BLOCK 539 LOT 6 ADDRESS (SITE) 522 Jackson Ave PERMIT NO. 42-95

Brick

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1 Proposed Work-site at: 522 Jackson Ave

2 Name of Owner in Fee Eugened Leslie Bennett Tel [redacted]

Address 522 Jackson Ave Brick N.J. 08723
(street) (municipality) (zip code)

3 Ownership in Fee: Public _____ Private _____

4 Principal Contractor: _____ Tel. (____) _____

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. _____ Social Security No. _____

5 Architect or Engineer _____ Tel. (____) _____

Address _____

6 Responsible Person In Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 30 —		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review	3 —		
8. Subtotal	$		
9. DCA Training Fee	0 —		
10. Subtotal	$ 20 —		
11. Cert. of Occupancy			
12. Other ZPA	15.00		
13. TOTAL	$ 68 —		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure 16FT-11FT ft.	
3. Area—Largest Floor sq. ft.	
4. Building Area—All Floors sq. ft.	
5. Volume of Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

SHED

II. PROPOSED WORK

	Est. Cost
1 ☐ Minor Work (single trade)	
2 ☐ Small Job ($5,000 and no prior approvals)	1 —
3 ☐ New Building	
4 ☐ Addition	
5 ☐ Alteration	
6 ☐ Fire Protection	
7 ☐ Plumbing	
8 ☐ Electrical	
9 ☐ Asbestos Abatement	
10 ☐ Demolition	
TOTAL COSTS	0

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			4/10/95		5/11/95		

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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 Wells
9. ☐ Underground Storage Tanks

VII. 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

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:

U.C.C. Form L 1004

LDS BR 10206336

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 _____ 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 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 _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CONSTRUCTION PERMIT

Date Issued 1/10/95
Control #
Permit # 42-95

TIFICATION Block 519 Lot 10

x Site Location 522 section Inc Contractor Same

Address

er in Fee Lucille Corbett

ress Same Tele. ( ) 4

( ) Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 539 #

or Social Security No. LOT

reby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

CRIPTION OF WORK:

Shed

E: If construction does not commence within one (1) year of date of issuance, or if ruction ceases for a period of six (6) months, this permit is void.

ated Cost of Work $ $1.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	30 -
Plumbing	
Electrical	
Fire Protection	
Other	
Other	PIC ? -
DCA Training Fee	2
Cert. of Occ.	
Other	2
Total	6
Check No.	# 6 2
Cash	
Collected By:	

Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/10/95
Date Issued
Control #
Permit # 42-95

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

Block 539 Lot 6
Work Site Location 522 Jackson Ave
Brick, N.J. 08723
Owner in Fee SAME
Address
Tel [redacted] Owner
Contractor
Address
Tele. ( )
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.

Eugene W Brandt
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Shed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] COL [ ] CA		
Date: 5/11/95		
Approved By:		

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing		5/11/95		
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 11'6" Pitch Ft.
Area—Largest Floor 90 Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed 70 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ -0-

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence ____ Height (6' or over)
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other ____
  [ ] Other ____
[ ] Demolition

(Office Use Only)
FEE
$ ____

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

U.C.C. Form F-110B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/10/95
Date Issued
Control #
Permit # 42-95

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

Block 539 Lot 6
Work Site Location 522 Jackson Ave
Brick, N.J. 08723
Owner in Fee SAME
Address
Tele. [redacted] Owner
Contractor
Address
Tele. ( )
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 Eugene W Brandt

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Shed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 11'6" Pitch Ft.
Area—Largest Floor 90 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed 70 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1+2) $ -0-

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (6' or over)
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other
- [ ] Other

[ ] Demolition

(Office Use Only)

FEE $

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

U.C.C. Form F-1108

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: Dec. 28, 1994 — 12/94 Z 0396

Block 539 **Lot** 6 **Zone** R-7.5

Property Address: 522 Jackson Avenue

Owner: Leslie Bennett **(Phone):** [redacted]

Applicant: same **(Phone):** same

Use: Single-family dwelling

Proposed Construction (if any): Shed.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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.

Sean Kinney

Land Use Officer

PLAN REVIEW RECORD

BOCA BASIC/NATIONAL BUILDING CODE

Ht. Structure _____ Sq. Feet _____

Plan Review # _____ Date _____

JURISDICTION 522 Jackson Av
(City, County, Township, etc.)

BUILDING LOCATION _____
(Street address)

Job Name _____

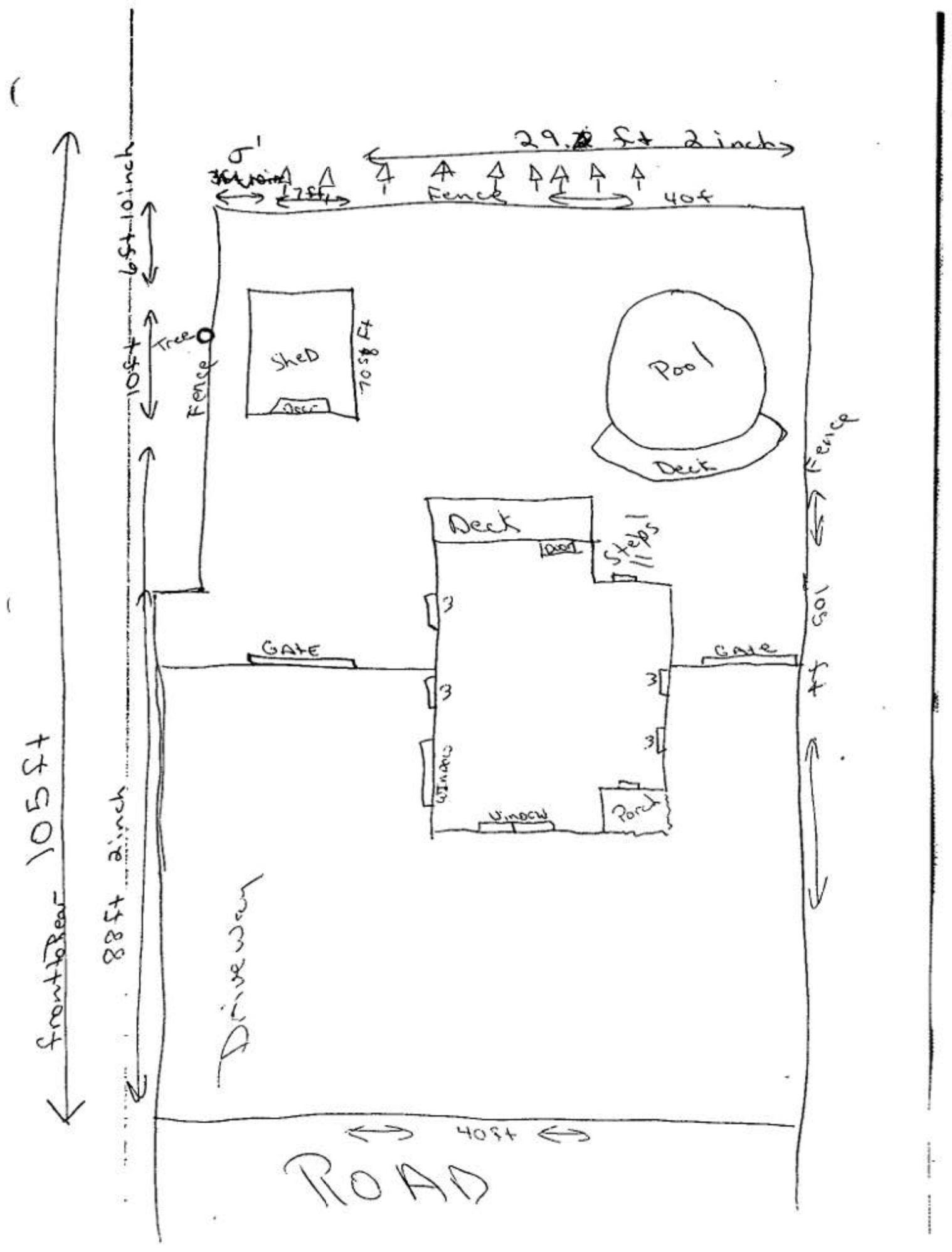
New Building ☐ Addition ☐ Alteration ☐ Other ☐ _____

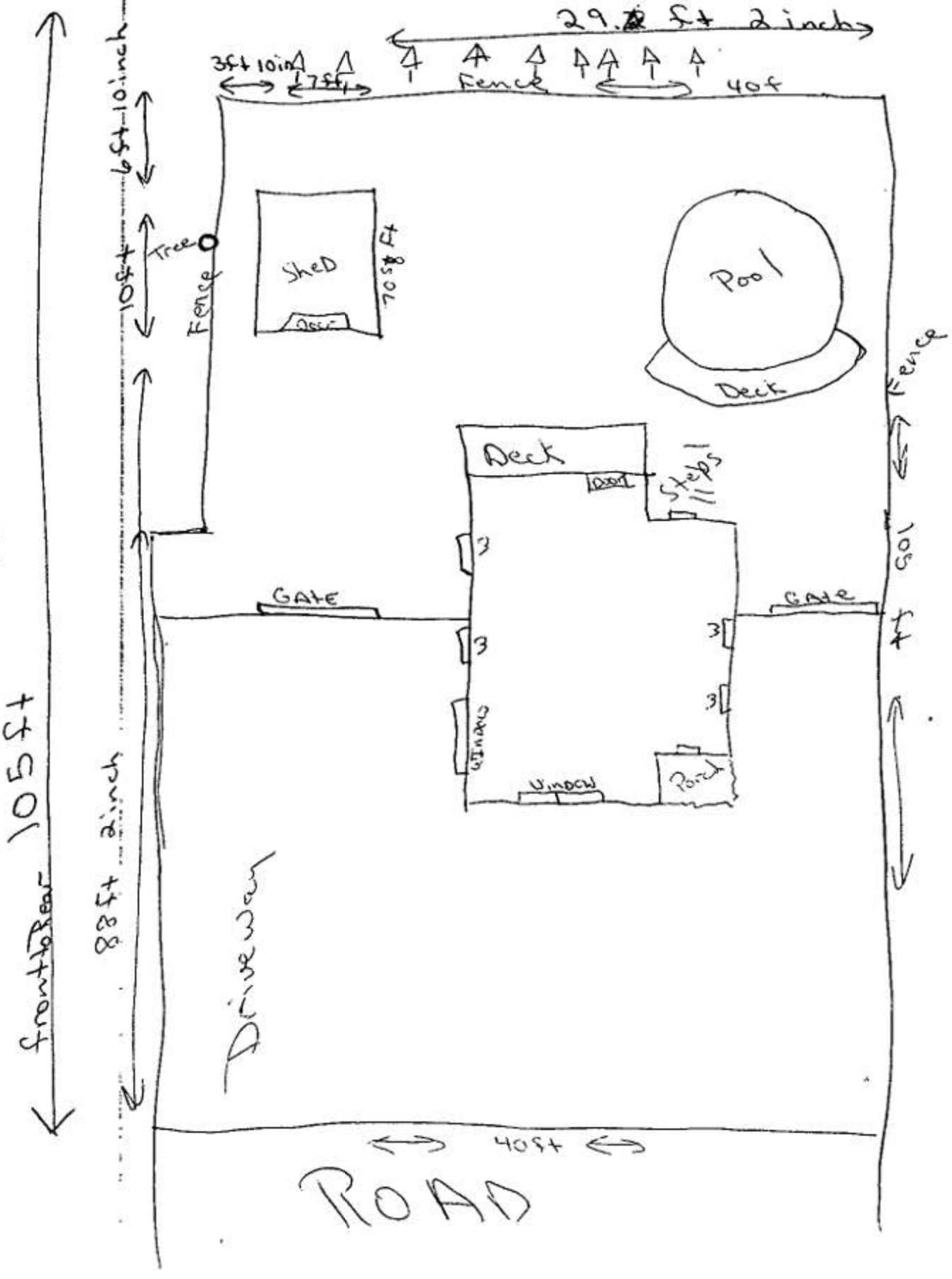
Construction Classification _____ Use Group _____ Block _____ Lot _____

CORRECTION LIST

No.	DESCRIPTION	Page	Reviewed By	Code Sect.	Dept. Clk. Off
1	① No Plans				
2					
3	② Anchoring or Footing				
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Comments: CALLED LEFT MESSAGE WITH SON
1-6-95 AA


29.[illegible] ft 2 inch
5'
Fence
40ft
6ft 10 inch
10ft
Tree
Fence
Shed
10ft
Pool
Deck
Fence
Deck
Steps
Door
3
GATE
GATE
3
3
3
Window
Window
Porch
105 ft
105 ft
front to Rear
88ft 2inch
Driveway
40ft
ROAD


29.[illegible] ft 2 inches
3ft 10in
7ft
Fence
40ft
6ft-10inch
10ft
Tree
Fence
Shed
70sq ft
Door
Pool
Deck
Fence
Deck
Door
Steps
3
GATE
3
3
3
Stairs
Window
Porch
GATE
105 ft
105ft
front to Rear
88ft 2inch
Driveway
40ft
ROAD

190-31. Plot plan (Added 12-28-80 by Ord. No. 354-2P-80; amended 6-12-84 by Ord. No. 354-2XXX-84)

A. Except where approval has been obtained after application under Part 3 or 4 of this chapter, no principal building or addition to a principal building shall be constructed in the Township of Brick except after approval by the Township Engineer of a plot plan to be submitted in accordance with the following specifications:

(1) Such plot plan shall be a survey of the lot in question showing the existing topography of the lot and the proposed location and elevation of the building and/or addition and the proposed grading. Existing topography and proposed grading shall at a minimum, consist of elevations at the property corners and the corners of the proposed building and/or addition. In the event that there is more than a two-foot difference in lot elevations, contours at one-foot intervals shall be shown. The existing topography of the lots immediately adjacent to the lot in question and the road fronting such lot shall also be indicated on the plot plan.

8.'30
10 3.'30
4.'30

(2) Such plot plan shall include the following additional information:

(a) The width and type of pavement on the road in front of the proposed building and/or addition.
(b) The proposed method of drainage from the property in question.
(c) The proposed garage and first floor elevations.

(3) Plot plans must be prepared by a licensed engineer or land surveyor and shall bear his signature and seal. Surveys and topographical information certified to National Geodetic Vertical Datum must be prepared by a licensed land surveyor and shall bear his signature and seal.

(4) Building or additions in a flood hazard area shall be in compliance with the National Flood Insurance Program (NFIP) as regulated by Federal Emergency Management Agency (FEMA).

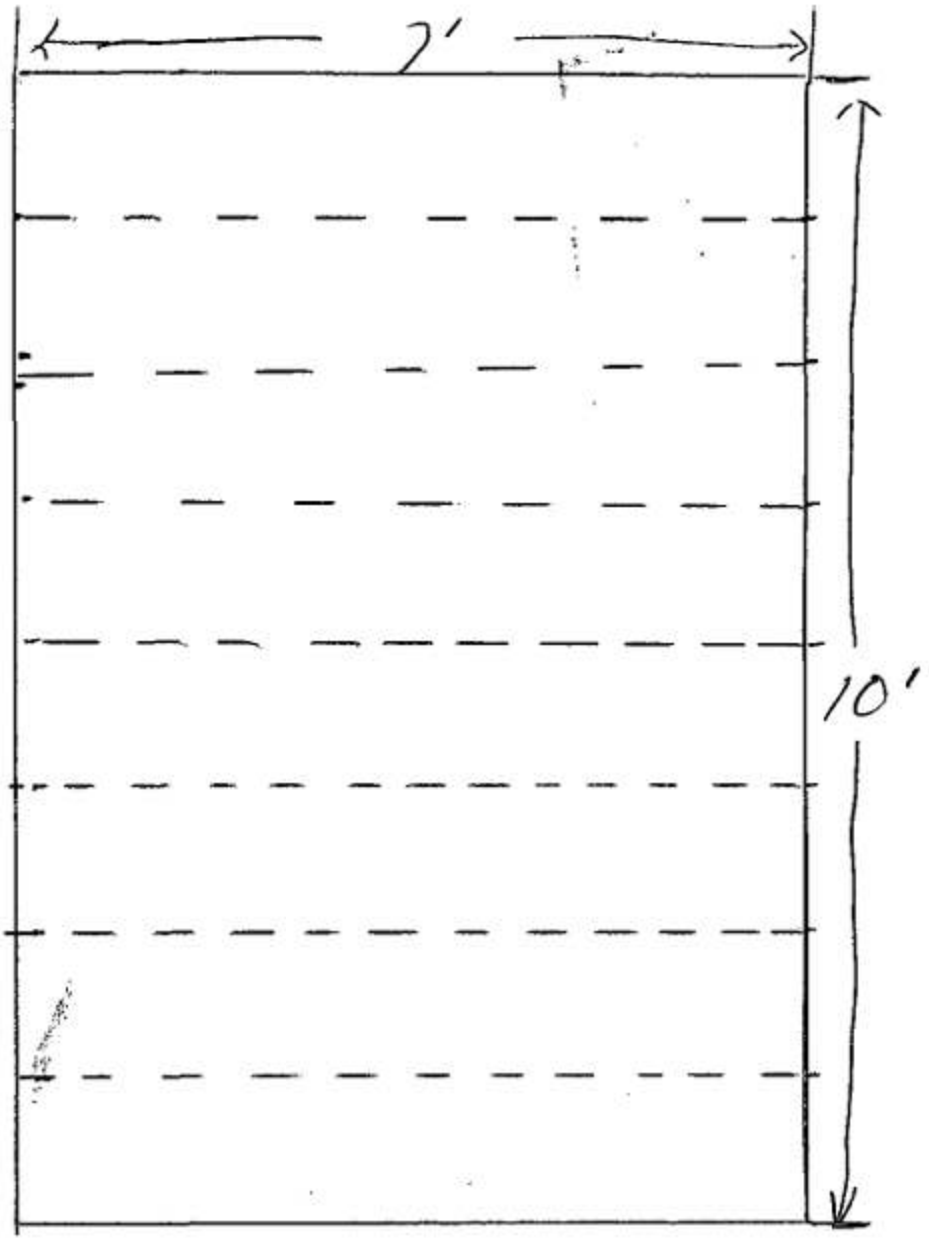
B. Exemption from the plot plan requirement for an addition is subject to the approval of the Township Engineer, said exemption to be contingent upon:

(1) Proof that the subject addition is not in a flood hazard area.

(2) A survey locating the existing dwelling.

(3) A Site inspection by a Brick Township Engineering Inspector to verify that the proposed addition will not create a drainage problem.

C. Petitions for plot plan exemptions are to be made to the Township Engineer in writing.

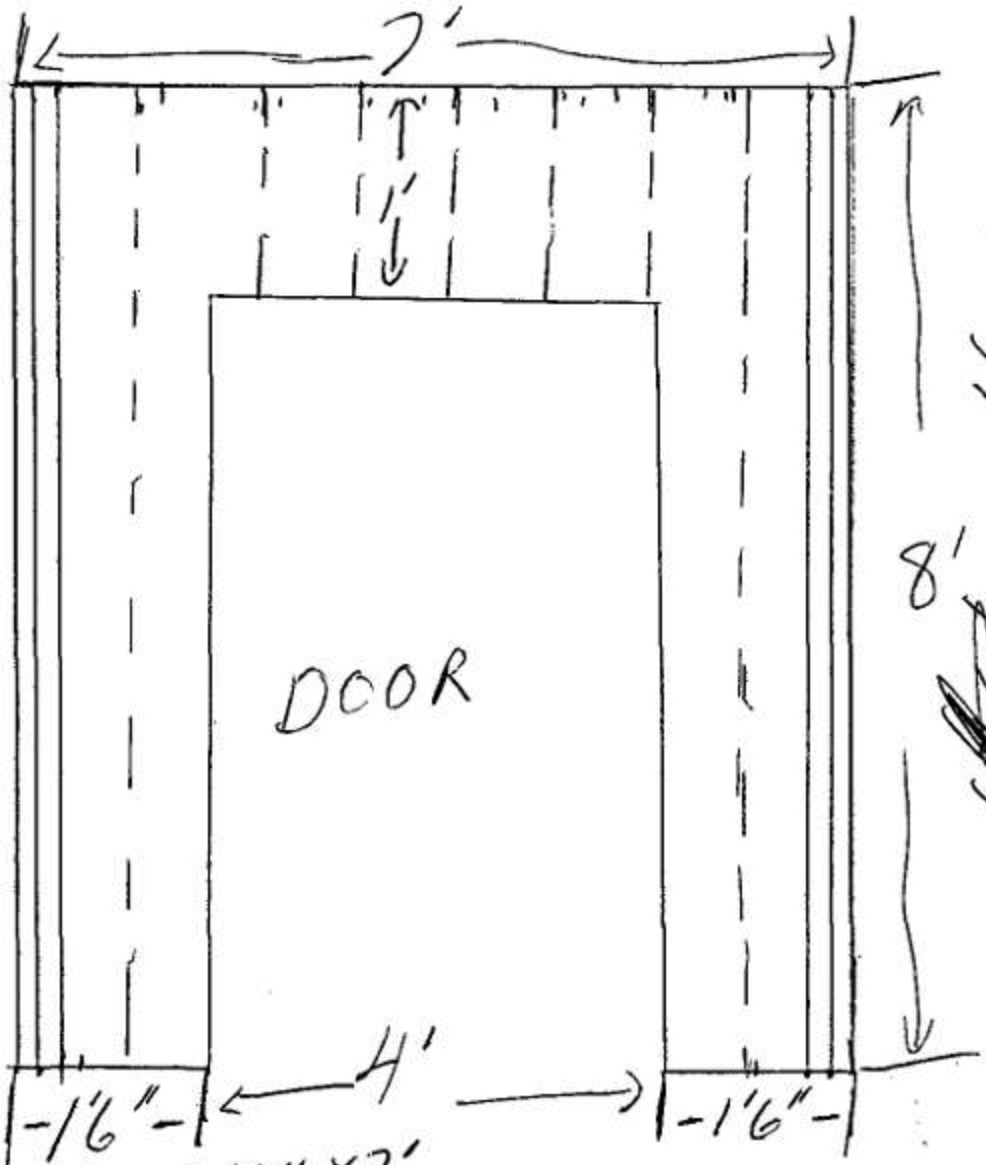


2= 2 X 6 X 10'
9= 2 X 6 X 10'
2 = 4 X 7 X ½ PLYWOOD EXT
1 = 2 X 7 X ½ PLYWOOD EXT

16" CENTER

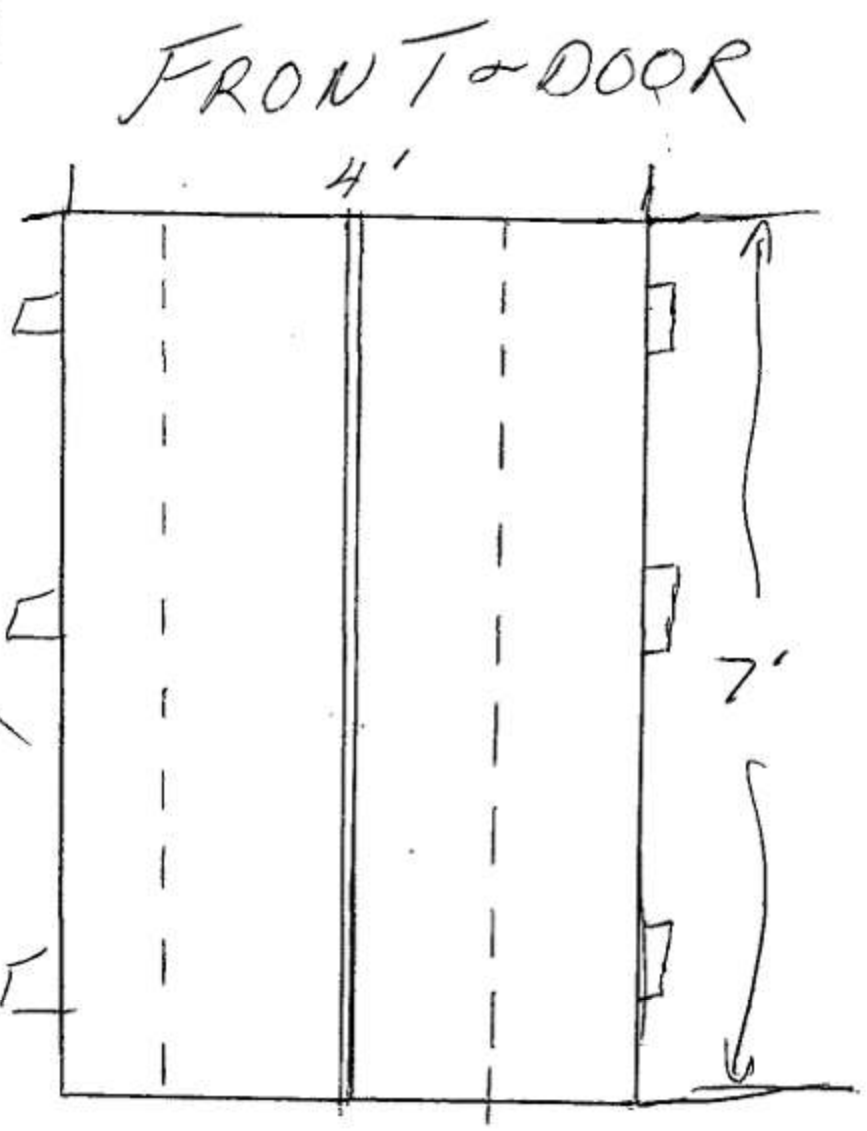
FLOOR

4x4 Treated



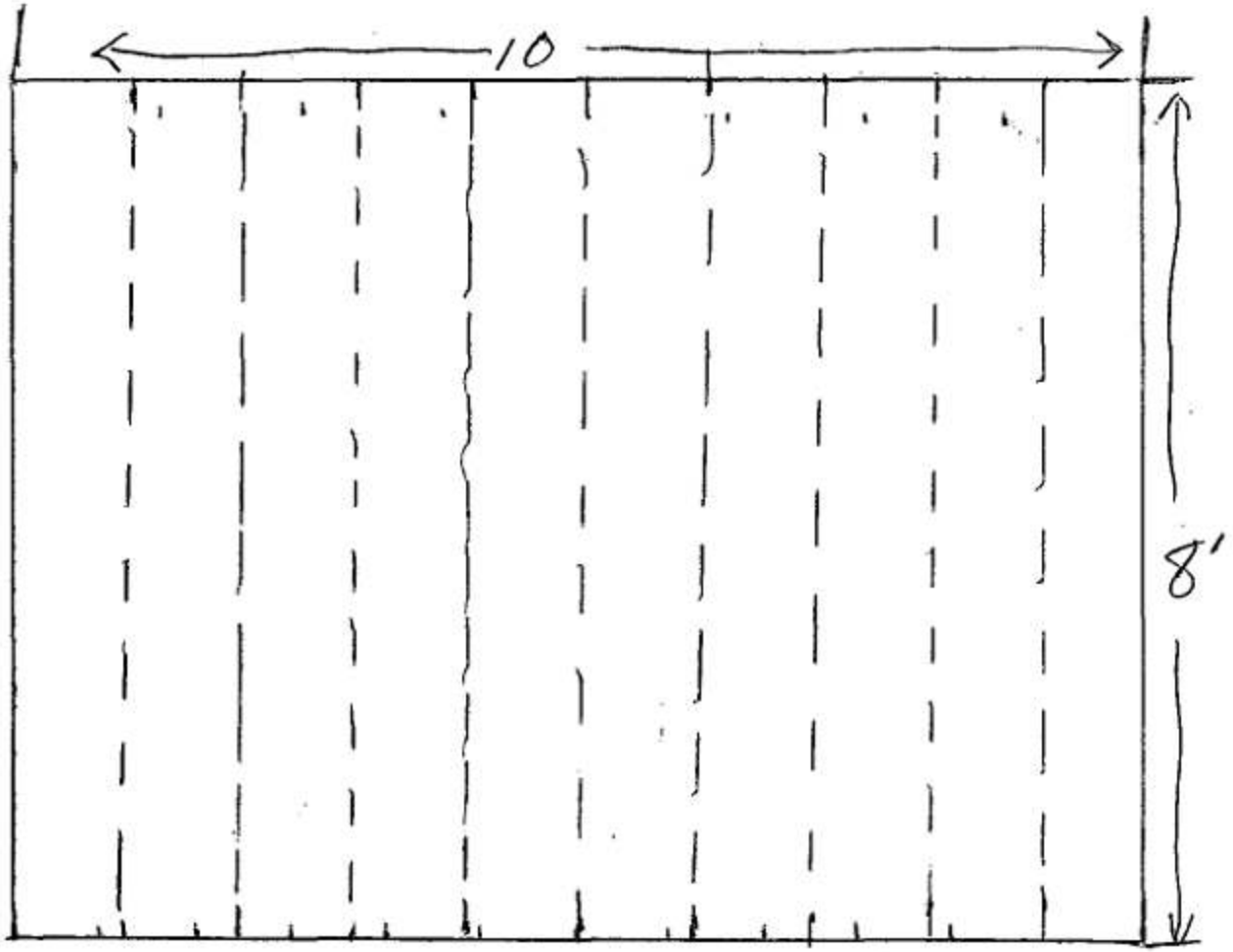
1 = 2 X 4 X 7'
6 = 2 X 4 X 8'

5 = 2 X 4 X 1'
2 = 4 X 7 X 1/4 PLY WOOD EXT
1 = 3 X 7 1/4 PLYWOOD EX
12" CENTER



6 = HINGES

6 = 2 X 4 X 7'



LEFT OF
RIGHT SIDE
1/10/95
RL

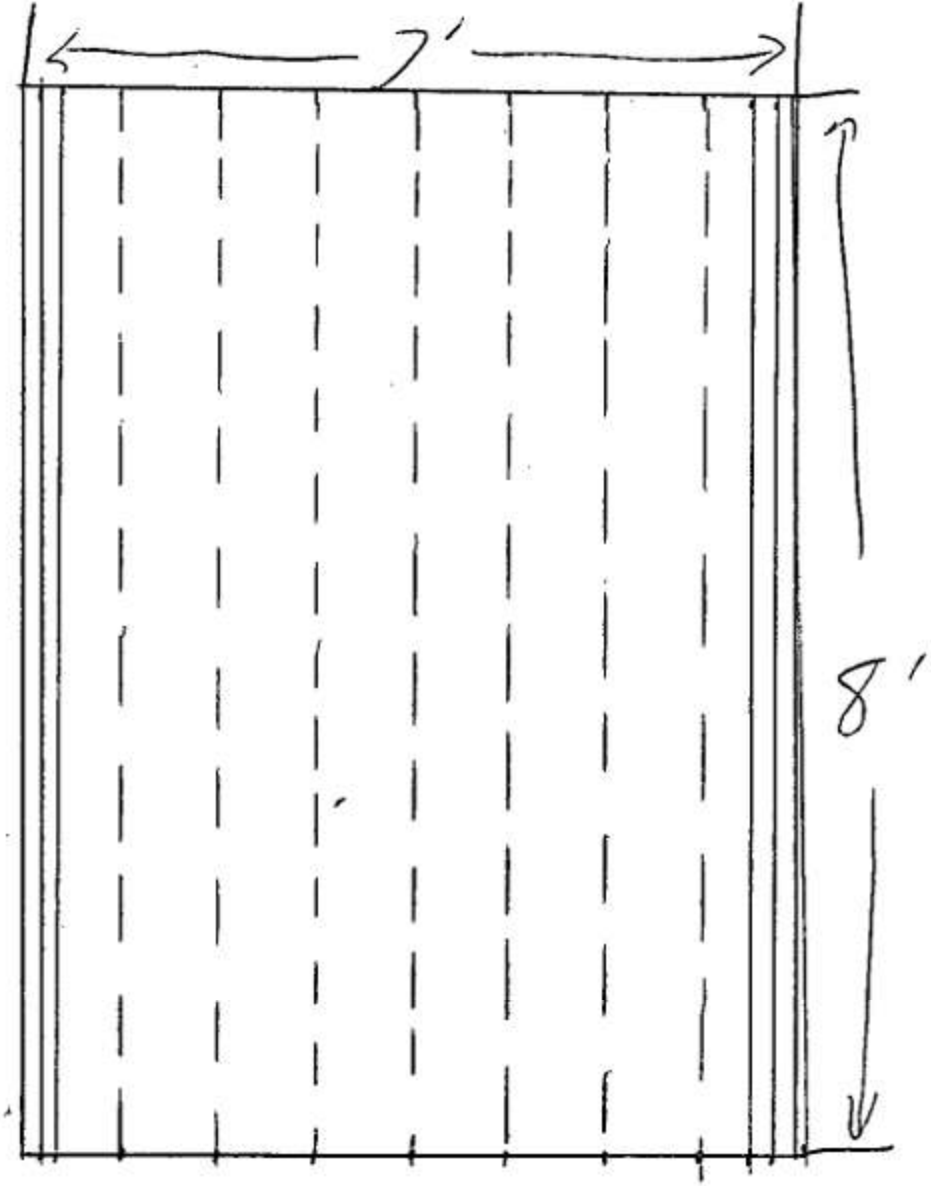
2 = 2 X 4 X 10'

11 = 2 X 4 X 8'

4 = 4 X 8 X 1/4 PLYWOOD EXT

2 = 2 X 8 X 1/4 PLYWOOD EXT

12" CENTER



BACK

1/10/96

2 = 2 X 4 X 7'

10 = 2 X 4 X 8'

2 = 4 X 7 X 1/4 PLYWOOD EX

2 = 4 X 7 X 1/4 PLYWOOD EX

1 = 3 X 7 X 1/4 PLYWOOD EX
12" CENTER

TOWNSHIP OF BRICK

☐ NOTICE OF VIOLATION AND ORDER TO TERMINATE

☒ NOTICE AND ORDER TO PAY PENALTY

PERMIT NO. _____
DATE ISSUED _____
Block 539 Lot 6
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:
Name Eugene W. Bennett
Address 522 Jackson Ave.
Town/State/Zip Brick, N.J. 08723
Work Site Address _____

AGENT:
Name N/A
Address _____
Town/State/Zip _____

ACTION

DATE OF NOTICE: 3-12-97 COMPLIANCE DUE DATE: Upon Receipt DATE OF INSPECTION: 3-12-97

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

N.J.A.C.5:23-2.31(b)4. COMPLIANCE

Shed installed with no permit.

You are hereby ordered to terminate the said violations on or before immediately. The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☐ Failure to comply with this Order will subject you to a penalty of $ _____ per _____.

☒ You are hereby ordered to pay a penalty in the amount of $ 500.00 for each violation for a total penalty of $ 500.00. Each week that any of the said violations remain outstanding after receipt shall result in an additional penalty of $ 500.00 per week.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the County of Ocean, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if neccessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 100.00 to be forwarded with your application to the Board of Appeals office at 2 Mott Place, Toms River, N.J. 08753.

If you have questions concerning this matter, please call: (908) 262-1030

NOTICE OF VIOLATION AND ORDER TO TERMINATE: Judy Gass Judith K Gass SCO DATE: 3/12/97

NOTICE AND ORDER OF PENALTY: Joseph Curiazza, Construction Official Joseph Curiazza CO DATE: 3/12/97

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Eugene W. Bennett
522 Jackson Ave.
Brick, N.J. 08723

4a. Article Number

P 319 516 638

4b. Service Type

☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*

X

PS Form **3811**, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

B. 539 L. 6 522 Jackson Ave.

Sent to	
Street & Number	
Post Office, State, & ZIP Code	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

UDS 7/10

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 319 516 638

MAIL

IDENTIFICATION:

SITE: 522 JACKSON AVE Block: 539 Lot: 6

OWNER: Eugene & Leslie Bennett AGENT: Same

ADDRESS: 522 Jackson Ave
Brick NJ 08723

ACTION:

MUST OBTAIN A CONSTRUCTION PERMIT FOR A SHED
DATE OF NOTICE: 12/6/94 DATE OF INSPECTION: 12/2/94
COMPLIANCE DUE DATE: 12/28/94

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgates thereunder (N.J.A.C. 5:23-2.30 and 2.31)in that:

NO PERMIT FOR A SHED

5:23-2.14--Construction Permits when required

(a) It shall be unlawful to construct, enlarge, alter or demolish a structure, or change the occupancy of a building or structure requiring greater strength, exitway or sanitary provisions, or to change to a different use group, or to install or alter any equipment for which provision is made or the installation of which is regulated by the regulations, without first filing an application with the construction official or the appropriate sub-code official where the construction involves only one trade or subcode, in writing and obtaining the required permit therefor.

$52.

You are hereby ordered to terminate the said violation(s) on or before Wednesday December 28, 1994. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

(x) Failure to comply with this Order will subject you to a penalty of $ 500 per day.

() You are hereby ordered to pay a penalty in the amount of $ for each violation for a total penalty of $. Each that any of the said violations remain outstanding after shall result in an additional penalty of $ per .

If you wish to contest the validity of the above actions, you may request a hearing before the Construction Board of Appeals of the Ocean County Construction Board of Appeals within 20 business days of the receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100.00 to be forwarded with your application to the Board of Appeals office at Building 2 Mott Place, Toms River, NJ 08753.

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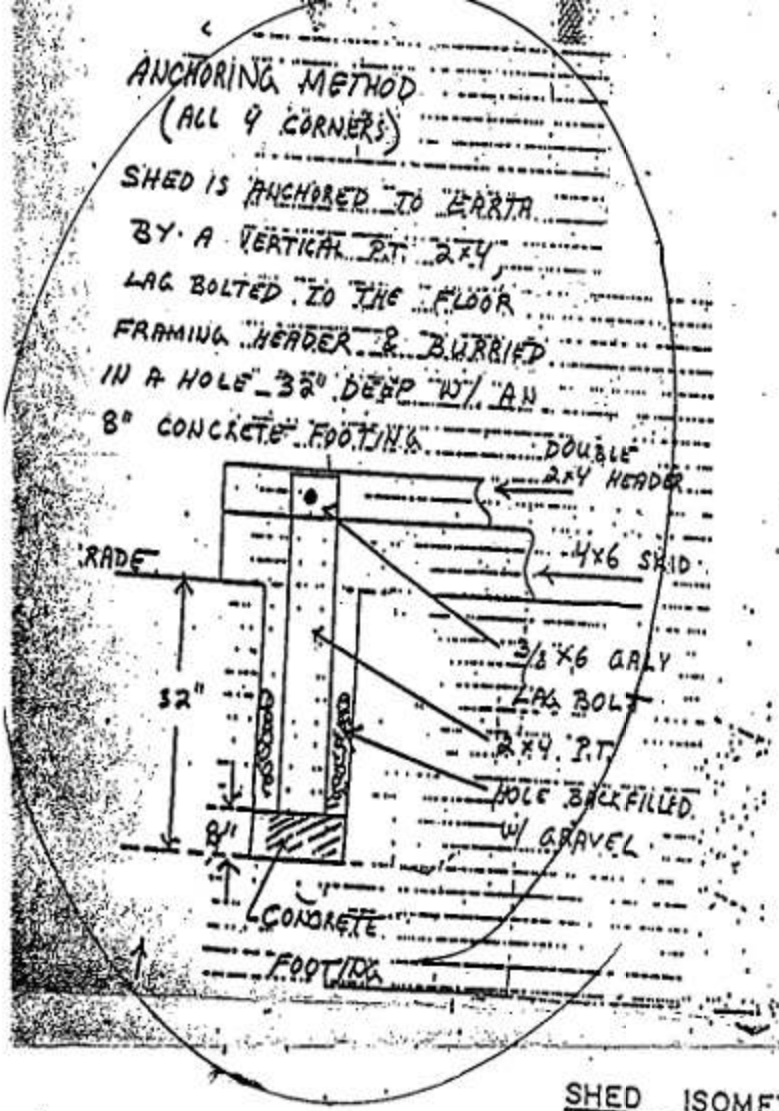
If you have any questions concerning this matter, please call:
908-477 3000 Division of Inspections--A.L. .

Notice of violation and order to terminate.

2058 934 815

ANCHORING METHOD
(ALL 4 CORNERS)

SHED IS ANCHORED TO EARTH BY A VERTICAL P.T. 2x4, LAG BOLTED TO THE FLOOR FRAMING HEADER & BURRIED IN A HOLE 32" DEEP W/ AN 8" CONCRETE FOOTING.



1/10/95

g.B.

SHED ISOMETRIC
No SCALE