

CERTIFICATION IN LIEU OF OATH

1. 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. This dwelling is to be occupied by myself and is not to be used for any residential use. I attest that all construction, plumbing, or electrical work will be by subcontractors under my supervision, in accordance with all applicable laws; new home is not covered under the New Home Warranty and Builders Register, and that such fact shall be disclosed to any person purchasing this property with a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE WORK, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENT, VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. () I further certify the following as required by the New Jersey Uniform Construct

I personally prepared the plans submitted for: 1) the new home referred to renovation, or repair to an existing single family residence owned and occupied by listed on Page 1, or, 3) a new structure that will be physically separate from existing single family residence that is owned and occupied by myself and local

C () I further certify that I will perform or supervise the following work:

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. 5:2 and local prior approvals have been given, including such certification as the construction and local prior approvals have been given, including such certification as the construction

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

Signature

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. 17:27, that the work shown on the above referenced plans is authorized by the owner in fee; and I have been authorized by the owner in fee to make the above stated corrections.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:26-2.7(a)(1) and local prior approvals have been given, including such certification as the construction documents require:

I agree to advise all contractors on this project that they are required to be registered with the State of New Jersey 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

IMPORTANT
H.B.T. - EXEMPT

ANY BUILDING QUESTIONS
CALL 732-262-1027

THE FOLLOWING CHECKED BOXES HAVE BEEN
SUBMITTED ON (DATE) _____

- ☐ JACKET
- ☐ PERMIT
- ☐ BUILDING
- ☐ FIRE
- ☐ H.P.C.
- ☐ ZONING

- ☐ PERMIT UP DATE
- ☐ ELECTRIC
- ☐ PLUMBING
- ☐ BOARD SIGN OFF
- ☐ ROLLED PLANS

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.									
☐									

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

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE
(REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE)
BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED
ON EACH LEVEL AND IN THE VICINITY OF THE SLEEPING ROOMS. AS
OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF
AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF
ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS
CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code,
homeowners or their agents (contractors) shall be required to confirm the
installation of these devices. This may be done by signing the below affidavit in lieu
of an inspection.

*******PLEASE READ AND SIGN*******

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Kevin A. Walters
SIGNATURE: [Signature] DATE: 7/21/05
BLOCK: 822 LOT: 38, 39, 40 ADDRESS: 1597 W. PRINCETON, BRICK 08724



Date Issued
Permit #

Block 822 Lot 38,39,40 Qualification Code _____
Work Site Location 1597 W. DUNCAN AVE. BRICK NJ 08724

Owner in Fee KEVIN. A. WALTERS
Address 1597 W. PRINCETON, BRICK, NJ 08724

Tel.	
Con	
Address	

Tel. () FAX ()
Contractor License No. or Builder Registration No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)			
[]	No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial	
[]	All	_____	_____	Footing	_____	_____	_____	_____	
[]	Footing	_____	_____	Footing Bonding	_____	_____	_____	_____	
[]	Foundation	_____	_____	Foundation	_____	_____	_____	_____	
[]	Frame	_____	_____	Slab	_____	_____	_____	_____	
[]	Other	_____	_____	Frame	_____	_____	_____	_____	
				Truss Sys./Bracing	_____	_____	_____	_____	
Joint Plan Review Required:				Barrier-Free	_____	_____	_____	_____	
[]	Elec.	[]	Plumb.	Insulation	_____	_____	_____	_____	
[]	Fire	[]	Elevator	Finishes -Base Layer	_____	_____	_____	_____	
SUBCODE APPROVAL				Finishes -Final	_____	_____	_____	_____	
[]	CO	[]	CCO	Energy	_____	_____	_____	_____	
[]	CA			Mechanical	_____	_____	_____	_____	
Date: _____				TCO	_____	_____	_____	_____	
Approved by: _____				Other	_____	_____	_____	_____	
				Final	_____	_____	_____	_____	
				Barrier-Free	_____	_____	_____	_____	

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg.	\$ _____
2. Rehabilitation	\$ _____
3. Total (1+2)	\$ <u>1,000</u>

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

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)

[illegible]

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

1947

1947

1947

[The following text is extremely faint and largely illegible. It appears to be a multi-paragraph document, possibly a letter or a report, with several lines of text visible across the page. The text is too light to transcribe accurately.]

Township of Brick Zoning Permit

Approved: [] Thursday, July 28, 2005 Number: [] 1099

Block [822] Lot [38] Zone: [R-7.5]

Property Address: [1597 West Princeton Avenue]

Applicant: [Kevin A. Walters]

Property Owner: [Kevin A. Walters]

Existing Use: [Single Family Residential]

Proposed Use: [Single Family Residential]

Proposed Construction: [4' high picket fence.]

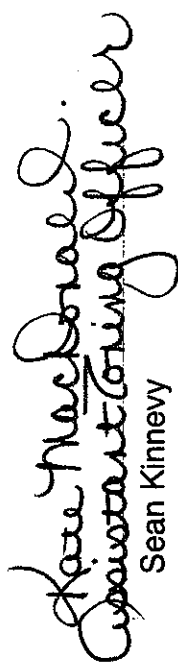
Conditions: [The 4' high picket fence must be set back at least 10 feet from the street pavement. There must be at least 2 inches of space between each picket and the pickets must be no wider than 3-1/2 inches.]

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

Principal Planner



Sean Kinnevy

Zoning Officer



JUL 25 2005

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 822 LOT 38,39,40 QUALIFIER _____

PROPERTY ADDRESS 1597 WEST. PRINCETON AVE. BRICK, NJ 08724

PERSONAL NAME OF APPLICANT KEVIN A. WAUTERS

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 1597 W. PRINCETON AVE. BRICK, NJ 08724

PROPERTY OWNER'S FULL NAME KEVIN A. WAUTERS

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) _____ Height _____
☐ Addition - Height _____
☐ Alteration _____
☐ Porch or deck - Height _____
☐ Shed - Height _____
☒ Fence - Type VINYL 1 1/2 FT. PICKET Height 4'
☐ 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 Kevin A. Wauters Date 7/21/05

Reviewed by Zoning Office _____ Date 7/28/05 Approved () Denied

March 2003-----

colle
7/21/05





CONSTRUCTION PERMIT

Date Issued 08/04/2005
Control # C-05-136987
Permit # 05-3117

IDENTIFICATION Block: 822 Lot: 38
Work Site Location: 1597 W. PRINCETON AVE., Brick Township, NJ
Owner in Fee KEVIN A WALTERS
Address 1597 W PRINCETON AVE BRICK NJ 08724
Telephone: [REDACTED]

Qualifier KEVIN A WALTERS
Contractor Address 1597 W PRINCETON AVE BRICK NJ 08724
Telep [REDACTED]
Lic. N [REDACTED]
Federal Employee. No. [REDACTED]

I am hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

4' VINYL PICKET 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 \$ 30

Construction Official _____ Date 08/04/2005

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NUAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.
If you do not understand any of this information, please ask.

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$30
Total	\$30
Check No.	139
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:

Stephen C. Acropolis -- President
Gregory S. Kavanagh
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.
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: 7/21/05

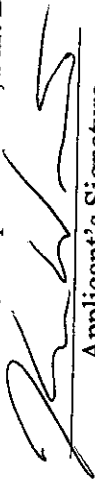
Block: 822 Lot: 38,39,40

Property Address: 1597 W. Princeton Ave. Brick, NJ 08724

I, Kevin A. Wawers
(name)

of 1597 W. Princeton Ave. Brick, NJ 08724
(address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.


Applicant's Signature

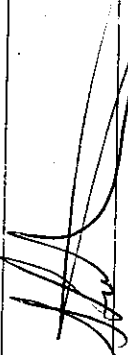
The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the 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 on: 7/29/05

Signed: 

Rejected on: _____

Signed: _____

Comments: _____

