

✓ BLOCK 622 LOT 12-13-14 ADDRESS (SITE) 34 BRENTON ROAD PERMIT NO. 1091-90

RECEIVED



CONSTRUCTION PERMIT APPLICATION

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>45.00</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	<u>20.00</u>		
12. Other			
13. TOTAL	\$ <u>65.00</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	<u>1</u>
2. Height of Structure	<u>833</u> ft.
3. Area—Largest Floor	<u>833</u> sq. ft.
4. Building Area—All Floors	<u>833</u> sq. ft.
5. Volume of Structure	<u>9,996</u> cu. ft.
6. Construction Classification	
7. Total Land Area Disturbed	<u>4,000</u> sq. ft.
8. Flood Hazard Zone	<u>NO</u>
9. Base Flood Elevation	
10. Wetlands	yes <u>NO</u> sq. ft.
	no
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

I. IDENTIFICATION

1. Proposed Work-site at: 34 BRENTON ROAD BAYON N.T.

2. Name of Owner in Fee: MR & MRS R. Lynch

Address 276 BOULEVARD BAYONE N.J. 07002

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: COASTAL BAY CONSTRUCTION Tel. (609) 698-5798

Address 2 KRITTER COURT BARNEGAT N.J. 08005

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

Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person In Charge of Work Anthony Vailone Tel. (609) 698-5798

II. PROPOSED WORK

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

TOTAL COSTS

Est. Cost

6,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

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:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

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

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

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

✓ Signature _____ Date _____

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 COASTAL BAY CONSTRUCTION

Address 2 KRITICK COURT

BARNEGAT N.J. 08005

Telephone (609) 698-5798

Signature Anthony Vallone Date 6/11/90

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

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

X. CERTIFICATES ISSUED	(office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____
☐ None		



CONSTRUCTION PERMIT

Date Issued

6-12-90

Control #

Permit #

1091-90

IDENTIFICATION Block 622 Lot 12-14Work Site Location 34 Barton Rd. Contractor Coastal Bay Constr.

Address _____

Owner in Fee R. Lynch Tele. (____) _____Address 276 Blvd. Lic. No. or Bldrs. Reg. No. _____ Exp. Date: 0000-00

Bayonne, NJ Federal Emp. No. _____ or Social Security No. _____

Tele. (____) _____

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

roof & siding

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 \$ 6000

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	<u>BUILDING</u>	<u>622 W</u>
Plumbing	<u>0 / 0</u>	<u>102.4 W</u>
Electrical	<u>0 / 0</u>	<u>102.4 W</u>
Fire Protection	<u>CHECK</u>	<u>102.4 W</u>
Other	<u>CHECK</u>	<u>102.4 W</u>
Other	<u>CHECK</u>	<u>102.4 W</u>
DCA Training Fee	<u>5</u>	<u>00120005</u>
Cert. of Occ.	_____	_____
Other	_____	_____
Total	_____	_____
Check No.	_____	_____
Cash	_____	_____
Collected By:	_____	_____



Date Received
Date Issued
Control #
Permit #

6-12-90
1091-90

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

Block 622 Lt 12-13-14
Work Site Location 34 BREWTON ROAD
Owner in Fee MR & MRS LYNCH
Address 276 BOUTWICK BOYDLE N.J.
Tele. [REDACTED]
Contractor COASTAL DAY CONSTRUCTION
Address 2 KEITTE COURT
Tele. (609) 698-5798 N.J. 08005
Lic. No. or Bldrs. Reg. No. [REDACTED]
Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Michael Wallace
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Replace New Shingles on Roof
Replace Existing Siding with Vinyl.

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	DATE
☐ No Plans Req.	Initial
☐ All	Type: _____
☐ Footing	Failure _____
☐ Foundation	Failure _____
☐ Slab	Failure _____
☐ Frame	Failure _____
☐ Other _____	Failure _____
Joint Plan Review Required:	
☐ Elec. ☐ Plumb. ☐ Fire	Finishes: _____
SUBCODE APPROVAL	
☐ CO ☐ CCO ☐ CA	Mechanical _____
Date: _____	TCO _____
Approved By: _____	Other _____
	Final _____

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed _____
Constr. Class Present 1 Proposed _____
No. of Stories 9 Ft. _____
Height of Structure 83.3 Sq. Ft. _____
Area—Largest Floor 83.3 Sq. Ft. _____
Total Bldg. Area/All Floors 9996 Sq. Ft. _____
Volume of Structure 6000 Cu. Ft. _____
Total Land Area Disturbed 6000 Sq. Ft. _____

Est. Cost of Bldg. Work:
1. New Bldg. \$ 6000
2. Alteration \$ 6000
3. Total (1+2) \$ 12000

TYPE OF WORK:	
☐ New Building	(Office Use Only)
☐ Addition	FEE
☐ Alteration	_____
☒ Roofing	_____
☒ Siding	_____
☐ Other _____	_____
☐ Demolition	_____
☐ Miscellaneous	_____
☐ Fence _____	Height _____
☐ Sign _____	Sq. Ft. _____
☐ Pool _____	_____
☐ Elevator _____	_____
☐ Asbestos Abatement _____	_____
☐ Other _____	_____

ADMINISTRATIVE SURCHARGE	
Paid ☐ Check # _____	Minimum Fee \$ _____
Collected by: _____	TOTAL FEE \$ _____

R1547967

Price



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

008303

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

Block 622 Lot 12-13-14

Work Site Location 34 BRETTON RD BELLEVILLE, N.J.

Owner in Fee ROBERT LYNN
Address 34 BRETTON RD BELLEVILLE, N.J.

Tele. () 937
Contractor THOMAS SHEW/NO

Address 1915 PINE ST TOMS RIVER

Lic. No. 937
Federal Emp. No. 937 or Social Security No. 937

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # 1 ☐ Temporary ☐ Other 1
Building Occupied as 1 Utility Co. 1
Est. Cost of Elec. Work \$ 1

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:	
	Type:	Failure	Dates (Month/Day)
☐ No Plans Required		Failure	Approval Initial
Joint Plan Review Required:			
☐ Bldg. ☐ Plumb. ☐ Fire	Rough		
☐ Elec. Plans Approved	Temporary		
Date: <u>1-1-98</u>	Const. Serv.		
Approved by: <u>1-1-98</u>	TCO		
	Other		
	Service		
	Final		
SUBCODE APPROVAL:			
☐ CO ☐ CCO ☐ CA	Temp. Cut-in-Card Date Issued		
Date: <u>1-1-98</u>	Final Cut-in-Card Date Issued		
Approved by: <u>1-1-98</u>	Line Dept.		

C. CERTIFICATION IN LIEU OF OATH

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

☒ Licensed Electrical Contractor ☐ Exempt Applicant Signature-Contractor Seal

D. TECHNICAL SITE DATA

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

Paid ☐ Check # <u>3366</u> Minimum Fee \$ <u>20</u>	Administrative Surcharge \$ <u>20</u>
Collected by: <u>3366</u> TOTAL FEE \$ <u>20</u>	



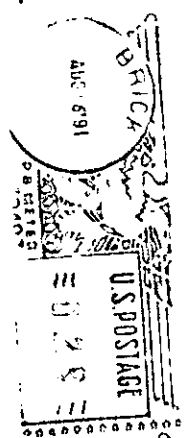
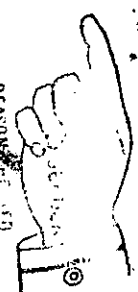
Township of Brick

Division of Inspections
401 Chambers Bridge Road
Brick, NJ 08723

V.A. [Signature]

Robert Lynch
34 Brenton Road
Brick, NJ 08723

REASON FOR RETURN
Undelivered ☒ Return ☐
Attempted Rec. known ☐
Insufficient Address ☐
No such street ☐ number ☐
No such office in state ☐
Do not re-mail in this envelope



TOWNSHIP OF BRICK

STOP CONSTRUCTION ORDER

IDENTIFICATION:

SITE: 34 Brenton Rd. BLOCK: 622 LOT:12

OWNER: Robert Lynch AGENT: Locke Plumbing

ADDRESS: 276 Boulevard
Bayonne, N.J. 07002

ACTION:

DATE OF NOTICE: 8-16-91 DATE OF INSPECTION:
COMPLIANCE DUE DATE:8-16-91

You are hereby ordered to STOP CONSTRUCTION at the above location as
of IMMEDIATELY until further notice from this enforcing agency.

This Order is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation
of which provides:

NO PERMITS FOR CONSTRUCTION, PLUMBING, FIRE, ELECTRICAL, OR
ZONING. Permission to resume construction can be obtained from this
enforcing agency after the following conditions are met:

MUST OBTAIN ALL NECESSARY PERMITS

Failure to comply with
this order will result in a penalty of \$ per day for each day in
which work continues after issuance of this Order.

If necessary the enforcing agency will concurrently seek the Order of
a court of competent jurisdiction restraining further work at the
above location.

Pursuant to N.J.A.C 5:23-2.35 et seq., if you wish to contest the
validity of the above action, you may file an appeal with the
Construction Board of Appeals of Ocean County Construction Board of
Appeals within 20 business days of the receipt of this form. The
Application to the Construction Board of Appeals may be used for this
purpose. Your application for appeal must be in writing, setting
forth your address and name, the address of the building or site in
question, the permit number, the specific sections of the Regulations
in question, and the extent and nature of your reliance on the
Regulations and, if necessary, a brief statement setting forth your
position and the nature of the relief sought by you. You may also
append any documents that you consider useful.

The fee for an appeal is \$100.00 to be forwarded with your
application to the Board of Appeals office at Building 2 Mott
Place, Toms River, NJ 08753.

If you have any questions concerning this Order, please call:
(908) 477-3000 Ext. 268 Bldg. Dept.

BY ORDER OF:

Raymon Korkowski

SCO.

TOWNSHIP OF BRICK

STOP CONSTRUCTION ORDER

IDENTIFICATION: Robert Lynch

SITE: 34 Brenton Road

BLOCK: 622

LOT: 12

OWNER: Robert Lynch

AGENT: Locke Plumbing

ADDRESS: Lavallette, NJ 08735

ACTION:

DATE OF NOTICE: 8-16-91 DATE OF INSPECTION:

COMPLIANCE DUE DATE: 8-16-91

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The fee for an appeal is \$100.00 to be forwarded with your application to the Board of Appeals office at Building 2 Mott Place, Toms River, NJ 08753.

If you have any questions concerning this Order, please call:

477-3000, Building Department .

BY ORDER OF:

Raymond Korkowski

SCO.

Arthur J. Cierzo

PSC