C26-58

BLOCK 1158.15 LOT 5,6,7,8 QUALIFICATION CODE ~~X~~ ADDRESS (SITE) 2 BEDFORD AVE PERMIT NO. 00-0259

RECEIVED
DEC 2 4 2000
DIV OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 2 BEDFORD AVE BRICK
2. Name of Owner in Fee: FRANK A. TALLARIDA Tel. [redacted]
   Address 2 BEDFORD AV. (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ALL STATE FENCE Tel. (732) 431-4944
   Address 1389 RT 9 NORTH HOWELL NJ
   License No. OR, if new home, Builder Reg. No. 22-220546-9 Exp. Date _____
   Federal Employee No. 22-220546-9 FAX: (732) 431-9352
5. Architect or Engineer _____ Tel. (732) 431-4944
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 64		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1		
10.	Subtotal			
11.	Cert. of Occupancy	15		
12.	Other	86		
13.	TOTAL	$		

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	

fence 6'

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		CAS	1/4/2000		2/1/2000	JKL			
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		FWL	1/31/00		1/31/00	JL			
	TOTAL COSTS									

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:

LDS BR 10504775

U.C.C. F100-1 (rev. 3/96)

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 Frank A Fallarito Date 1-25-2000

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.

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT
LIMIT

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0011
0259**# 0.00
BLOCK 115815 # 0.00
LOT 5 # 64.00
BUILDING 7.00
D.C.A. 15.00
ZONEPLOT 86.00
TOTAL 86.00
CHECK 0.00
CHANGE 13:40
02/02/00 NO. 5 00236005

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 02/02/2000
Control #
Permit # 00-0259

IDENTIFICATION Block 1158.15 Lot 5 Qual

Work Site Location 2 BEDFORD AVE
FENCE REPLACEMENT
Owner in Fee IALLARIDA, FRANK A
Address SAME
BRICK NJ 08724-
Telephone [redacted]

Contractor ALL STATE FENCE TECH
Address 1389 RT 9 NORTH
HOWELL, NJ 07731-
Telephone (732)341-4944
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2205469

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:
FENCE REPLACEMENT W/ 6' PVC STOCKADE FENCE

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 $ 8,500

J. Curvazza 1BC
Construction Official

02/02/2000
Date

PAYMENTS (Office Use Only)

Building	64
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	7
Cert. of Occupancy	0
Other EPA	15
Total	86 71
Check No.	6313
Cash	
Collected By	SC

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 01/26/2000
Date Issued 2 12100
Control # C26-58
Permit # 00-0259

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

Block 1158.15 Lot 5 Qual

Work Site Location 2 BEDFORD AVE

FENCE REPLACEMENT

Owner in Fee TALLARIDA, FRANK A

Address SAME

BRICK, NJ 08724-

Tele [redacted]

Contractor ALL STATE FENCE TECH

Address 1389 RT 9 NORTH

HOWELL, NJ 07731-

Tele.(732)341-4944 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2205469

* SAME LOCATION AS OLD AS NOTED ON PLAN

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

FENCE REPLACEMENT W/ 6' PVC STOCKADE FENCE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	2/1/2000	JK
[X] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-5-02
Approved By: FM

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	0
[ ] 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
[X] Other FENCE	84 64
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 $ 8,500
3. Total (1+2)$ 8,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 84 64
DCA Training Fee	$ 7

Paid [ ] Check # Collected by:

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 01/26/2000
Date Issued 2 12 00
Control # C26-58
Permit # 00-0259

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

Block 1158.15 Lot 5 Qual
Work Site Location 2 BEDFORD AVE
FENCE REPLACEMENT
Owner in Fee TALLARIDA, FRANK A
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor ALL STATE FENCE TECH
Address 1389 RT 9 NORTH
HOWELL, NJ 07731-
Tele.(732)341-4944 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2205469

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

FENCE REPLACEMENT W/ 6' PVC STOCKADE FENCE

* SAME LOCATION AS OLD AS NOTED ON PLAN

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req. 2/1/2000 RK
[X] All — —
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type	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		0
[ ] 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
[X] Other FENCE		84
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 $ 8,500
3. Total (1+2) $ 8,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	84
DCA Training Fee	$	7

Paid [ ] Check #
Collected by:

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 01/26/2000
Date Issued 2 12 00
Control # C26-58
Permit # CC-0259

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

Block 1158.15 Lot 5 Qual
Work Site Location 2 BEDFORD AVE
FENCE REPLACEMENT
Owner in Fee TALLARIDA, FRANK A
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor ALL STATE FENCE TECH
Address 1389 RT 9 NORTH
HOWELL, NJ 07731-
Tele.(732)341-4944 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2205469

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

FENCE REPLACEMENT W/ 6' PVC STOCKADE FENCE

* SAME LOCATION AS OLD AS NOTED ON PLAN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	1/26/00	
[X] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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 $ 8,500
3. Total (1+2)$ 8,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
[X] Other FENCE	24
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 24
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: January 31, 2000 **No. 2000-0077**

Block: 1158.15 **Lot:** 5 **Zone:** R-7.5

Property Address: 2 Bedford Avenue

Owner: Frank A. Tallarida

Applicant: Same **Phone:** [redacted]

Existing Use: Single family residential

Proposed Use: Same

Proposed Construction: replace stockade fence, 6' high

Conditions: The new fence is to be the same size and in the same location as the existing fence.

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
JAN 26 2000
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 1158.15 LOT 5, 6, 7, 8

PROPERTY ADDRESS (number and street) 2 BEDFORD AVE.

NAME OF PROPERTY OWNER FRANK A. TALLARIDA

PERSONAL NAME OF APPLICANT FRANK A. TALLARIDA

BUSINESS NAME OF APPLICANT

MAILING ADDRESS OF APPLICANT 2 BEDFORD AVE. BRICK NJ 08724

TELEPHONE NUMBER OF APPLICANT [redacted]

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-family Dwelling

___Commercial(please describe)

PROPOSED CONSTRUCTION REPLACE EXISTING 14 YR. OLD WOODEN FENCE

___All dimensions: _____Width [redacted] Length [redacted] Height

Deck or Garage: _____Attached _____Detached _____Height

Fence: Style STOCKADE SEMI-LATTICE TOP Material PVC Height 6'

CHECKLIST:

✓All information completed above

✓Two (2) copies of the property survey map 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 site 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.

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 Frank A Tallarida Date 1-25-00

Reviewed by Zoning Officer Date 1-31 ✓Approved ()Rejected

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engine
(908) 262-1038
Fax (908) 262-8954
http://gbshost.com/brick

Date: JAN. 25, 2000

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 1158.15 Lot: 5, 6, 7, 8

Property Address: 2 BEDFORD AVE BRICK

I, Frank Sallanda (name) of 2 BEDFORD AVE (address).

Request to be exempted from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in Chapter 190.31 of the Codified Ordinances of the Township of Brick.

Frank A Sallanda
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.

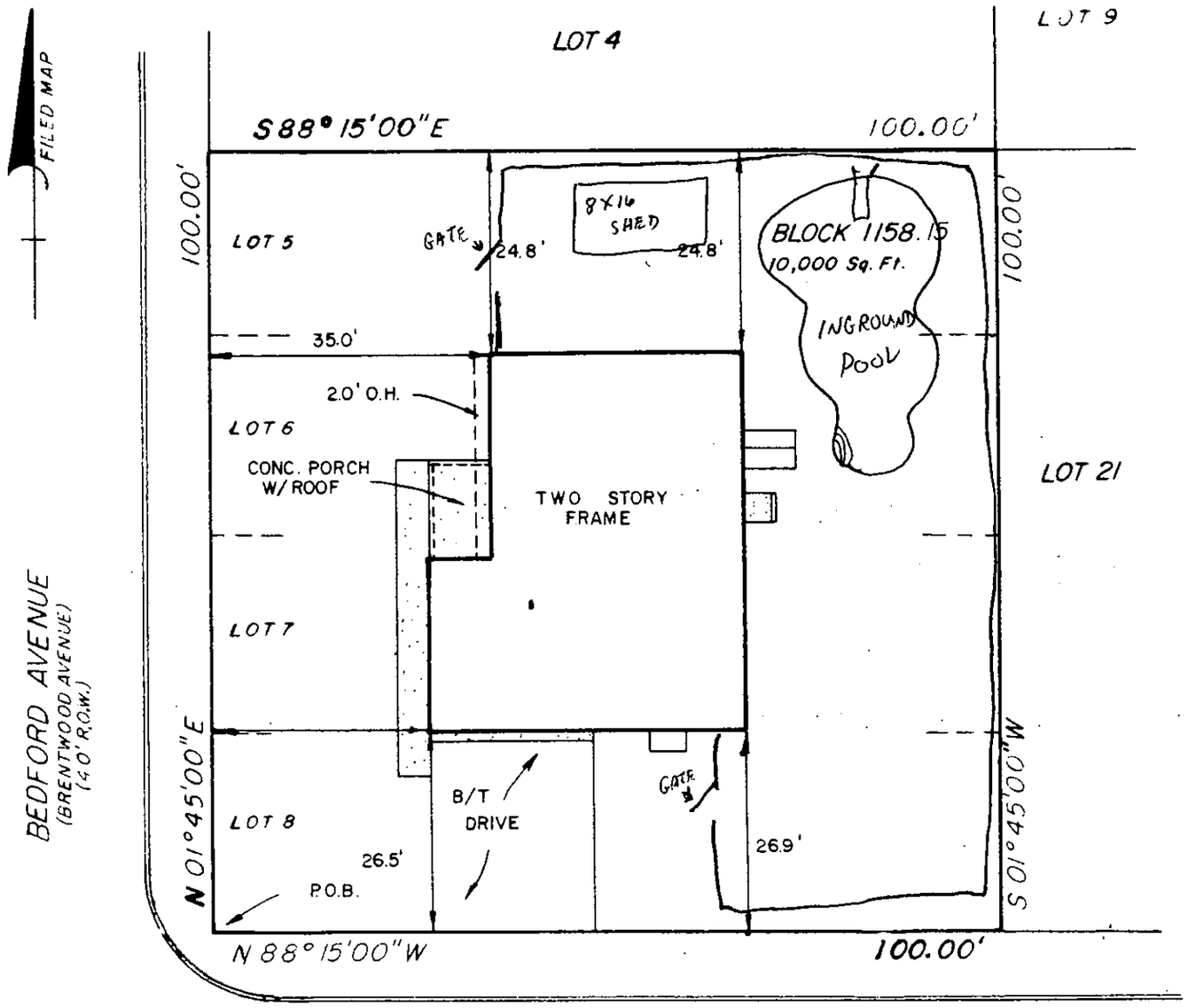
Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 1/31/00 Signed: [signature]

Rejected: _____ Signed: _____

Comments: _____



CERTIFIED TO:

FRANK A. TALLARIDA AND AMELIA S. TALLARIDA, H/W
THE DIME REAL ESTATE SERVICES-NEW JERSEY, INC.
TRIDENT ABSTRACT COMPANY
SHARKEY AND SACKS, ESQ.

SURVEY NOTE

1. ALSO BEING KNOWN AS LOTS 5,6,7 AND 8 IN BLOCK 9. AS SHOWN ON THE MAP ENTITLED LAKEWOOD GARDENS SUBDIVISION "C" OCEAN COUNTY, NEW JERSEY, AND FILED AS MAP NO. B-71 ON DEC. 19, 1910.

NOTE:
NO PROPERTY CORNERS REQUESTED

TAX MAP SHEET 60A

SURVEY OF
LOTS 5, 6, 7, 8, BLOCK 1158.15
TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

STAG

CHARLES W. THOMAS P.L.S. # 27495 P.P. # 03188

SCHOOR, DePALMA & GILLEN, INC.
(a member of the Schoor Engineering Group)
CONSULTING & MUNICIPAL ENGINEERS • (201) 840-1700
1466 ROUTE NO. 88 WEST • BRICK, NEW JERSEY 08723

DATE	REVISIONS	ORDER NO
SEPT. 8 1986	FINAL SURVEY	E.J.H.

SCALE	DATE	DRAWN BY	CHK'D BY	FILE NO	FIELD BK.
1" = 20'	AUGUST 5, 1965	E.J.H.	C.W.T.	584014	252

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 2 BEDFORD AVE.
Block: 1158.15 Lot: 5, 6, 7, 8
Owner's Name: FRANK A. TALLARIDA
Owner's Mailing Address: 2 BEDFORD AV. BRICK NJ 08724
Phone [redacted]

BUILDING

Contractor: ALL STATE FENCE
Address: 1389 RT. 9. HOWELL NJ
Phone#: 732-431-4944
Lis #
Federal Emp # or SSN 22-2205546-9

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
✓ Fence - REPLACEMENT
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

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

Estimated Cost of Building Work: $8,500.00

Signature: Frank A Tallarida

Please Print Name FRANK A. TALLARIDA

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
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:

Signature:

Please Print Name

CONTRACTOR'S SEAL