BLOCK 1447-08 LOT 5 ADDRESS (SITE) 116 Stephan Rd PERMIT NO. 1543-95

RECEIVED
MAY 16 1995
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 116 Stephan Rd
2. Name of Owner in Fee: Myles Burke Tel. [redacted]
   Address 139 Stephan Rd (street) Brick (municipality) 08701 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Tim Schiess Tel. (908) 840-6746
   Address 139 Stephan Rd
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Tim Schiess Tel. (908) 840-6746

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	45	9	
2. Electrical				
3. Plumbing		32		
4. Fire Protection		46		
5. Elevator Devices				
6. Subtotal	$	123		
7. Less 20% for State Plan Review		12		
8. Subtotal	$	4		
9. DCA Training Fee		4	1	
10. Subtotal	$	35		
11. Cert. of Occupancy		130.00		
12. Other ZPA FPI				
13. TOTAL	$	204		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure ____ ft.		
3. Area—Largest Floor	1000 sq. ft.	
4. New Building Area	170 sq. ft.	170 sq ft
5. Volume of New Structure	1340 cu. ft.	2635 cu ft
6. Construction Classification	____	
7. Total Land Area Disturbed	170 sq. ft.	
8. Flood Hazard Zone	____	
9. Base Flood Elevation ____ ft.		
10. Wetlands yes ____ sq. ft.		34 sq ft
no X		
11. Max. Live Load	____	327 sq ft
12. Max. Occupancy Load	____	

II. PROPOSED WORK

Added

	Est. Cost
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. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	12,500

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
	LOP	5/16/95		4/7/95	RC			
				5/31/95	K			
				5/31/95	RC	11/7/96		ok
	CM	5/17/95		5/17/95	Pau			

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
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) BOC
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction 1
After Construction 1
Net gain or loss 0

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

LDS BR 10520928

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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	
☐ Zoning Officer									
☐ 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.									
☐									
☐									

UNDER CONSTRUCTION

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.				
☐ Certificate of Approval	No.				

ORIGINAL
ILLEGIBLE

CONSTRUCTION PERMIT

Date Issued 6/19/95
Control #
Permit # 1543-95

IDENTIFICATION Block 1447.08 Lot 5

Work Site Location 116 [illegible] Rd

Owner in Fee [illegible]

Address 129 [illegible]

Tel. (____)

Contractor [illegible]

Address

Tele. (____)

Lic. No. or Bldrs. Reg. No. ________ Exp. Date ______

Federal Emp. No. **0007

or Social Security No. 1543

You are hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER ________

[ ] ELECTRICAL [X] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

addition

170

2635

PAYMENTS (Office Use Only) 1447.0	
Building	45-
Plumbing	32-
Electrical	
Fire Protection	46-
Other	
Other	P.V. 12
DCA Training Fee	4
Cert. of Occ.	35-
Other	ZB [illegible] 20
Total	2061-
Check No.	#
Cash	✓
Collected By:	[illegible]

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 $ 12500.00

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

PERMIT UPDATE

Date Update Issued 7/3/95
Control #
Permit # 1543-95
Date Permit Issued 6/19/95

IDENTIFICATION Block 1447.08 Lot 5

Work Site Location 116 Stephen Rd

Owner in Fee Myles & Linda Burke

Address 116 Stephen Rd

Tele. ([redacted]

Contractor Timothy Schiess

Address 135 Stephen Rd

Tele. (908) 540 6796

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

or Social Security No. 145-44-3860

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

(1 additional deck 3' more in rear x 17' 3'

Estimated Cost of Work $ 200. —

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	7
Plumbing	
Electrical	
Fire Protection	
Other	
Other	1
DCA Training Fee	1
Cert. of Occ.	
Other	
Total	20
Check No.	
Cash	
Collected By:	

**0002 1543 LOT 5 # BUILDING D.C.A. TOTAL CASH CHANGE 07/07/95 NO. 5 0035A005

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received ~~7/7~~ 7/3/95
Date Issued
Control #
Permit # 1543-95

Update:

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

Block 1447.05 Lot 25

Work Site Location 116 Stephens Rd.

Owner in Fee Myles & Linda Burke

Address 116 Stephens Rd

Tele. ([redacted]

Contractor Timothy Schiess

Address 139 Stephens Rd

Tele. ( ) 240 5746

Lic. No. or Bldrs. Reg. No. [redacted]

Federal Emp. No. ____ 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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Ashley Co. Addition 2' more x 17'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date:			Final				
Approved By:							

Dates (Month/Day)

TYPE OF WORK:	(Office Use Only) FEE
[ ] New Building	$
[ ] Addition	
[ ] Alteration	
[ ] Roofing	
[ ] Siding	
[ ] Fence ____ Height (6' or over)	
[ ] Sign ____ Sq. Ft.	
[ ] Pool	
[ ] Asbestos Abatement	
[ ] Other	
[ ] Other	
[ ] Demolition	

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

Constr. Class Present ____ Proposed ____

No. of Stories ____

Height of Structure ____ Ft.

Area—Largest Floor ____ Sq. Ft.

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

Volume of New Structure ____ Cu. Ft.

Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1+2) $

Paid [ ] Check # ____
Collected by: ____

Administrative Surcharge $
Minimum Fee $
DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110B

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

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # AUG 18 95 0 0 7 5 8 6

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

Block 1447.08 Lot 5
Work Site Location 116 Stephan Rd
Brick Town NJ
Owner in Fee M. Burke
Address Same
Tele. ( ) [redacted]
Contractor KT McKeon
Address 600 Union Ave
Brielle NJ 08730
Tele. (908) 223-8167
Lic. No. 8513
Federal Emp. No. _____ or Social Security No. [redacted]

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	Failure	Approval	Initial
	Dates (Month/Day)			
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)
1		Fixtures (1)	
8		Receptacles (2)	
3		Switches (3)	
		Total 1 + 2 + 3	
	___Kw	Range	
	___Kw	Oven(s)	
	___Kw	Surface Unit	
	___hp	Dishwasher	
	___hp	Garbage Disposal	
1	___Kw	Dryer—120volt 20AMP	
	___Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
4		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	
	____	Other	

Paid [X] Check # 4295
PF
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 47

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/19/95
Date Issued
Control #
Permit # 1543-95

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

Block 1147-8 Lot 5
Work Site Location 136 Stephan Rd

Owner in Fee Myles Burke
Address 116 Stephan Rd

Tele. [redacted]
Contractor Tim Schiess
Address 139 Stephan Rd

Tele. (908) 840 6746
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 250.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 5/31/95
Approved by:
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.

X Myles Burke
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 AC DC	2	46
Heat Detectors Battery Backup		
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		
OTHER		

5-31-95 CA

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6/19/95
Date Issued
Control #
Permit # 1543-95

moving washer and gas pipe meter

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

Block 1447 -8 Lot 5
Work Site Location 116 Stephan Rd Brick

Owner in Fee Myles Burke
Address 116 Stephan Rd Brick

Tele. ([redacted]
Contractor Tim Schiess
Address 139 Stephan Rd
Tele. (908) 840-6746
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

PAUL J. REHBERGER
PLUMBING & HEATING
147 Arnold Boulevard
Howell, NJ 07731
(908) 905-1446/[redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 5/31/95
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 11-7-96

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			7-11-95	
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			7/14/95	
Gas Piping				
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.

Paul Rehberger
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	7
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	15
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 32

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: May 16, 1995 — 1995 Z 0713

Block 1447.08 Lot 5 Zone R-7.5

Property Address: 116 Stephan Road

Owner: Myles Burke (Phone): 458-2505

Applicant: Same (Phone): Same

Use: Single-family dwelling.

Proposed Construction (if any): 10' by 17' addition; 170 square feet.

2' rear cantilever SK, 20 7/3/95

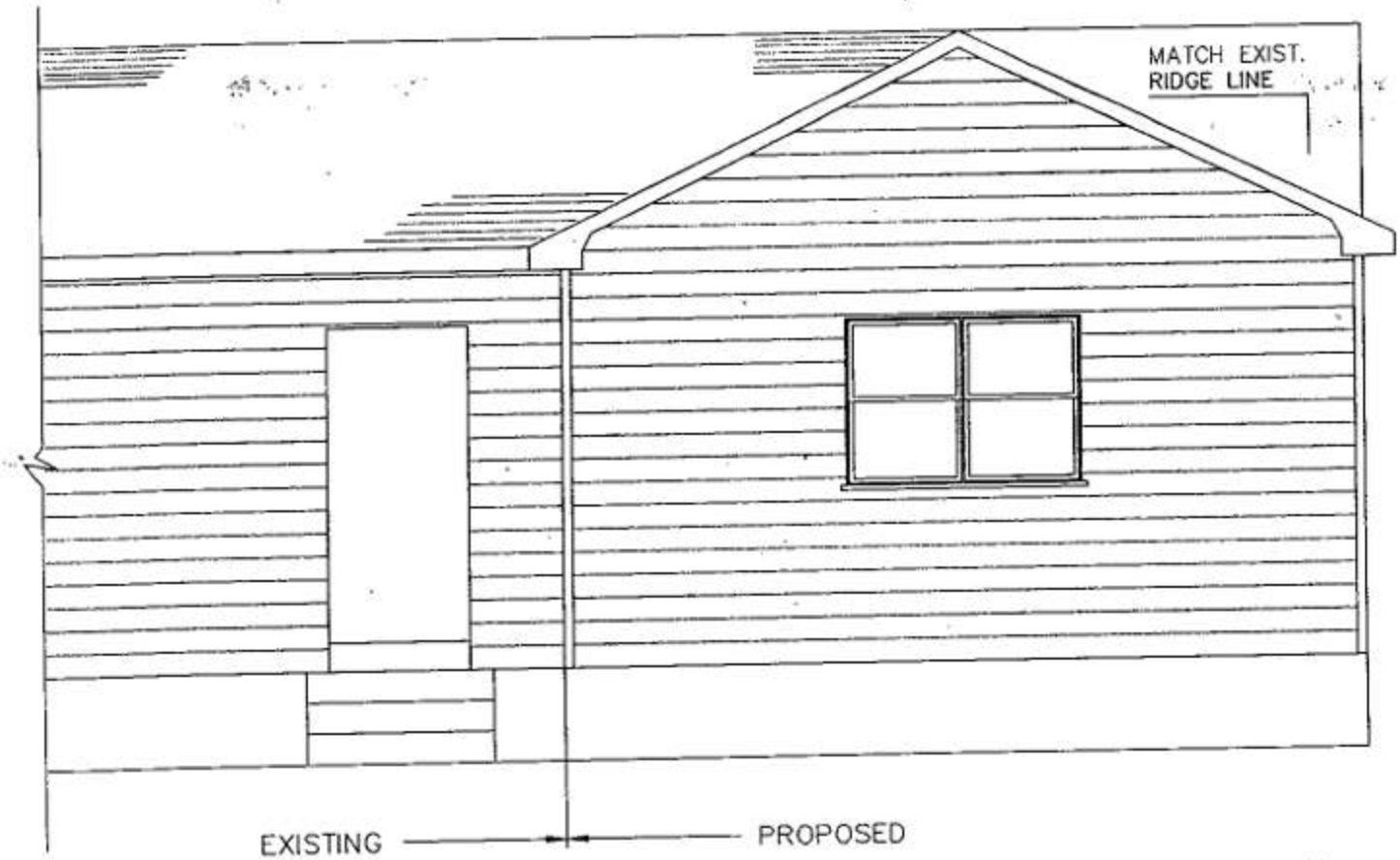
Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

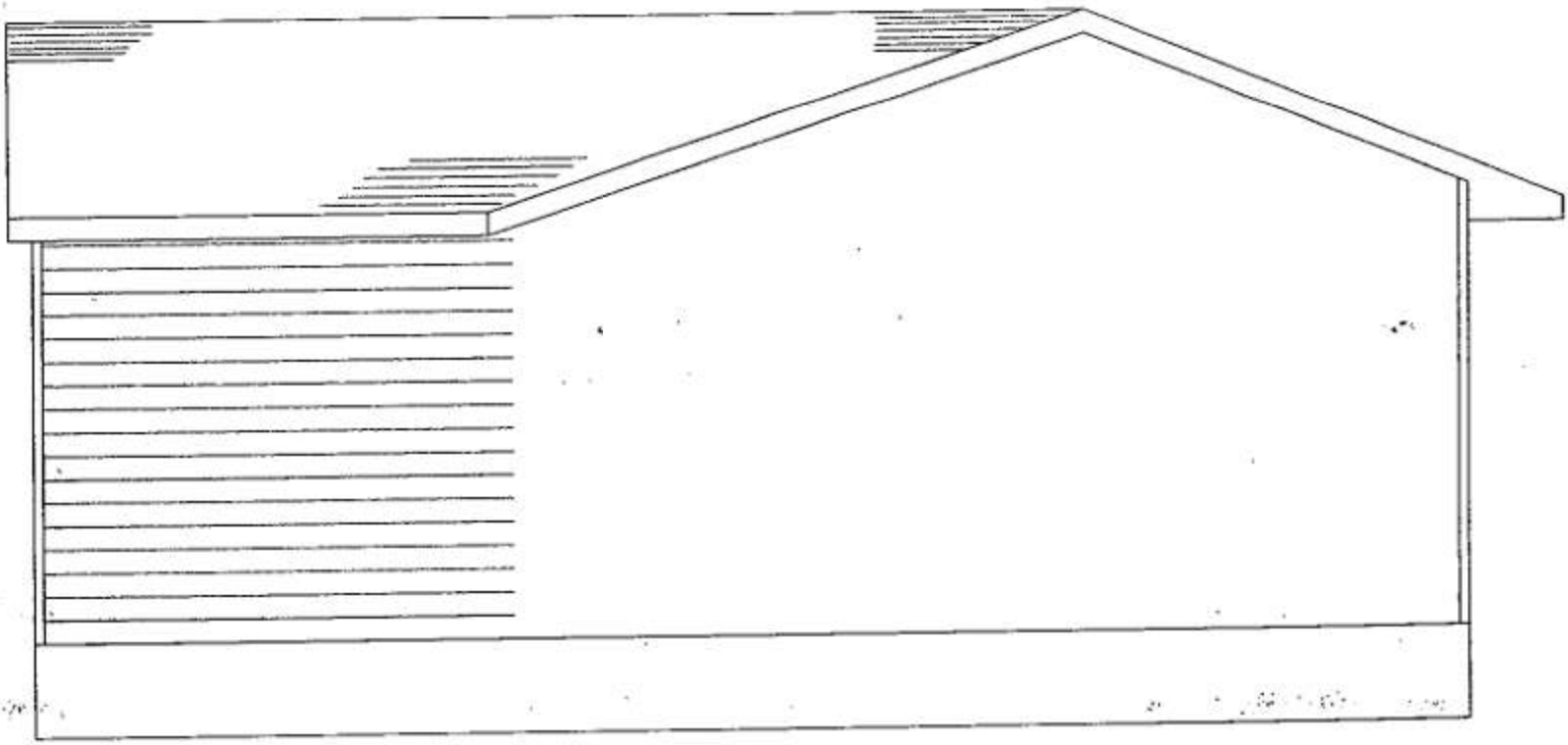
Sean Kinnevy

Sean Kinnevy — Land Use Officer



REAR ELEVATION

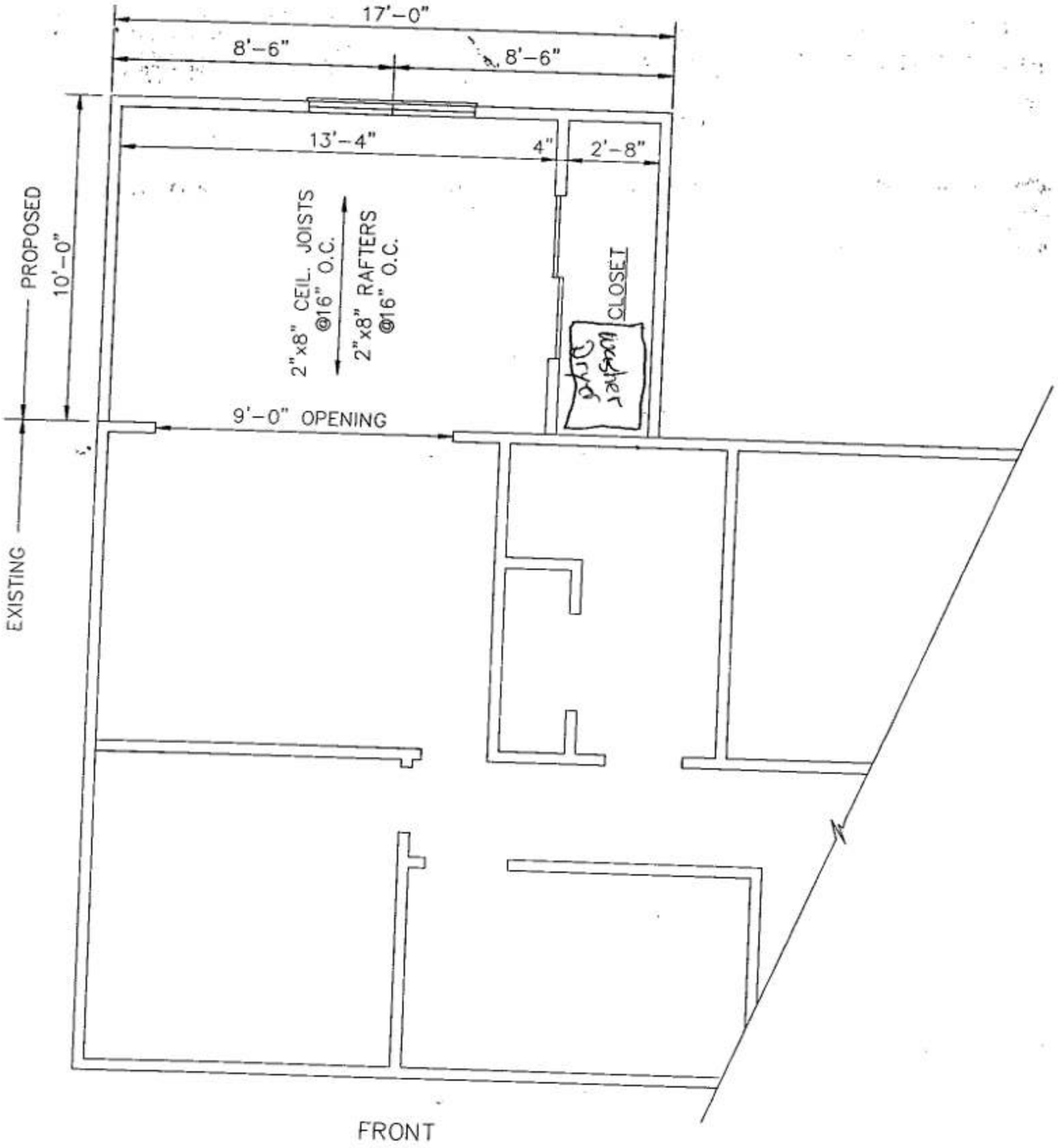
1/4"=1'-0"



PROPOSED — EXISTING

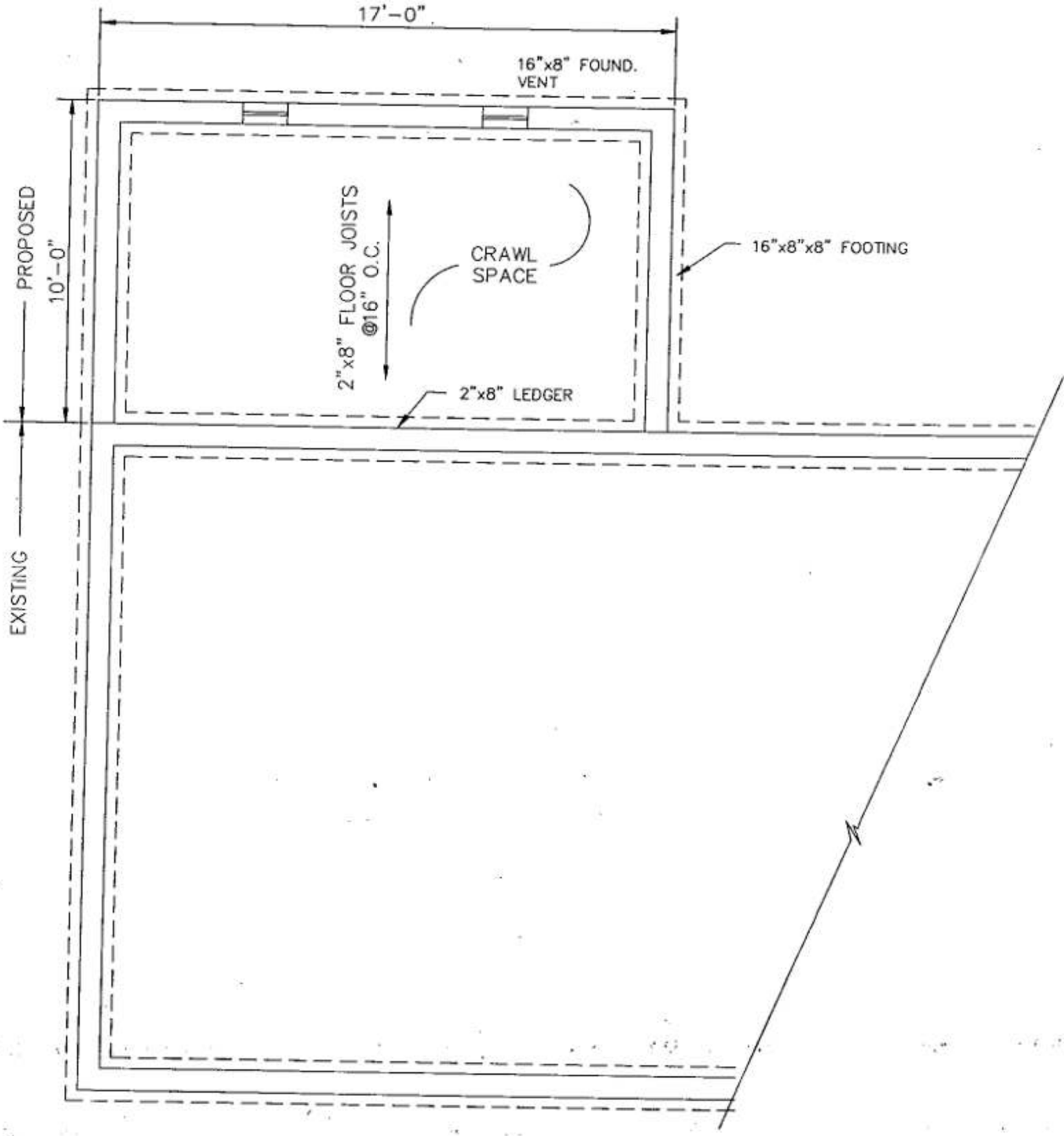
LEFT ELEVATION

1/4"=1'-0"



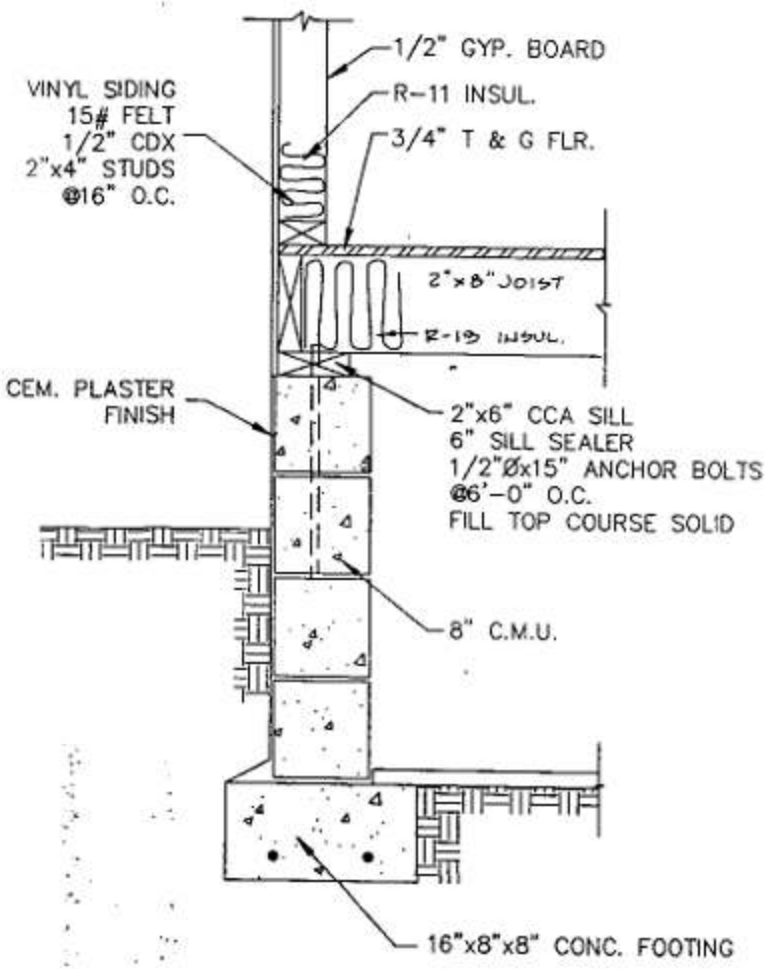
FLOOR PLAN

1/4"=1'-0"



FOUNDATION PLAN

1/4"=1'-0"



SECTION AT SILL

NOT TO SCALE

RECORD

BOCA BASIC/NATIONAL BUILDING CODE

Plan Reviewer _____

Sq. Feet _____

5-31-95

Date _____

CALLED 2/m

JURISDICTION Brielle
(City, County, Township, etc.)

BUILDING LOCATION 116 Stockton
(Street address)

Job Name Jim Behrens

New Building ☐ Addition ☐ Alteration ☐ Other ☐ _____

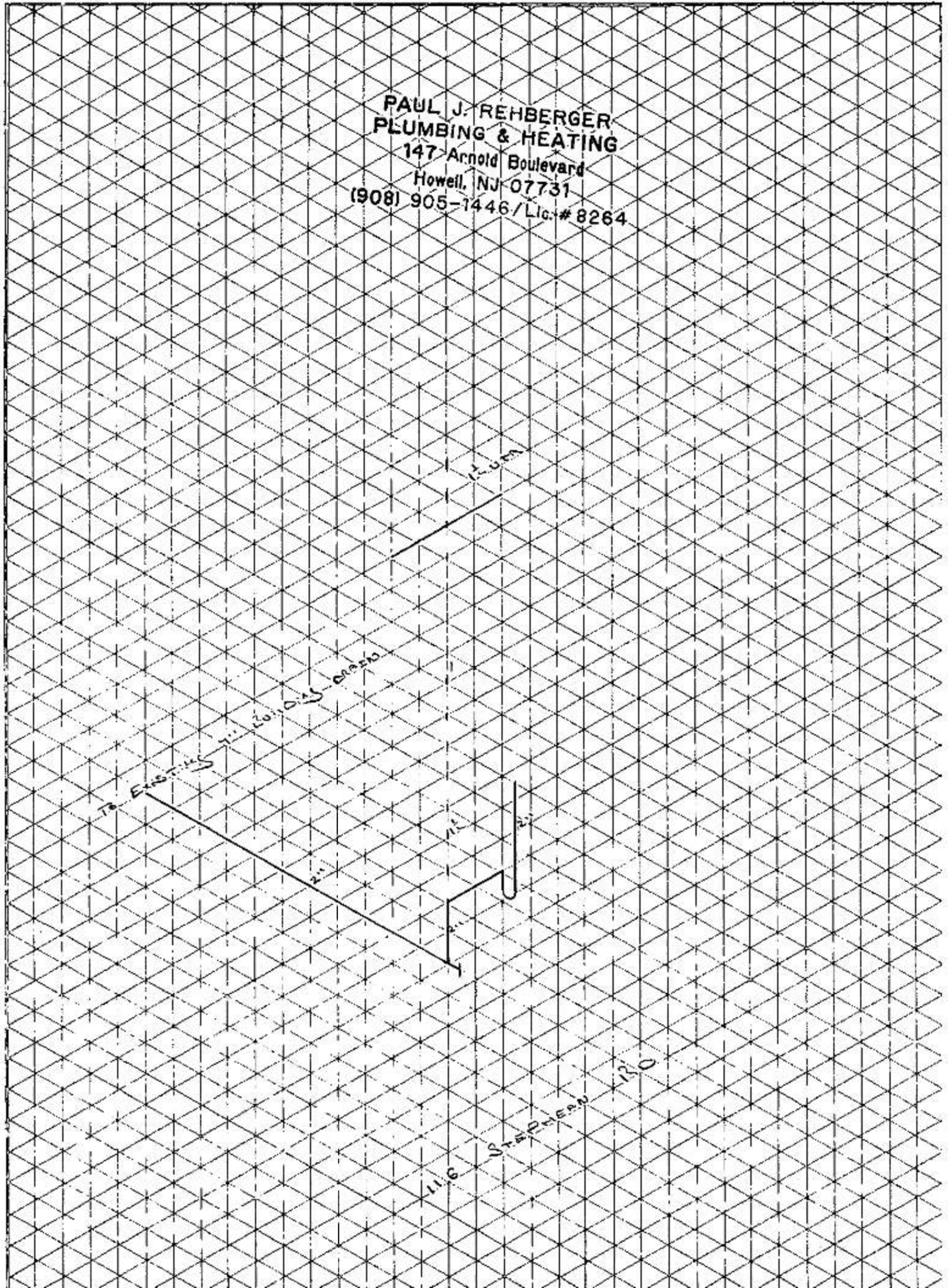
Construction Classification _____ Use Group _____ Block 144.08 Lot 5

CORRECTION LIST

No.	DESCRIPTION	Page	Reviewer	Code Sect.	C Ch
1	Must Pull out Fire Tech Cert				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Comments:

PAUL J. REHBERGER
PLUMBING & HEATING
147 Arnold Boulevard
Howell, NJ 07731
(908) 905-1446 / Lic.# 8264



TOWNSHIP OF BRICK

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

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax: (908) 920-4850

DATE: 5/15/95

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 1447-8 Lot: 5

Dear Sir;

I, Myles Burke (Name) of 116 Stephen Rd (Address)
request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours

Myles Burke
Applicant's signature

458 2505
Phone #

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.

OFFICE USE

Approved DATE: 5/17/95 BY: [illegible]

Rejected DATE: _____ BY: _____

REMARKS: _____

RECEIVED

MAY 3 0 1995

DIV. OF INSPECTION

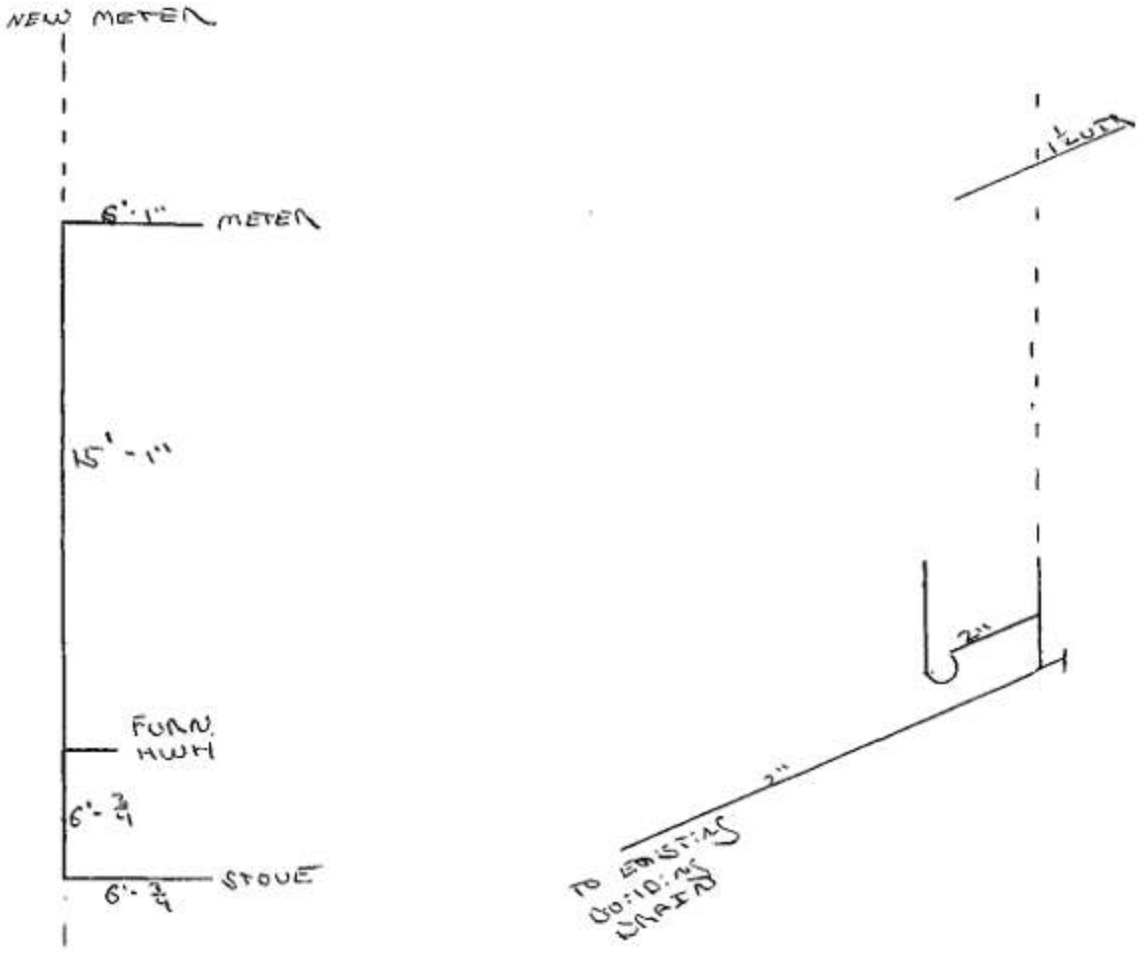
Myles + Linda Burke
116 Stephan Rd
Lakewood NJ

TO: DAN NEWMAN
FROM: PAUL REHBERGER PLUMBING AND HEATING

HERE IS THE INFORMATION THAT YOU WANTED FOR THE PLUMBING IN THE NEW ADDITION. I AM INSTALLING PLUMBING FOR A WASHING MACHINE BUT THE DRYER IS ELECTRIC, ALL I AM DOING WITH THE GAS PIPE IS MOVING THE METER FROM THE BACK OF THE HOUSE TO THE SIDE OF THE HOUSE (ABOUT 6' OF PIPEING).HERE IS A LIST OF EXISTING PLUMBING FIXTURES AND GAS FIXTURES.

1 TOILET
1 LAV.
1 TUB
1 KIT. SINK
1 WASHER CONN. (TO BE RELOCATED)

1 FURNACE 100,000 BTU
1 HOT WATER HEATER 40,000
1 STOVE 35,000 BTU



BOCA
PLAN REVIEW RECORD

Plan Review # _____

Date _____

BASIC/NATIONAL MECHANICAL CODE

Valuation = _____

Fee _____

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION 116 · STEPHANIE RD. _____
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

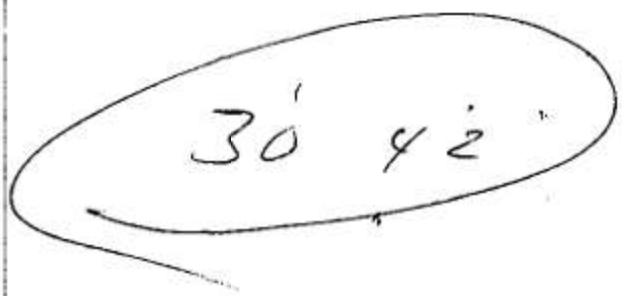
**Numerals indicated in parentheses are applicable code sections of 1984 Basic/National Mechanical Code.*

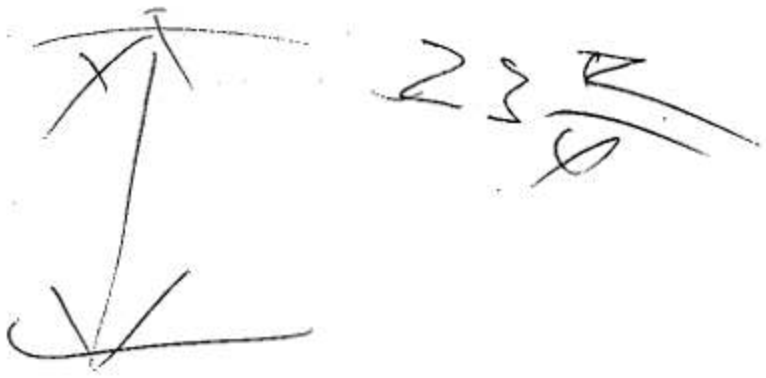
CORRECTION LIST

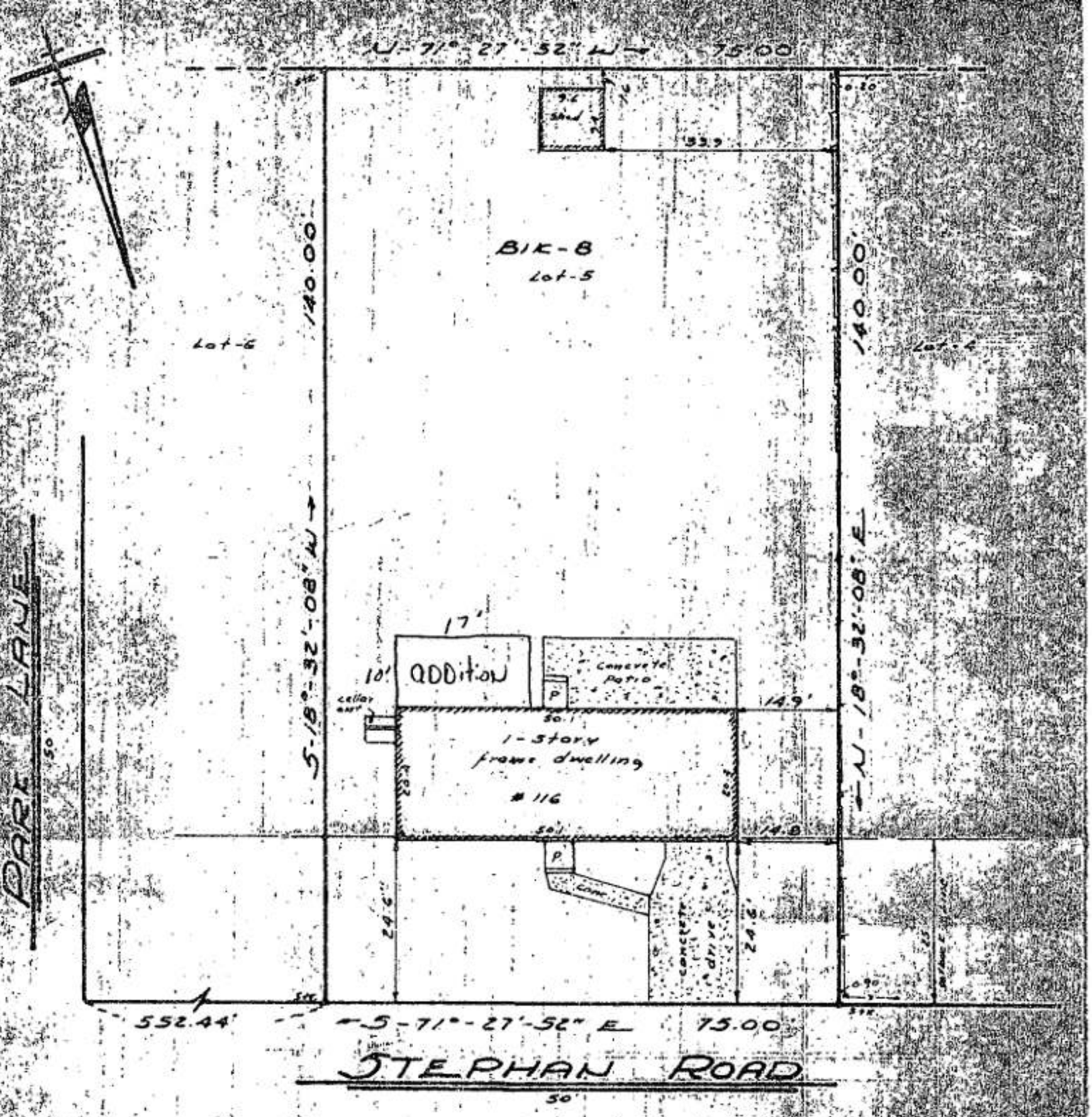
No.	DESCRIPTION	Code Section
	FOOTINGS DEPTH ✓	
	TAR. ✓	
	9' OPENING OF HOUSE NEED HEADER	
	ROOM USE	
	HEADERS REAR WINDOWS.	
	WINDOW SIZES -	
	VENTING.	

Called 6-9-90

Correction list continued on Page 2.







Property known as Lot-5, Blk-8 as shown on a map entitled "Final Plan of Parkway Pines Sect. No. 2" & filed in the Ocean County clerk's office on Aug. 23, 1957 as Map No. C-337.

This Survey is Certified to:
Myles T. Burke & Linda L. Burke h/w,
Larson Mortgage Company and/or its assigns
& Pioneer National Title Insurance Company.

Robert S. YURO L.S. #19453

SURVEY of PROPERTY
prepared for
MYLES T. BURKE & LINDA L. BURKE h/w
situated in