BLOCK 1210.26 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 93 Byron Rd. PERMIT NO. 02-4537

CONSTRUCTION PERMIT APPLICATION

C12.21

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

I. IDENTIFICATION

1. Propsed Work Site at: 93 Byron Rd
2. Name of Owner in Fee: CHARLES LOCURCARLETTA Te[redacted]
   Address 89 Byron Rd BRICK NJ 08724
   street municipality zip code
3. Ownership in Fee: Public _____ Private Y
4. Principal Contractor: Miller Deck Design, Inc Tel. (732) 473-9612
   Address 5A Laurel Ave Toms River NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3736765 FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Rick Miller
   Tel. (732) 473-9612 FAX (____) _____

DECK

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	266	$ 60		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal		$		
7. Less 20% for State Plan Review				
Subtotal		$		
DCA Training Fee		2		
Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL		$ 62		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New 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	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration		MP	11/8/02		11-21-02	FP	1-3-03		
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		GL	11/18/02		11/18/02				
TOTAL COSTS	2000.00								

OPTIONAL (for office use only)

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:

called left message 11/21/02 MP

LDS BR 10305580

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.

X Signature Delia Carlotta Date 10-30-02

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

X Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

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

IMPORTANT
A.H.B.T. - EXEMPT

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

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		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.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/25/2002
Control #
Permit # 02-4537

UCC NEW JERSEY
CONSTRUCTION PERMITE

IDENTIFICATION Block 1210.26 Lot 8 Qual

Work Site Location 93 BYRON RD
DECK
Owner in Fee CARLETTA, CHARLES &DELIA
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor MILLER DECK DESIGN INC
Address 5A LAUREL AVE
BRICK, NJ 08723-
Telephone (732)473-9612
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3736765

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DECK

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 $ 2,000

DF Neuman Jr 93
Construction Official

11/25/2002
Date

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	15 ZP
Total	~~60~~ 77
Check No.	266
Cash	
Collected By	JB

11/25/02 12:10PM 0000000#6381
XXO6 SERV.006

#0024537	
BUILDING	$60.00
DCA	$2.00
ZPA	$15.00
CHECK	$77.00

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/08/2002
Date Issued 11/25/02
Control # C12-21
Permit # 02-4537

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

Block 1210.26 Lot 8 Qual
Work Site Location 93 BYRON RD
DECK
Owner in Fee CARLETTA, CHARLES &DELIA
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor MILLER DECK DESIGN INC
Address 5A LAUREL AVE
BRICK, NJ 08723-
Tele.(732)473-9612 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3736765

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

DECK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11-21-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 1-3-03
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			12/2/02	JKS
Foundation				
Slab				
Frame			12/2/02	JKS
BarrierFree				
Insulation				
Finishes			Passed per office	
Energy				
Mechanical			Plan	
TCO				
Other				
Final			1/3/03	JKS
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	60
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

8. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,000
3. Total (1+2)$ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 60
DCA State Permit Fee	$ 2

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/08/2002
Date Issued 11/25/02
Control # C12-21
Permit # 02-4537

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

Block 1210.26 Lot 8 Qual
Work Site Location 93 BYRON RD
DECK
Owner in Fee CARLETTA, CHARLES &DELIA
Address SAME
BRICK, NJ 08724-
Tel [redacted]
Contractor MILLER DECK DESIGN INC
Address 5A LAUREL AVE
BRICK, NJ 08723-
Tele.(732)473-9612 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3736765

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

DECK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11-21-02	EP
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	60
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,000
3. Total (1+2)$ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 60
DCA State Permit Fee	$ 2

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

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: November 14, 2002 No. 2.1821

Block: 1210.26 Lot: 8 Zone: R-R-3/PRRC

Property Address: 93 Byron Road

Applicant: Delia Carletta

Property Owner: Delia Carletta

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: 13' x 10', 18" high attached deck.

Conditions: The deck must be set back at least 6 feet from the side property lines and at least 10 feet from the rear property line.

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
NOV 12 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 1210,26 Lot 8 Qualifier

PROPERTY ADDRESS 93 Byron RD BRICK NJ, 08724

PERSONAL NAME OF APPLICANT Delia Carletta

BUSINESS NAME OF APPLICANT -

PROPERTY OWNER Delia Carletta

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe)
☐ Addition
☐ Alteration
☑ Porch or deck (state heights) 18" ± a.g.
☐ Shed (state height)
☐ Fence (state type & height)
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

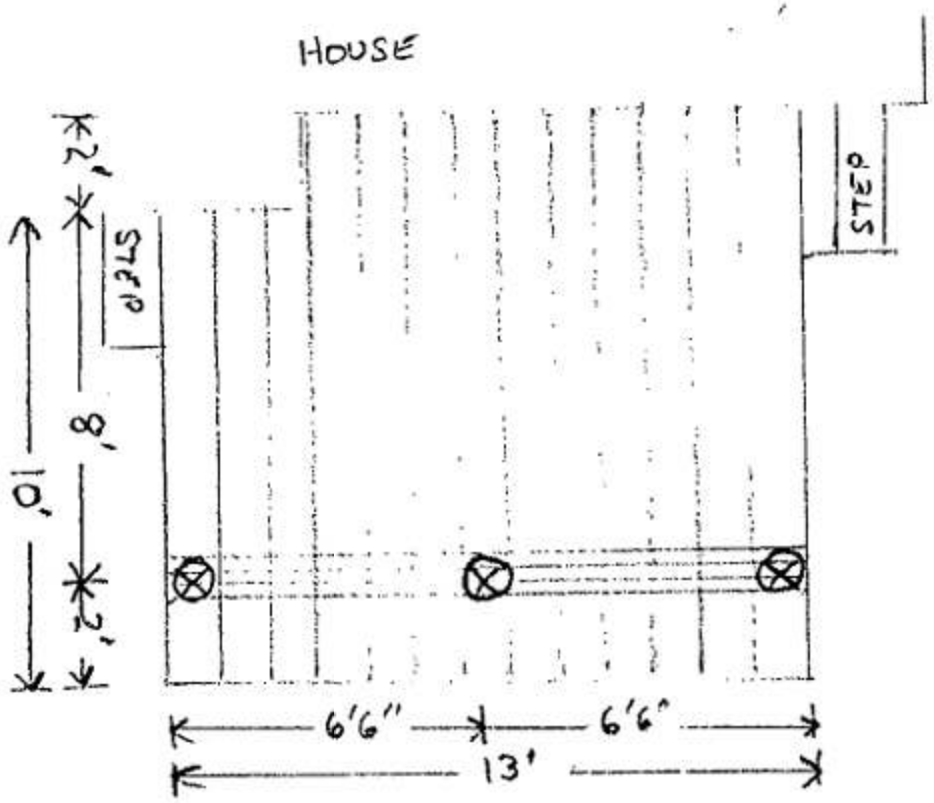
☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board 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 X Delia Carletta Date 10-30-02

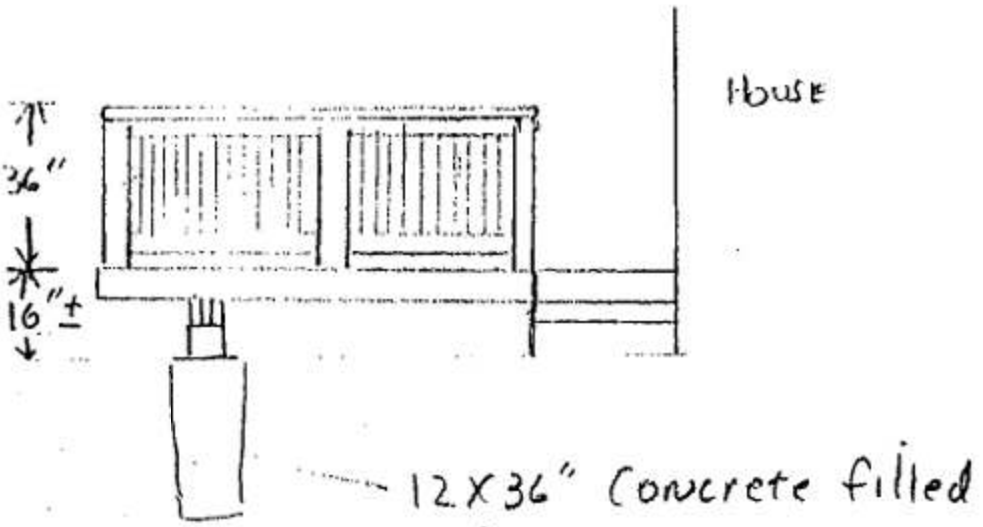
Reviewed by Zoning Office Date 11/14/02 (X) Approved ( ) Denied



RAILING ON STAIRS MUST MEET CODE

⊗ = footing

≡ = 3 Member 2x8 Girder



Delia Carletta

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		11-21-02	
Fire			
Energy			
Electrical			

SPECIFICATIONS

FOOTINGS - 12" WIDE 36" DEEP CONCRETE FILLED

GIRDERS - 2X8 3 MEMBER

JOISTS - 2X8 12" O.C

SUPPORT - 6X6 POST FOOTING TO GIRDER WITH WET ANCHOR PLATE AND POST TO GIRDER CONNECTORS

DECKING - FIBERON COMPOSITE 5/4 X 6"

RAILING - 36" FROM DECKTOP TO RAIL TOP

BAULISTERS - 2"X 2" 5" O.C. 3½" BETWEEN

STEPS - 8" MAX. RISE 12" TREADS

STEP RAIL - 34" NOSE TO TOP GRASPABLE

LEDGER BOARD - FLASHED AND BOLTED WITH 3/8 X 5" GALVANIZED LAG BOLTS WITH JOIST HANGERS

LUMBER - PRESSURE TREATED

NAILS & BOLTS - GALVANIZED

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		11-21-02	FM
Fire			
Energy			
Electrical			

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Steven N. Cucci — President
Stephen C. Acropolis
Kimberley S. Casten
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin
Frederick J. Underwood, Sr.

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 11-8-02

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

Re: Block: 1210.26 Lot(s): 8

Property Address: ~~93~~ 83 Byron Rd Brick NJ. 08724

I, Delia Carletta (Name) of 93 Byron Rd. (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.

X Delia Carletta
(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.

For Office Use Only:

Approved: 11/18/02 (Date) Signature:

Rejected: _____ Signature: _____

Wedgewood Place Homeowners Association
Covenant Committee

ALTERATIONS APPLICATION

Member: Charles + DeligCarlett Application Date: 10-29-02
Address: 93 Byron Rd. Brick NJ 08724 Block #: 1210-26
Phon [redacted] Lot #: 8
Model: Dayton Optional Family Room: yes (✓) no ( )

APPROVAL REQUESTED FOR (Check One):

Exterior Addition ( ) [CIRCLE ONE: *ROOM - DECK - PATIO*]

Install Awning ( ) Planting Change ( )

Exterior Alteration (✓) Lawn Installation ( )

Contractor's Name, Address and Telephone Number: _____

I. Description of Work: Specify location, materials, dimensions and all relevant information pertaining to this committee's consideration. Application must include A) sketch or diagram of the proposed work and a copy of your original surveyors map OR B) a survey if the ground is to be broken outside the unit's three foot perimeter: (Any excavation, in keeping with NJ Statutes 2C:17-4 and 2C:17-5 requires notification of the Underground Utilities Mark-Out company at 1-800-272-1000 between 3 to 10 days prior to any excavation commencing).

Erect a 10'x 13' deck

II. Project will COMMENCE on or about 11/20/02
and to be COMPLETED on or about 12/20/02.

III. When non-compliance with the requirements of this application or a violation exist, fines may be imposed in accordance with the Association's Governing Documents.

IV. Be it understood that under the terms of the By Laws, Maintenance Standards and Rules, the Covenant Committee is responsible for the approval of all applications. All members, by reason of their Purchase Agreement have agreed to accept the committee's determination. Be it further understood that when required, a township permit must be obtained by the homeowner or homeowner's contractor. Said permit must be prominently displayed.

(CONTINUED ON REVERSE)

V The Association's consent to the alteration or addition requested herein does not in any manner relieve the applicant member from abiding by the Bricktown Zoning Ordinance or Building Code which applies to the above reference BLOCK and LOT NUMBER.

VI The Association assumes no responsibility, written or implied for the member's conformation or non-conformation to said Zoning Ordinance or Building Code. All of the above requirements are the sole responsibility of the Homeowner Applicant.

VII Site clean-up, restoration and repair of any damage to Common Land, streets, sidewalks or any other construction areas are the sole responsibility of the Homeowner Applicant. Upon completion of all work, the Covenant Committee must be notified for FINAL INSPECTION. It is recommended that final contractor payment be withheld until this final inspection is completed.

HOMEOWNER'S SIGNATURE: X Debi Carlotta

PLEASE DO NOT WRITE BELOW THIS LINE. FOR COMMITTEE USE ONLY.

Decision Rendered On: 3 Nov 02

Approved (✓) Disapproved for Reason Listed Below ( )

Approved with Stipulation Shown Below ( ) Returned for Additional Information ( )

COMMENT:

Committee Chairman's Signature

COVENANT COMMITTEE:

W. J. Wynhoff Jr

K Bedwell

APPLICATION RECEIVED:

APPLICATION APPROVED: DISAPPROVED:

WORK COMPLETED:

WORK INSPECTED:

Site Location: 93 Byron Rd
Block: 12/0-26 Lot: 8
Owner's Name: CHARLES & DELIA CARLETTA
Owner's Mailing Address: 93 Byron Rd BRICK NJ, 08724
P [redacted]

Contractor: Miller Deck Design, Inc
Address: 5A Laurel Ave
Toms River NJ 08753
Phone#: 732-473-9612
Lis #
Federal Emp # or SSN 22-3736765

Technical Data

Description of Work:

Build deck

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft

Building Characteristics

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

Cost of Alteration: $ 2000.00

Cost of New Building: $

Total Cost of New Building Work: $ 2000.00

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

Signature: Delia Carletta

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item Quantity

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

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

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