R-3

RECEIVED

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

NOV 2 REC'D

BUILDING

I. IDENTIFICATION

1. Proposed Work at: 43 RIALTO DR
2. Owner Name: DENNIS ROPKE Te [redacted]
   Address 43 RIALTO DR BRICK TOWN N.J.
3. Principal Contractor: DAVE SUNDAY Tel. (201) 929 2775
   Address 504 LAWN DR TOMS RIVER N.J. 08753
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work DAVE SUNDAY Tel. (201) 929 2775

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	$ _____
2. ☒	Plumbing	_____
3. ☒	Electrical	_____
4. ☐	Fire Protection	_____
5. ☐	Other RENOVATION	_____
6. ☐	Other garage to den	_____
	TOTAL COST	$ 10000

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 _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10204290

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 Denis S. Roke DATE 10-28-97

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. L 210 B21 LOT NO. L 24 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	_____		_____
☐ Fire Protection	_____		_____		_____

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	11/2/87	[illegible]	11-5-87	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			CC.	11-5-87	
☐	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		7-6-88	Ltr
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
✓	ELECTRICAL		4-9-88	Bk
_____	FIRE PROTECTION			
_____	OTHER _____			

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. _____	_____
☐ 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	$ 7.50
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$ 7.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00
D.C.A. TRAINING FEE .0006 x _____	.
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 32.50

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

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

TECHNICAL SECTION

Block 213 & 214 Lot 24
Subdivision

A. IDENTIFICATION

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

Owner DENIS ROLKE
Address 43 RIALTO DR
BRICKTOWN N.J.
Tel [redacted]
Work Site Address SAME

Contractor DALE SONDY
Address 664 MAIN DR
TOMS RIVER NJ
Tel. (201) 929 2775
Lic. No.
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.

Denis L Rolke
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ **FEE**
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: $ _____ $

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 **FEE**
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $

B4. STAND PIPES

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

B5. OTHER

_____ $
_____ $
_____ $

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____

D. COMMENTS

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

INSPECTIONS

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

UNIFORM CONSTRUCTION CODE — NEW JERSEY

SUBCODE TECHNICAL SECTION

Block 21032 Lot 24
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner DENIS ROZKE
Address 43 RIALTO DR
BRICKTOWN N.J.
[redacted]
Work Site Address SAME

Contractor DAE SUNDAY
Address 564 FAWN DR
TOMS RIVER N.J.
Tel. (201 929 2775
Lic. No.
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.

Denis L. Rozke
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

RENOVATE GARAGE
INTO DEN
12' x 16'

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

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

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

D. COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☒ No Plans Required		
☒ All	11.5.87	[illegible]
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☒ Frame				2.22.88 [illegible]
☐ Architectural				
☒ Insulation				2-22-88 [illegible]
☐ Finishes				
☐ Energy				
☐ Mechanical				

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION 43 Rialto

UTILITY CO PSE&G

BLK 210 B21 LOT 24

OWNER Dennis Rorke 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 100 A RANGE ______ WATER HEATER ______

AIR COND ______ ELECT HEAT ______ MISC ______

COMMENTS Side load addition R. 0275297 on Warren

DATE 4.7.88 PERMIT # 1010 INSPECTOR K. Kochis

Insp. Lic# 24

Elec. 104

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. 262

CHECK LIST

RE: Block 210-B21 Lot 19-21 Address 35 Rialto Dr.

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering 11/20/86 Adjacent Dwell.

Building _____

Plumbing _____

Electric _____

Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

_____

Arthur J. Cierzo,
Construction Official

Date _____

SIZING FOR WATER AND SEWER SERVICES

Property Owner CRELD CO Date 11-21-86

Property Address 35 RIALTO DR Block 210321 Lot 19-21

Zoning _____ Use Group _____

Contractor PATRICK HUSE (HULBAR) License No. Registration 6497

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	3	(3) 9	( )
2. Lavatory	3	(1) 3	( )
3. Bath Tub	2	(2) 4	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	1	(2) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	(1) 1	( )
9. Washing Machine	1	(3) 3	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

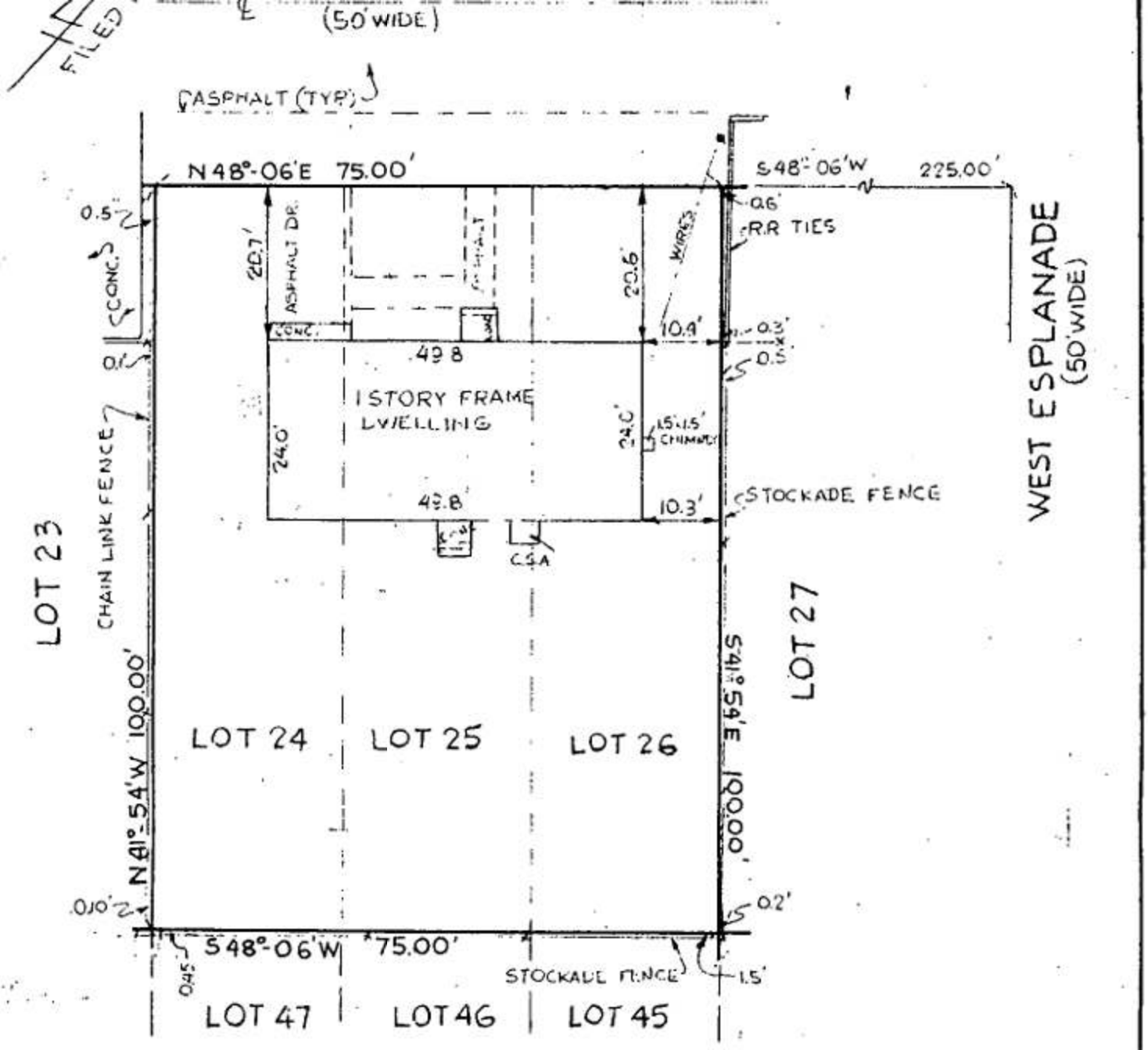
Total 22

Gallons per minute 15.2

Size of Service 1"

Date: 11-21-86

Approved: _____
Brick Township Plumbing Inspector



THE CERTIFICATION OF THIS SURVEY ON THE DATE SHOWN IS LIMITED TO THE BELOW NAMED PARTIES FOR THE PURCHASE AND/OR MORTGAGE OF THE HEREIN DELINEATED PROPERTY. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE CERTIFYING SURVEYOR AND/OR FIRM FOR USE OF THE SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF THE SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, AND DIRECT OR INDIRECT USE BY ANY PARTY NOW SHOWN IN THE CERTIFICATION.

11-5-87
ac.

ALSO KNOWN AS TAX LOT 24 IN BLOCK 210 B-21

Certified to:
Denis & Carol Rorke
Manchester Financial Group
New Jersey Realty Title Insurance Company
Anna-Maria Pittella, Esq.

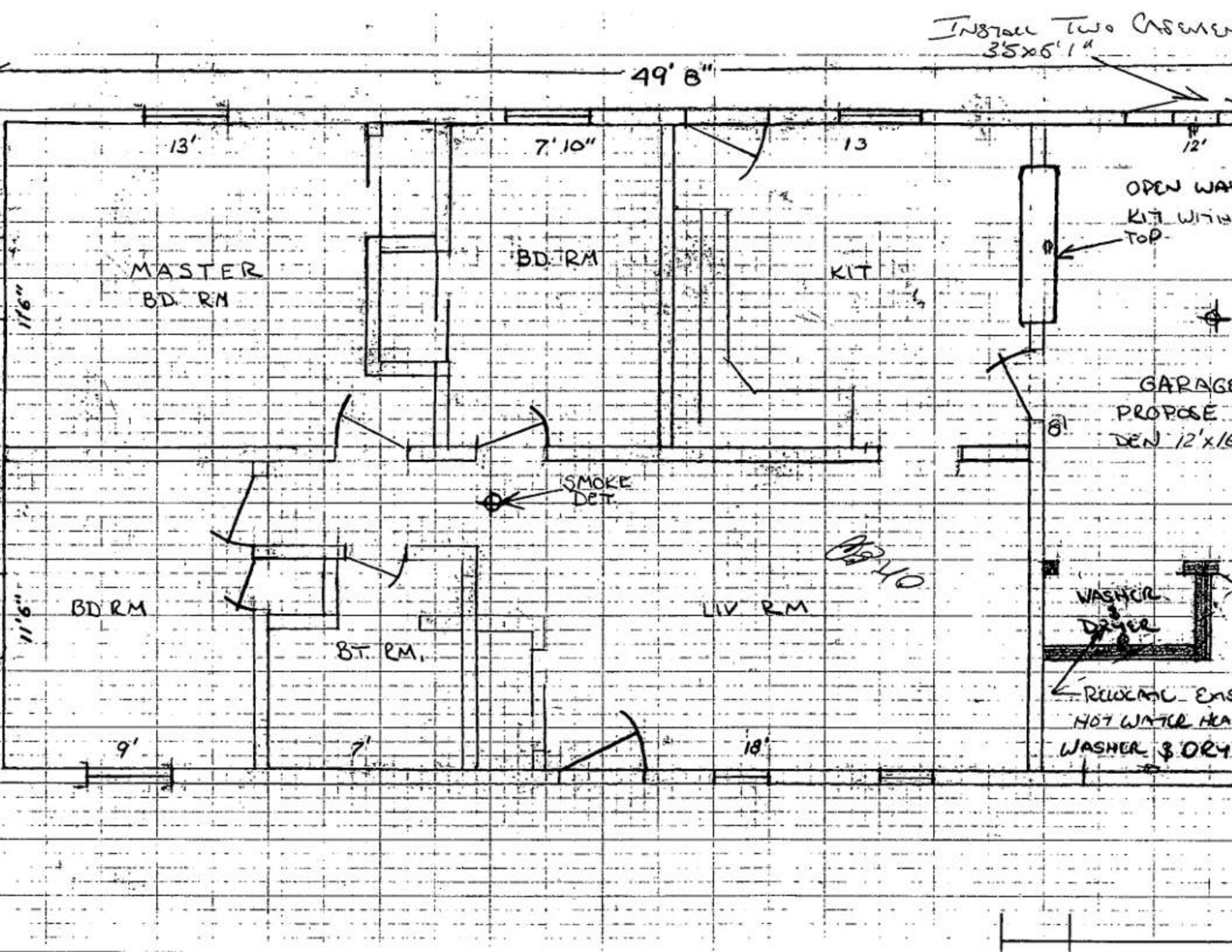
I CERTIFY THAT THIS SURVEY WAS MADE IN ACCORDANCE WITH THE RECORD DESCRIPTION AND THAT THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN HEREON.

Edward McGuire
LICENSED LAND SURVEYOR

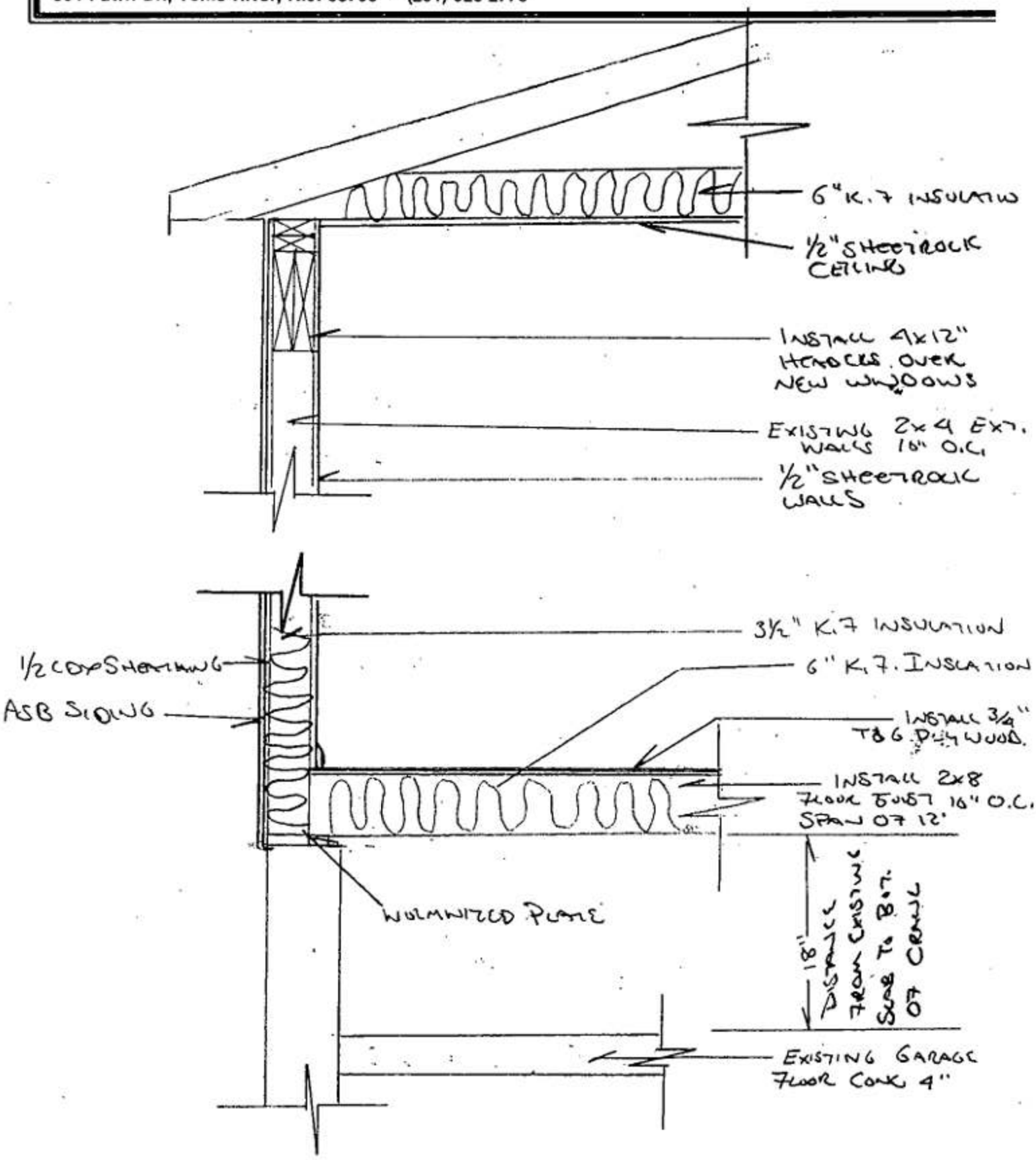
DATE	REVISION	BY

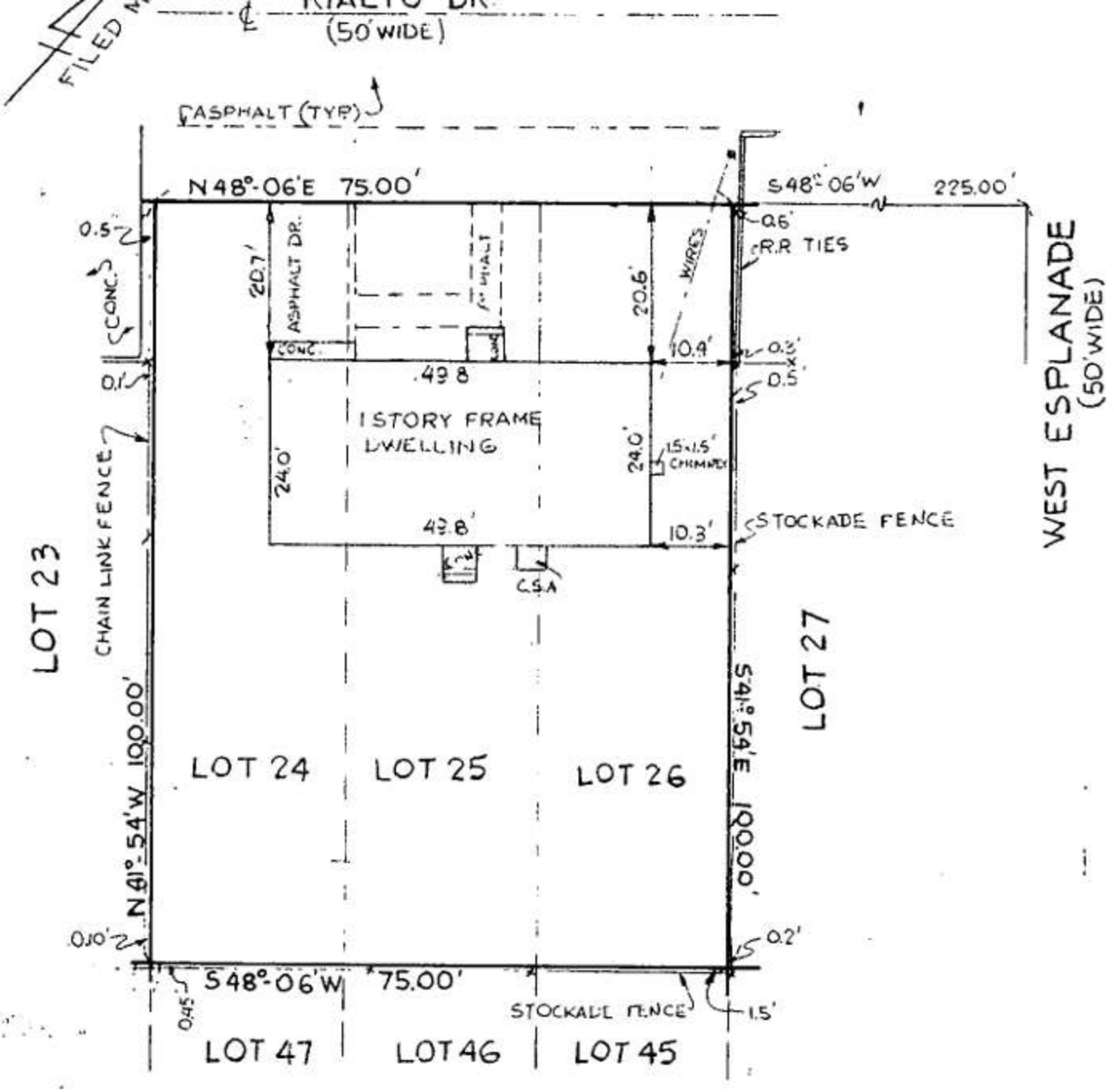
LOCATION SURVEY
LOTS 24, 25 & 26 BLOCK 210-B-21
AS SHOWN ON MAP OF REVISION
SECTION 3 OF BAYWOOD
F.M.# B-124 FILED: OCT 9, 1956
DOVER TOWNSHIP

SHEPHERD ENGINEERING


INSTALL TWO CASEMEN
3'5x6'1"
49' 8"
13'
7' 10"
13
12'
OPEN WA
KIT WITH
TOP
MASTER
BD RM
BD RM
KIT
11'6"
GARAGE
PROPOSE
DEN 12'x16
8'
SMOKE
DET.
BD RM
11'6"
ST. RM.
LIV RM
WASHER
DRYER
RELOCATE EXIS
HOT WATER HEA
WASHER & DRY
9'
7'
18'

HOME IMPROVEMENTS
564 Fawn Dr., Toms River, N.J. 08753 • (201) 929-2775





THE CERTIFICATION OF THIS SURVEY ON THE DATE SHOWN IS LIMITED TO THE BELOW NAMED PARTIES FOR THE PURCHASE AND/OR MORTGAGE OF THE HEREIN DELINEATED PROPERTY. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE CERTIFYING SURVEYOR AND/OR FIRM FOR USE OF THE SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF THE SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, AND DIRECT OR INDIRECT USE BY ANY PARTY NOW SHOWN IN THE CERTIFICATION.

ALSO KNOWN AS TAX LOT 24 IN BLOCK 210 B-21

Certified to:
Denis & Carol Rorke
Manchester Financial Group
New Jersey Realty Title Insurance Company
Anna-Maria Pittella, Esq.

I CERTIFY THAT THIS SURVEY WAS MADE IN ACCORDANCE WITH THE RECORD DESCRIPTION AND THAT THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN HEREON.

LICENSED LAND SURVEYOR

DATE	REVISION	BY

LOCATION SURVEY

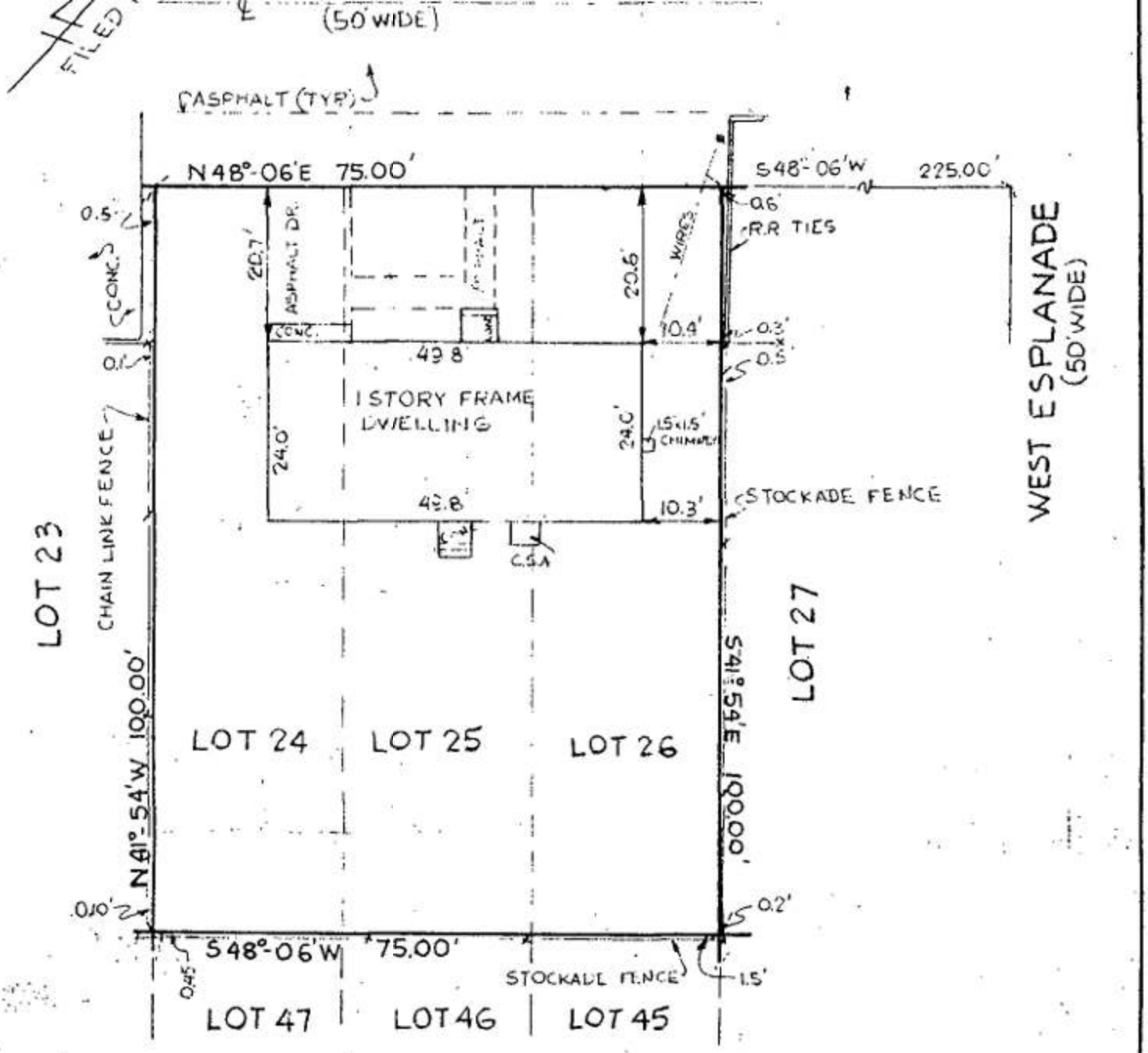
LOTS 24, 25 & 26 BLOCK 210-B-21

AS SHOWN ON MAP OF REVISION SECTION 3 OF BAYWOOD

F.M.# B-124 FILED: OCT 9, 1956

DOVER TOWNSHIP

SHEPHERD ENGINEERING



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ALSO KNOWN AS TAX LOT 24 IN BLOCK 210 B-21

Certified to:
Denis & Carol Rorke
Manchester Financial Group
New Jersey Realty Title Insurance Company
Anna-Maria Pittella, Esq.

I CERTIFY THAT THIS SURVEY WAS MADE IN ACCORDANCE WITH THE RECORD DESCRIPTION AND THAT THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN HEREON.

Edward Shepherd Jr.
LICENSED LAND SURVEYOR

DATE	REVISION	BY

LOCATION SURVEY
LOTS 24, 25 & 26 BLOCK 210-B-21
AS SHOWN ON MAP OF REVISION
SECTION 3 OF BAYWOOD
F.M.# B-124 FILED: OCT 9, 1956
DOVER TOWNSHIP

SHEPHERD ENGINEERING