BLOCK 1385.07 LOT 9 C25-4 QUALIFICATION CODE _____ ADDRESS (SITE) 636 WINDING RIVER RD. PERMIT NO. 98-2286

RECEIVED
JUN 25 1998
DIV. OF CODE ENFORCEMENT

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 636 WINDING RIVER ROAD
2. Name of Owner in Fee: MARK TRONCONE Tel [redacted]
   Address 636 WINDING RIVER RD. BRICK 08724
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: N/A Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect *or* Engineer N/A Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work MARK TRONCONE
   Tel. [redacted]

attached deck

V. FEE SUMMARY (for office use only)

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

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	
	no ✓	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☑ Minor Work	3,000	JJ			7-1-98	FH		9.21.98	ok
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		EWV-	6/30/98		6/30/98	JJ			
	TOTAL COSTS	3000								

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	1
After Construction	1
Net Gain or Loss	0

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10416373

U.C.C. F100-1 (rev. 3/96)

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 6-25-98

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the 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 _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

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									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT - FAX - A.H.B.I.

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. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/21/98
Control #
Permit # 98-2286

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1385.07 Lot 9 Qual
Work Site Location 636 WINDING RIVER ROAD
ATTACHED DECK
Owner in Fee/Occupant TRONCONE M
Address SAME
BRICK, NJ 08724-
Telephone [redacted]
Contractor HOMEOWNER
Address
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ATTACHED DECK

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

J. Cuniazza MP
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 2393
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0004 07/10/98 NO. 5 0015A005 10:23
2286 0.00
BLOCK 1385 # 0.00
LOT 9 # 85.00
BUILDING 2.00
D.C.A. 15.00
ZONEPLOT 102.00
TOTAL 102.00
CHECK 0.00
CHANGE

Date Issued 07/10/98
Control #
Permit # 98-2286

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1385.07 Lot 9 Qual

Work Site Location 636 WINDING RIVER ROAD
ATTACHED DECK
Owner in Fee TRONCONE M
Address SAME
BRICK NJ 08724
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
ATTACHED DECK

PAYMENTS (Office Use Only)

Building	85
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other 2nd	15
Total 102	87
Check No.	2393
Cash	
Collected By	TL

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 $ 3,000

Construction Official 07/10/98 Date

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/98
Date Issued 7/6/98
Control # C25-9
Permit # 98-2288

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

Block 1385.07 Lot 9
Work Site Location 636 WINDING RIVER ROAD
ATTACHED DECK
Owner in Fee TRONCONE M
Address SAME
BRICK, NJ 08724-
Tel [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
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

ATTACHED DECK
STAIRS MUST BE TO CODE!
8" MAX RISE
9" MIN TREAD WIDTH
36 STAIR WIDTH

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-1-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing			8/25/98	TKO
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9/21/98	JKG

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		85
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-3
Constr. Class	Present	Proposed	
No. of Stories			0
Height of Structure			0 Ft.
Area Largest Floor			0 Sq. Ft.
New Bldg. Area/All Floors			0 Sq. Ft.
Volume of New Structure			0 Cu. Ft.
Total Land Area Disturbed			0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,000
3. Total (1+2) $ 3,000

Industrialized Building:
[ ] State Approved
[ ] HUD

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 85
	DCA Training Fee	$ 2

U.C.C. Form F-110B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/98
Date Issued 7/10/98
Control # C25-9
Permit # 98-2288

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

Block 1385.07 Lot 9
Work Site Location 636 WINDING RIVER ROAD
ATTACHED DECK
Owner in Fee TRONCONE M
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Cont
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-1-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,000
3. Total (1+2)$ 3,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

ATTACHED DECK

STAIRS MUST BE TO CODE!
8" MAX RISE
9" MIN TREAD WIDTH
36 STAIR WIDTH

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	85
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 85
DCA Training Fee	$ 2

Paid [ ] Check #
Collected by:

U.C.C. Form F-110B

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: June 25, 1998 1998 - 1035

Block 1385.07 Lot 9 Zone R-20

Property Address: 636 Winding River Road [redacted]

Owner: Mark Troncone (Phone): [redacted]

Applicant: Same (Phone): Same

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): Attached deck: 21.15' by 20'.
8" to 3' height (varies).

Conditions: The deck must be setback at least 50 feet from the rear property line and 15 feet from the side property line.

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.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 1385.07 LOT 9

PROPERTY ADDRESS 636 WINDING RIVER ROAD BRICK N.J.

NAME OF OWNER MARK TRONCONE OWNER'S PHONE [redacted]

NAME OF APPLICANT ~~SAME~~ 636 WINDING RIVER RD BRICK NJ 08723

APPLICANTS COMPLETE ADDRESS 63

APPLICANT'S PHONE NUMBER ([redacted] APPLICANTS BUSINESS NAME N/A

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☑ Single Family Dwelling
- ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☑ Single Family Dwelling
- ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION DECK

All Dimensions 21.15 W 20 L 8" - 3' Ht VARIES

Deck or Garage ☑ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

- ☑ All information completed above
- ☑ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution N/A

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant _____ Date 6-25-98

MARK TRONCONE

Reviewed by Zoning Officer Date 6/25/98

☑ Approved ☐ Rejected

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: 6-25-98

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 1385.07 Lot: 9

Dear Sir;

I, MARIC TRONCONE (Name) of 636 WINDING RIVER ROAD (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

Applicant's signature 920-8383 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 X DATE: 6/30/98 BY:

Rejected DATE: BY:

REMARKS:

21'0" x 20'0" Deck

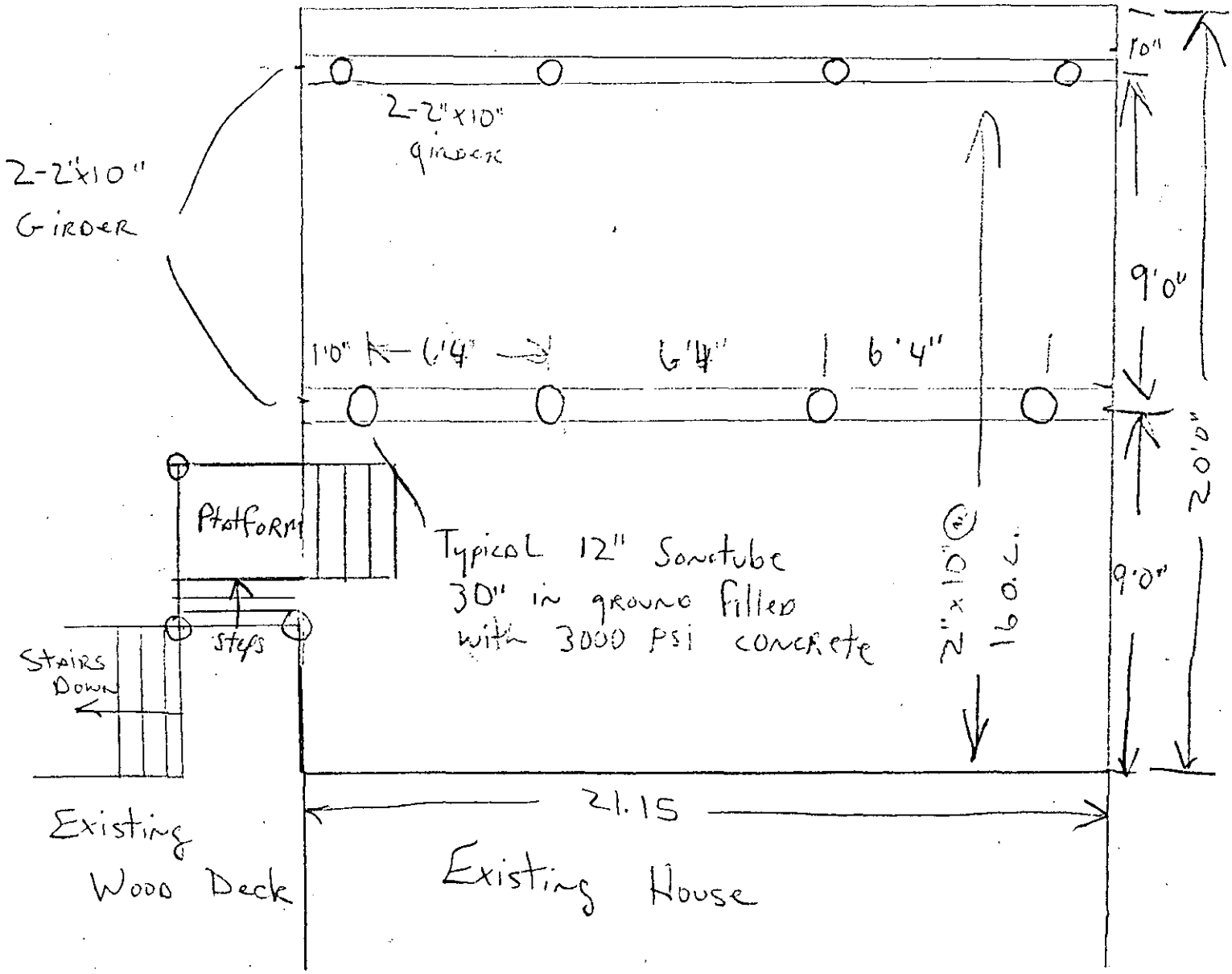
All wood to be Wolmanized

2-2"x10" girders on 12" concrete piers with MAX 6'4" SPAN

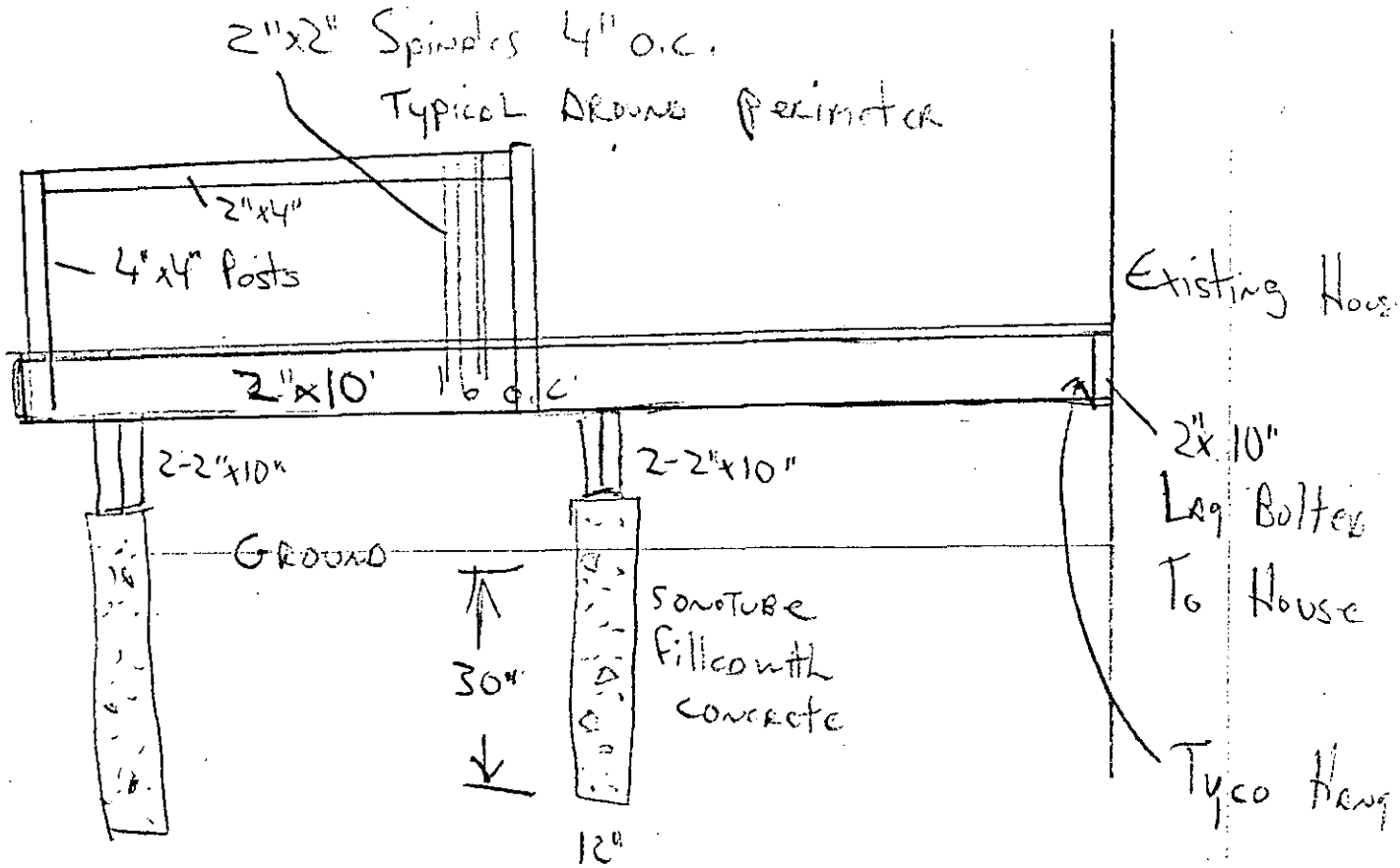
2"x10" Floor Joists 16" o.c.

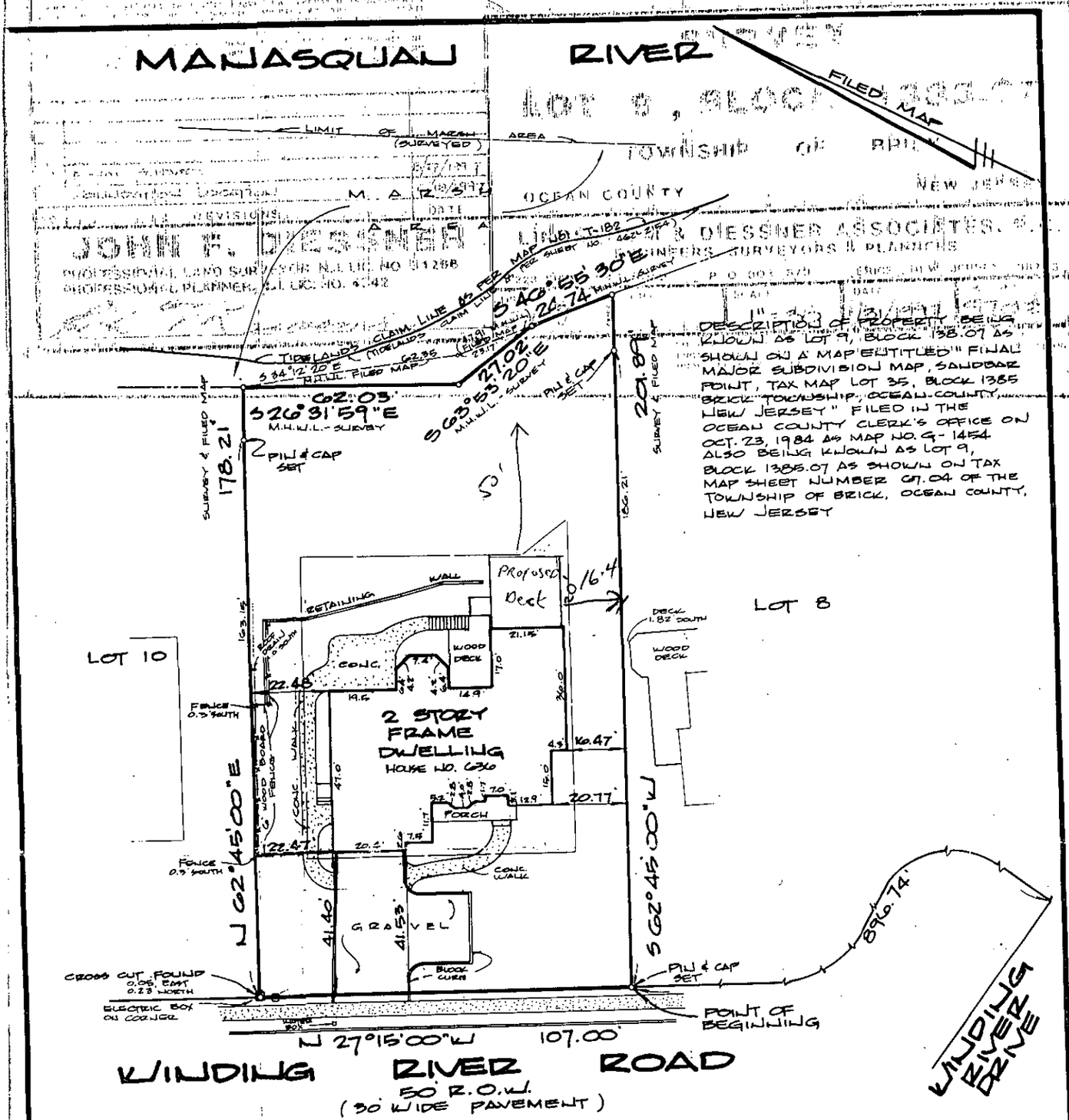
5/4x6" Decking

South side to have 6'0" Lattice, Two Remaining sides to have 36" Guardrail including Platform + Steps



Details


2"x2" Spindles 4" o.c.
Typical Around perimeter
2"x4"
4"x4" Posts
Existing House
2"x10" 16" o.c.
2-2"x10"
2-2"x10"
2"x10" Lag Bolted To House
Ground
30"
Sonotube Filled with Concrete
Tyco Hang
12"



OFFSET DIMENSIONS FROM BUILDINGS AND FENCES AS SHOWN HEREON ARE NOT TO BE USED FOR ESTABLISHING PROPERTY LINES AND SETBACK LINES.

THIS SURVEY SUBJECT TO ANY EASEMENT OF RECORD AND OTHER PERTINENT FACTS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE. UNDERGROUND IMPROVEMENTS OR ENCROACHMENTS, IF ANY, ARE NOT SHOWN HEREON. ENVIRONMENTALLY SENSITIVE AREAS AND HAZARDOUS WASTE SITES, IF ANY, ARE NOT LOCATED BY THIS SURVEY. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ONLY COPIES FROM THE ORIGINAL OF THIS SURVEY MARKED WITH AN ORIGINAL OF THE LAND SURVEYOR'S EMBOSSED SEAL SIGNIFY THAT THIS SURVEY WAS PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE ADOPTED BY THE N.J. STATE BOARD OF PROFESSIONAL ENGINEERS AND LANDS SURVEYORS. NO LIABILITY IS ASSUMED BY THE CERTIFYING SURVEYOR FOR THE USE OF THIS SURVEY BY ANY PARTY NOT SHOWN ON THE CERTIFICATIONS HEREON, OR FOR THE USE OF SURVEY WITH SURVEY AFFIDAVIT. CERTIFICATIONS ARE NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS SURVEY HAS BEEN PERFORMED IN ACCORDANCE WITH ACCEPTED STANDARDS OF THE PROFESSION AS PRACTICED IN THE STATE OF NEW JERSEY. THIS DECLARATION IS GIVEN SOLELY TO THE PARTIES NAMED HEREAFTER:

MARK A. TRONCONE AND JENNIFER M. TRONCONE, HUSBAND AND WIFE;
MID-STATE ABSTRACT COMPANY;
FIRST SAVINGS BANK, SLA AND/OR ASSIGNS;
KING, KITRICK, JACKSON & TRONCONE

NO	REVISIONS	DATE
2	FINAL SURVEY	8/27/1997
1	FOUNDATION LOCATION	4/18/1997

SURVEY

LOT 9, BLOCK 1385.07

TOWNSHIP OF BRICK

OCEAN COUNTY NEW JERSEY

JOHN F. DIESSNER
PROFESSIONAL LAND SURVEYOR, N.J. LIC. NO. 31266
PROFESSIONAL PLANNER, N.J. LIC. NO. 4342

LINDSTROM & DIESSNER ASSOCIATES, P.C.
ENGINEERS, SURVEYORS & PLANNERS
223 DRUM POINT ROAD P. O. BOX 570 BRICK, NEW JERSEY 08723

DR. BY:	CH. BY.:	SCALE:	DATE:	DWG. NO.
		1" = 30'	1/31/1997	97021

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE June 25, 1998
Sean Kinney - SF Dwelling -

OWNER IN FEE: MARK TRONCONE

BLOCK 1385.07 LOT 9 SITE LOCATION 636 WINDING RIVER ROAD

BUILDING INSPECTION

Contractor N/A

Address _____ Phone (____) _____

Town _____ State _____ Zip _____

LIC # _____ FEDERAL EMP. NO.(or SSN#) _____

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $_____ ALTERATION (2) $_____

ADDITION (3) $ 3000.00 TOTAL (1+2+3) $ 3000.00

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED	420	SQ. FT.

TYPE OF WORK

TYPE OF WORK		COST	MISC.		COST
NEW BLDG.			FENCE Ht.		
ADDITION	✓	3000	SIGN Sq. Ft.		
ALTERATION			POOL		
ROOFING			ASBESTOS ABATEMENT		
SIDING			DCA		
DEMOLITION			TOTAL		

DESCRIPTION OF WORK

COMMENTS 20 x 21.15 deck to be added to rear of house

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.

SEAL &

SIGNATURE _____

PLUMBING INSPECTION

Contractor _____

Address _____ Phone (____) _____

Town _____ State _____ Zip _____

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF PLUMBING WORK: $_____

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT		NO.	FIXTURE/EQUIPMENT	
	Water Closet			Steam Boiler	
	Urinal / Bidet			Hot Water Boiler	
	Bath Tub			Sewer Pump	
	Lavatory			Interceptor/Separator	
	Shower			Backflow Preventer	
	Floor Drain			Grease Trap	
	Sink			Water Cooled A/C or Refrigeration Unit	
	Dishwasher			Sewer Connection	
	Drinking Fountain			Water Service Connection	
	Washing Machine			Active Solar System	
	Hose Bibb			Other	
	Water Heater			Other	
	Fuel Oil Piping			Other	
	Gas Piping				

DESCRIPTION OF WORK

COMMENTS _____

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SEAL &

SIGNATURE (Contractor's Seal) _____

FIRE INSPECTION

Contractor _____

Address _____ Phone (____) _____

Town _____ State _____

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF FIRE PROT. WORK: $_____

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar

Heating System: ☐ New ☐ Existing

Location of Furnace / Boiler _____

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 _____

Combustible Liquid Storage Tanks ☐ Capacity _____

L.P.G. Storage Tanks ☐ Capacity _____

L.N.G. Storage Tanks ☐ Capacity _____

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered
	Dry Sprinkler Heads		CO_2 Suppressic
	TOTAL		Halon Suppress
			Foam Suppressi
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fire
			Other Applia
	Stand Pipes		
	Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECOI AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE W ON THIS APPLICATION.

SEAL &

SIGNATURE (Contractor's Seal) _____