TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 38 Glenn DR
2. Owner Name: Robert J SAXE Tel. ( ) [redacted]
   Address 233 Iuanhoe Path, Manasquan, NJ
3. Principal Contractor: AR-JAY & Sons Tel. ( ) 295-4100
   Address 233 Iuanhoe Path, Manasquan
   Lic. No. or Builder Reg. No. 06535 Federal Emp. No. 22-1972-315
4. Architect or Engineer: Robert J BALLIS Tel. ( )
   Address 321-Manto Loking RD Brick
5. Responsible Person in Charge of Work Robert SAXE Tel. ( ) 295-4100

307-4 49.53

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:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$
2. ☒	Plumbing	
3. ☒	Electrical	
4. ☒	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$51,000

C. DO YOU WANT: 4-4260

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.	[redacted]	☐	Gas
4.	☐	☐	Oil
5.	☒	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
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.

LDS BR 10308402

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 Robert J. Sadler DATE 4/8/86

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

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

☐ **Check if contractor.**

AGENT NAME _____ **TEL.(** **)** _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. ~~3705.14~~ 307.14 LOT NO. 49-53 SUBDIVISION _____ PERMIT NO. 6861

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			4-22-86	ED	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			4-15-86	D.C.	4/15/86 DC
☑	PLUMBING			4-22-86	D.K.	
☐	ELECTRICAL	4-21-86	JBG	4-22-86	D.K.	
☑	FIRE PROTECTION			4-18	CA	
☐	OTHER _____			4-12	TMT	

How
ltr
C/C

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
✓	ALL CONSTRUCTION			
✓	BUILDING		7-8-86 PM	
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
✓	PLUMBING		6-18-86 JS	
✓	ELECTRICAL		6-20- JBG BK	
✓	FIRE PROTECTION		6-25 6/26/86 mtg CA	
	OTHER _____			rejected 6/26/86

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. 6861	7-9-86
☐ Certificate of Continued Occupancy No. _____	
☐ Certificate of Approval No. _____	
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 43.68
PLUMBING	85.–
ELECTRICAL	
FIRE PROTECTION	15.00
OTHER _____	
SUBTOTAL	$ 143.68
– LESS: 20% of subtotal (when plan review performed by state agency).	(14.37)
D.C.A. TRAINING FEE .0006 x 6240	3.74
CERTIFICATE OF OCCUPANCY	21.55
OTHER _____	
OTHER Fees	5.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 183.34
DATE _____ Collected By _____	188.34

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

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERT. NO. 6861
DATE ISSUED 7-9-86
Block 307-14 Lot 49-53
Subdivision

IDENTIFICATION

Owner Robert J. Saxe
Address 233 Ivanhoe Path
Manasquan, NJ
Tel. ( )
Work Site Address 38 Glenn Drive

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

single family dwelling

USE GROUP R-3 FIRE GRADING 1 hour

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE single family dwelling

FINAL COST OF CONSTRUCTION: $ 51,000.

Arthur J. Cuozzo
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

APPLICATION FOR CERTIFICATE

PERMIT NO. 6861
DATE ISSUED
Block 307.14 Lot 49-53
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name Robert J SAXE Jr
Address 233 IVANHOE PATH
Town/State/Zip MANASQUAN NJ 08736

CONSTRUCTION LOCATION:
Address 38 Glenn DR BT
Tel. [redacted]

ACTION

☑ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: R-3 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 52,000.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Jim Davis
OWNER/AGENT

☐ Owner
☒ Agent

J.C.C. Form F-270 (8/83)

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Block 3014 Lot 4753
Subdivision 307-14

A. IDENTIFICATION

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

Owner Robert SAXE
Address 233 IVANHOE PATH MANASQUAN NJ
Tel. ( ) [redacted]
Work Site Address Glenn DR

Contractor AR-JAY & SONS
Address 233 IVANHOE PATH MANASQUAN NJ
Tel. ( ) 295-4100
Lic. No. 06535
Federal Emp. No. 22-1972-315

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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

28'x48' Bi-Level House

☐ See Plans

TYPE OF WORK:

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

Fee Basis	Fee
	$
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

NEW JERSEY UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block [illegible] Lot 44-53
Subdivision 207-14

A. IDENTIFICATION

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

Owner Robert SAXE
Address 233 Tuxhoe Path
MANAQUAN NJ
Tel. ( ) [redacted]
Work Site Address Glenn DR
Lic. No. 06535
Federal Emp. No. 22-1977-315

Contractor AR-JAY & Sons
Address 233 Tuxhoe Path
MANASQUAN NJ
Tel. ( ) 29-4100

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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

28' x 48' Bi-Level House

☐ See Plans

TYPE OF WORK:
- ☑ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
[redacted]		[redacted]
[redacted]		[redacted]
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ X

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

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	4-17-86	CO
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ SCO ☐ CA

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				Inspected Rm
☐ Slab				5-12-86 Rm
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Block 39.19 Lot 47-53
Subdivision 307-14

A. IDENTIFICATION

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

Owner Robert SAXE
Address 233 Ivanhoe Path
Manasquan NJ
Tel. ( ) [redacted]
Work Site Address Glenn DR

Contractor AR-Jay & Sons
Address 233 Ivanhoe Path
Manasquan NJ
Tel. ( ) 295-4100
Lic. No. 06535
Federal Emp. No. 22-1972-315

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.

Jim Saxe
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 $ 15

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ 15
Minimum Fire Protection Fee (If Applicable) $ 0
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems — Location: _____

D. COMMENTS

NEW JERSEY UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block 32014 Lot 44-53
Subdivision 307-14

A. IDENTIFICATION

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

Owner Robert SAXE
Address 233 IVANHOE Path
MANASQUAN NJ
Tel. ( ) [redacted]
Work Site Address Glenn DR

Contractor AR-Jay & Sons
Address 233 IVANHOE PATH
MANASQUAN NJ
Tel. ( ) 295-4100
Lic. No. 06535
Federal Emp. No. 22-1972-315

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.

Jim Sauer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
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: $

FEE $

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
Supervision Type: ☒ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ 50.00

FEE $ 15

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

$
$
$

Subtotal $ 15
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present: Proposed
Heating Systems – Location:

D. COMMENTS

DATE	JOB CONDITION/COMMENTS
Review:	Smoke Detectors

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved

Date: 4-12-22

Approved By: [signature]

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

INSPECTIONS

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block 376.14 Lot 44-53
Subdivision 307-14

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Robert SAXE
Address 233 IVANHOE Path
MANASQUAN NJ
Tel. ( ) [redacted]
Work Site Address Glenn DR

Contractor Steel P:H
Address 566 Carroll Fox RD.
BRICK
Tel. ( ) 899-8877
Lic.No./Bus. Permit 6952
Federal Emp. No. [redacted]

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.

Charles D. Steel
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10		Garbage Disposal	$
1	Bathtub	5		Air Conditioner Unit	
2	Lavatory/Sink	10		Indirect Connection	
1	Shower/Floor Drain	5		Sewer Ejector	
1	Washing Machine	5		Grease Trap	
1	Dishwasher	5		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15		Vent Stack	10
	Steam Boiler			Solar System	
1	Water Util. Connection			Other Gas	15
1	Sewer Util. Connection			Other	
1	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 60		COLUMN 2	$ 25

Fee	60
COLUMN 1	$
COLUMN 2	$ 25
SUBTOTAL	$ 85
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

House is A modular Home
Second floor finish-By owner

UNIFORM CONSTRUCTION CODE — NEW JERSEY

SUBCODE TECHNICAL SECTION

0

Block ~~3404~~ Lot 49-33
Subdivision 307-14

A. IDENTIFICATION

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

Owner Robert SAXE
Address 233 IVANHOE Path
MANASQUAN NJ
Tel. ([redacted]
Work Site Address 38 Glenn DR

Contractor Steel P.A
Address 566 Carroll Fox RD
Erich
Tel. ( ) 899-8877
Lic.No./Bus. Permit 6952
Federal Emp. No. [redacted]

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.

Walter P. Steel
AGENT'S SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10		Garbage Disposal	$
1	Bathtub	5		Air Conditioner Unit	
2	Lavatory/Sink	10		Indirect Connection	
1	Shower/Floor Drain	5		Sewer Ejector	
1	Washing Machine	5		Grease Trap	
1	Dishwasher	5		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15		Vent Stack	10
	Steam Boiler			Solar System	
1	Water Util. Connection			Other Gas	15
1	Sewer Util. Connection			Other	
1	Hose Bibb			Other	
	Water Cooler	1		Other	
	COLUMN 1	$ 60		COLUMN 2	$ 25

Fee	60
COLUMN 1	$
COLUMN 2	$ 25
SUBTOTAL	$ 85
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$

12-C-4

C. PLUMBING CHARACTERISTICS.

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

D. COMMENTS

House is A moulAR Home

DATE	JOB CONDITION/COMMENTS
6/10/86	ROUGH PIPING IN FIRST LEVEL NOT VISIBLE $20 - REINSPECTION FEE
6-11-86	Sewer Connection PVC ok Dry line
6-16-86	No Smoke Test

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 4-17-86
Approved By:

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 6/18/86

INSPECTIONS

Type	Failure Dates	Approval Date
☒ Slab		5-12-86 DK
☒ Rough	6-10-86	6-11-86
☐ Water		
☒ Sewer		
☐ Energy		6-17-86
☐ Mechanical		

CUT-IN-CARD

MUNICIPALITY R.T.

LOCATION 38 Glenn Dr. UTILITY CO P.P.

BLK 37A.14 LOT 4/9/53

OWNER Robert Sack OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ______ days

SERVICE 200 A. RANGE ______ WATER HEATER ______

AIR COND ______ ELECT HEAT ______ MISC ______

COMMENTS 15 Recp. 3 Fixtures 55 Switches

Addition Home.

DATE 6.20.86 PERMIT # 6815 INSPECTOR R. Kneeley

Elec. 104 Insp. Lic # 24

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK TOWN, N.J. 08723

Engineering Department

ROBERT H. CHANKALIAN, P.E.
Municipal Engineer

(201) 477-3000

PLOT PLAN REVIEW CHECK LIST

BLOCK: 370-14 LOT: 49-53 4-8-86

ADDRESS: Glenn Dr

A. PLAN REVIEW

	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
1. Survey of Lot					
2. Width & Type of Road Pavement					
3. Existing Elevations: Property: Corners & Lines; Street Centerline & Gutterline; Contours (if required)					
4. Existing Topography on Adjacent Properties					
5. Proposed Grading: Garage & 1st floor elevations; Lot Grading; Method of Draining					
6. Certification Signed & Sealed					

B. FIELD CHECK (INSPECTOR) – MPT 4-15-86 Accepted
Signature Dated
Comments

RECEIVED
APR 15 1986
MUNICIPAL ENGINEER

Rejected
Signature Dated
Comments

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

_____ Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

MPT 4-15-86 Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

E. C. O. APPROVALS

1. Field Inspection (Inspector)

_____ Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

2. Temporary C. O. (Municipal Engineer)

_____ Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

3. Final C. O. (Municipal Engineer)

_____ Accepted
Signature Dated

Comments: _____

_____

_____ Rejected
Signature Dated

Comments: _____

_____

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date _____

Property Address _____ Block _____ Lot _____

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	_____	( ) _____	( ) _____
2. Lavatory	_____	( ) _____	( ) _____
3. Bath Tub	_____	( ) _____	( ) _____
4. Shower Stall	_____	( ) _____	( ) _____
5. Kitchen Sink	_____	( ) _____	( ) _____
6. Service Sink	_____	( ) _____	( ) _____
7. Laundry Tray	_____	( ) _____	( ) _____
8. Dishwasher	_____	( ) _____	( ) _____
9. Washing Machine	_____	( ) _____	( ) _____
10. Urinal	_____	( ) _____	( ) _____
11. Floor Drain	_____	( ) _____	( ) _____
12. Drinking Fountain	_____	( ) _____	( ) _____
13. Air Conditioner (water cooled)	_____	( ) _____	( ) _____
14. Dental Unit	_____	( ) _____	( ) _____
15. Lawn Sprinkler No. of Heads	_____	( ) _____	( ) _____
16. Fire Sprinkler No. of Heads	_____	( ) _____	( ) _____
17. _____	_____	( ) _____	( ) _____
18. _____	_____	( ) _____	( ) _____
Total		_____	_____

Gallons per minute _____

Size of Service _____ _____

Date: _____ Approved: _____
Brick Township Plumbing Inspector

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West
Brick, New Jersey 08724
(201) 458-7000

MAIL

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME AR-JAY TEL. NO. _____

ADDRESS 233 IVANHOE PATH, MANASQUAN, N.J. 08736

PROPERTY IN QUESTION:

BLOCK 307-14 LOT(S) 49-53 ADDRESS GLENN DRIVE

BTMUA ACCOUNT NUMBER F300806

SINGLE FAMILY RESIDENTIAL (IN EXISTING SUB-DIVISIONS ONLY)

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS REQUIRED.	X	X
2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION IS NOT REQUIRED.	____	____
3. UTILITY SERVICE IS PLANNED FOR CONSTRUCTION DURING THE BUDGET YEAR ENDING MARCH 31, 19____. SERVICE MAY BE AVAILABLE SOME TIME THEREABOUT.	____	____

CONNECTION WILL BE PROVIDED AS FOLLOWS:

WATER GLENN DR
(STREET)

SEWER GLENN DR. WATER is to the lot
(STREET)

ALL OTHER DEVELOPMENT

EXISTING BRICK TOWNSHIP MUA LINES ARE AS SHOWN ON ATTACHED TAX MAP DRAWING NO. _____.

APPLICANT/DEVELOPER IS REQUIRED TO SUBMIT A FORMAL DEVELOPER APPLICATION TO THE AUTHORITY AS SET OUT IN BRICK TOWNSHIP ZONING ORDINANCE NO. 354-79 AS AMENDED, AND AS REQUIRED BY BRICK TOWNSHIP MUA RULES AND REGULATIONS (LATEST REVISION).

DATE: 11-5-84
4-8-85 C.G.

SIGNED: Devon Driscoll

NOTE: STATEMENT GOOD FOR 90 DAYS ONLY

25A

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA.

2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.

3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

   APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

   A DEPOSIT OF $130 IS REQUIRED.

   LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 6 AND 8 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).

5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.

   INSPECTIONS WILL NOT BE MADE UNLESS THE PERMIT HAS BEEN OBTAINED.

6. WATER METER

   A METER AND A REMOTE READOUT WILL BE INSTALLED.

   IF YOU ARE BUILDING ON A SLAB BASE, PLEASE MAKE ARRANGEMENTS WITH YOUR BUILDER TO RUN A PAIR OF WIRES (18 GAUGE, 2 CONDUIT SOLID BELL WIRE) FROM THE INSIDE METER LOCATION TO WHERE THE OUTSIDE READOUT IS TO BE LOCATED, OR CALL THE BTMUA TO DO SO. THIS MUST BE DONE PRIOR TO INSTALLATION OF SHEET ROCK FOR INTERIOR WALLS.

   AFTER ALL INSPECTIONS HAVE BEEN COMPLETED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO SCHEDULE THE WATER METER INSTALLATION.

7. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ANY OPEN TAP FEES AND PERMIT FEES MUST BE PAID IN FULL.

8. INITIAL SERVICE CHARGES

   IF THE OWNER DESIRES, THE APPLICABLE INITIAL SERVICE CHARGES MAY BE PAID IN QUARTERLY INSTALLMENTS (PLUS INTEREST) ACCORDING TO AN ESTABLISHED PAYMENT PLAN. SEE OUR CUSTOMER ACCOUNT DIVISION FOR DETAILS.

SIZING FOR WATER AND SEWER SERVICES

Property Owner Robert J SAXE Date 4/8/86

Property Address Glenn DR Block 370.14 Lot 49-53

Zoning _____ Use Group _____

Contractor A.R. Jay & Sons License No. Registration 06535

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	2	( ) 6	( ) 8
2. Lavatory	2	( ) 2	( ) 2
3. Bath Tub	1	( ) 2	( ) 2
4. Shower Stall	1	( ) 2	( ) 2
5. Kitchen Sink	1	( ) 2	( ) 2
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	( ) 1	( ) 1
9. Washing Machine	1	( ) 3	( ) 3
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )
Total		18	20

Gallons per minute 12

Size of Service 3/4"

Date: _____

Approved: _____
Brick Township Plumbing Inspector

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK TOWN, N.J. 08723

Engineering Department

(201) 477-3000

ROBERT H. CHANKALIAN, P.E.
Municipal Engineer

1

PLOT PLAN REVIEW CHECK LIST

BLOCK: 370-14 LOT: 49-53 4-8-86

ADDRESS: Glenn Dr

A. PLAN REVIEW

	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
1. Survey of Lot					
2. Width & Type of Road Pavement					
3. Existing Elevations: Property: Corners & Lines; Street Centerline & Gutterline; Contours (if required)					
4. Existing Topography on Adjacent Properties					
5. Proposed Grading: Garage & 1st floor elevations; Lot Grading; Method of Draining					
6. Certification Signed & Sealed					

B. FIELD CHECK (INSPECTOR) – MPT 4-15-86 Accepted
Signature Dated

Comments

RECEIVED
APR 15 1986
MUNICIPAL ENGINEER

Rejected
Signature Dated
Comments

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

Accepted		Rejected	
Signature	Dated	Signature	Dated
Comments:		Comments:	

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

Accepted		Rejected	
MPT	4-15-86		
Signature	Dated	Signature	Dated
Comments:		Comments:	

E. C. O. APPROVALS

1. Field Inspection (Inspector)

Accepted		Rejected	
		MPT	6-19-86
Signature	Dated	Signature	Dated
Comments:		Comments: Fill left rear & grade to ~~street~~, install drive. MPT 6-24-86 drive, cut right side as per plan	

2. Temporary C. O. (Municipal Engineer)

Accepted		Rejected	
Signature	Dated	Signature	Dated
Comments:		Comments:	

3. Final C. O. (Municipal Engineer)

Accepted		Rejected	
Signature	Dated	Signature	Dated
Comments:		Comments:	

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK TOWN, N.J. 08723

Engineering Department

(201) 477-3000

ROBERT H. CHANKALIAN, P.E.
Municipal Engineer

PLOT PLAN REVIEW CHECK LIST

BLOCK: 370-14 LOT: 49-53 4-8-86

ADDRESS: Glen Dr

A. PLAN REVIEW

	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
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2. Width & Type of Road Pavement					
3. Existing Elevations: Property: Corners & Lines; Street Centerline & Gutterline; Contours (if required)					
4. Existing Topography on Adjacent Properties					
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6. Certification Signed & Sealed					

B. FIELD CHECK (INSPECTOR) – MPT 4-15-86 Accepted
Signature Dated

Comments _____

RECEIVED
APR 15 1986
MUNICIPAL ENGINEER

Rejected
Signature Dated
Comments _____

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

Signature _____ Dated _____ Accepted

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

MPT Signature 4-15-86 Dated Accepted

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

E. C. O. APPROVALS

1. Field Inspection (Inspector)

MPT Signature 6-26-86 Dated Accepted

Comments: _____

MPT Signature 6-12-86 Dated Rejected

Comments: Fill left rear + grade to street, install drive
MPT 6-24-86 drive, cut right side as per plan

2. Temporary C. O. (Municipal Engineer)

Signature _____ Dated _____ Accepted

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

3. Final C. O. (Municipal Engineer)

MPT Signature 6-26-86 Dated Accepted

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK TOWN, N.J. 08723

Engineering Department

ROBERT H. CHANKALIAN, P.E.
Municipal Engineer

(201) 477-3000

PLOT PLAN REVIEW CHECK LIST

BLOCK: 370-14 LOT: 49-53

ADDRESS: Glenn Dr

4-8-86

A. PLAN REVIEW

	SHOWN	ACCEPTABLE	DEFICIENT	NOT APPLICABLE	COMMENTS
1. Survey of Lot					
2. Width & Type of Road Pavement					
3. Existing Elevations: Property: Corners & Lines; Street Centerline & Gutterline; Contours (if required)					
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Signature Dated

Comments

RECEIVED
APR 15 1986
MUNICIPAL ENGINEER

Rejected
Signature Dated
Comments

PLOT PLAN REVIEW CHECK LIST

C. FIELD CHECK (MUNICIPAL ENGINEER-IF NECESSARY)

Signature _____ Dated _____ Accepted

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

D. PLOT PLAN APPROVAL (MUNICIPAL ENGINEER)

MPT 4-15-86 Signature Dated Accepted

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

E. C. O. APPROVALS

1. Field Inspection (Inspector)

Signature _____ Dated _____ Accepted

Comments: _____

MPT 6-19-86 Signature Dated Rejected

Comments: Fill light room + glad to start; install drive

2. Temporary C. O. (Municipal Engineer)

Signature _____ Dated _____ Accepted

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

3. Final C. O. (Municipal Engineer)

Signature _____ Dated _____ Accepted

Comments: _____

Signature _____ Dated _____ Rejected

Comments: _____

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING
BUREAU OF CONSTRUCTION CODE ENFORCEMENT
NEW HOME WARRANTY PROGRAM
CN 800
Trenton, New Jersey 08625

CERTIFICATE OF PARTICIPATION

in New Home Warranty Security Fund

PURCHASER

1

Michael & Rosemarie Lawrence
NAME

323 Chestnut Neck Rd
STREET AND NO.

Port Republic NJ 08241
CITY STATE ZIP

NEW DWELLING UNIT LOCATION

3

38 Glenn Dr
STREET NAME AND NUMBER

SUBDIVISION NAME

307.14 49-53
BLOCK NUMBER LOT NUMBER

Egg Harbor Twp NJ Ocean
MUNICIPALITY COUNTY

BUILDER

2

AR-Jay & Sons
NAME

233 Evanhue Path
STREET AND NO.

Manahawkin NJ 08736
CITY STATE ZIP

PHONE NUMBER: (201) 295-4100

SELLING PRICE* $ 103,725.-

Amount of Premium $ 414.90
(Selling Price x 1% x .4)

N.J. BLDR. REGISTRATION # 065535

Robert J. Scott
Registered Builder's Signature

*Any change in the selling price & premium must be reported to the Bureau along with supplemental payment if applicable.

COMMENCEMENT DATE OF WARRANTY

4

	month	day	year
COMMENCEMENT DATE	7 -	11 -	1986

(The date of closing or first occupancy, whichever occurs first.)

NOTE: Any change in the commencement date must be reported to the Bureau.

MORTGAGEE INFORMATION

5

NAME OF MORTGAGEE

STREET AND NUMBER

CITY STATE ZIP

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, Chapter 46:3B1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years subject to the terms and conditions of the Act.

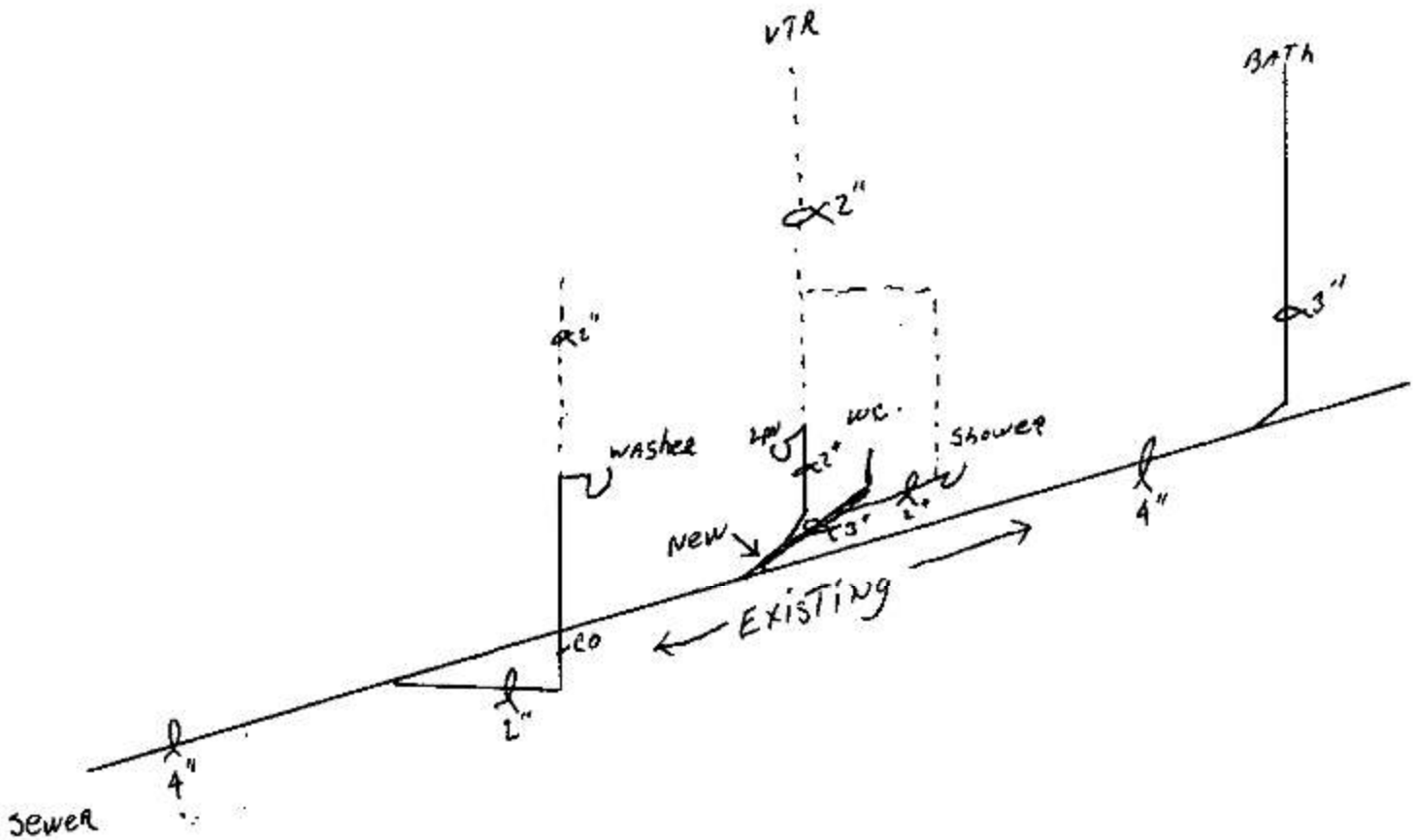
Charles M. Decker

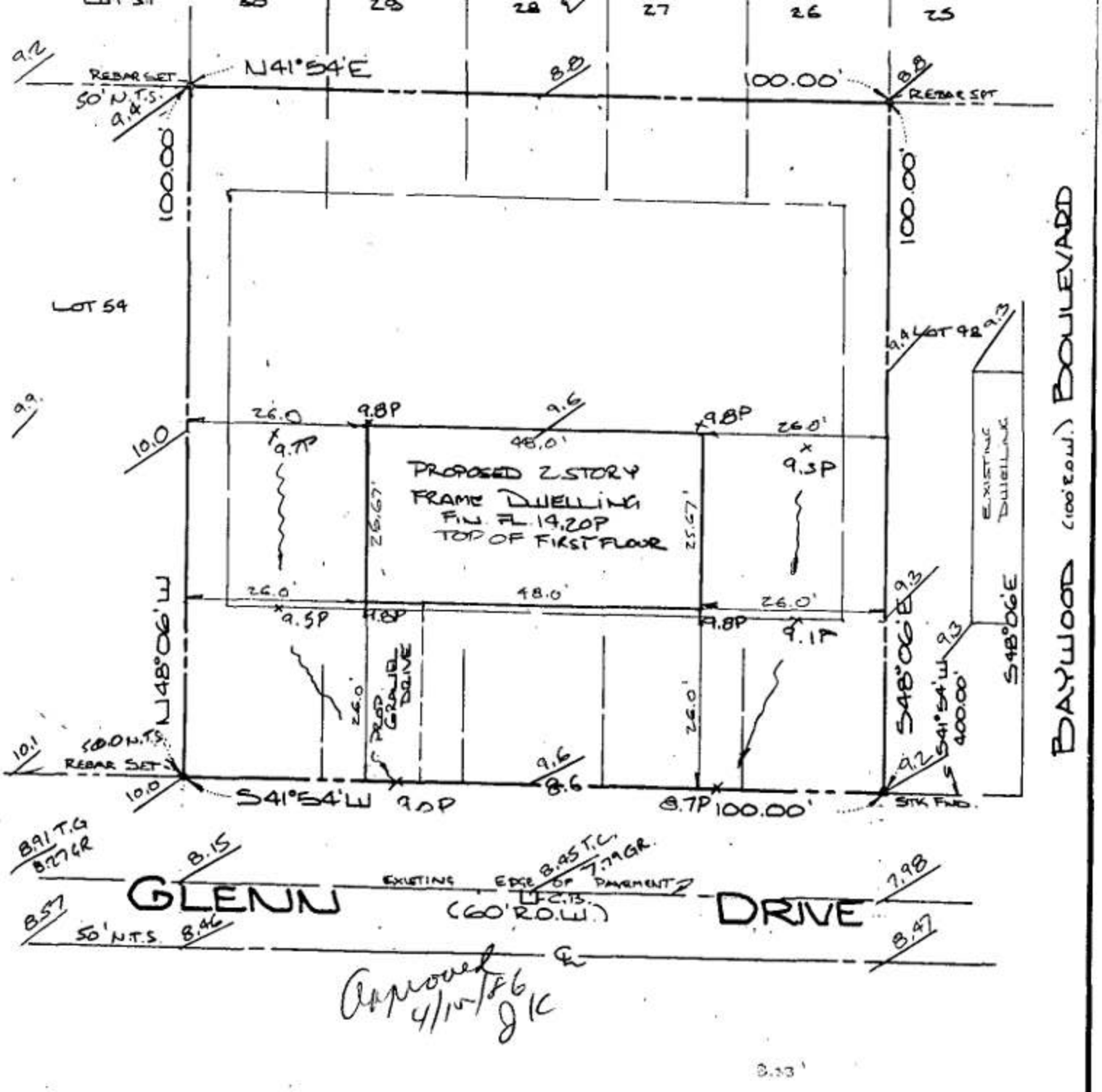
Charles M. Decker, Chief
Bureau of Construction
Code Enforcement

CERTIFICATE NUMBER
48760 JUL -3 86

PLEASE REMOVE ALL CARBON PAPER BEFORE RETURNING

MUNICIPAL COPY


VTR
BATH
2"
2"
3"
WASHER
HW
WC
SHOWER
2"
2"
2"
3"
NEW
4"
EXISTING
CO
2"
4"
SEWER



Only copies from the original of this survey marked with an original of the land surveyor's embossed seal shall be considered to be valid copies.

Signature and embossed seal signify that this survey was prepared in accordance with the existing Code of Practice adopted by the N.J. State Board of Professional Engineers and Land Surveyors. Certifications indicated hereon shall run only to the person for whom the survey is prepared, and on his behalf to the title company, governmental agency and lending institution listed hereon, and to the assignees of the lending institution. Certifications are not transferable to additional institutions or subsequent owners.

Underground improvement or encroachments, if any, are not shown hereon.

THIS PLAN IS FOR THE PURPOSE OF OBTAINING A BUILDING PERMIT. BUILDING DIMENSIONS SHOWN HEREON ARE TO BE VERIFIED BY BUILDER PRIOR TO STARTING CONSTRUCTION.

SCALE: 1"=20'

REVISION	NO.	BY/DATE
FRONT RAIL	1	B.W. 2/27/86

SURVEY
BLOCK 307.14
LOTS 49, 50, 51, 52 & 53
TOWNSHIP OF BRICK
OCEAN COUNTY NEW JERSEY

ROBERT J. BALLIS
PROF. ENGR. & LAND SURVEYOR, N.J. LIC. NO. 7966
PROFESSIONAL PLANNER, N.J. LIC. NO. 126

ANDERSON, BALLIS & LINDSTROM ASSOCIATES, INC.
321 MANTOLOKING RD.
BRICK, N.J. 08723

DR. BY.	CH. BY.	DATE	DWG. NO.
B.W.		2/27/86	