5.14-85

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

RECEIVED
APR 4/85
BUILDING

I. IDENTIFICATION

1. Proposed Work at: 977 Midvale Dr
2. Owner Name: Faelling, Francis Tel. (201 [redacted]
   Address SAME
3. Principal Contractor: Tadco Home Remodeling Tel. (201) 244-4842
   Address 80 Woodlark Rd Toms River
   Lic. No. or Builder Reg. No. 136-96-960 Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work William N Daley Sr Tel. ( ) 244-4842

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: 1/2 Second Story

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 13,500

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 Gas Heat
4.	☑	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar B.T.U. 78,000
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 One
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.

527 - 20

15

LDS BR 10511544

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 _____ DATE _____

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 William N Daley SR TEL.(201) 244-4942

ADDRESS 20 Woodlark Rd

Toms River, NJ 08753

SIGNATURE William N Daley Sr

BLOCK NO. 527.20 LOT NO. 15 SUBDIVISION _____ PERMIT NO. 3780

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	_____

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			5-14-85	JK	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			4/15/85	JPC	
☑	PLUMBING			4/14/85		Rydobic 4985
☐	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		6-14-85	JK
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
X	PLUMBING		8-26-85	
_____	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
_____	_____
Rough	6-17-85 D
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 15.40
PLUMBING	25.00
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$ 40.40
– LESS: 20% of subtotal (when plan review performed by state agency).	(4.04)
D.C.A. TRAINING FEE .0006 x 22.00	= 1.33
CERTIFICATE OF OCCUPANCY	20.00
OTHER Dedic.	7.50
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ [illegible]

DATE 5/14/85 Collected By Palo

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	$.

TOWNSHIP OF BRICK

UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block 527.20 Lot 15

Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Facility

Address 977 Midvale Dr Brick

T[redacted]

Work Site Address SAME

Contractor Jadco Home Remodeling

Address 20 Woodlark Rd Toms River

Tel. (201) 244-4842

Lic. No. [redacted]

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.

William M Daly Jr

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Removing Rear Section of Roof to Ridge FRAMING (10'X22') Second story, (1) Bedroom (1) Bath - slider with (4'X8') deck

☐ See Plans

TYPE OF WORK:

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

	Fee Basis	Fee
	.007 Cv St	$ 15.40
	[redacted]	[redacted]
	[redacted]	[redacted]
		7.50
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

TOWNSHIP OF BRICK

UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block 527.20 Lot 15
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Feilling, FRANCIS
Address 977 Midvale Dr
Brick
Tel. [redacted]
Work Site Address SAME

Contractor Jadco Home Remodeling
Address 20 Woodlark Rd
Toms River, N.J
Tel. (201.) 244-4842
Lic.No./Bus. Permit 7604
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.

William T. Daly Jr.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/~~Bidet/Urinal~~	$ 5		Garbage Disposal	$
1	Bathtub	5		Air Conditioner Unit	
1	Lavatory/Sink	5		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	10
	Domestic Boiler/ Furnace		1	Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other Rough	
	Sewer Util. Connection			Other Plumbing	
	Hose Bibb			Other only	
	Water Cooler			Other	
	COLUMN 1	$ 15		COLUMN 2	$ 10

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage – Material _____ Size _____
Building Sewer – Material _____ Size _____

D. COMMENTS

UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block 527-20 Lot 15
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner FAELLINI
Address 977 Midvale Ave

Tel. [redacted]

Work Site Address 977 Midvale Avenue
Brickton, New Jersey, 08723

Contractor Bayer and Son Inc.
Address P.O. Box 194
Forked River, N.J. 08731

Tel. 609 693-4262

Lic.No./Bus. Permit# 6528
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.

Ronald L. Bayer-Plumbing

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Urinal	$ 25		Garbage Disposal	$
1	Bathtub	5		Air Conditioner Unit	
1	Lavatory/Sink	5		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material SCH 40 PVC Size 3" 2" 1 1/2"

Building Sewer — Material Size

D. COMMENTS

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 5-14-85
Approved By: A.I.C.

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
8-26-85

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				6-17-85 DM
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				

UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block 527-20 Lot 15
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Faelling
Address 977 Midvale Ave

Tel. [redacted]

Work Site Address 977 Midvale Avenue
Bricktown, New Jersey, 08723

Contractor Bayer and Son Inc.
Address P.O. Box 194
Forked River, N.J. 08731

Tel. (609) 693-4262

Lic.No./Bus. Permit # 6528
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.

Ronald M. Bayer-Principal:
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Urinal	$ 5		Garbage Disposal	$
1	Bathtub	5		Air Conditioner Unit	
1	Lavatory/Sink	5		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material SCH 40 PVC Size 3" 2" 1 1/2"

Building Sewer — Material _____ Size

D. COMMENTS

NEW JERSEY UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block 527.20 Lot 15
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Faelling
Address 977 Midvale Dr
Brick Town
Tel. [redacted]
Work Site Address SAME

Contractor Tadco Home Remodly
Address 20 Woodlark Rd
Toms River, NJ
Tel. (201) 244-4842
Lic. No. 136-46-9160
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.

William H Daly Jr
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: $ _____ $ 50.00

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

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

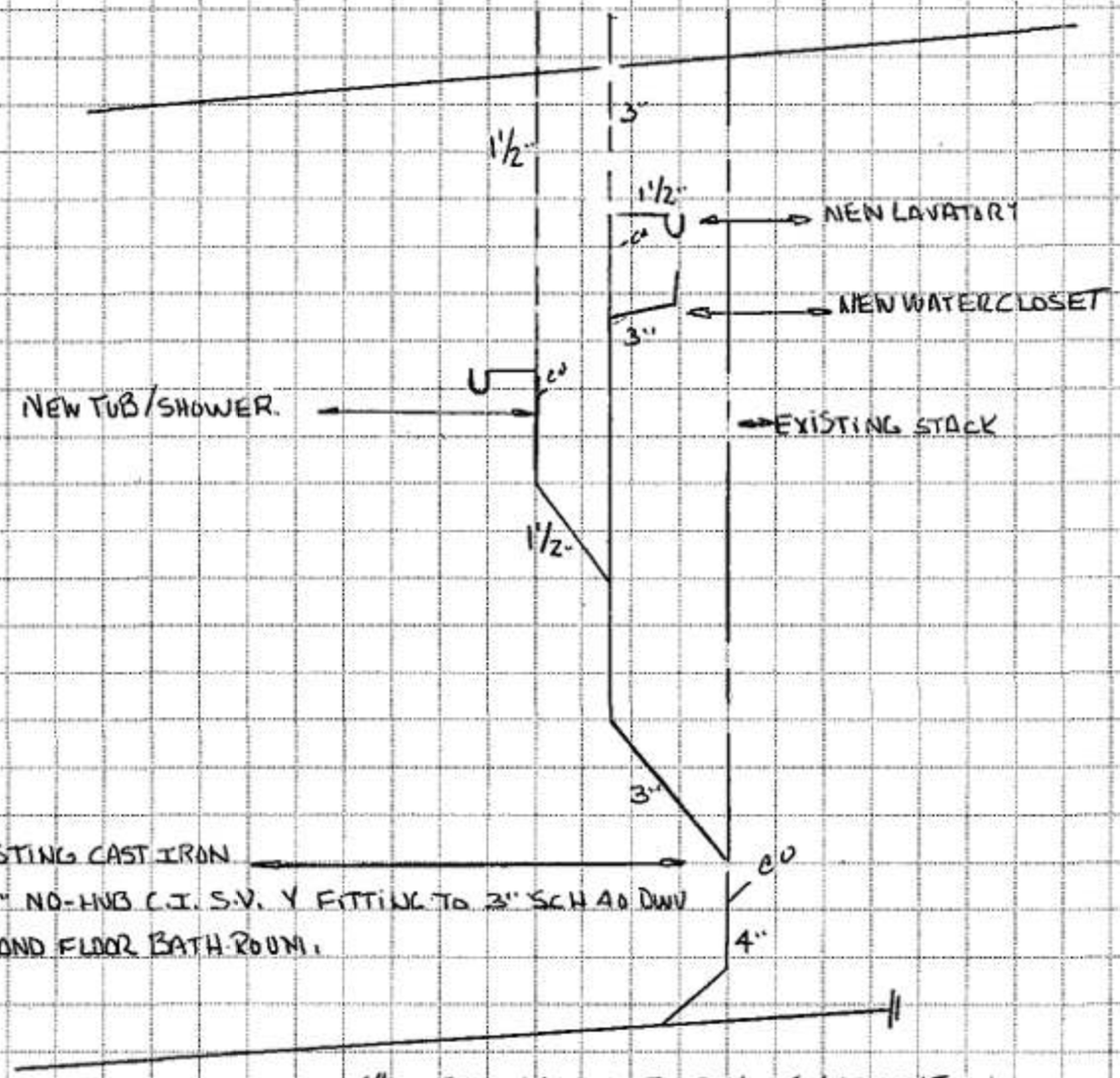
Date: _____

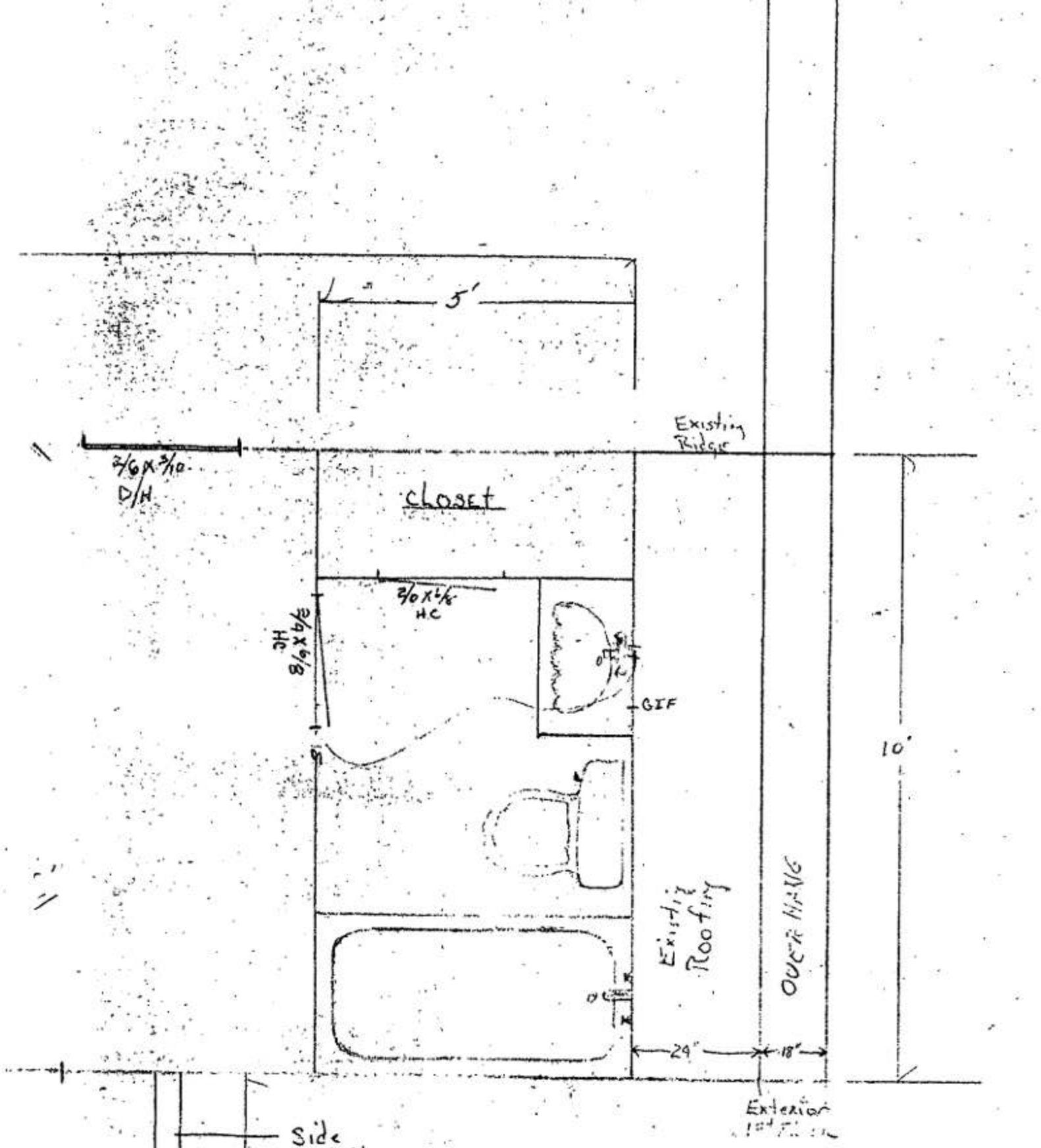
INSPECTIONS

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

from
BAYER AND SON INC.
P. O. Box 194
FORKED RIVER, NEW JERSEY 08731-0194

JOB 977 Midvale Avenue, Bricktown, N.J.
SHEET NO. Block: 527-20 OF Lot: 15
CALCULATED BY _____ DATE 05/13/85
CHECKED BY _____ DATE _____
SCALE none



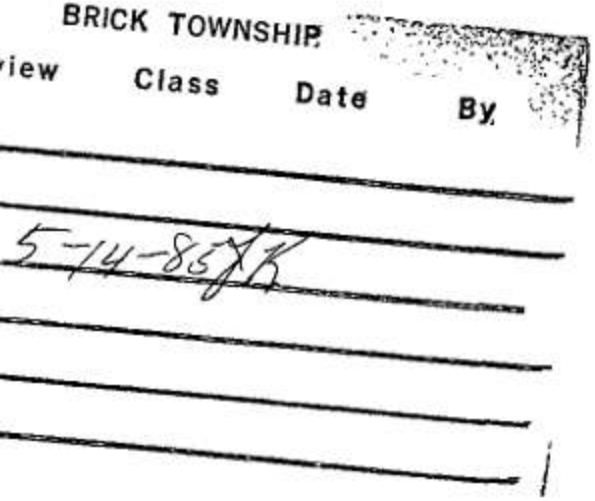


Floor Plan

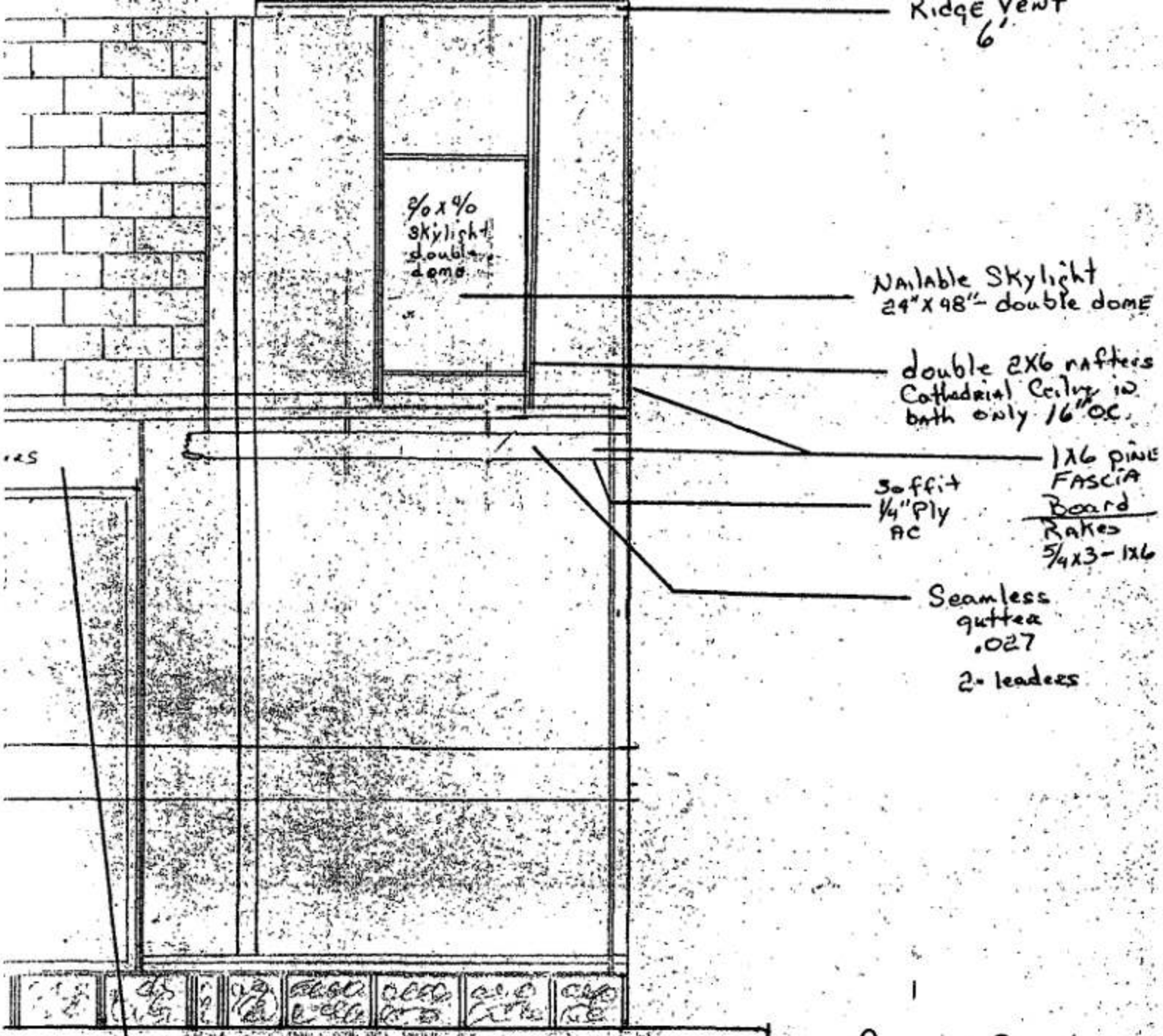
Block: 527.20 - Lot - 15

977 Midvale Ave, Brick

March 21, 1985



3780



Cross Section

Block-527.20 Lot-1

977 Midvale Ave, Bri

MARCH 21, 1985

NOTE:

1) STEEL SPYRAL STAIR CASE - RO. 4'0 x 8'0
Supporting floor area

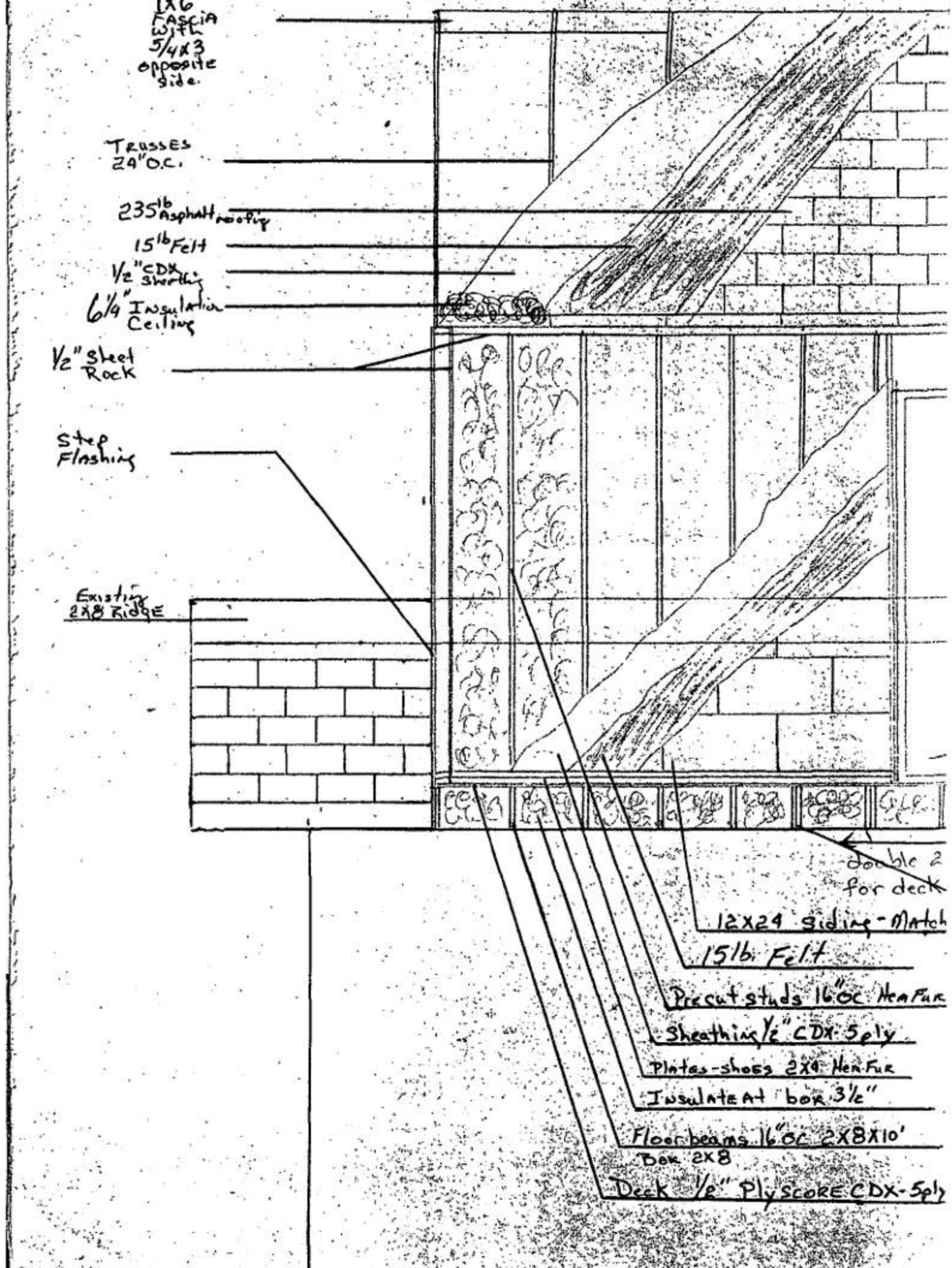
2) Existing Siding Asbestos - New siding to equal to match

3) Removing Rear Rafters leaving Existing Ridge
Supporting by New Framed WALL.

BRICK TOWNSHIP

eview	Class	Date	By
ng			
g		5-14-86	JK
al			

3780

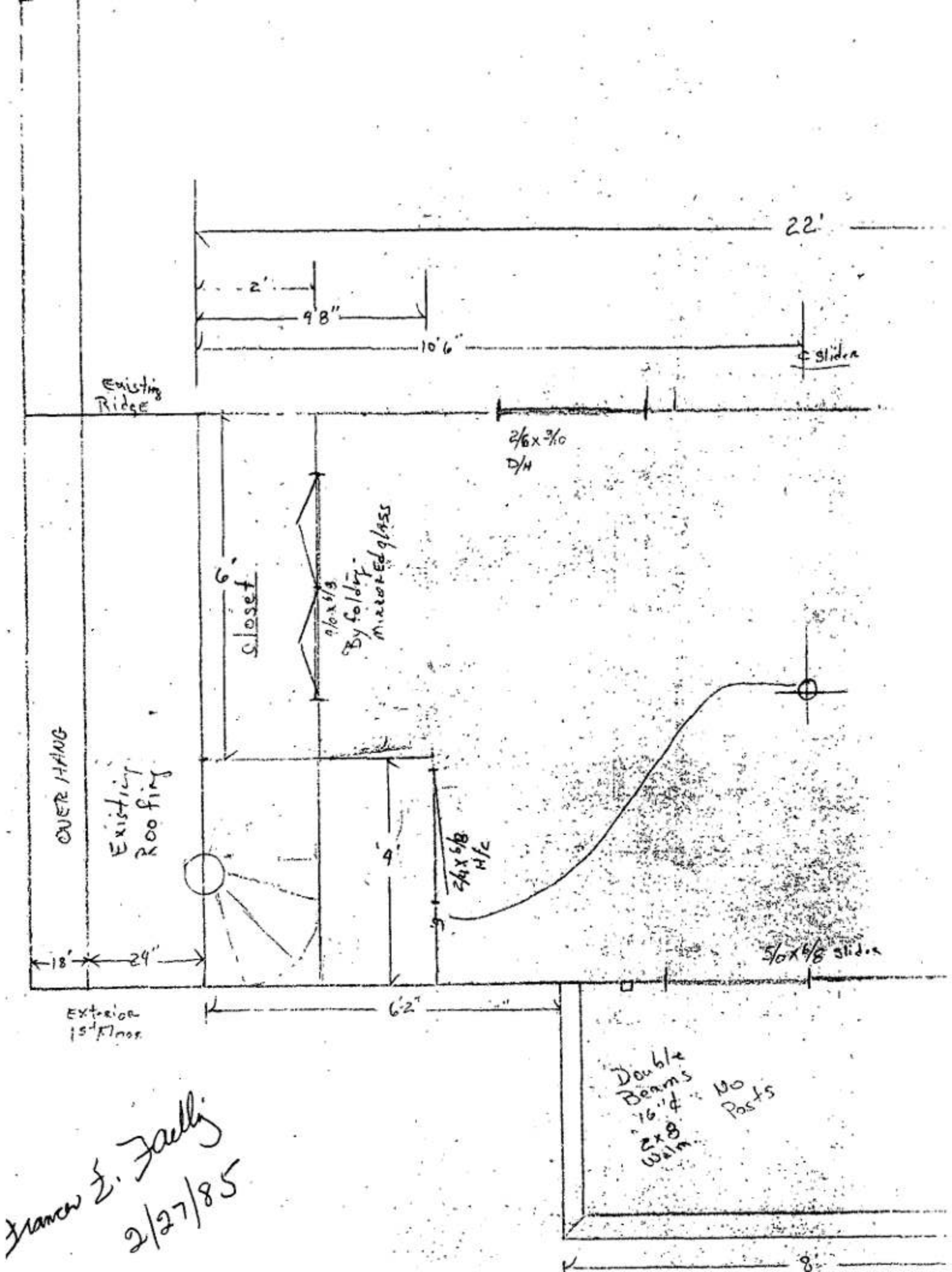

1X6 FASCIA with 5/4x3 opposite side.
TRUSSES 24" O.C.
235lb Asphalt roofing
15lb Felt
1/2" CDX sheathing
6 1/4" Insulation Ceiling
1/2" Sheet Rock
Step Flashing
Existing 2X8 RIDGE
double 2 for deck
12X24 Siding - Match
15lb Felt
Precut studs 16"oc Hem Fur
Sheathing 1/2" CDX 5ply
Plates - shoes 2X4 Hem Fur
Insulate At box 3 1/2"
Floor beams 16"oc 2X8X10'
Box 2X8
Deck 1/2" Plyscore CDX-5ply

BRICK TOWNSHIP

view Class Date By

5-14-85 JK

3780

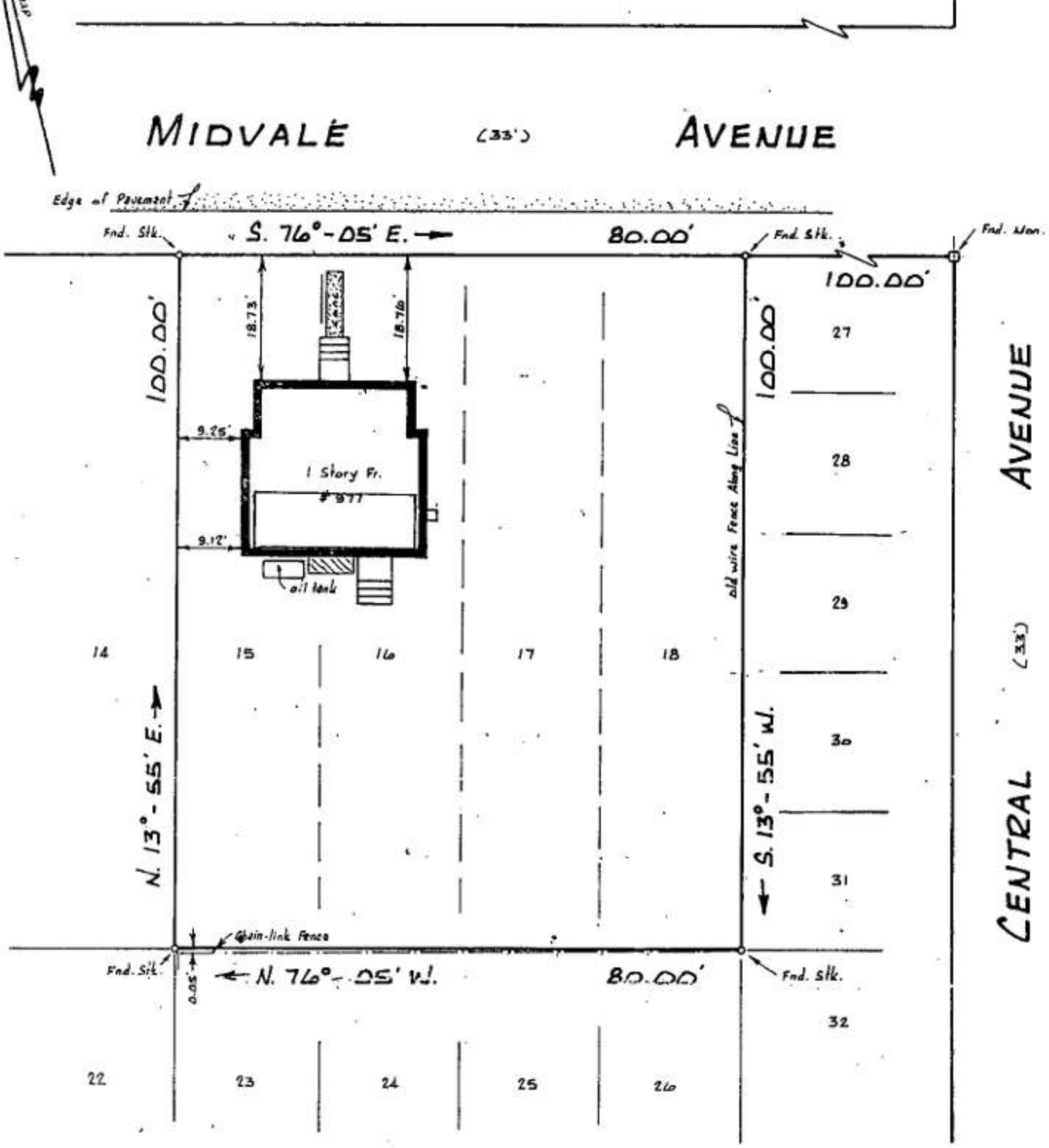


Frances E. Faulk
2/27/85

BRICK TOWNSHIP

Review	Class	Date	By
g			
ing			
ng		5-14-85	JR

3780



NOTE: ALL COPIES VOID WITHOUT EMBOSSED SEAL ON SIGNATURE.

DESCRIPTION:

BEING LOTS 15, 16, 17, 18; IN BLOCK 527.20, ON THE TAX MAP OF BRICK TOWNSHIP, OCEAN COUNTY, N.J. ALSO KNOWN AS LOTS 15, 16, 17, 18, IN BLOCK 20, ON MAP OF "CEDARWOOD PARK, SUBDIVISION 'C', ANNEX", FILED APRIL 7, 1942, AS MAP B-315.

CERTIFIED TO:

FRANCES M. FAELLING

Est. 1945

GEORGE W. HENN, INC.

CIVIL ENGINEERS AND LAND SURVEYORS
PROFESSIONAL PLANNERS
73 MANTOLOKING ROAD
BRICK TOWN, N. J. 08723
477-6500

I CERTIFY THE ABOVE SURVEY AND FIND CONDITIONS AS SHOWN. THIS CERTIFICATION IS MADE ONLY TO HEREON NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF ABOVE PREMISES BY HEREON NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY

BRICK TOWNSHIP

eview Class Date By

RP 4/8/50 JPK

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