left of machine.
left message

BLOCK 1422.07 LOT 15 ADDRESS (SITE) 742 Tall Oaks Dr PERMIT NO. 1029-97

RECEIVED MAR 27 1997

Called 4-28-97

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: 742 Tall Oaks Dr [redacted]
2. Name of Owner in Fee: Karen L. Maguire [redacted]
   Address 742 Tall Oaks Dr (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Self (homeowner) T [redacted]
   Address _____
   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 Karen L. Maguire T [redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	85		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	85		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		2		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other CPA		$15		
13. TOTAL	$	102 00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ 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

Shed

	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	3,400.

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	DD	3/27/97		4/25/97 DD		6/19/97		DD
	GWU	4/2/97		4/2/97	DD			

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 10519229

UCC Form 5-1998

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 Kathleen J. Maguire 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	
☐ 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.									
☐ Other									
☐									
☐									

IMPORTANT: PLEASE EXTRACT

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. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CONSTRUCTION PERMIT

Date Issued 4-29-97
Control #
Permit # 1029-97

IDENTIFICATION Block 1422.07 Lot 15

Work Site Location 742 Tall Oaks Dr. Contractor Self

Address

Owner in Fee Karen L Maguire

Address Same

Tele. ( ) Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 15 #

or Social Security No.

0002
1029##
0.00
BUILDING 85.00
2.00
5.00
2.00
2.00
0.00
0127

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Shed

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 $ 3,400.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)

Building	85.-
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	2.-
Cert. of Occ.	
Other Surcharge	15.-
Total	102.-
Check No.	1138
Cash	
Collected By:	

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4-29-97
Date Issued
Control #
Permit # 1029-97

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

Block 1422.07 Lot 15
Work Site Location 742 Tall Oaks Dr
Owner in Fee Karen L Maguire
Address 742 Tall Oaks Dr
Brick NJ 08724
Tele. [redacted]
Contractor SELF
Address
Tele. ( )
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

14x16 Wood Shed

* approved as noted * must also Comply with Zoning approval

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	4/25/97	JS
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-19-97
Approved By: FM

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			5/6/97	JS
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			6/13/97	JS

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other Shed
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$

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) $ _____

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 27, 1997 1997 - 1342

Block 1422.07 Lot 15 Zone R-20

Property Address: 742 Tall Oaks Drive

Owner: Karen L. Macguire (Phone): [redacted]

Applicant: Same (Phone): Same

Mailing Address: 742 Tall Oaks Drive, Brick, N.J. 08724

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): 14' by 16' shed.

Conditions: The shed must be setback a minimum of 10' from the side and rear property lines and must not exceed a height of 12'.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not 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.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

BOCA®
PLAN REVIEW RECORD
NATIONAL MECHANICAL CODE

Valuation: ____________ Plan Review # ____________

Fee: ____________ Date ____________

JURISDICTION: ____________
(City, County, Township, etc.)

BUILDING LOCATION 742 Tall Oaks
(Street address)

BUILDING DESCRIPTION ____________

REVIEWED BY ____________

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Mechanical Code.*

called
4/11/97 no ans

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Need spans of joists & rafters	
	All dimensions	
	Sizes are on plans (Not SPANS)	
	Called 4-14-97	
	Bruyer 409-8065	
(1)	ARE THE RAFTERS	
	GOING THE 14' OR 16' WAY	
(2)	WHAT DIRECTION ARE THE JOIST	

ENGINEERING DUPONT COMPUTATION SHEET

MATTHEW McGUIRE

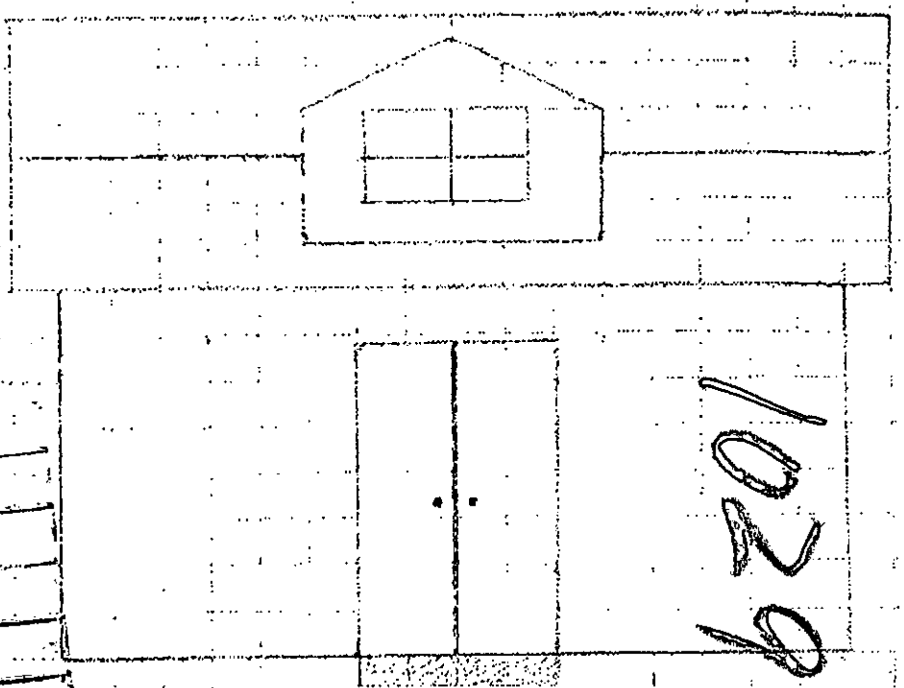
742 TALL OAKS

- WOOD FRAMED SHED
- 3/4 T+G Plywood Floor SCREWED TO 2X8 JOISTS
- 2X4 WALLS 16" O.C.
- 2X4 RAFTERS 16" O.C.
- T1-11 SIDING
- 5/8" ROOF SHEATHING
- 20 yr FIBERGLASS SHINGLES

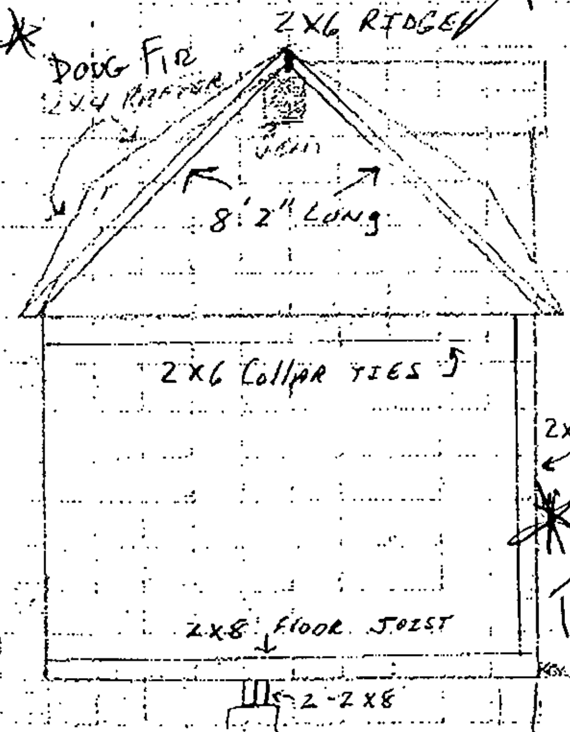
Plan Review Class Date

Zoning
Plumbing
Building 4/25/97 JS
Fire
Energy
Electrical

4" ON 12" PITCH

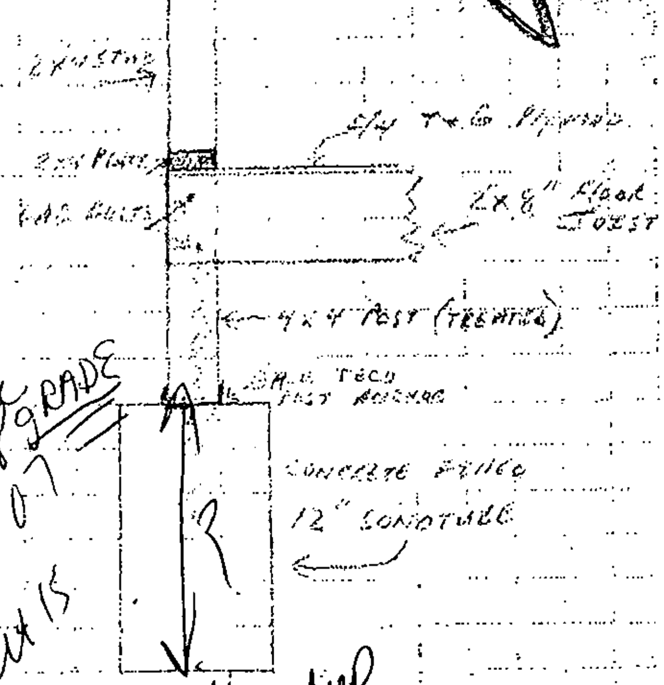


1022-97



* ALL Treated lumber within 8" off GRADE

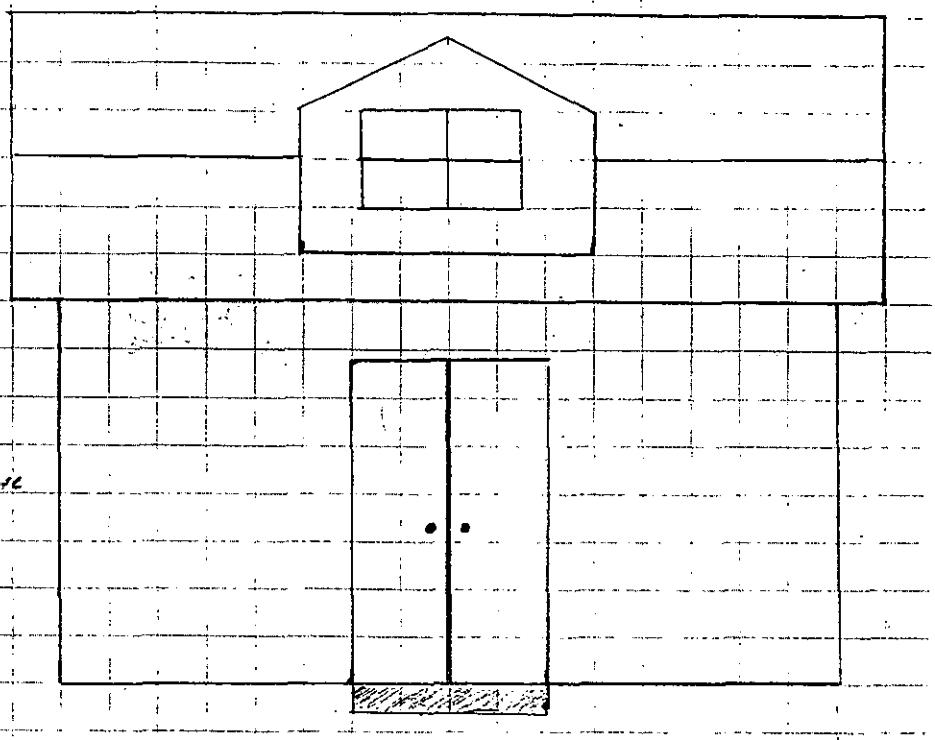
1422-07



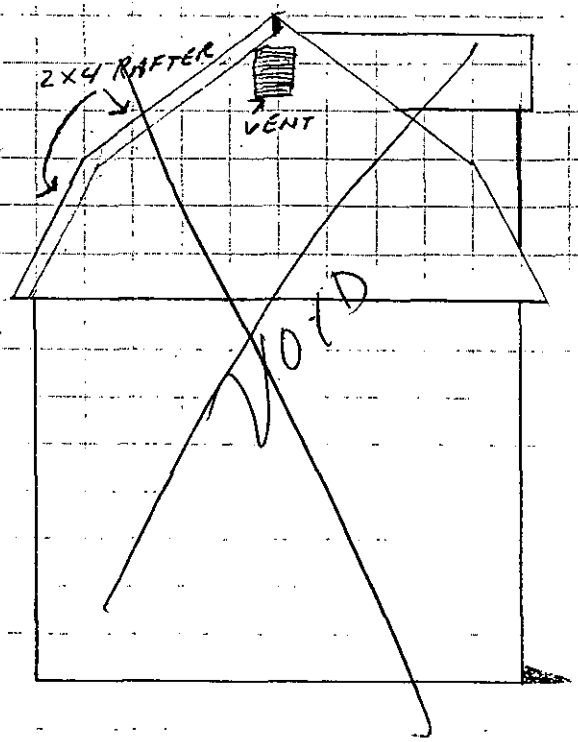
* min 32" deep

- WOOD FRAMED SHED 16'X14'
- 3/4 T+G PLYWOOD FLOOR SCREWED TO 2X8 JOISTS
- 2X4 WALLS 16" O.C.
- 2X4 RAFTERS 16" O.C
- T1-11 SIDING
- 1/8" ROOF SHEATHING
- 20yr FIBERGLASS SHINGLES

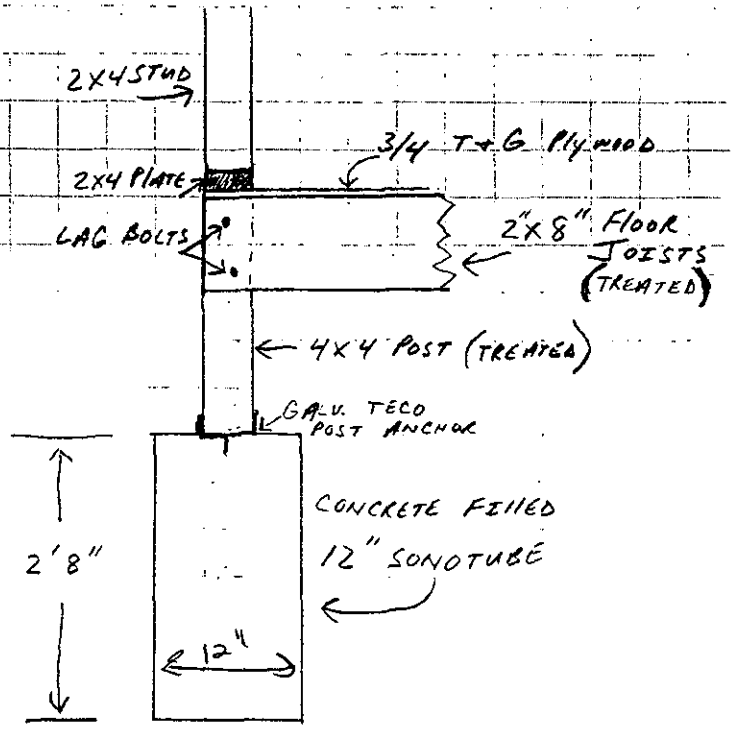
$3400.00 TOTAL MATERIAL



16' FRONT



14' SIDE



FAX

Date: Thursday, April 24, 1997 **Time:** 9:55:00 AM 2 **Pages**

To: Judy

Fax: 262 8954
Voice:

From: Donna & Joe Kleschinsky
K10 Carpentry

Fax:
Voice:

Comments: