



CONSTRUCTION PERMIT APPLICATION

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 16		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
Subtotal	\$		
DCA Training Fee	2		
10. Subtotal			
11. Cert. of Occupancy	15		
12. Other			
13. TOTAL	\$ 33		

I. IDENTIFICATION

- Proposed Work Site at: 975 WABASH AVE
- Name of Owner in Fee: MARIE MONAHAN Tel. [REDACTED]
Address 975 WABASH AVE BRICA (street) (municipality) (zip code)
- Ownership in Fee: Public ☐ Private ☐
- Principal Contractor: CARL PENICULT Tel. (732) 505-1749
Address 1574 RR 9 TOM RIVER
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
Address _____
6. Responsible Person in Charge of Work _____
Tel. (_____) _____ FAX (_____) _____

6' Stockade

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
BNP	9/20/01		9-25-01	FM			
enc	9/24/01		9/24/01	AL			

TOTAL COSTS

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☐ One-Family (R-3) BOCA
- ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature

Mae E. Morahan

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 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.

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
A.H.B.T. - EXEMPT

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)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/04/2001
Control #
Permit # 01-3677

NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 22.17 Lot 15 Ord.

Prop. Site Location 775 HIGHWAY 70
PERMITS
Owner to be HOUSING, MARIS
Address SALE
BRICK, NJ 08724
Telephone [REDACTED]

Contractor SALES FENCING
Address 812 CONIFER ST
BRICK, NJ 08724
Telephone (732) 865-1719
Lic. No. or State Reg. No.
Federal Emp. No.

I hereby grant permission to perform the following work:

☐ BUILDING	☐ PLUMBING	☐ LANDscAPE ARCHITECTURE
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR PERMITS	☐ MECHANICAL EQUIPMENT	☐ OTHER

(Sub Section Check)

DESCRIPTION OF WORK:

SALE STOCKING PERMITS

PAYMENTS (Office Use Only):

Building	to
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Permits	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Sub. Z.P.	(33)
Total	
Check No.	
Cash	
Collected By	

NOTE: If construction does not proceed within one (1) year of date of permit or if construction ceases for a period of six (6) months, the permit shall expire.

Estimated Cost of Work 1000

J. Curran
Construction Official

Date

10/04/01 10:19AM 000000H7272
#X07 SERV.007

H013677	
BUILDING	\$16.00
DCA	\$2.00
ZPA	\$15.00
CHECK	\$33.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/20/2001
Date Issued 10/4/01
Control # ~~525-81~~
Permit # 01 3677

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

Block 528.19 Lot 15 Qual _____
Work Site Location 975 WABASH AVE
FENCE

Owner in Fee MONAHAN, MARIE
Address SAME
BRICK, NJ 08723-

Tele [REDACTED]
Contractor CARLS FENCING
Address 812 CONIFER ST
BRICK, NJ 08724-

Tele. (732) 505-1749 Fax () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Req.			Type	Failure Failure Approval Initial
☒ All	<u>7-25-01</u>	<u>KM</u>	Footing	
[] Footing			Foundation	
[] Foundation			Slab	
[] Frame			Frame	
[] Other			BarrierFree	
Joint Plan Review Required:			Insulation	
[] Elect	[] Plumb	[] Fire	Finishes	
SUBCODE APPROVAL [] Elev			Energy	
[] CO	[] CCO	[] CA	Mechanical	
Date: _____			TCO	
Approved By: _____			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present <u>U</u>	Proposed <u>U</u>	Est. Cost of Bldg. Work:
Constr. Class	Present _____	Proposed _____	1. New Bldg. \$ _____
No. of Stories	<u>0</u>		2. Alteration \$ <u>1,900</u>
Height of Structure	<u>0</u> Ft.		3. Total (1+2) \$ <u>1,900</u>
Area Largest Floor	<u>0</u> Sq. Ft.		Industrialized Building:
New Bldg. Area/All Floors	<u>0</u> Sq. Ft.		[] State Approved
Volume of New Structure	<u>0</u> Cu. Ft.		[] HUD
Total Land Area Disturbed	<u>0</u> Sq. Ft.		

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

6' WOOD STOCKADE FENCE

25' From Front Property line

TYPE OF WORK

[] New Building
[] Addition
[X] Alteration
[] Roofing
[] Siding
[] Fence 0 Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[X] Other FENCE
Other _____
[] Demolition

FEE (Office Use Only)

\$ _____
_____0
_____0
_____0
_____0
_____0
_____0
_____0
_____0
_____16
_____0
_____0

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

Date Received 09/20/2001
Date Issued 10/4/01
Control # C20-81
Permit # 01 3677

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/20/2001
Date Issued 10/4/01
Control # C20-81
Permit # 01 3677

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

Block 528.19 Lot 15 Qual _____

Work Site Location 975 HARBOR AVE

FENCE

Owner in Fee MONAHAN, MARIE

Address SAVE

BRICK, NJ 08724

Te _____

Contractor VARNEY FENCE INC

Address 812 CONIFER ST

BRICK, NJ 08724

Tele. (732) 505-1749 Fax () _____

Lic. No. or Bldrs. Reg. No. _____

Federal Exp. 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

0' WOOD STOCKADE FENCE

25' From Front Property line

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☒ All	7-25-01	KH	Footings	
☐ Footings			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present <u>U</u>	Proposed <u>U</u>	Est. Cost of Bldg. Work:
Constr. Class	Present _____	Proposed _____	1. New Bldg. \$ _____
No. of Stories	<u>0</u>		2. Alteration \$ <u>1,900</u>
Height of Structure	<u>0</u> Ft.		3. Total (1+2) \$ <u>1,900</u>
Area Largest Floor	<u>0</u> Sq. Ft.		
New Bldg. Area/All Floors	<u>0</u> Sq. Ft.		Industrialized Building:
Volume of New Structure	<u>0</u> Cu. Ft.		☐ State Approved
Total Land Area Disturbed	<u>0</u> Sq. Ft.		☐ HUD

TYPE OF WORK

☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence <u>0</u> Height (exceeds 6')	
☐ Sign <u>0</u> Sq. Ft.	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☒ Other <u>FENCE</u>	
Other _____	
☐ Demolition	

FEE (Office Use Only)

\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	16
\$ _____	0
\$ _____	0

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____
DCA Training Fee \$ _____

TOWNSHIP OF BRICK ZONING PERMIT

Approved: September 21, 2001

No. 1.1468

Block: 528.19 Lot: 15

Zone: R-7.5

Property Address: 975 Wabash Avenue

Applicant: Marie E. Monahan

Property Owner: Marie E. Monahan

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

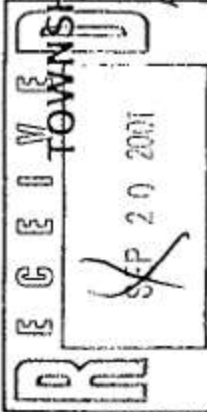
Proposed Construction: 6' high stockade fence.

Conditions: The 6' high stockade fence must be set back at least 25 feet from the front property line. The finished side of the fence must face the exterior of the property.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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 in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

ZONING 520-19 Block 520-19 Lot 15, 16, 17 & 18 Qualifier BRICK

PROPERTY ADDRESS 945 WABASH AVE

PERSONAL NAME OF APPLICANT MARIE E. MONAHAN

BUSINESS NAME OF APPLICANT _____

PROPERTY OWNER MARIE E. MONAHAN

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____

☐ Addition

☐ Alteration

☐ Porch or deck (state heights) _____

☐ Shed (state height) _____

☒ Fence (state type & height) REPLACING EXISTING FENCE 6 SPINDLE STAINLESS STEEL WITH 1 1/2" GATE

☐ Swimming Pool ☐ in-ground ☐ above-ground

☐ Other (please describe) _____

CHECKLIST

- ☒ All information completed above
☒ Two (2) copies of a plot plan containing:
☒ All existing and proposed structures
☒ All dimensions of the lot and structures
☒ All setbacks from the structures to the property lines
☒ All adjacent streets and waterways

☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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 Marie E. Monahan Date 9/20/01

Reviewed by Zoning Office _____ Date 9/21/01 Approved () Denied

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad - President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Pownier
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
<http://www.gbshost.com/brick>
<http://www.twp.brick.nj.us>

Date: 9/13/01

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE:

Block: 528-19

Lot: 15, 16, 17 & 18

Property Address: 975 WABASH AVE

I, MARIE MONAHAN of 975 WABASH AVE
(name) (address)

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 9/24/01

Signed: [Signature]

Rejected: _____

Signed: _____

Comments: _____

Marie Monahan
Applicant's Signature

Contractor: _____
Address: _____

Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures _____ Quantity _____

Water Closets _____
Urinals/Bidets _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bib _____
Gas Piping _____
Fuel Oil Piping _____
Water Heater _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Water Cooled A/C or Refrig. Unit _____
Septic Tank Closure _____
Sewer Service Connection _____
Water Service Connection _____
Active Solar System _____
Auxiliary Meter _____
Sprinkler Heads _____
Sump Pump _____
Other: _____

Estimated Cost of Plumbing Work _____

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

Signature: _____
Please Print Name: _____

CONTRACTOR'S SEAL

Contractor: _____
Address: _____

Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Heating Type: Gas _____ Oil _____ Electric _____ Solar _____
Heating System is New _____ Existing _____
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item _____ Quantity _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
Total _____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work

Site Location: 975 WABASH AVE - BLACK MS.
Block: 528-19 Lot: 15, 16, 17 & 18
Owner's Name: MARIE MONAHAN
Owner's Mailing Address: 975 WABASH AVE - BLACK

Ph: [REDACTED]

BUILDING

Contractor: CARL'S FENCING
Address: 1579 CRYSTAL
Phone#: 732-505-1749
Lis #: [REDACTED]
Federal Emp # or SSN: [REDACTED]

ELECTRICAL

Contractor: [REDACTED]
Address: [REDACTED]
Phone#: [REDACTED]
Lis #: [REDACTED]
Federal Emp # or SSN: [REDACTED]

Technical Data

Description of Work:

60ft x 100ft Stockade

Technical Data

Item

Quantity

Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors w/ Fract. HP _____
Emergency & Exit Lights _____
Communication Points _____
Alarm Devices/FAC Panel _____
Total _____

Type of Work

New Building _____
Addition _____
Alteration _____
Roofing _____
Asbestos Abatement _____
Siding ☒ Fence REPLACING
Pool _____
Demolition _____
Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____
Cost of Alteration: _____
Cost of New Building: _____

Total Cost of Building Work: 19,000

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

Signature: Marie E Monahan

Estimated Cost of Electrical Work: _____

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