIRE PROTECTION	
OTHER	
SUBTOTAL	17.27
- LESS: 20% of subtotal (when plan review performed by state agency)	
D.C.A. TRAINING FEE .0006 x 324	1.93
CERTIFICATE OF OCCUPANCY	20.00
OTHER	
OTHER	
TOTAL COLLECTED WHEN PERMIT ISSUED	39.19
DATE 6-6-89	Collected By

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
- LESS: Refunds			
TOTAL COLLECTED AFTER PERMIT ISSUED			

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	
COLLECTED AFTER PERMIT (VB)	
TOTAL	



CONSTRUCTION PERMIT

PERMIT NO.	4542
DATE ISSUED	6-6-89
Block	383-26 Lot 10
Subdivision	

A. IDENTIFICATION

Owner Morris Agent Same
Address 344 S. ... Address _____
Rich ...
Tel. () _____ Tel. () _____
Work Site Address _____ Lic. No. _____
Same Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 38.19
Fees Remitted \$ _____
☒ Check No. 18516
☐ Cash
☐ Other
Collected By: Block 0.00
Date: 6-6-89 0.00

is hereby granted permission
to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☒ FIRE PROTECTION
☐ OTHER _____

Description of work:

BUILDING 2.27
FIRE 5.00
PLAN RVW 1.73
D.C.A. 0.19
C / O 0.00
TOTAL 9.19
CHECK 2.19
CHANGE 0.00
16.06

2nd floor
Vol 324
119
06/06/89 NO. 5 0063A005

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: \$ 3.300

CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



NOTICE OF PERMIT UPDATE

PERMIT NO. 4542
 DATE ISSUED _____
 Block 383-26 Lot 10
 Subdivision _____

IDENTIFICATION

Owner J Morris Agent same
 Address 344 Evergreen Dr Address <
Brick
 Tel. () 920-8869 Tel. () _____
 Work Site Address same Lic. No. _____
 Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 141.10
 Fees Remitted \$ _____
☐ Check No. _____
☐ Cash _____
☐ Other _____
 Collected By: _____
 Date: _____

is hereby granted permission
 to perform the following work:

- ☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER _____

76.83 Bldg
 7.68 P/R
 6.59 D.C.A.
 35 - Free
 12 - Wood Clin
 141.10

Description of work:

1080sq ft addn
 (2 story)
 Roof & siding entire house
 free standing stone.

11,300 CU FT
 324 = 76.83
 D.C.A. 6.59
 10,976
 free Stone \$30
 free \$35 - new free 5

Estimated Cost of Work: \$ 29600

CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



NOTICE OF PERMIT UPDATE

PERMIT NO. 4542
 DATE ISSUED _____
 Block 32-76 Lot 10
 Subdivision _____

IDENTIFICATION

Owner J. Morin Agent Same
 Address 344 Emergreen Dr Address _____
Brick
 Tel. () 920-8869 Tel. () _____
 Work Site Address same Lic. No. _____
 Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 141.10
 Fees Remitted \$ _____
☐ Check No. _____
☐ Cash _____
☐ Other _____
 Collected By: _____
 Date: _____

is hereby granted permission
 to perform the following work:

- ☒ **BUILDING** ☐ **ELECTRICAL**
☐ **PLUMBING** ☐ **FIRE PROTECTION**
☐ **OTHER** _____

76.83 Bldg
 7.68 P/R
 6.59 D.C.A.
 35 - Free
 141.10 Wood Slab
 Vol. from
 Permit #4542

Description of work:

10800 sq ft addl.
 (2 story)
 Roof & siding entire house
 free standing stone.
 11,300 CU FT = 76.83
 324 D.C.A. 6.59
 10,976
 Free Stone 930
 141.10 - new fee 5
 35

Estimated Cost of Work: \$ 29,600

CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 4592
DATE ISSUED 6-6-89
REVISION DATE _____
Block 383-26 Lot 10
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner James Morris

Contractor SELF

Address 344 EVERGREEN DRIVE

Address STONE

Address BRICKTOWN NJ 08723

Tel. (201) 920-8869

Tel. () _____

Work Site Address STONE

Lic. No. _____

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

*To Raise GABLE ENDS OF
Roof To meet existing
DOORWAY*

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration/Renovation
☒ Roofing
☒ Siding
☒ Other *GABLE ENDS*
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis

Fee

SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee (Greater of Minimum or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area-All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area-Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 4542
DATE ISSUED 6-6-89
REVISION DATE _____
Block 38524 of 10
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner THOMAS MORRIS
Address 344 CEDARCREEN DRIVE
ELICHT NJ
Tel. (601) 920 8869
Work Site Address STAVE

Contractor SELF
Address SPRUE
Tel. () _____
Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised - Method: _____
Water Supply - Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: \$ _____

FEE

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: \$ 15

FEE

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: \$ _____

B5. OTHER

Add on Down

Subtotal

Minimum Fire Protection Fee (If Applicable)
Total Fire Protection Fee (Greater of Minimum or Subtotal)

15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed _____
Heating Systems - Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

Type	Failure Dates	Approval Date
☐ Footing/Foundation		
☐ Slab		
☒ Frame		4/25/90
☐ Architectural		
☒ Insulation		4/27/90
☐ Finishes		
☐ Energy		
☐ Mechanical		
☐ TCO		
☐ Other		

TOWNSHIP OF
BRICK NJ

06/06/89 NO. 5

0005

4542*#

BLOCK 0.00

383-26 #

LOT 0.00

10 #

BUILDING 2.27

FIRE 15.00

PLAN RVW 1.73

D.C.A. 0.19

C / O 20.00

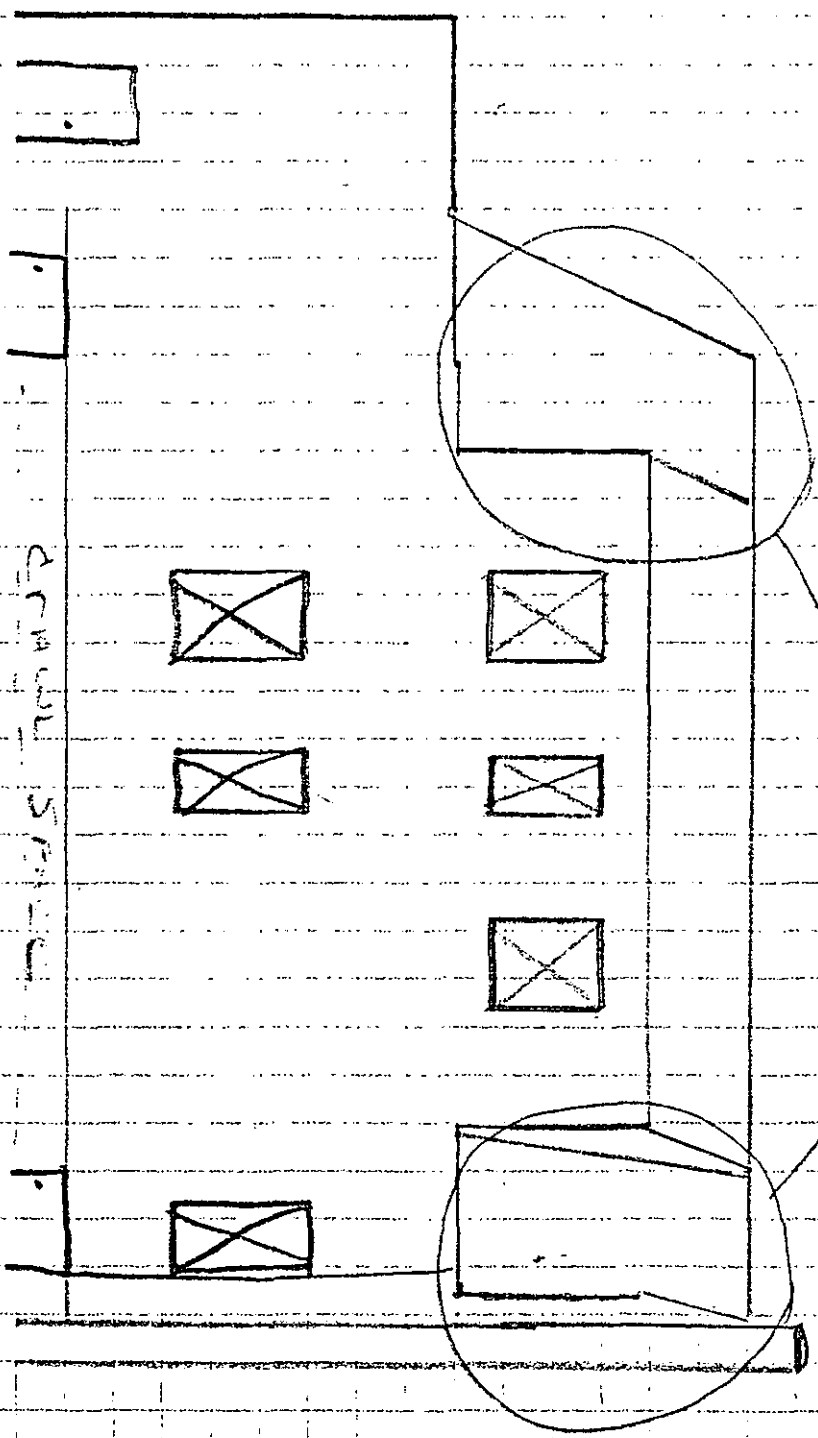
TOTAL 39.19

CHECK 39.19

CHANGE 0.00

0063A005 16:06

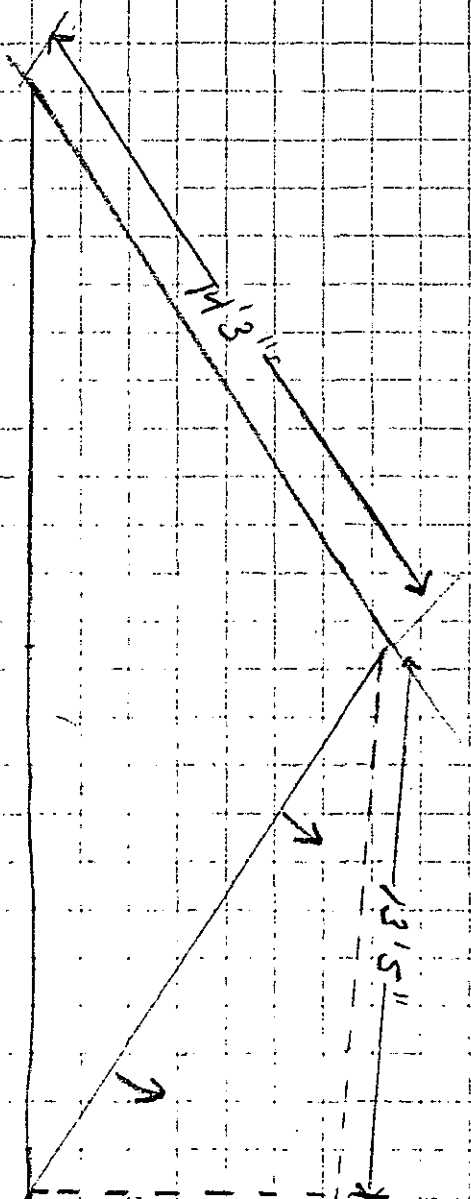
Rear Section of House to be Raised



No Kings Oak Doors Double Doors

Weight OK

Mar 6-6-89 Wm
Fru 6/6/89 JZ



Revised Roof + Rafter
gables already to
match with existing
downsizing

W

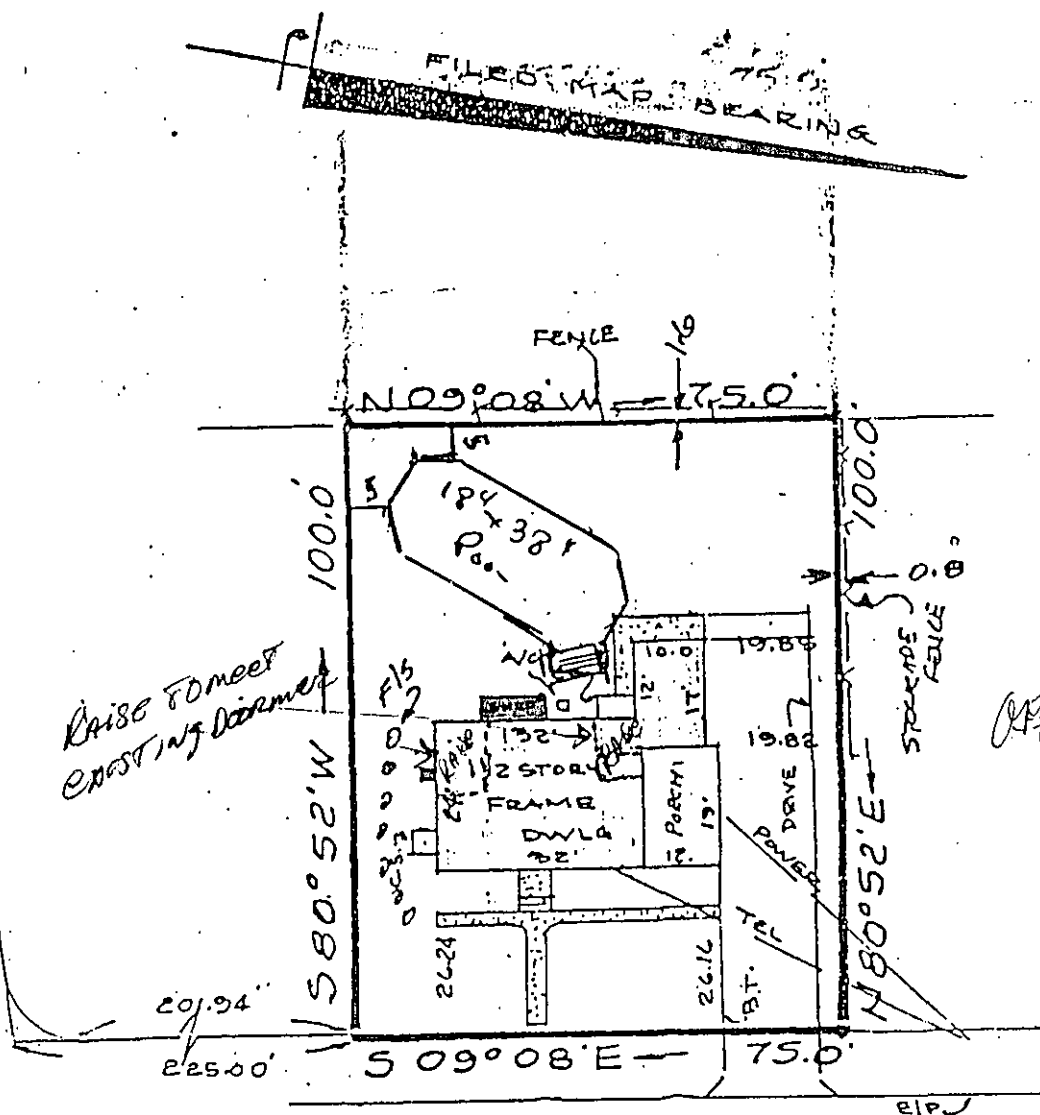
EXISTING ROOF LUMBER
Same Size 2x6

5/8 Ply wood over
w/ rafters shingled
w/ various materials

insulation 3 1/2 inch
6 inch R-30
Roofing

N

MONTANA DRIVE
NEW YORK DRIVE
formerly



Approved
6/1/89
J. K. W.
and floor
and

EVERGREEN DRIVE
50' R/W (30' BT SURFACE)

12-2-83 RESURVEY, CERTIFIED TO
JAMES M. MORRIS & PATRICIA J. MORRIS H/W
LIBERTY MORTGAGE COMPANY AND/OR ITS ASSIGNS
LIBERTY TITLE AGENCY INC.
LEONARD H. FRANCO, ESQ.

SURVEY of PROPERTY

This certification is made only to named parties for purchase and mortgage of herein delineated property by named purchaser. Responsibility or liability is assumed by Surveyor for use of survey for any purpose including, but not limited to, use of survey for survey, without release property or to any other person not listed in certification, either directly or indirectly.

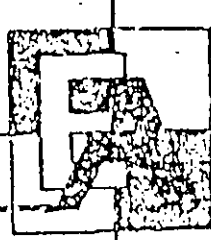
LOT(S) 10 BLOCK 383-26 TAX SHEET 33-C
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY
ALMA LOTS 10-11-12 BLK 446-D-26 MAP OF LAKE RIVERIN SECT A
FILED 0000 1-17-55 AS MAP A-365
HOUSE NO. 344 EVERGREEN DR. 1 1/2 STORY 1 FAMILY DWELLING

CERTIFICATION

IN CONSIDERATION OF FEE PAID, I HEREBY CERTIFY
THIS IS AN ACCURATE SURVEY MADE ON THE GROUNDS
AND CONDITIONS ARE AS THEY EXIST THIS DATE.

CERTIFIED TO NORMAN B. HUNTLEY & TERRI
HUNTLEY H/W, LINCOLN FEDERAL SAVINGS
& LOAN ASSOC. CONTINENTAL TITLE
INSURANCE COMPANY

Registered Architect Lic. No. C-6316
Professional Engineer Lic. No. 13450
Licensed Surveyor Lic. No. 13450
Professional Planner Lic. No. 89



EDWARD ANGSTER

ARCHITECTURE ENGINEERING SURVEYING PLANNING
29 CENTRAL AVENUE TOMS RIVER, N.J.

SCALE 1" = 30'

FILE NO 0114779-0-3032