OWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

RECEIVED
DEC 1 1989
DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: 43 Rialto Drive Brick, N. Jersey
2. Owner Name: Carol + Denis Rorke Tel [redacted]
   Address 43 Rialto Drive, Brick, N. Jersey
3. Principal Contractor: Homeowner [redacted]
   Address 43 Rialto Drive, Brick, N. Jersey
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: Homeowner Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work Homeowner Tel. (___) _____

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: Pool above grd.

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☐	Plumbing	_____
3. ☐	Electrical	_____
4. ☐	Fire Protection	_____
5. ☒	Other Pool	2279
6. ☐	Other _____	_____
	TOTAL COST	$ 2279.00

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.

210 B 21

24-26

LDS BR 10306995

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 Louis Rorke Carol Rorke DATE 2/13/89

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. _____ LOT NO. _____ 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			2-15-89	TLM	
	Footings/Foundations					
	Framing					
	Architectural 2			2/10/89	JC	
	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				8-6-89	TLM
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	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	$ 35.-
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	$ 35.-
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.-)
D.C.A. TRAINING FEE .0006 x _____ =	_____
CERTIFICATE OF OCCUPANCY	20.-
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 60.-

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	$

NEW JERSEY UNIFORM CONSTRUCTION CODE

SUBCODE
TECHNICAL SECTION

Block 20132 Lot 24-26
Subdivision _____

A. IDENTIFICATION

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

Owner Carol & Denis Rorke
Address 43 Rialto Drive, Brick, N. Jersey 08723
Tel [redacted]
Work Site Address 43 Rialto Drive, Brick, N. Jersey

Contractor Homeowner
Address (same)
Tel. [redacted]
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.

Carol Rorke
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Above-ground Swimming Pool
24' Round
Esther Williams

☐ 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)*		$

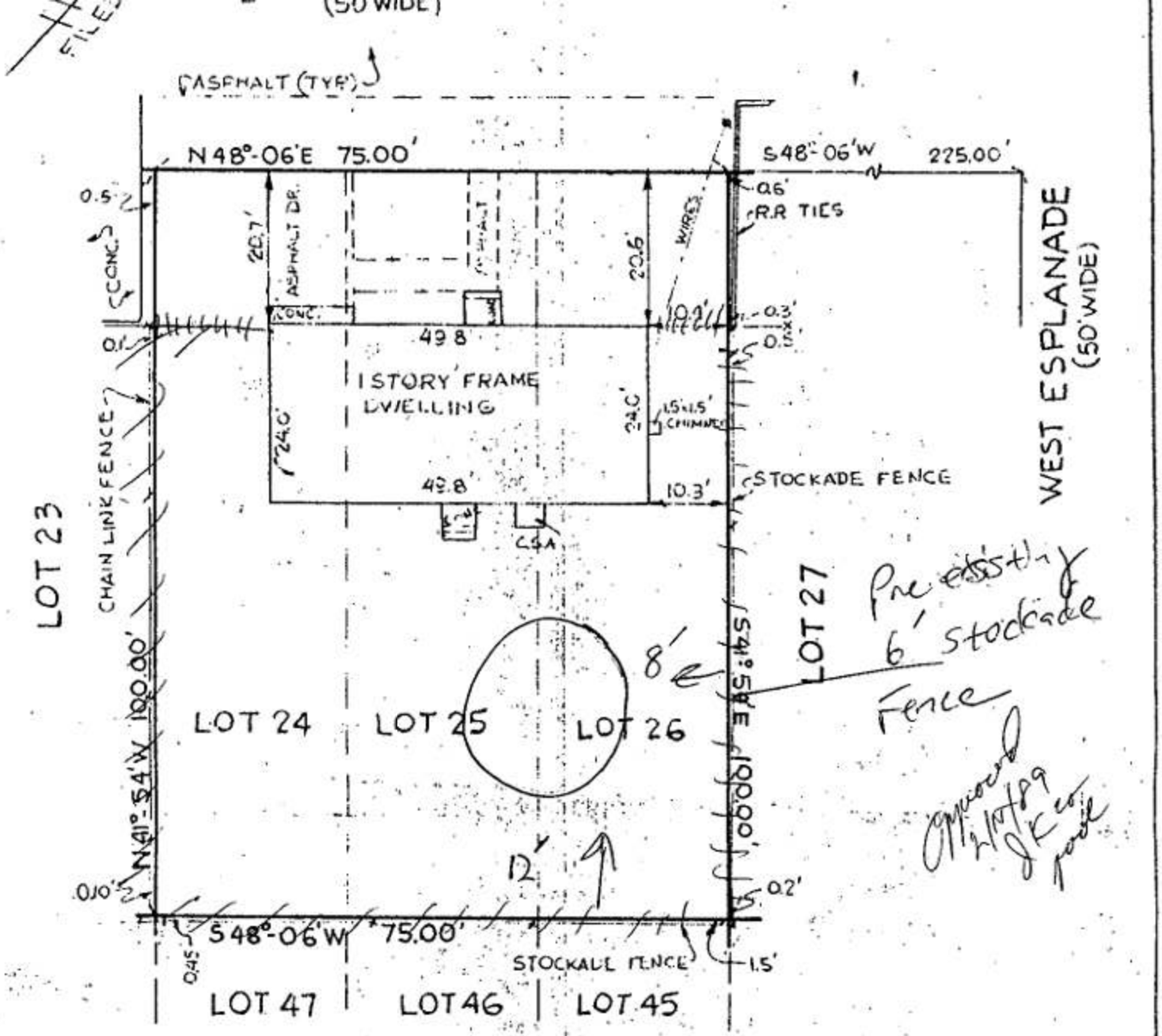
C. BUILDING CHARACTERISTICS

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



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.

Edward J. Wilson
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
OCEAN COUNTY NEW JERSEY

SHEPHERD ENGINEERING ASSOCIATES

and or swimming pool to be constructed at 43 RIALTO DR., BRICK N.J.

Sq. feet of addition _____

Thank you,

Phone Number 920-0136

Carol Rorke
Applicant Signature

1. YES ☐ NO ☑ Are you removing all excavated materials?
If no please explain
Above Ground pool

2. YES ☐ NO ☑ Are you constructing any retaining walls?
If yes please explain _____

3. YES ☐ NO ☐ Please note the difference in elevation between existing grade and pool apron N/A ft. N/A ft.
Pool sits on existing ground

OFFICIAL USE ONLY

Preliminary Inspection	Construction Inspection	Final Inspection
☑ Accepted	☐ Accepted	☐ Accepted
☐ Rejected	☐ Rejected	☐ Rejected
Date 2/16/89	Date _____	Date _____
Signature [illegible]	Signature _____	Signature _____

RECEIVED
FEB 15 1989
MUNICIPAL