owner is
NEW ~~OWNERS~~ CONTRACTORS 2-22-90

'OWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

1. Proposed Work at: 721 Princeton Avenue, Bricktown, NJ
2. Owner Name: Dorothy Leslcanic Tel. (201) 838-2858
   Address 564 Greenhill Rd, Smoke Rise, NJ 07405
3. Principal Contractor: Edward Leslcanic Tel. (201) 838-2858
   Address 564 Greenhill Rd, Smoke Rise, NJ 07405
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: Hugh Romney Tel. (201) 427-5174
   Address 224 Rock Road, Hawthorne, NJ 07506
5. Responsible Person in Charge of Work Edward Leslcanic Tel. (201) 838-2858

936
18,18R,19

II. PROPOSED WORK

A. TYPE OF WORK

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
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 165,000
2. ☒	Plumbing	8,000
3. ☒	Electrical	6,500
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$ 179,500

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☒ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

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, Infirmaries (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 _____

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 2
15. Height of Structure 33 Ft.
16. Area–Largest Floor 600 Sq. Ft.
17. Bldg. Area–All Fls. 3344 Sq. Ft.
18. Volume of Structure 27086 Cu. Ft.
19. Total Land Area Disturbed 2682 Sq. Ft.

LDS BR 10512936

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 Edward J. Kerkmann DATE 1/10/90

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 Jim Sullivan TEL.(201) 255-8705

ADDRESS 13 Carter Street

Toms River, NJ 08753

SIGNATURE James J. Sullivan

BLOCK NO. 936 LOT NO. 18, 18.R, 19 SUBDIVISION _____ PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

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	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	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		5-14-90 JC	
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____ ✓	PLUMBING		5-15-90 ✓ 908	Collect 40
_____ ✓	ELECTRICAL		5-10-90 (House only)	
_____ ✓	FIRE PROTECTION		5-16-90 DE	
_____	OTHER Eng		5-17-90 DJR rej 5-14-90	

cc ✓
apl ✓

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. 4903	5-18-90
☐ 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	$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	$ _____
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER plmg		JJ	40.–
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

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

CERTIFICATE

Date Issued 5/18/90
Control #
Permit # 4903

IDENTIFICATION

Block 936 Lot 18,18R,19
Work Site Location 721 Princeton Ave.
Brick, N.J
Owner in Fee Dorothy & Edward Leslcanic
Address 564 Greenhill Rd
Smoke Rise, N.J.
Tele. ( )
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Single family dwelling

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ 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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19 ____ or the owner will be subject to a fine or order to vacate:

Arthur J Ceiza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 4403
DATE ISSUED 7/12/89
REVISION DATE
Block 936 Lot 18-18K-18
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Dorothy [illegible]
Address 564 [illegible]
Smoke Rise NJ
Tel. (201) 838-2858
Work Site Address [illegible] Ave
[illegible] St

Contractor [illegible] Development
Address P.O. Box 4811
Brick NJ 08723
Tel. (201) 920-1184
Lic. No. 017326
Federal Emp. No. 22-28-96-132

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.

Construct New Home
As per enclosed
Plans

5-14-90
[signature]

☐ See Plans

TYPE OF WORK:
☒ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other

- Chase [illegible] 228909
[illegible] 22909 [illegible]
[illegible] 5-14-90

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: Single Family Present ______ Proposed

No. of Stories 2
Height of Structure 33 Ft.
Area—Largest Floor 600 Sq. Ft.
Total Building Area—All Floors 3344 Sq. Ft.
Volume of Structure 27086 Cu. Ft.
Total Land Area Disturbed 2682 Sq. Ft.
Estimated Cost of Building Work: $ 1795.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	7-6-19	VM
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date:

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				7-25 8-16
☐ Slab				
☒ Frame				7-26
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 4903
DATE ISSUED 7/17/89
REVISION DATE ______
Block 936 Lot 18.18R.19
Subdivision ______

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner [illegible]
Address 564 [illegible] Rd
[illegible] NJ
Tel (201) 838-2858
Work Site Address [illegible] Ave
[illegible] St

Contractor [illegible] Development
Address PO Box [illegible]
[illegible] NJ
Tel (201) 920-1104
Lic. No. 017326
Federal Emp. No. 22-28-46-132

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.

[signature]
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 ☐ CO_2 ☐ 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: $ ______

FEE $ ______

B4. STAND PIPES

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

$ ______

B5. OTHER

SD & [illegible]

$ ______
$ ______
$ ______

Subtotal $ ______
Minimum Fire Protection Fee (If Applicable) $ [illegible]
Total Fire Protection Fee (*Greater of Minimum or Subtotal)* $ ______

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

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 7/6/88
Approved By: [signature]

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: _____
Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☐ Other				
☐ Other				
☐ Other				

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 4903
DATE ISSUED 5/14/81
REVISION DATE
Block 936 Lot 18-18R-19
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Dorothy LeKamp
Address 564 Greenhill Rd
Smoky Run NJ
Tel. (201) 828-2858
Work Site Address Princeton Ct
ST Brick NJ

Contractor NIELSEN Plumbing
Address 241 Cherry Quay Rd.
Brick NJ 08723
Tel. ( ) 920 1695
Lic.No./Bus. Permit 1858
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

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
4	Water Closet/Bidet/Urinal	$ 20.-		Garbage Disposal	$
4	Bathtub	20.-	1	Air Conditioner Unit	15.-
8	Lavatory/Sink	40.-		Indirect Connection	
1	Shower/Floor Drain	5.-		Sewer Ejector	
1	Washing Machine	5.-		Grease Trap	
1	Dishwasher	5.-		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15.-	3	Vent Stack	10.-
	Steam Boiler			Solar System	
1	Water Util. Connection			Other GAS PIPING	15.-
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 115.-		COLUMN 2	$ 40.-

Fee	
COLUMN 1	$ 115.-
COLUMN 2	$ 40.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 155.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage –	Material	ABS	Size	4"
Building Sewer–	Material	PVC	Size	4"
Water Service–	Material	Poly	Size	1"
Venting –	Material	ABS	Size	2"-3"

Estimated Cost of Plumbing Work: $ $8,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant's Copy Blue Ink = Inspector's Copy

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved

Date: 7-6-89

Approved By: J.D. Sp

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

Owner is Contractor

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2-22-90
Date Issued 7-12-89
Control #
Permit # 4903

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

Block 936 Lot 18, 18.B, 19
Work Site Location 721 Princeton Avenue
Bricktown, NJ
Owner in Fee Dorothy Leskanic (Edward Leskanic)
Address 564 Greenhill Road
Smoke Rise, NJ 07405
Tele. (201) 838-2858
Contractor Edward Leskanic (Owner)
Address 564 Greenhill Road
Smoke Rise, NJ
Tele. (201) 838-2858
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

New Single-Family Home

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing – Chase footing			2-28-90	JK
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame			2-26-90	JK
[ ] Frame			Insulation			3-29-90	JK
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[X] CO [ ] CCO [ ] CA			Other				
Date: 5-24-90			Final				
Approved By: J. Chandler							

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 33 Ft.
Area—Largest Floor 600 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure 27086 Cu. Ft.
Total Land Area Disturbed 2682 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 179,500.00
2. Alteration $
3. Total (1+2) $ 179,500.00

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE $

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

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

Owner/New CONTRACTOR

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2-22-90
Date Issued 7-12-89
Control #
Permit # 4903

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

Block 936 Lot 18, 18.R, 19
Work Site Location 721 Princeton Ave.
Bricktown, NJ
Owner in Fee Dorothy Leskanic (Edward Leskanic)
Address 564 Greenhill Road
Smoke Rise, NJ 07405
Tele. (201) 838-2858
Contractor Edward Leskanic (Owner)
Address 564 Greenhill Road
Smoke Rise, NJ 07405
Tele. (201) 838-2858
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed New Home (Single Family)
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 20,000 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 5/16/90
Approved by: JE

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			5/16/90	JE
Mechanical			5/16/90	JE
TCO				
Other Final			5/16/90	JE
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.

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	3	
Heat Detectors		
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		

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

U.C.C. Form F-140A

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

owner new CONTRACTOR

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2-22-90
Date Issued
Control # 7-12-89
Permit # 4903

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

Block 936 Lot 18, 18.R, 19
Work Site Location 721 Princeton Avenue
Bricktown, NJ
Owner in Fee Dorothy Leskanic (Edward Leskanic)
Address 564 Greenhill Road
Smoke Rise, NJ 07405
Tele. (201) 838-2858
Contractor James Higdon
Address 933 Wright Ave
Toms River NJ
Tele. (201) 240 0135
Lic. No. 8372
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size existing 4"
Water Service Size existing 1"
Estimated Cost of Plumbing Work $ 17,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: JH
Date: 5-

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			2/23/90	JH
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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.

James W Higdon
Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

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

extras 1 disposal
1 laundry tub #40—
1 - Heat & air

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date May 17, 1990

NAME Dorothy Leskanic

ADDRESS 564 Greenhill Rd., Smoke Rise, NJ 07405

PROPERTY LOCATION 5 5th St.

Account No. N356003 Block 936 Lot 18

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evan

State of N.J.
Name of Enforcing Agency

Brick
Municipality of

Ocean
County

Dorothy & Edward Leskanic
Name of Owner(s) in Fee

721 Princeton Ave
Address

936 18, 18.R, 19
Block Lot

AFFIDAVIT
in Support of Application
for a Construction Permit and
for a Certificate of Occupancy
Pursuant to N.J.A.C.
5:23-2.5(b) 2:1 and 5:23-2.7(b)3

I am an applicant for:

☐ A Construction Permit
☒ A Certificate of Occupancy

I being the Owner in Fee and being of full age, duly sworn upon my oath depose and say that a new home (~~will be~~) (has been) constructed on this property for personal use and occupancy by me.

I hereby attest that all design, constuction, plumbing or electrical work (will be)(has been) done 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 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.

X Dorothy Leskanic
Signature

E A Leskanic

Sworn and Subscribed to
before me this 17 Day of May 19 90.

Robert A. Serino

ROBERT A. SERINO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires May 23, 1993

Edward A. Leskanic
564 Greenhill Road
Smoke Rise, NJ 07405

May 16, 1990

Brick Township Building Dept.
401 Chambers Bridge Road
Brick, NJ 08723

Re: Block-936; Lots-18, 18.R, 19

Dear Sir;

I am writing this letter to your department for permission to move my furniture in my new home at 721 Princeton Avenue, Brick, prior to the receipt of my Certificate of Occupancy. I am aware that I may not occupy the house until receipt of C/O.

I will be totally responsible for all belongings on my premises prior to C/O and will not hold the Township of Brick reliable in any way.

I am the general contractor and builder on this project. All sub-contractors that have worked for me on this project have given me proof of insurance to guarantee their work. I will occupy this house as my residence and therefore will not need Home Owners Warranty or any other warranty plan.

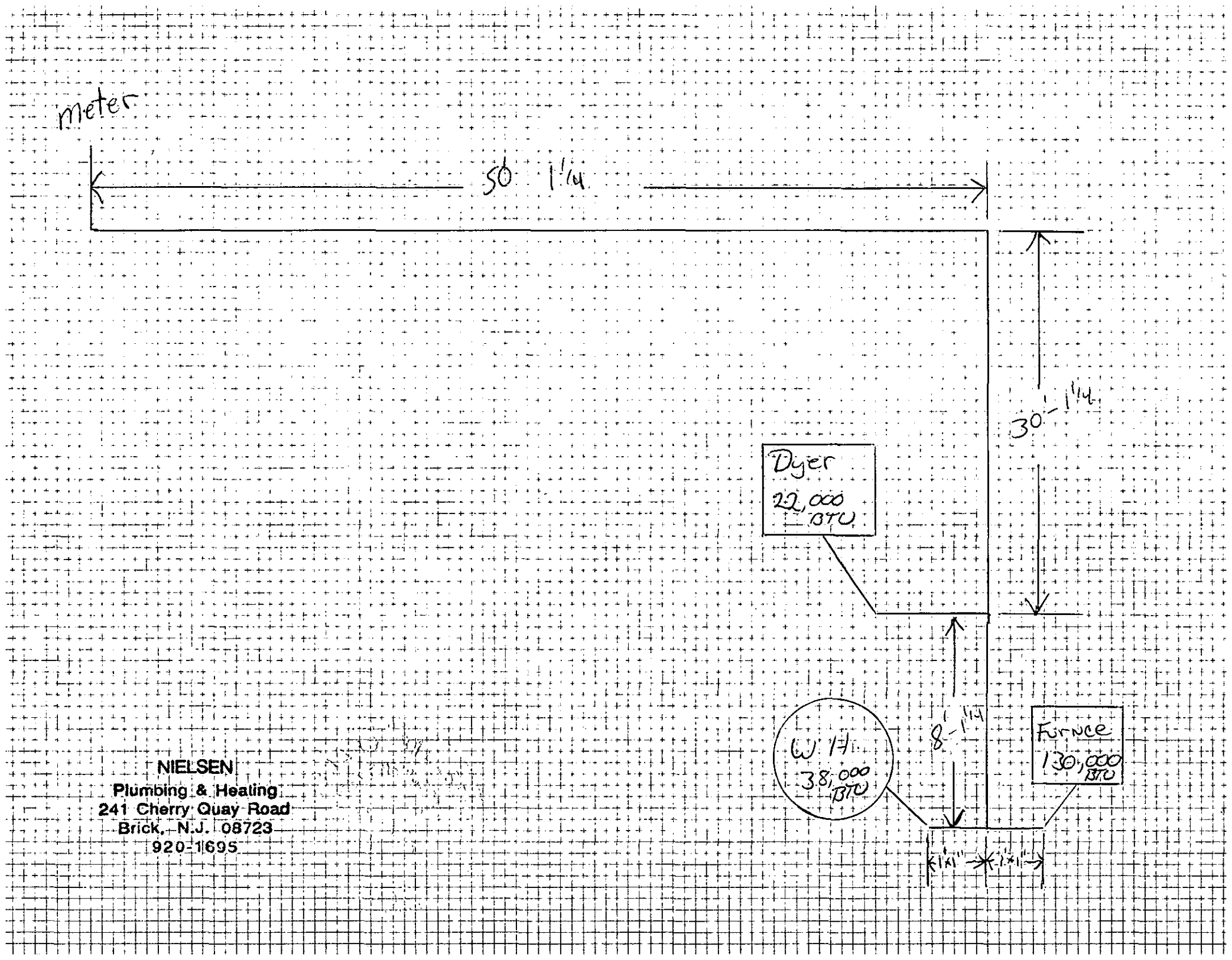
Thank you for your help and cooperation in this matter.

Sincerely,

Edward A. Leskanic

EAL/js

RECEIVED
MAY 17 1990
BUILDING



NIELSEN
Plumbing & Heating
241 Cherry Quay Road
Brick, N.J. 08723
920-1695

MUNICIPALITY R.T.

CUT-IN-CARD

LOCATION ________ UTILITY CO P.P.

721 Princeton Ave BLK 936 LOT 18/19

OWNER Edward Lackanic OCCUPANT ________

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ____ days

SERVICE 200A. RANGE ____ WATER HEATER ____

AIR COND 2 ELECT HEAT ____ MISC D/W

COMMENTS House only

Does not include Dock - Pool or Alarm System

DATE 5.10.90 PERMIT# 11307 INSPECTOR B.Hoch...

Elec. 104 P. 1.c.(.90 Insp. Lic# ____

ENGINEERING DEPARTMENT
INSPECTION REPORT

ADDRESS Princeton Ave/5th St. BLOCK 936

OWNER _____ LOT 15, 18 & 19

☐ BULKHEAD ☐ DOCK ☐ SWIMMING POOL ☑ DWELLING

INSPECTION NO. 1 DATE 7/10/89 BY DSG

☑ APPROVED

☑ REJECTED

☐ OTHER

COMMENTS: Checklist items

JUL 11 1989

MUNICIPAL ENGINEER

INSPECTION NO. 2 DATE 7/11/89 BY Patel

☑ APPROVED

☐ REJECTED

☐ OTHER

COMMENTS: New Plot Plan, Attached 8-22-89 MM-

INSPECTION NO. 3 DATE 5/14 BY George Kuna

☐ APPROVED

☑ REJECTED

☐ OTHER

COMMENTS: Final grade not complete
Survey Materials to be remove from Site
Junker - ects

INSPECTION NO. 4 DATE 5/16/90 BY George Kuna

☑ APPROVED

☐ REJECTED

☐ OTHER

COMMENTS: Final grade complete
OK for final engineering

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED

☐ REJECTED

☐ OTHER

COMMENTS: _____

TOWNSHIP OF BRICK

PLOT PLAN REVIEW CHECK LIST

BLOCK 936 LOT 18-18R-19

ADDRESS Princeton Ave E. (Zelth St)

	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
1. PLOT PLAN REVIEW					
2. SURVEY - SIGNED & SEALED (P.L.S.)	✓				
3. WIDTH & TYPE OF ROAD PAVEMENT			✓		not shown
4. EXISTING ELEVATIONS (NGVD IN FLOOD HAZARD ZONES)	✓				
SIDE PROPERTY LINES @DWELLING & PROPERTY CORNERS	✓				
STREET GUTTER, TOP CURB & CENTER LINE ELEVATION			✓		not clear
CONTOURS (IF GREATER THAN 2' DIFFERENCE IN ELEVATION)			✓		not shown
ADJACENT DWELLING CORNERS	✓				
5. PROPOSED GRADING		✓			
GARAGE, FIRST FLOOR, CRAWL SPACE & BASEMENT ELEVATION		✓			
LOT GRADING		✓			
METHOD OF DRAINING		✓			
6. FLOOD ZONE (IF APPLICABLE)	✓				
FLOOD OPENINGS SIZED & PLACED				✓	
NGVD REF. IN FLOOD ZONE (BY P.L.S.)	✓				
7. DRIVEWAY - WIDTH & TYPE			✓		width
8. PLOT PLAN SIGNED & SEALED (P.E., P.L.S. OR REG. ARCH)	✓				

B. FIELD CHECK (INSP) PLOT PLAN

RECEIVED JUL 07 1989

FIELD CHECK (INSP) DEPUTY MUNICIPAL ENGINEER

SIGNATURE RSS DATED 7/10/89

COMMENT checklist items

Accepted ☑ Rejected ☐

SIGNATURE DATED

COMMENTS

Accepted ☐ Rejected ☐

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

_____ Accepted	_____ Rejecte
Signature Dated	Signature Dated
Comments: _____	Comments: _____

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

[signature] 7/11/89 Accepted	KBS 7/10/89 Rejecte
Signature Dated	Signature Dated
Comments: _____	Comments: Check list items

E. C. O. APPROVALS

1. Field Inspection (Inspector)

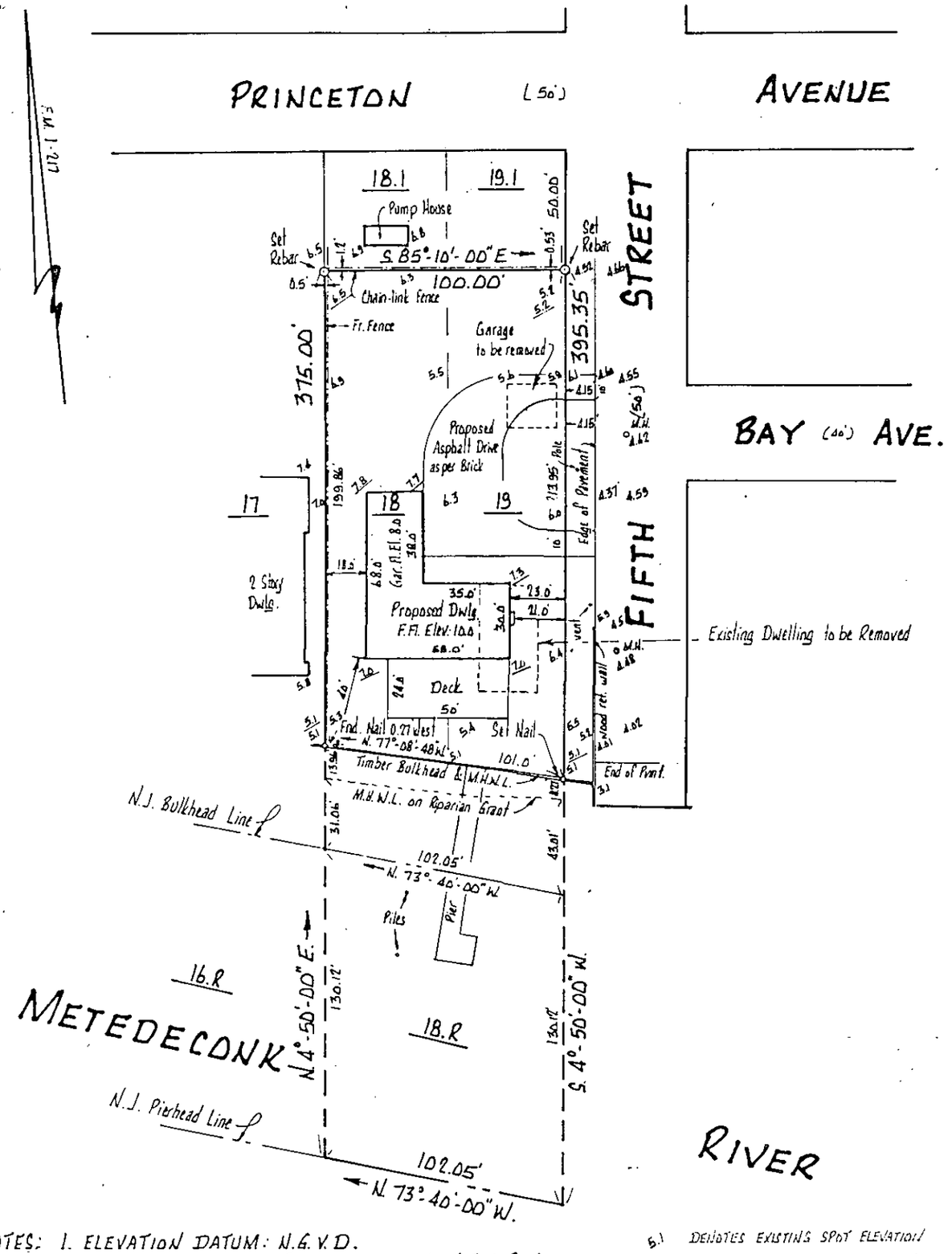
George Rossi 5/16/90 Accepted	George Rossi 5/14/90 Rejecte
Signature Dated	Signature Dated
Comments: OK for final engineering 5/16/90	Comments: Incomplete Grading Access - Materials to be placed up.

2. Temporary C. O. (Municipal Engineer)

_____ Accepted	_____ Rejecte
Signature Dated	Signature Dated
Comments: _____	Comments: _____

3. Final C. O. (Municipal Engineer)

_____ Accepted	_____ Rejecte
Signature Dated	Signature Dated
Comments: _____	Comments: _____



NOTES: 1. ELEVATION DATUM: N.G.V.D.
2. F.I.R.M. ZONE A-5, BASE FLOOD ELEV. 8.0 & 6.0.
3. TIDELANDS CLAIMS LINE NOT SHOWN.

5.1 DENOTES EXISTING SPOT ELEVATION
7.0 DENOTES PROPOSED SPOT ELEVATION

NOTE: ALL COPIES VOID WITHOUT EMBOSSED SEAL ON SIGNATURE.

DESCRIPTION:

LOTS 18, 18.R, 19, BLOCK 936, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY.
FILED MAP: "MAP 'D' OF METEDECONK COMPANY" FILED APRIL 5, 1929, AS MAP I-217.

CERTIFIED TO:

EDWARD LESKANIC
DEMPSEY, DEMPSEY & SHEEHAN, ESQS.

REVISED MAR. 5, 1989 CHANGED BLDG. LOCATION.
REVISED FEB. 27, 1989 TO SHOW PROPOSED DWELLING

FILE: 89-13	DATE: JAN. 31, 1989	SCALE: 1" = 60'

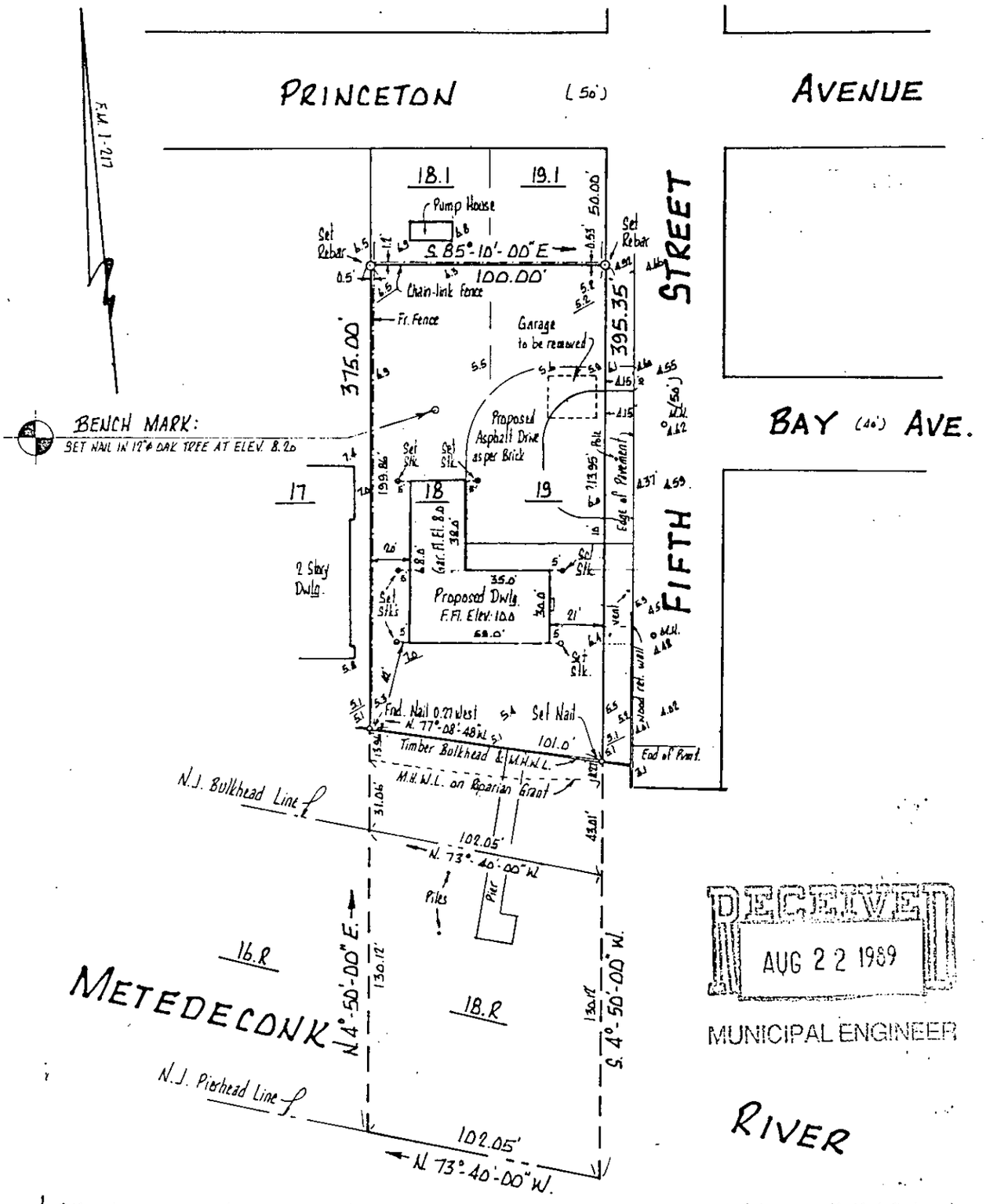
Est. 1945

GEORGE W. HENN, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
PROFESSIONAL PLANNERS
73 MANTOLOKING ROAD
BRICK TOWN, N. J. 08723
477-6500

I CERTIFY THE ABOVE SURVEY AND FIND CONDITIONS AS SHOWN THIS CERTIFICATION IS MADE ONLY TO HEREON NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF ABOVE PREMISES BY HEREON NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING BUT NOT LIMITED TO SURVEY AFFIDAVIT, RESALE OF PROPERTY OR TO ANY OTHER PERSON.

Walter Scharfenberg

GEO. W. HENN, P. E., L. S. 5328
WALTER SCHARFENBERG L. S. 14159, P. P. 385



RECEIVED
AUG 22 1989
MUNICIPAL ENGINEER

NOTES: 1. ELEVATION DATUM: N.G.V.D.
2. F.I.R.M. ZONE A-5, BASE FLOOD ELEV. 8.0 & 6.0.
3. TIDELANDS CLAIMS LINE NOT SHOWN.

5.1 DENOTES EXISTING SPOT ELEVATION
7.0 DENOTES PROPOSED SPOT ELEVATION

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LOTS 18, 18.R, 19, BLOCK 936, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY.
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CERTIFIED TO:

EDWARD LESKANIC
DEMPSEY, DEMPSEY & SHEEHAN, ESQS.

REVISED AUG. 22, 1989 REMOVED REAR DECK
REVISED JULY 20, 1989 STATE-NJ UTILITY
REVISED MAR. 5, 1989 CHANGED BLDG. LOCATION
REVISED FEB. 27, 1989 TO SHOW PROPOSED DWELLING

FILE: 89-13	DATE: JAN. 31, 1989	SCALE: 1" = 60'

Est 1945
GEORGE W. HENN, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
PROFESSIONAL PLANNERS
73 MANTOLOKING ROAD
BRICK TOWN, N. J. 08723
477-6500

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Walter Scharfenberg

GEO. W. HENN, P. E., L. S. 5328
WALTER SCHARFENBERG L. S. 14159, P. P. 385

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Division of Inspections

A. J. Cierzo,
Construction Official

(201) 477-3000, Ext. 260

JAN 18 1990

MUNICIPAL ENGINEER

DOCK/BULKHEAD CHECKLIST

NAME Ed Leskanic

ADDRESS 721 Princeton Ave Brick

BLOCK 936 LOT 16.19 PHONE NO. negative - Doreen 477-4928.

OFFICE REVIEW	APPROVED	REJECTED	REMARKS
1) Survey, plot plan signed sealed(P.E.,PLS)	N.A.	--------	--------
2) Flood zone ref NGYD	N.A.	--------	--------
3) Existing elevations (Grading)	N.A.	--------	--------
4) Dock Design and or /Repair	✓	--------	--------
5) Bulkhead Design and or /Repair	N.A.	--------	--------
6) DEP Permits	✓	--------	--------
7) Army Corp Permits	✓	--------	--------
FIELD CHECK	J.J.N. 1-18-90		
1) Bulkhead Inspection Prior to Backfill	--------	--------	--------
2) Bulkhead Final Insp. (Grading)	--------	--------	--------
3) Dock Final Inspection	--------	--------	--------

NOTE: APPLICANT MUST CALL 24 HOURS BEFORE
FOR INSPECTION PRIOR TO BACKFILLING
AND UPON COMPLETION

APPROVED----------DATE--------INSPECTOR----------

DISAPPROVED-------DATE--------INSPECTOR----------

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

OFFICE OF: ENGINEERING

(201) 477-6000

C RO

REQUEST FOR INSPECTION

DATE: 5/11/90 TIME: 0937

NAME: _____ PHONE NUMBER _____

DEVELOPMENT Single Home

ADDRESS _____

DATE INSPECTION REQUESTED FOR: Mond 5/14/90

BLOCK: 936 LOT: 18, 18R, 19

BLOCK: _____ LOT: _____

BLOCK: _____ LOT: _____

TYPE OF INSPECTION

PAVING: _____ GRAVEL: _____ STORM SEWER: _____

CURB: _____ SIDEWALK: _____ DRIVEWAY: _____

BULKHEAD: _____ FINAL ENG.: XXX

OTHER: _____

COMMENTS: Refer to items # 2 - 6 - must be corrected incomplete Grading - Binder material to be removed

NOTE: IF INSPECTIONS WILL BE OF A CONTINUING NATURE ASK FOR APPROXIMATE NUMBER OF DAYS. ON GOING UNTIL 5/14/90 (DATE)

RECEIVED BY: Boulder

INSPECTED BY: George Rein DATE: 5/14/90

(Refer to DAILY INSPECTION REPORT NO. _____)

ENGINEERING DEPARTMENT
INSPECTION REPORT

ADDRESS Princeton Ave/5th St. BLOCK 936

OWNER _____ LOT 15, 15R, 19

☐ BULKHEAD ☐ DOCK ☐ SWIMMING POOL ☑ DWELLING

INSPECTION NO. 1 DATE 7/10/89 BY DSG

☑ APPROVED
☑ REJECTED
☐ OTHER

COMMENTS: Checklist items

INSPECTION NO. 2 DATE 7/11/89 BY Patel

☑ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: New Plot Plan Attached 8-22-89 MM-

INSPECTION NO. 3 DATE 8/14 BY George Lum

☐ APPROVED
☑ REJECTED
☐ OTHER

COMMENTS: Final Grade not Complete
Building Materials to be remove from Site
Dumpster - etc.

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

INSPECTION NO. _____ DATE _____ BY _____

☐ APPROVED
☐ REJECTED
☐ OTHER

COMMENTS: _____

TOWNSHIP OF BRICK

PLOT PLAN REVIEW CHECK LIST

BLOCK 936 LOT 18-18R-19

ADDRESS Princeton Ave E. (Zelth Dr)

	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
A. PLOT PLAN REVIEW					
1. SURVEY - SIGNED & SEALED (P.L.S.)	✓				
2. WIDTH & TYPE OF ROAD PAVEMENT			✓		Not Shown
3. EXISTING ELEVATIONS (NGVD IN FLOOD HAZARD ZONES)	✓				
SIDE PROPERTY LINES @DWELLING & PROPERTY CORNERS	✓				
STREET GUTTER, TOP CURB & CENTER LINE ELEVATION			✓		Not clear
CONTOURS (IF GREATER THAN 2' DIFFERENCE IN ELEVATION)			✓		not shown
ADJACENT DWELLING CORNERS	✓				
4. PROPOSED GRADING		✓			
GARAGE, FIRST FLOOR, CRAWL SPACE & BASEMENT ELEVATION		✓			
LOT GRADING		✓			
METHOD OF DRAINING		✓			
5. FLOOD ZONE (IF APPLICABLE)	✓				
FLOOD OPENINGS SIZED & PLACED				✓	
NGVD REF. IN FLOOD ZONE (BY P.L.S.)	✓				
6. DRIVEWAY - WIDTH & TYPE			✓		width
7. PLOT PLAN SIGNED & SEALED (P.E., P.L.S. OR REG. ARCH)	✓				

B. FIELD CHECK (INSP) PLOT PLAN — Accepted ☑ Rejected ☐

RECEIVED JUL 07 1989

SIGNATURE 7/10/89 DATED

COMMENT checklist items

FIELD CHECK (INSP) DRIVEWAY — Accepted ☐ Rejected ☐

MUNICIPAL ENGINEER

SIGNATURE DATED

COMMENTS

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

Signature ____ Dated ____ Accepted	Signature ____ Dated ____ Rejected
Comments: ____	Comments: ____

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

[signature] 7/11/84 Signature Dated Accepted	KSS 7/10/84 Signature Dated Rejected
Comments: ____	Comments: Check list items

E. C. O. APPROVALS

1. Field Inspection (Inspector)

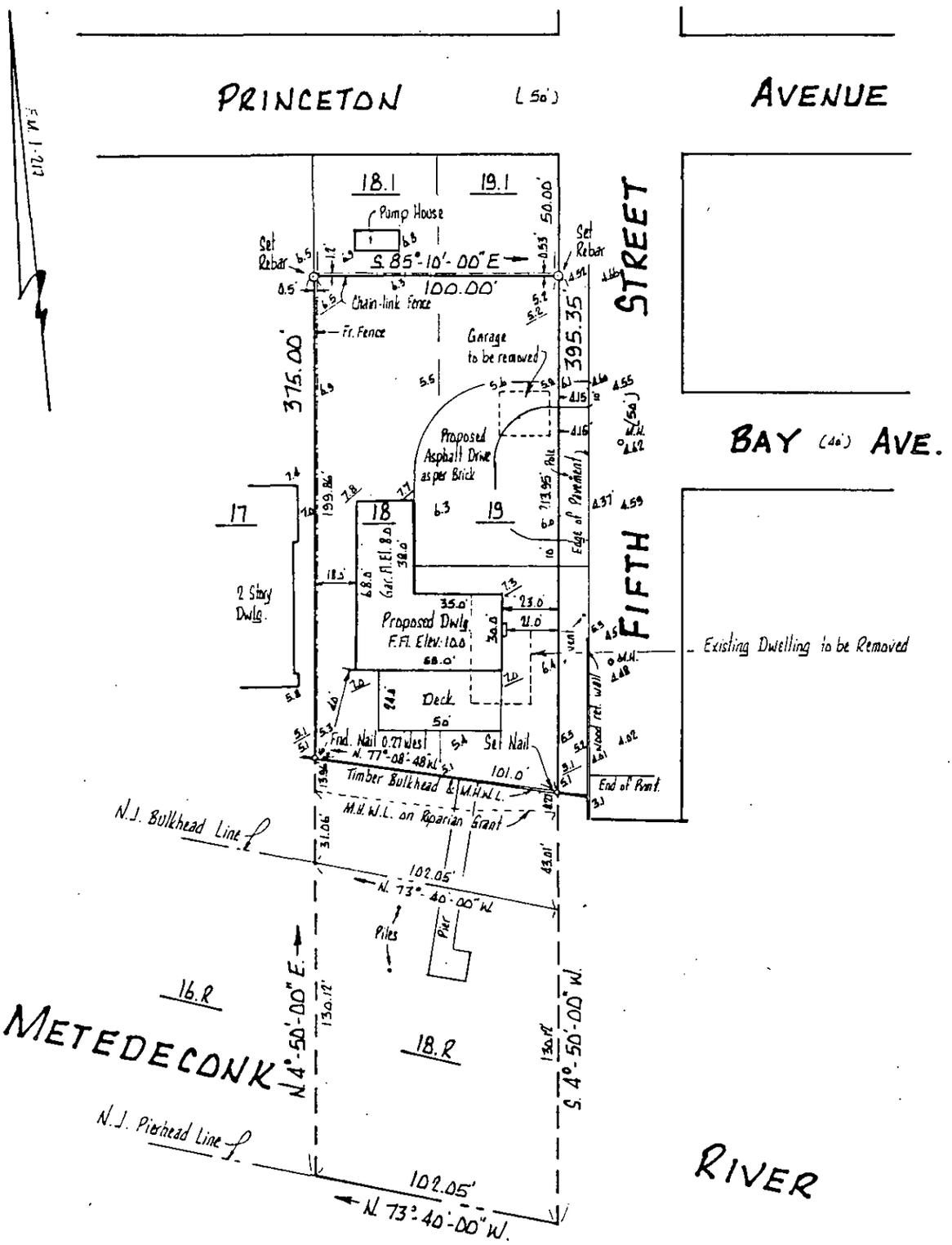
Signature ____ Dated ____ Accepted	[signature] Signature Dated Rejected
Comments: ____	Comments: Incomplete. Grading details, address - materials to be clarified up.

2. Temporary C. O. (Municipal Engineer)

Signature ____ Dated ____ Accepted	Signature ____ Dated ____ Rejected
Comments: ____	Comments: ____

3. Final C. O. (Municipal Engineer)

Signature ____ Dated ____ Accepted	Signature ____ Dated ____ Rejected
Comments: ____	Comments: ____



NOTES: 1. ELEVATION DATUM: N.G.V.D.
2. F.I.R.M. ZONE A-5, BASE FLOOD ELEV. 8.0 & 6.0.
3. TIDELANDS CLAIMS LINE NOT SHOWN.

5.1 DENOTES EXISTING SPOT ELEVATION
7.0 DENOTES PROPOSED SPOT ELEVATION

NOTE: ALL COPIES VOID WITHOUT EMBOSSED SEAL ON SIGNATURE.

DESCRIPTION:

LOTS 18, 18.R, 19, BLOCK 936, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY.
FILED MAP: "MAP 'D' OF METEDECONK COMPANY" FILED APRIL 5, 1929, AS MAP I-217.

CERTIFIED TO:

EDWARD LESKANIC
DEMPSEY, DEMPSEY & SHEEHAN, ESQS.

REVISED MAR. 5, 1989 CHANGED BLDG. LOCATION.
REVISED FEB. 27, 1989 TO SHOW PROPOSED DWELLING

FILE: 89-13	DATE: JAN. 31, 1989	SCALE: 1" = 60'

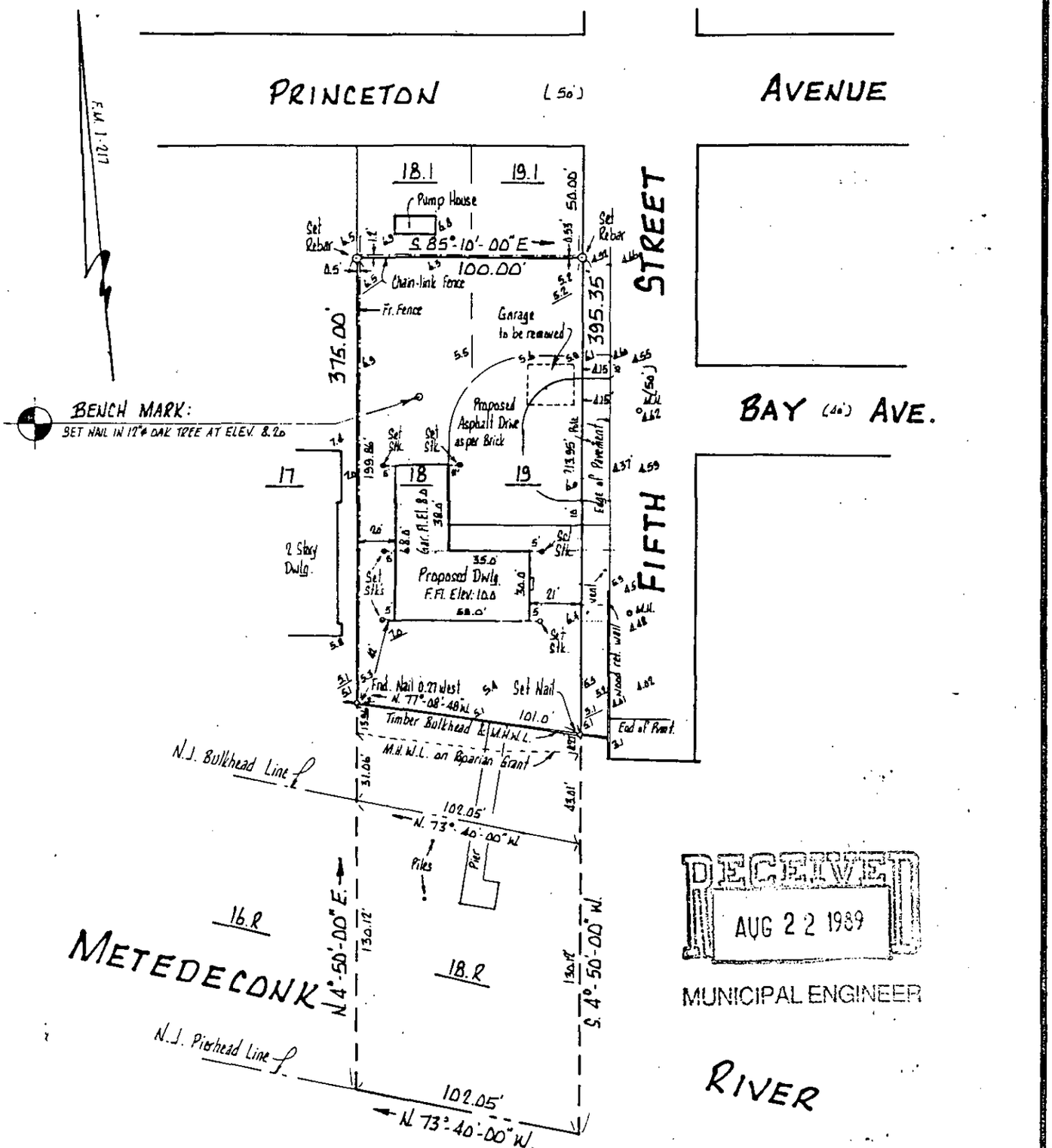
Est 1945

GEORGE W. HEINN, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
PROFESSIONAL PLANNERS
73 MANTOLOKING ROAD
BRICK TOWN, N. J. 08723
477-6500

I CERTIFY THE ABOVE SURVEY AND FIND CONDITIONS AS SHOWN. THIS CERTIFICATION IS MADE ONLY TO HEREON NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF ABOVE PREMISES BY HEREON NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING BUT NOT LIMITED TO SURVEY AFFIDAVIT, RESALE OF PROPERTY OR TO ANY OTHER PERSON.

Walter Scharfenberg

GEO. W. HEINN, P. E., L. S. 5328
WALTER SCHARFENBERG L. S. 14159, P. P. 385



RECEIVED
AUG 22 1989
MUNICIPAL ENGINEER

NOTES: 1. ELEVATION DATUM: N.G.V.D.
2. F.I.R.M. ZONE A-5, BASE FLOOD ELEV. 8.0 & 6.0.
3. TIDELANDS CLAIMS LINE NOT SHOWN.

5.1 DENOTES EXISTING SPOT ELEVATION
7.0 DENOTES PROPOSED SPOT ELEVATION

NOTE: ALL COPIES VOID WITHOUT EMBOSSED SEAL ON SIGNATURE.

DESCRIPTION:

LOTS 18, 18.R, 19, BLOCK 936, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY.
FILED MAP: "MAP 'D' OF METEDECONK COMPANY" FILED APRIL 5, 1929, AS MAP I-217.

CERTIFIED TO:

EDWARD LESKANIC
DEMPSEY, DEMPSEY & SHEEHAN, ESQS.

REVISED AUG. 22, 1989 REMOVED REAR DECK
REVISED JULY 20, 1989 STAKED-OUT BLDG.
REVISED MAR. 5, 1989 CHANGED BLDG. LOCATION.
REVISED FEB. 27, 1989 TO SHOW PROPOSED DWELLING

FILE: 89-13	DATE: JAN. 31, 1989	SCALE: 1" = 60'

Est 1945
GEORGE W. HENN, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
PROFESSIONAL PLANNERS
73 MANTOLOKING ROAD
BRICK TOWN, N. J. 08723
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Walter Scharfenberg

GEO. W. HENN, P. E., L. S. 5328
WALTER SCHARFENBERG L. S. 14159, P. P. 385

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

OFFICE OF: ENGINEERING

(201) 477-3000

CEO

REQUEST FOR INSPECTION

DATE: 5/11/90 TIME: 0937

NAME: _____ PHONE NUMBER _____

DEVELOPMENT Single Home

ADDRESS _____

DATE INSPECTION REQUESTED FOR: Mond 5/14/90

BLOCK: 936 LOT: 18, 18R, 19

BLOCK: _____ LOT: _____

BLOCK: _____ LOT: _____

TYPE OF INSPECTION

PAVING: _____ GRAVEL: _____ STORM SEWER: _____

CURB: _____ SIDEWALK: _____ DRIVEWAY: _____

BULKHEAD: _____ FINAL ENG.: XXX

OTHER: _____

COMMENTS: Refer to items # 2-6 - must be corrected incomplete Grading - Building materials to be removed

NOTE: IF INSPECTIONS WILL BE OF A CONTINUING NATURE ASK FOR APPROXIMATE NUMBER OF DAYS. ON GOING UNTIL 5/14/90 (DATE)

RECEIVED BY: Boarding

INSPECTED BY: Greg Kuri DATE: 5/14/90

(Refer to DAILY INSPECTION REPORT NO. _____)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Division of Inspections

A. J. Cierzo,
Construction Official

(201) 477-3000, Ext. 260

JAN 18 1990

MUNICIPAL ENGINEER

DOCK/BULKHEAD CHECKLIST

NAME Ed Leskanic

ADDRESS 721 Princeton Ave Brick mojune - Thorson

BLOCK 936 LOT 18 & 19 PHONE NO. 477-4928.

OFFICE REVIEW	APPROVED	REJECTED	REMARKS
1) Survey, plot plan signed sealed(P.E.,PLS)	N.A.	--------	--------
2) Flood zone ref NGVD	N.A.	--------	--------
3) Existing elevations (Grading)	N.A. ✓	--------	--------
4) Dock Design and or /Repair	✓	--------	--------
5) Bulkhead Design and or /Repair	N.A. ✓	--------	--------
6) DEP Permits	✓	--------	--------
7) Army Corp Permits	✓	--------	--------
FIELD CHECK	J.J.N. 1-18-90		
1) Bulkhead Inspection Prior to Backfill	--------	--------	--------
2) Bulkhead Final Insp. (Grading)	--------	--------	--------
3) Dock Final Inspection	--------	--------	--------

NOTE: APPLICANT MUST CALL 24 HOURS BEFORE
FOR INSPECTION PRIOR TO BACKFILLING
AND UPON COMPLETION

APPROVED----------DATE--------INSPECTOR----------

DISAPPROVED-------DATE--------INSPECTOR----------