LOCK 382.31 LOT 2 C3.22 ADDRESS (SITE) 230 ESSEX PLACE BRICK NJ PERMIT NO. 02-0013

382.32

[redacted]

CONSTRUCTION PERMIT APPLICATION

Applicant Complete: Sections I, II, III, IV, V(a), V(b) - (Optional VI)

I. IDENTIFICATION

1. Proposed Work-Site at: 230 ESSEX PLACE BRICK NJ 08723
2. Name of Owner in Fee: KEVIN & LINDA McKEE
   Address 230 ESSEX PLACE BRICK NJ 08723
   street municipality zip code
   Telephone [redacted] Fax No.
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: DREAM HOME REMODELERS
   Address 305 E. MAIN STREET NORRISTOWN PA 19401
   Telephone No. 610-272-7550 Fax No. 610-272-7588
   License No. or, if new home, Builder's Reg. No. ____ Exp. Date ____
   Federal Emp. No. 23-2758917 Social Security No. ____
5. Architect or Engineer: JOSEPH KAWECKI
   Address 7 W. COOPER AVE. MOORESTOWN NJ 08057
   Telephone No. 856-727-5172 Fax No.
6. Responsible Person In Charge of Work: CHUCK THOMPSON (Must Be N.J. Resident)
   Address
   Telephone No. Fax No.

Approved DCA 2-01-02

Porch

V. HEATING FUEL

2/8/02

Principal	Secondary	Type:	
☐	☐	Gas	B-35
☐	☐	Oil	E-35
☐	☐	Electric	P-
☐	☐	Solid (Wood, Coal, Etc.)	F-35
☐	☐	Propane	dcA-2
☐	☐	Solar	Z/E-
☐	☐	Other	C/O-35

2 Per-30

$172

V(a). TYPE OF SEWAGE DISPOSAL

☐ Public or Private Company
☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY

☐ Public or Private Company
☐ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS

			Office Use Only
1. Number of Stories	1		
2. Height of Structure	9'	ft.	
3. Area — Largest Floor	192	sq. ft.	
4. Building Area — All Floors	192	sq. ft.	
5. Volume of Structure	1000±	cu. ft.	
6. Construction Classification	5B		
7. Total Land Area Disturbed	48	sq. ft.	
8. Flood Hazard Zone			
9. Base Flood Elevation		ft.	
10. Wetlands — Yes		sq. ft.	
No			
11. Fire Grading			
12. Maximum Live Load			
13. Maximum Occupancy Load			

II. PROPOSED WORK

	Est. Cost
1. ☐ Small Job ($5,000 and no prior approvals)	
2. ☐ New Building	
3. ☒ Addition	14,500.-
4. ☐ Alteration	
5. ☒ Electrical	500.-
6. ☐ Plumbing	
7. ☐ Fire Protection	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abatement	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	15,000-

VI. 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

Housing Units Gained		Housing Units Lost	
Sale	Rent	Sale	Rent

VII. NON-RESIDENTIAL

☐ Theatres with Stage (A-1-A)
☐ Movie Theatres (A-1-B)
☐ Night Clubs (A-2)
☐ Restaurants, Libraries, Museums (A-3)
☐ Religious Assembly (A-4)
☐ Outdoor Assembly (A-5)
☐ Business (B)
☐ Educational (E)
☐ Moderate-Hazard Factory (F-1)
☐ Low-Hazard Factory (F-2)
☐ High-Hazard (H)
☐ Institutional Detention Center (I-1)
☐ Hospitals, Infirmaries (I-2)
☐ Group Homes (I-3)
☐ Mercantile (M)
☐ Moderate-Hazard Warehouse (S-1)
☐ Low-Hazard Warehouse (S-2)
☐ Temporary, Misc. (U)
☐ Other

III. DO YOU WANT: (optional)

1. ☐ Partial Releases 2. ☐ Prototype Processing

State Specific Use:
Change in Use Group, Indicate Former:

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 Walls
9. ☐ Underground Storage Tanks

LDS BR 10303950

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 residencial 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; 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

To be completed if the Applicant is not the Owner in Fee.

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): The proposed work is authorized by the Owner in Fee; and I have been authorized by the Owner in Fee to make this application as his agent.

I further certify the following as required by the New Jersey 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 DREAM HOME REMODELERS

Address 305 E. MAIN STREET

NORRISTOWN PA 19401

Telephone No. 610-272-7550 Fax No. 610-272-7588

( ) Lead Hazard Abatement: Include Homeowner or Building Affidavit as per N.J.A.C. :17.

Signature _____ Date 12-6-01

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																	
❑ Planning Release																	
❑ Zoning Board																	
❑ Sewer Authority																	
❑ Water Authority																	
❑ Fire Department																	
❑ Police Department																	
❑ Health Department																	
❑ Soil Conservation																	
❑ N.J. Dept. of Community Affairs																	
❑ Mobile Home Park																	
❑ N.J. Dept. of Environmental Protection																	
❑ Utility Dig No.																	
❑ Zoning Permit																	
❑ Septic																	
❑ Well																	
❑ Builder's Registration Card																	
❑ Wetlands																	
❑																	
❑																	
❑																	
❑																	
❑																	
❑																	
❑																	
❑																	
❑																	

IMPORTANT
A.H.I.T. - EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (for office use only - optional)

Name of Code and Edition:	Name of Code and Edition:	Name of Code and Edition:
Building _____	Mechanical _____	Other _____
Electrical _____	Energy _____	Other _____
Plumbing _____	Barrier Free _____	Other _____
Fire Protection _____	Flood Hazard _____	Other _____
Elevator Devices _____	As Built Elevation Cert. _____	Other _____

FOR OFFICE USE ONLY

Building	Waiver	Approval Date	Re-viewer
❑ Footings/Foundations			
❑ Framing			
❑ Architechure			
❑ Building			
❑ Electrical			
❑ Plumbing			
❑ Fire Protection			
❑ Elevator Devices			
❑			
❑			
❑			
❑			
❑			
❑			
❑			

V. FEE SUMMARY (for office use only)

		Update	Update	Update	Update	Update	Update	Update	Update
1. Building	$								
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									
10. SUBTOTAL	$								
11. Cert. of Occupancy									
12. Other									
13. TOTAL U.C.C.	$								
14. Zoning Permit	$								
15. TOTAL FEE	$								

X. CERTIFICATES ISSUED (for 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.				

C.O. NOTATIONS

PERMIT / INSPECTION STATUS

ISSUE DATE / FINAL REQUIRED	CATEGORY	DATE OF FINAL APPROVAL
	ALL CONSTRUCTION	
	BUILDING	
	Footings/Foundation	
	Framing	
	Architechural	
	Other	
	ELECTRICAL	
	PLUMBING	
	FIRE PROTECTION	
	ELEVATOR DEVICES	
	CERTIFICATE OF PARTICIPATION	
	WELL	
	SEPTIC	
	HEALTH DEPARTMENT	
	SOIL CONSERVATION	
	OTHER	
	OTHER	
	OTHER	
	OTHER	
	OTHER	

CSE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/14/2002
Control #
Permit # 02-0073

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 382.31 Lot 14 Qual

Work Site Location 230 ESSEX RD
SUNROOM ADDITION
Owner in Fee MCKEE, KEVIN & LINDA
Address SAME
BRICK, NJ 08723-
Telephone ( )

Contractor DREAM HOME REMODELERS
Address 305 E MAIN ST
MORRISTOWN, PA 19401-
Telephone (610)272-7550
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 23-2758917

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FOUR SEASON SUNROOM ADDITION

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 $ 15,450

Construction Official 01/14/2002 Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	35
Other	
Total	142
Check No.	8173
Cash	
Collected By	ERP

01/14/02 9:33AM 0000006023
#007 SERV.007

#020073	
BUILDING	$35.00
ELECTRIC	$35.00
FIRE	$35.00
DCA	$2.00
C/O	$35.00
ZPA	$15.00
EPA	$15.00
CHECK	$172.00

[redacted]

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/14/02
Date Issued
Control #
Permit # 02-0073

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

Block 382, 31 Lot ~~X~~ 14
Work Site Location 230 ESSEX PLACE
BRICK NJ 08723
Owner in Fee KEVIN & LINDA McKEE
Address 230 ESSEX PLACE
[redacted]
Te
Contractor DREAM HOME REMODELERS
Address 305 E. MAIN STREET
NORRISTOWN PA. 19401
Tele. (610) 272-7550 Fax (610) 272-7588
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2758917

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1-8-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-8-02
Approved by: FM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation	none		1/14/02	JC
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2/8/02	JC
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present R3	Proposed R3	
Constr. Class	Present 5B	Proposed 5B	
No. of Stories	1		
Height of Structure	9'		Ft.
Area — Largest Floor	192		Sq. Ft.
New Bldg. Area/All Floors	192		Sq. Ft.
Volume of New Structure	1000 ±		Cu. Ft.
Total Land Area Disturbed	48		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 15,000.-
2. Alteration $
3. Total (1+ 2) $ 15,000.-

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

CONSTRUCT FOUR SEASONS SUN RM

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

[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

2-6-02 Elect 1104 Done

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY

Date Received
Date Issued
Control #
Permit #

02-0073

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

Block 382.31 Lot 14

Work Site Location 230 ESSEX PLACE
BRICK NJ 08723

Owner in Fee/Occupant KEVIN & LINDA McKEE

Address 230 ESSEX PLACE
BRICK NJ 08723

Tele. [redacted]

Contractor [illegible] Electric

Address 1523 Rt 38
Cherry Hill NJ 08002

Tele. (856) 910-9730 Fax ( ) [illegible]

Lic. No. 14611

Federal Emp. No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed R3

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as 1FR Utility Co.

Est. Cost of Elec. Work $ 500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 1/02

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
01		Lighting Fixtures
7		Receptacles
2		Switches
		Detectors
		Light Poles'
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
10		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Recoptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

TOTAL NUMBERS	$
Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Recoptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

LOCKED 1 31 02 10

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 02-0073 1 ea level

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

Block 382.31 Lot 4.14
Work Site Location 230 ESSEX PL
BRICK NJ. 08723 SUNROOM ADDITION
Owner in Fee MCKEE
Address SAME AS ABOVE
Tele. ([redacted]
Contractor (S. ATZEL) ATLANTIC Electric
Address 1523 RT 35
Oakhurst Hill 105 08002
Tele. (856 910-9730 Fax (STAMP
Lic. No. 14611
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 450.—

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 1-10-02
Approved by: KLR
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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: BI-LEVEL HOME TWO 110V SMOKE ALARMS
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ___ Fuel ___

Alarm Systems [ ] 110v Interconnected [ ] System **NUMBER**

		FEE (Office Use Only)
Alarm Devices (i.e. smoke, heat, pulls, water/flow) 110V	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

U.C.C. F140
(rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: January 3, 2002 **No.** 2.0004

Block: 382.32 **Lot:** 2 **Zone:** R-7.5

Property Address: 230 Essex Place

Applicant: Robert Hurley; Dream Home Remodelers

Property Owner: Belinda McKee

Existing Use: Single-family residential.

Proposed Use: Single-family residential.

Proposed Construction: Sunroom addition, 12' x 16', 9' high.

Conditions: The addition must be set back at least six (6) feet from the side property lines and at least 15 feet from the rear property lines.

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

RECEIVED
JAN 3 2002
ZONING

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.

Block 382.32 Lot 2 & 17 Qualifier

PROPERTY ADDRESS 230 ESSEX PL BRICK N.J.

PERSONAL NAME OF APPLICANT ROBERT HURLEY

BUSINESS NAME OF APPLICANT DREAM HOME REMODELERS

PROPERTY OWNER KEVIN & LINDA McKEE

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 SUNROOM 12'X16'W
☐ Alteration
☐ Porch or deck (state heights)
☐ Shed (state height)
☐ Fence (state type & height)
☐ 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 Date 12/27/01

Reviewed by Zoning Office JC Date 1/3/2 (X) Approved ( ) Denied

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

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: 12/27/01

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 382.31 Lot: 8.14

Property Address: 230 ESSEX AL, BRICK NJ.

I, _____ of _____
(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.

_____
Applicant's Signature

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.

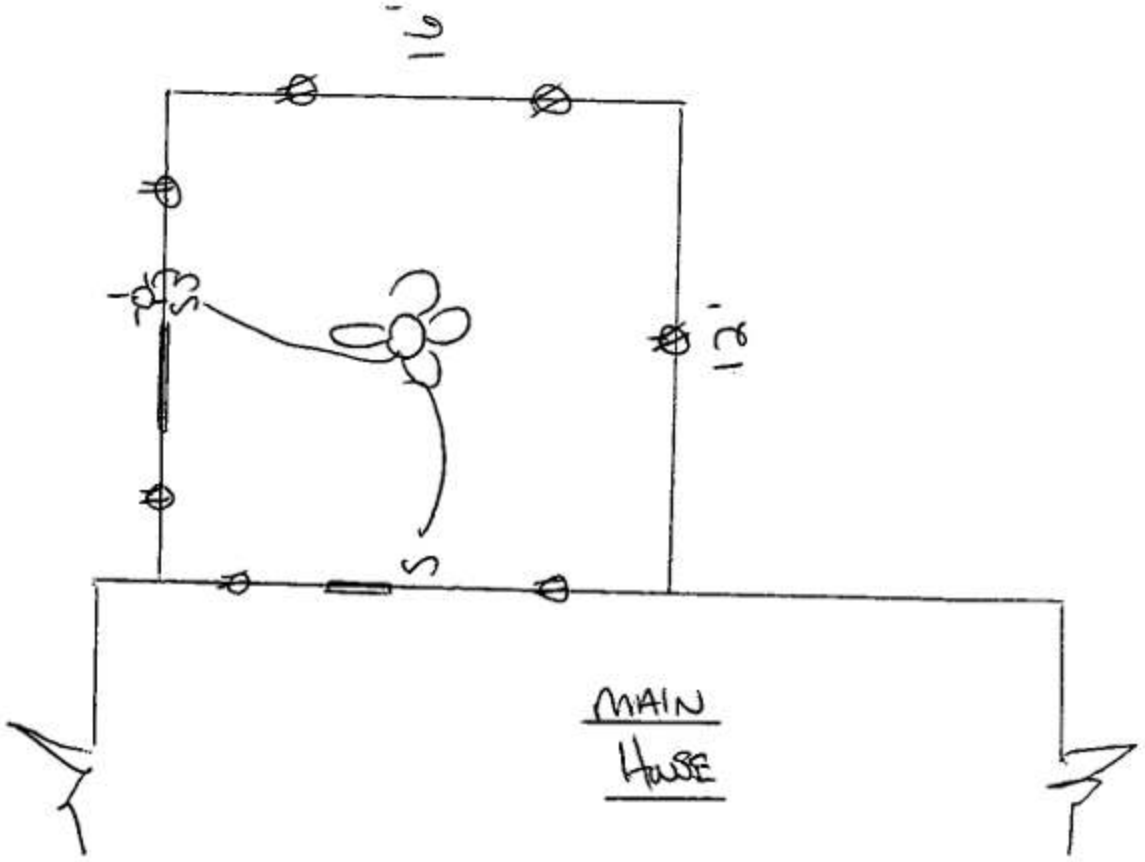
OFFICE USE

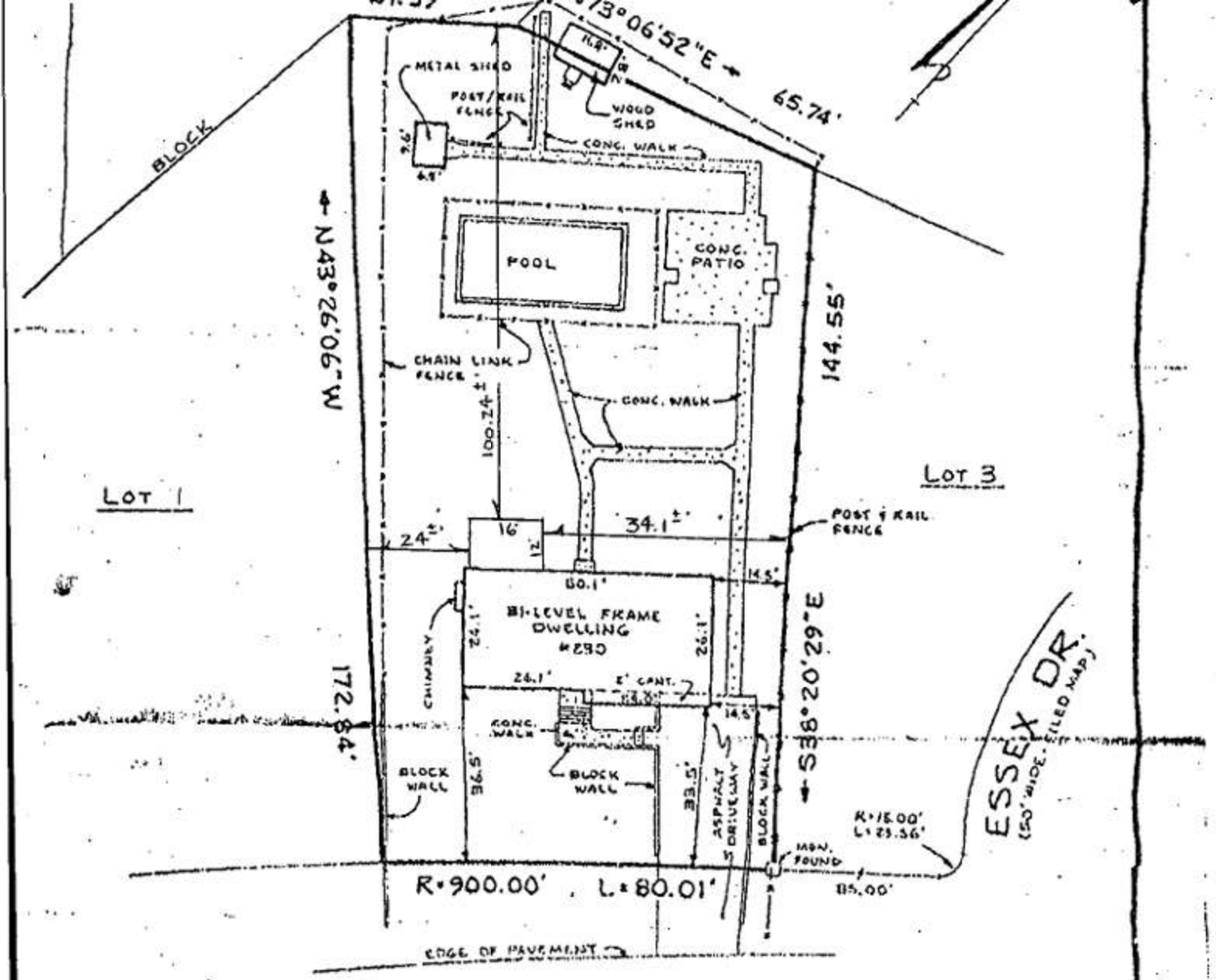
Approved: 1/7/02 Signed: _____

Rejected: _____ Signed: _____

Comments: _____

RE: McKee
230 ESSEX PL
Back. N.J 08723





ESSEX PLACE

(50' WIDE - FILED MAP)

MAP of SURVEY

TAX LOT 2 TAX BLOCK 382-32

BRICK (TAX MAP SHEET NO. 38A) TOWNSHIP

COUNTY of OCEAN, NEW JERSEY

CERTIFICATION

KEVIN J. McKEE AND BELINDA McKEE, H/W;
OCEAN TITLE SERVICE, INC.

I HEREBY CERTIFY THAT THIS SURVEY WAS

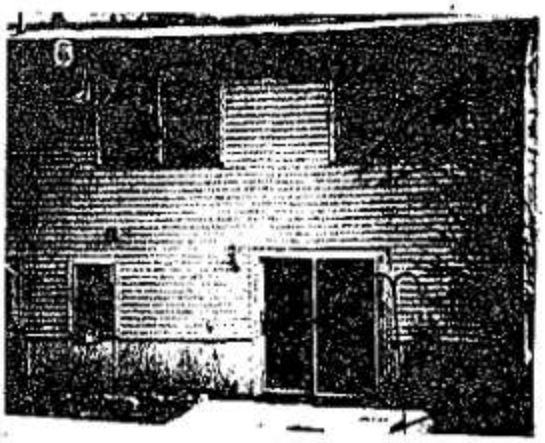
FILED MAP REFERENCE

TITLE: "LAKE RIVIERA, SECTION 3"

FILE NO B-344 FILE DATE SEPT. 15, 1954

LOT 2 BLOCK 32

RUSH & HENKEL, P.A



WORKAREA

typical connection
perimeter; rebar #4
min 48" long, @24"oc
min 4"penetration into
existing fdn

NEW SLAB VIF at EXIST SLAB

VIF EX 6' SL

* IF MORE THAN 6' ADD 2x10 HEADER

direction of structural framing system per spec

16'-0"

12'-0"

existing house framing as noted VIF

existing house framing as noted

System Type 230
by Four Seasons Sunroom
install and coord all unit details, size as per final specification with distributor and mfr

VIF: location and size of windows and doors in sunroom with spec

1/4" PLAN

field connection to existing
see detail/view

location of sunroom with existing field /structure conditions as noted

* VIF size of existing openings add header over 6' coord with architect

** fasten to face of existing new header 2x8 with ONE 1/2" dia @16 "oc lag screws @ existing

EXIST HOUSE

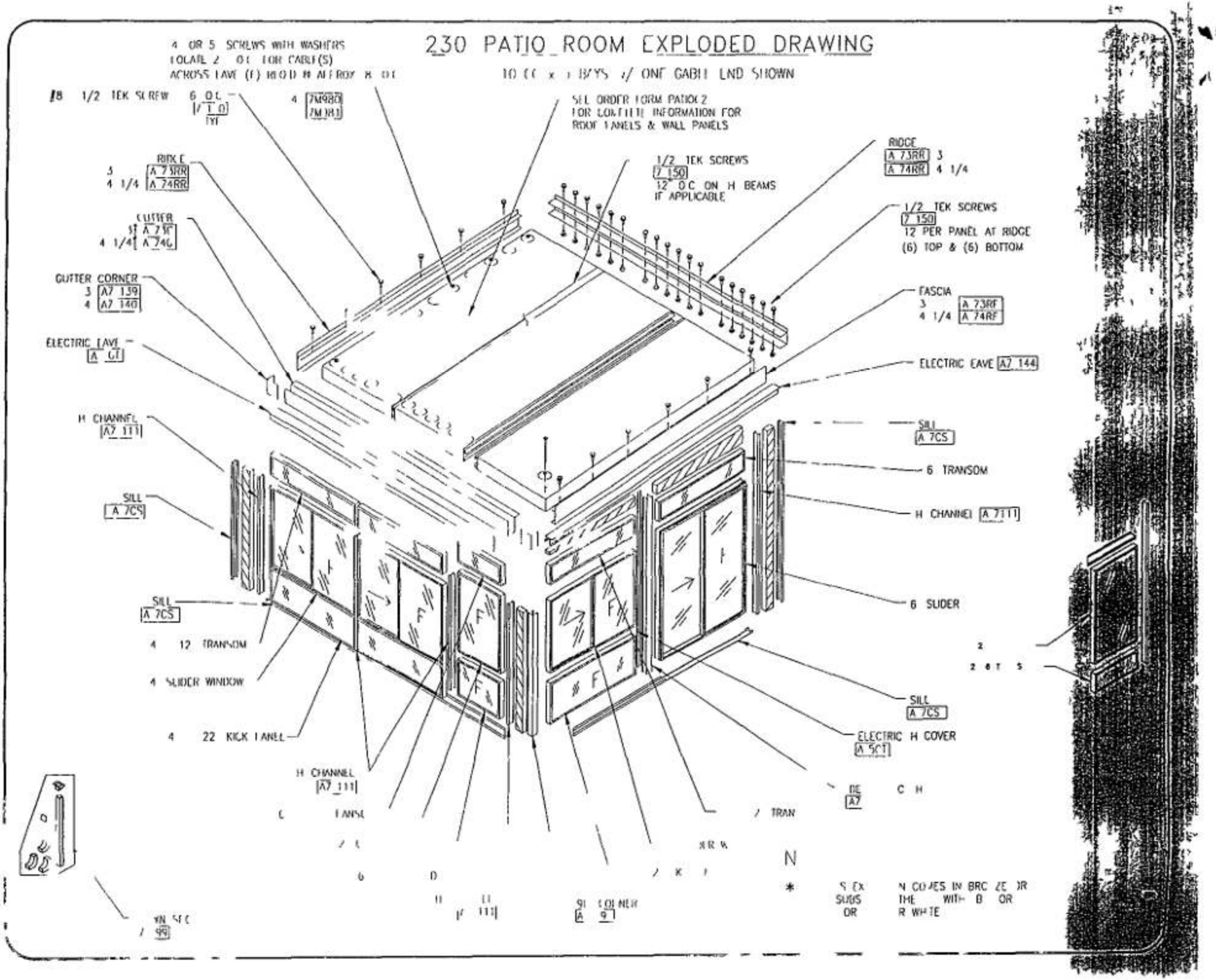
8'± SUNRM

7'

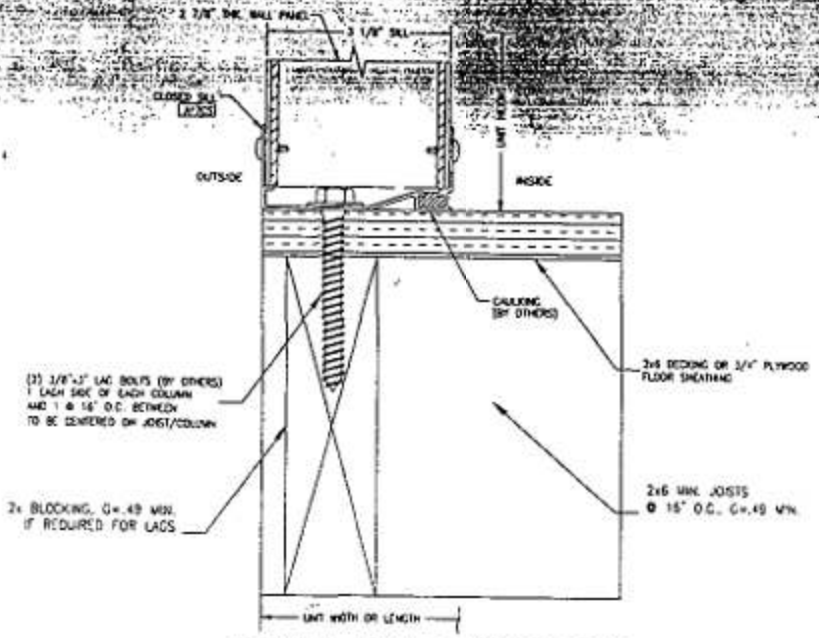
30"

VIEW 1/8"

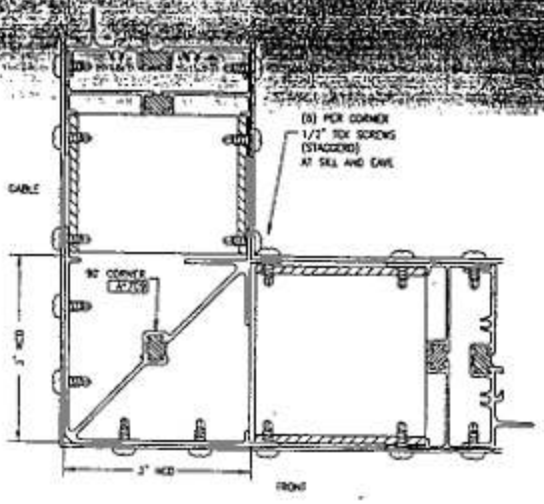
230 PATIO ROOM EXPLODED DRAWING



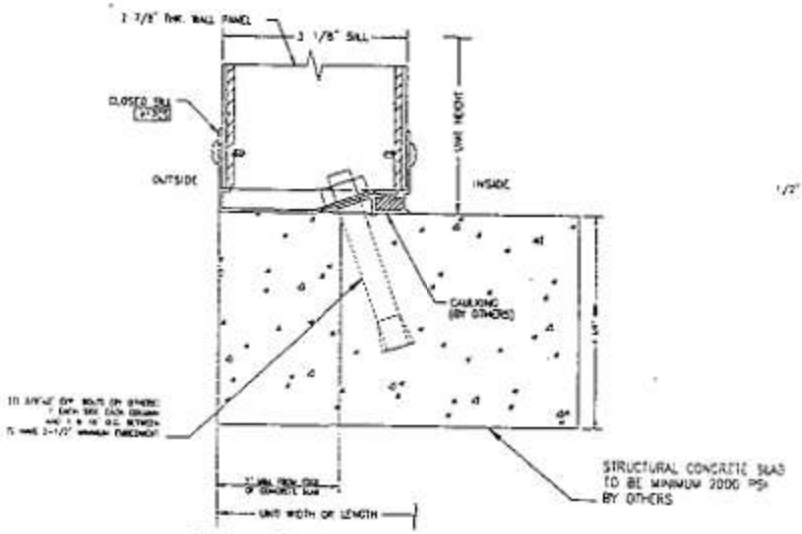
230 PATIO SHADE ROOM CROSS SECTION DETAILS



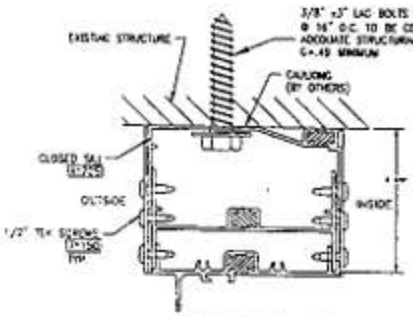
SECTION "A-A" SILL TO DECK CONNECTION



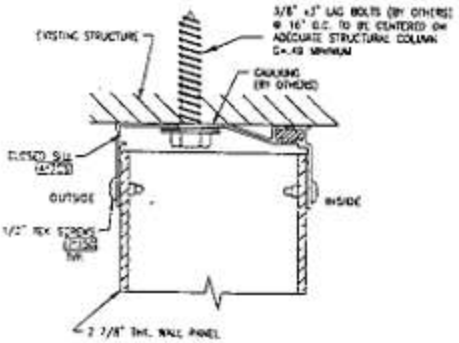
SECTION "B-B" 90° CORNER



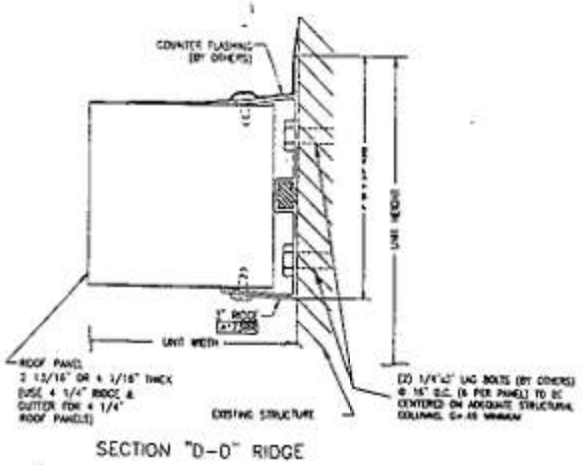
SECTION "A-A" SILL TO CONCRETE SLAB



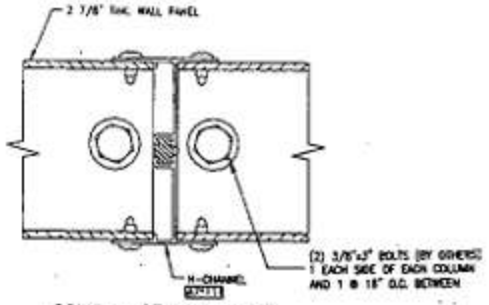
SECTION "C-C" GABLE ATTACHMENT WHEN WINDOWS ARE AGAINST HOUSE



SECTION "C-C" GABLE ATTACHMENT

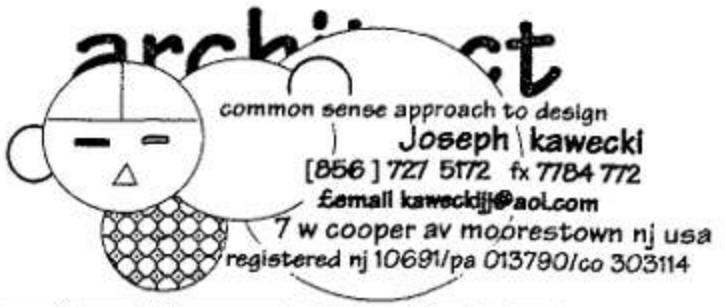


SECTION "D-D" RIDGE



COLUMN SECTION E-E"
TYPICAL REG. & HEAVY H-CHANNEL

MCKEE JOB NAME CLIENT:DREAMHOMEREMODELERS
WORKSCOPE ESSENTIAL DATA AND INFORMATION::::)
DATE:10DEC01 LOCATION:250ESSEXPLACE/BRICK
CLIENT/other provides SITE PLAN DRAWINGS AS REQUIRED
CLIENT/other provides ELECTRICAL, PLUMBING & HEATING DRAWINGS AS REQUIRED
CODE TO USE: CABO 1995 ONE/TWO FAMILY-class III type
COMPLETE SUNROOM/ENGINEERED MANUFACTURER SPECS AND DIRECTIONS TO BE BY OTHERS
SUNROOM MFR RESPONSIBLE FOR STRUCTURE INCLUDING ROOF, WALL, COLUMN AND BEAM
SPECS TO MEET SNOW/WIND/UPLIGHT LOAD CRITERIA AS PER STRUCTURAL SECTION
WORKSCOPE----------<>
ADDITION WORKSCOPE CATEGORY: UCC 5:23-6.32 APPLIES TO NEW WORK ONLY
SYSTEM FOURSEASONS MODULE SUNROOM 230TYPE 12X16
BUILD OVER MONOPOUR CONC FOUNDATION
Client to VIF PROPOSED STRUCTURE MORE THAN 5'-0" @ PROPERTY LINES (PER OTHER'S SURVEY)
HEIGHT---PROPOSED STRUCTURE BUILDING +-9'
AREA-----EXISTING STRUCTURE LARGEST FLOOR +-680SF
AREA-----PROPOSED STRUCTURE AREA/VOLUME +- 200SF/3700CGF
STRUCTURAL CABO LOAD PSF LIVE= LIVING 40, BED 30, SNOW 25, CLG 20, DECK 40; DEAD=10.
MORE THAN 25% PROPOSED WORK; WINDOW EGRESS REQUIREMENTS APPLY TO PROPOSED WORK
UCC-5:23-2.5 AC/BAT INTE'CD SMOKE DETECTOR REQUIRED EA LEVEL VICINITY OF & IN EA BEDROOM
ACCESSORY DEFINITION CAGEGORY FOR PROPOSED WORK



Joseph \ kawecki
[856] 727 5172 fx 7784 772
£email kawecklj@aol.com
7 w cooper av moorestown nj usa
registered nj 10691/pa 013790/co 303114

General notes pertaining to these drawings:

These documents(drawings) reflect **only the "Architectural" segment of work** (as Described in Workscope) and reflect the essential, minimun information as required by code. Drawings are not comprehensive and do not reflect the entire building, its componets and systems.
VIF means Verify In Field; NTS means Not To Scale, AFF Above Finish Floor,OC on center, cL centerline, TYP typical,DBL Double
Critical DimensionSystem (CDS) is used and consists of only showing the critical dimensions (other dim.float), essential construction ie stud at 3 1/2" unless otherwise shown Indicated CDS dimensions/notes take priority over drawn scale in conflicts, scaling drwings not recommended
Structural reflects the specific structural code section, **Soil loading value reflects 2000psf min** per code
Follow all manufacturers specifications for any pre-engineered pre-manufactured component as shown
Minimum construction material specifications; unless shown otherwise on drawings
wood Fb=1200psf-no 2 spf, e=1.3 spf; all wood to be treated min .4cca treatment when in contact with concrete/masonry materials
concrete, concrete block, masonry units 3000psi; exposed exterior concrete min of 3500psi for garage floors , slabs, wall construction, etc
steel products 36kpsi, when in contact with conc/mas and/or weather, steel to be galvenized except as shown ie 1/2" dia bolts, etc.
Fill all vacant load bearing cavities with applicable wood, conc/masonry/steel products under all concentrated load points (IE beam/col connections, etc.,)
Slope all grading away from construction min 6" in 10' or as otherwise shown , VIF grade elevations with indicated floor levels
At existing/new work plumb, level and squareness of building/construction to be VIF
Substitutions accepted if equal or greater than items indicated on drawings
VIF new/existing construction metal (simpson or eq) connections, fire rated construction assemblies
Egress Window size for Bedrooms where shown- net clear; min 20" wide, 24" high & 5.7sf (5sf at grade), 44" sill off floor

existing new loadbearing remove

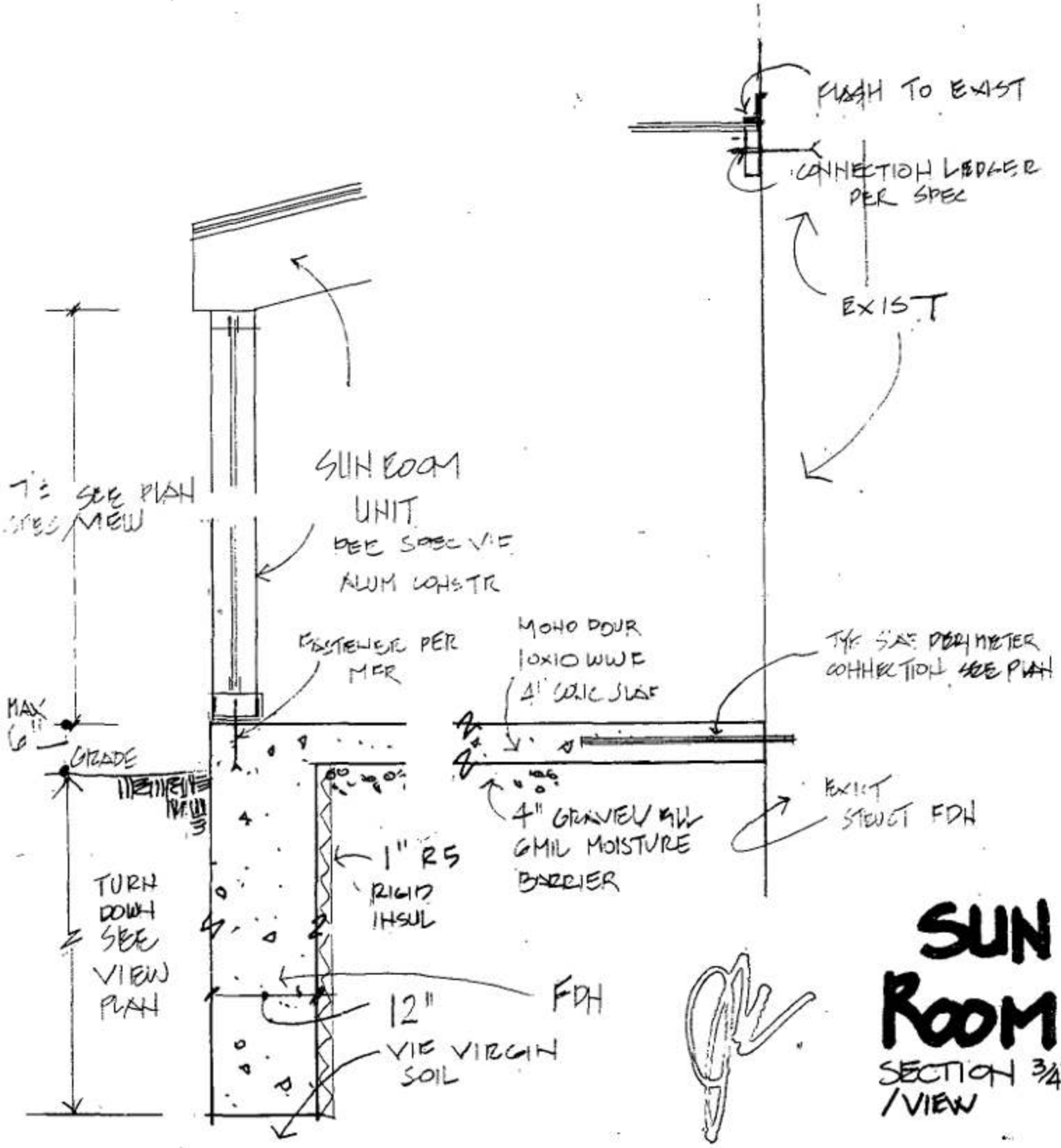
note:
client/other responsible for these items

- **ANY soil test** to determine ACTUAL, sub soil loading and drainage characteristics; **site plans** for construction permits and site surveys, setbacks, etc. for planning/zoning approvals, existing and new buiding/grade elevations
- **Submitting MPE Engineering/design & construction drawings** for SUB CODE PERMITs for the following Electrical , Plumbing, Mechanical (heating/cooling), sprinkler, smoke/fire detection, seismic-structural, and abatements(lead, asbestos, radon) or as otherwise shown
- **NON CODE ITEMS decoration** ie, interior and exterior selections such as product style, color, finish, model type, pre engineered systems, kitchen equipment/cabinets, fixtures, etc. and other unregulated code items.
- All construction site cleanup (to be disposed per state, local and federal regulations)
- **Review drawings prior to construction for inconsistencies** and notify Architect for resolution.
- Notify and receive **Architect "WRITTEN APPROVAL" for field/document changes**. Client/others to be responsible for "unapproved" changes and any liability arising from such changes

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		1-8-02	FM
Fire			
Energy			
Electrical			

common sense approach to design
architect
Joseph kawecki
[856] 727 5172 & fx 7784 772
registered nj & pa
7 w Cooper ave Moorestown nj 08057

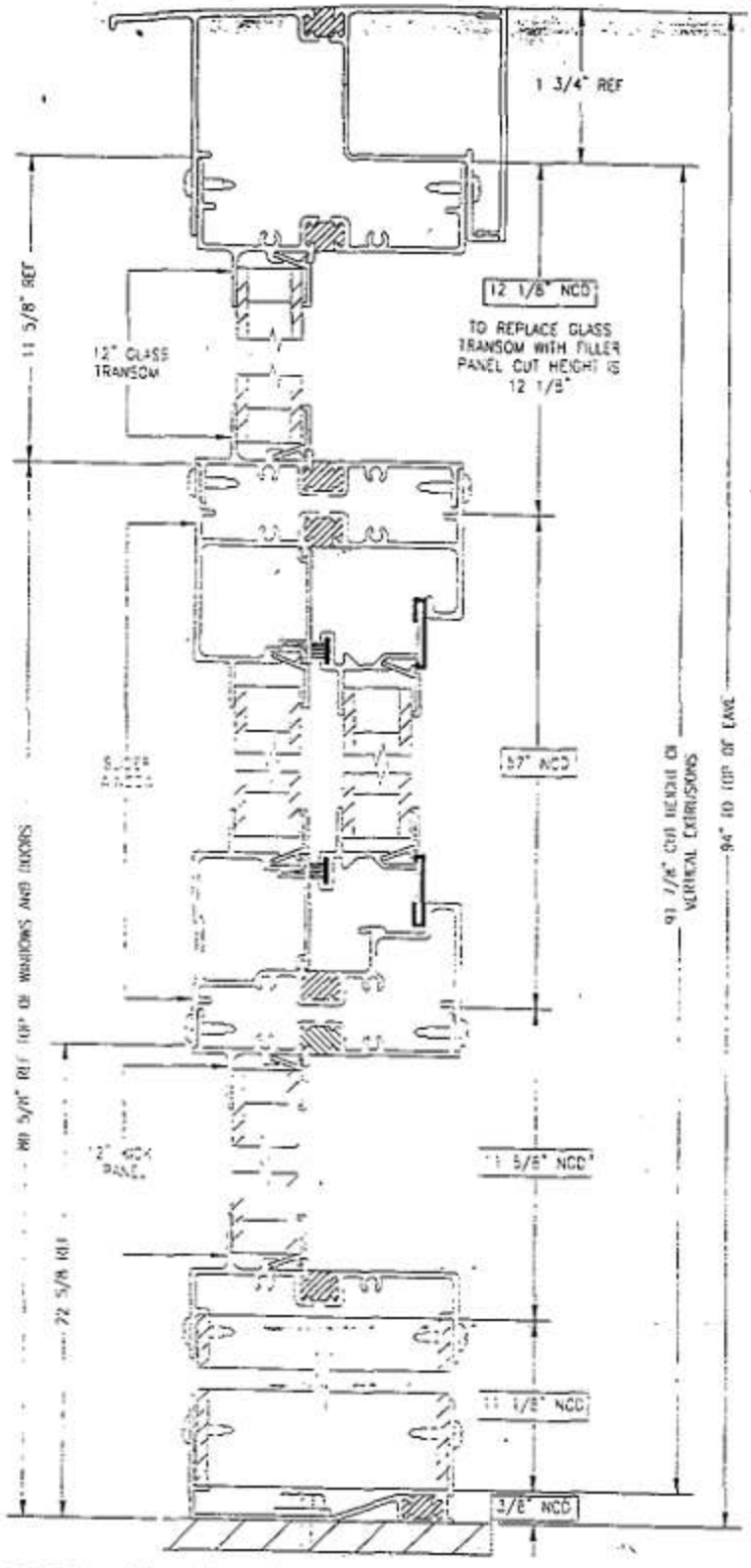


SUN ROOM

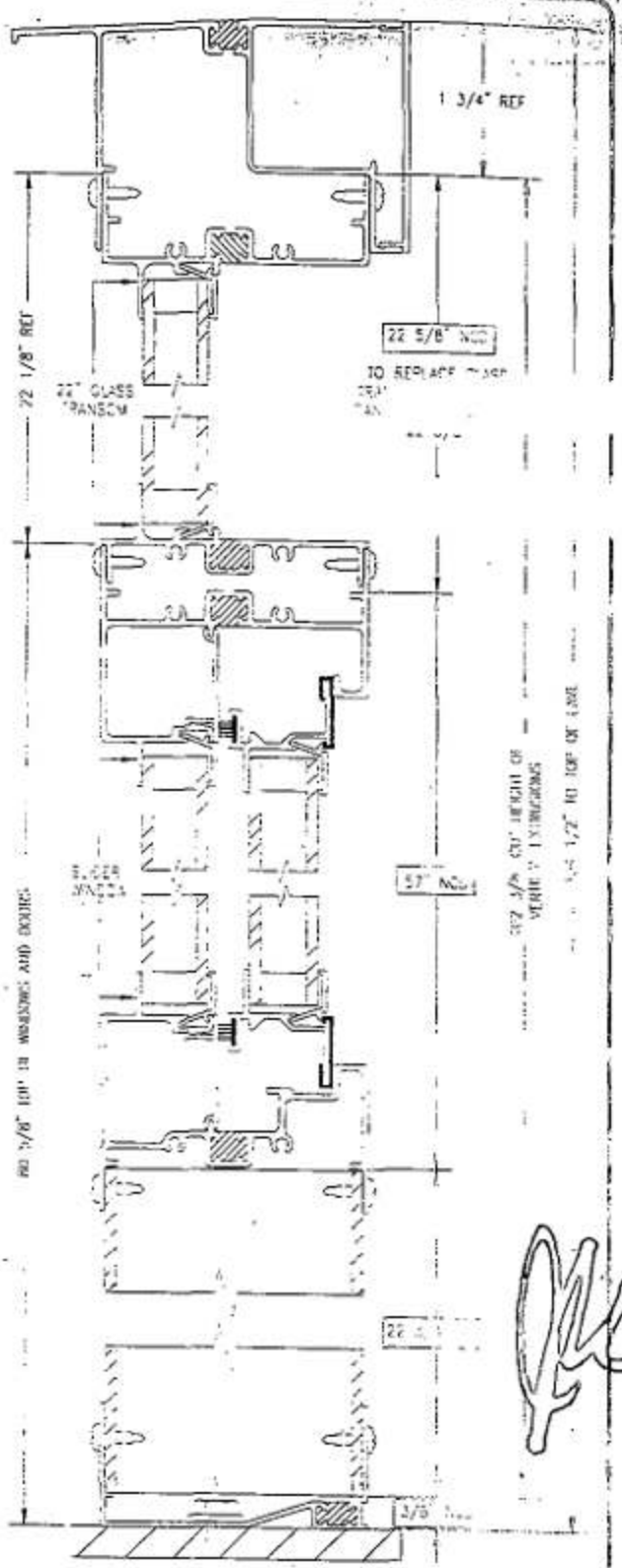
SECTION 3/4" /VIEW

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		1-8-02	FM
Fire			
Energy			
Electrical			



SECTION "J-J" 22" GLASS KICKPANEL-WINDOW GLASS TRANSOM



SECTION "K-K" SOLID KICK PANEL-WINDOW-GLASS TRANSOM

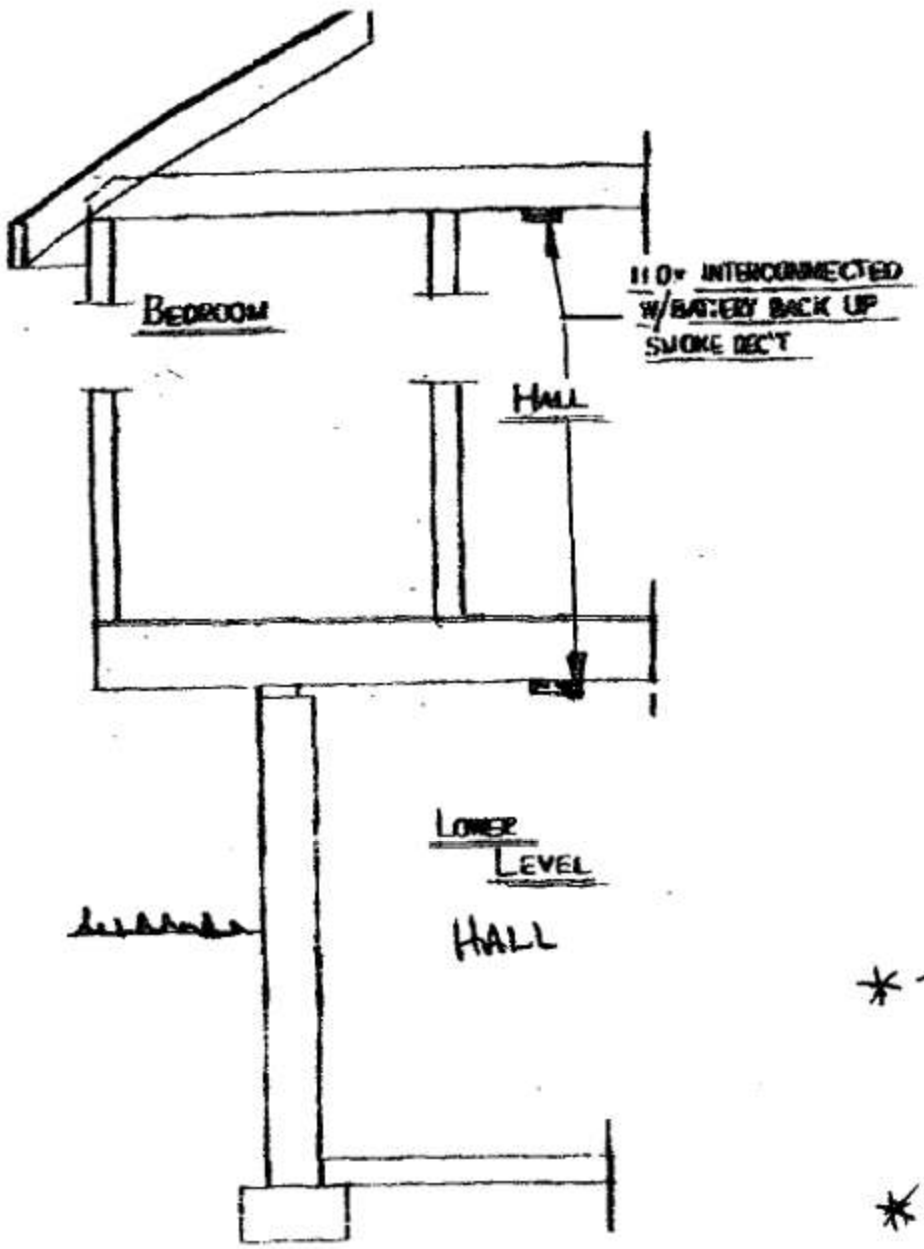
NOTE:

1. "A" INDICATES EXTRUSION COMES IN SANDTONE, BRONZE OR WHITE. SUBSTITUTE THE "A" WITH "B" FOR BRONZE, "W" FOR WHITE AND "A" FOR SANDTONE.

FOUR SEASONS SUNROOMS	SERIES 230 FRONT WALL SECTIONS GABLE END WALLS SIMILAR WALLS	DWG. NO. 230-5 PAGE 2 DATE: 10-30-96 OF 2

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		1-8-02	FH
Fire			
Energy			
Electrical			

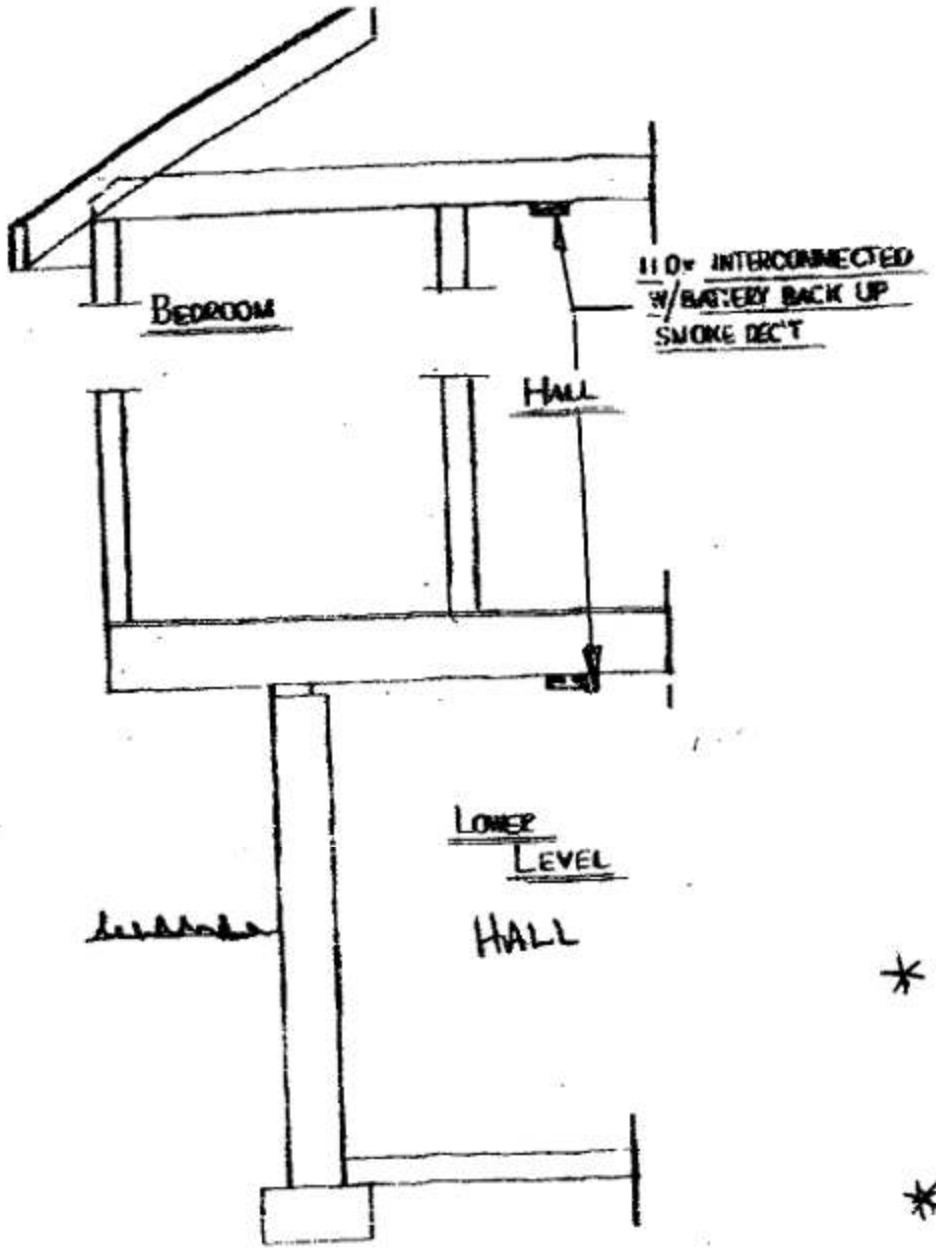


RE:

McKEE
230 ESSEX PLACE
BRICK NJ 08723

* TWO STORY SMOKE DET'T IN HALLS.

* NO BASEMENT.



RE: McKEE
230 ESSEX PLACE
BRICK NJ 08723

* TWO STORY SMOKE DET'T IN HALLS.

* NO BASEMENT.