



CONSTRUCTION PERMIT APPLICATION

09-604801

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

I. IDENTIFICATION

1. Proposed Work Site at: 2549 OLD HOOPER AVE BRICK

2. Name of Owner in Fee: PETER BOTTAZZI

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: SELF Tel. () e-mail ()

License No. OR, if new home, Builder Reg. No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ()

5. Architect or Engineer Contact e-mail Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun Tel. () FAX: ()

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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. Max. Live Load

7. Max. Occupancy Load

8. If Industrialized Building: State Approved HUD

9. Total Land Area Disturbed sq. ft.

10. Flood Hazard Zone

11. Base Flood Elevation ft.

12. Wetlands yes no

(office use only)

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1000	CD	10/7/08		2/6/09	HA	5/8/09		

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale
- Gained, Rental
- Lost, Sale
- Lost, Rental

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

- D. Construct. Classification: Present Proposed

III. PLAN REVIEW (optional)

- DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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.ix:

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 [Signature] Date 10/7/08

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. 5:23-2.15(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.									
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
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. _____	_____	_____	_____

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed: _____ Date: _____

☐ Zoning Application approved

Initialed: _____ Date: _____

□ Zoning permit updates:

IMPORTANT
A.H.B.T. - EXEMPT



CONSTRUCTION PERMIT

Date Issued 09-02-07
Control # C-08-004801
Permit # 02-09

IDENTIFICATION Block: 552.01 Lot: 19 Qualifier _____
Work Site Location: 2545 OLD HOOPER AVE., NJ Contractor PETER BOTTAZZI
Address 104 N. MANTOLOKING DRIVE BRICK NJ 08723
Owner in Fee PETER BOTTAZZI Telephone: _____
104 N. MANTOLOKING DRIVE BRICK NJ 08723 Lic. No. or Blrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

Is 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:

FENCE 6' WOOD STOCKADE FENCE; TRASH DUMPSTER FENCE ENCLOSURE
<COMMERCIAL>

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 \$1,000

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$60
Total	\$101
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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 NJAC 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.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/18/2009
Control Number C-08-004801
Permit Number 09-0237
Permit Issue Date 2/12/2009
Certificate Number 09-0237

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 2545 OLD HOOPER AVE. , NJ Block: 552.01 Lot: 19 Qual: _____
Owner in Fee: PETER BOTTAZZI
Owner Address: 104 N. MANTOLOKING DRIVE BRICK NJ 08723
Telephone: [REDACTED]
Contractor PETER BOTTAZZI
Address 104 N. MANTOLOKING DRIVE BRICK NJ 08723
Telephone [REDACTED] Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: FENCE 6' WOOD STOCKADE FENCE; TRASH DUMPSTER FENCE ENCLOSURE <COMMERCIAL>

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 5/18/2009

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



**BUILDING SUBCODE
TECHNICAL SECTION**



COMMERCIAL

Date Received 10/8/2008
Control # C-08-004801
Date Issued 2/12/2009
Permit # 09-0237

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

Block 552.01 Lot 19 Qualification Code _____
Work Site Location: 2545 OLD HOOPER AVE. NJ

Owner in Fee: PETER BOTTAZZI
Address 104 N. MANTOLOKING DRIVE BRICK NJ 08723

Contractor: PETER BOTTAZZI
Address 104 N. MANTOLOKING DRIVE BRICK NJ 08723

Contractor License No. or, if new home, Bldrs Reg. No. _____
Federal Employee No. _____
Fax _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		
Joint Plan Review Required		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		
SUBCODE APPROVAL		
☐ CO ☐ CCO ☒ CA		
Date: <u>5/6/09</u>		
Approved by: <u>[Signature]</u>		

INSPECTIONS			Dates (Month/Day)		
Type:	Failure	Approval	Failure	Approval	Initial
Footing					
Footing Bonding					
Foundation					
Slab					
Frame					
Truss Sys./Bracing					
Barrier-Free					
Insulation					
Finishes-Base Layer					
Finishes-Final					
Energy					
Mechanical					
TCO					
Other					
Final					
Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U Est. Cost of Bldg. Work: _____
Constr. Class Present Proposed _____ 1. New Bldg. _____
Number of Stories _____ 2. Rehabilitation _____
3. Total (1+2) \$1,000

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.

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FENCE, 6' WOOD STOCKADE FENCE; TRASH DUMPSTER FENCE ENCLOSURE <COMMERCIAL>

TYPE OF WORK

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

FEE (Office Use Only)

_____ \$8
_____ \$40
_____ \$1
_____ \$41

Administrative Surcharge

Minimum Fee \$40
State Permit Surcharge Fee \$1
TOTAL FEE \$41



BUILDING SUBCODE TECHNICAL SECTION



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

Block 552 Lot 18 Qualification Code _____

Work Site Location 2545 OLD COOPER AVE

Owner in Fee: POWER RIZZOLI

Tel. _____ e-mail _____

Address 104 W. MANTOLAKING DR. BRICK NJ 08783 zip code _____

Contractor: SELF municipality _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Initial	Type	Failure	Approval	Initial
☐	No Plans Required				
☐	All	Footings			
☐	Footings/Foundations	Footings Bonding			
☐	Structural/Framework	Foundation			
☐	Exterior	Slab			
☒	Interior	Frame			
		Truss Sys./Bracing			
		Barrier-Free			
☐	Elec.	Insulation			
☐	Plumb.	Finishes -Base Layer			
☐	Fire	Finishes -Final			
SUBCODE APPROVAL for PERMIT		Energy			
Date: _____		Mechanical			
Approved by: _____		TCO			
SUBCODE APPROVAL for CERTIFICATE		Other			
☐	CO	Final			
☐	CCO	Barrier-Free			
☐	CA				
Date: _____					
Approved by: _____					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories	_____	_____	If Industrialized Building:	State Approved	HUD
Height of Structure	_____ ft.	_____ ft.	Est. Cost of Bldg. Work:		
Area — Largest Floor	_____ sq. ft.	_____ sq. ft.	1. New Bldg.	\$ _____	
New Bldg. Area/All Floors	_____ sq. ft.	_____ sq. ft.	2. Rehabilitation	\$ _____	
Volume of New Structure	_____ cu. ft.	_____ cu. ft.	-3. Total (1+2)	\$ <u>1000.00</u>	
Max. Live Load	_____	_____			
Max. Occupancy Load	_____	_____			

U.C.C. F110
(rev. 12/07)

Date Received
Control #

Date Issued
Permit #

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

TRASH DUMPSTER FORTER ENCLOSURE

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy



**BUILDING SUBCODE
TECHNICAL SECTION**



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

Block 552 Lot 18 Qualification Code _____

Work Site Location 2545 GLO HOPPER AVE

Owner in Fee: Peter B. Bazzani BRICK NJ 08783

Address _____ e-mail _____

Address 104 W. MANTOLAKINE DR. BRICK NJ 08783

Contractor: SELF Tel. () () Zip code _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: () ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Date	Initial	Type	Failure	Approval	Initial
☐ No Plans Required		Footings			
☐ All		Footings/Bonding			
☐ Footings/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☒ Interior		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator		
SUBCODE APPROVAL for PERMIT		Insulation			
Date:		Finishes -Base Layer			
Approved by:		Finishes -Final			
SUBCODE APPROVAL for CERTIFICATE		Energy			
☐ CO	☐ CCO	Mechanical			
Date:		TCO			
Approved by:		Other			
Barrier-Free		Final			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		HUD
Area — Largest Floor		sq. ft.	Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors		sq. ft.	1. New Bldg.		\$
Volume of New Structure		cu. ft.	2. Rehabilitation		\$
Max. Live Load			3. Total (1+2)		\$ <u>1000.00</u>
Max. Occupancy Load					

U.C.C. F110
(rev. 12/07)

Date Received
Control #

Date Issued
Permit #

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

TRASH DUMPSTER ENCLOSURE

TYPE OF WORK:

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

FEE (Office Use Only)

\$	

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

Ruthanne Scaturro - President
Joseph Sangiovanni - Vice President
Brian DeLuca
Anthony Matthews
Kathy M. Russell
Michael A. Thulen, Sr.
Dan Toth



Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 8/25/08

ENGINEERING PLOT PLAN EXEMPT FORM

Block: 552.01 Lot: 18

Property Address: 2545 OLD HOOPER AVE BRICK NJ

I, Peter Battazzi of 104 W. MANTOLONGUE DR BRICK NJ
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. 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: 2/5/09

Signed: 

Rejected on: _____

Signed: _____

Comments: _____

COMMERCIAL



○

MATERIAL

315 9 sections - 6' x 8" PT STOCKADE

36 6 - 4x4x8 POSTS

25 2 - 6x6x8 POSTS

16 6 - 2x3x10' RAILS PRESSURE TREATED.

○

20 2 or 4 wheels

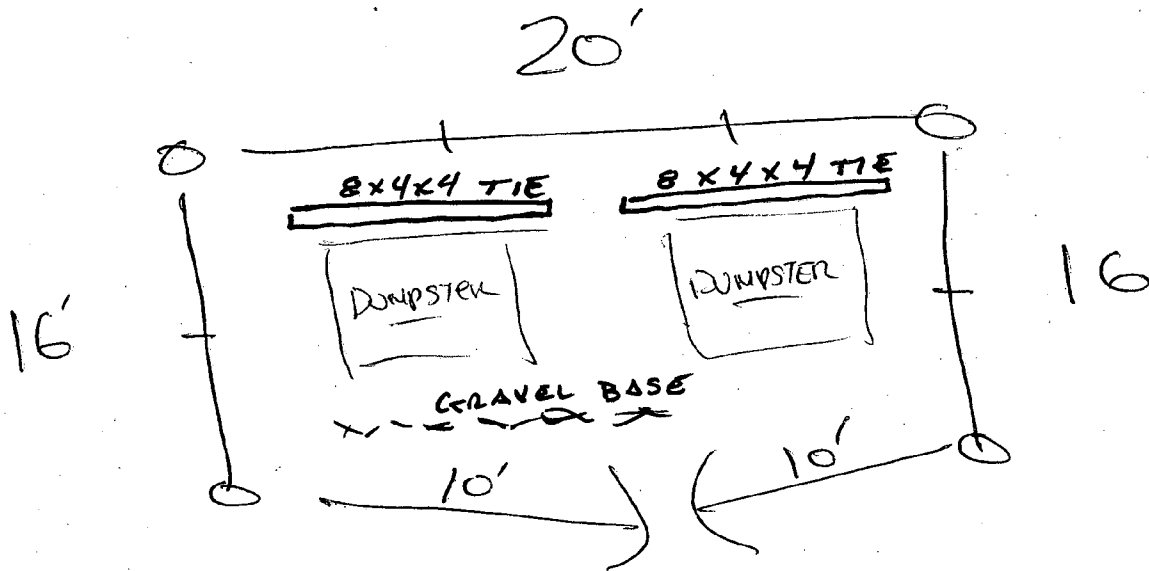
30 6 HINGES (Heavy Duty
Biggest Available)

30 Door Rod Attachment.

~~\$500 Approx~~

○

DUMPSTER ENCLOSER

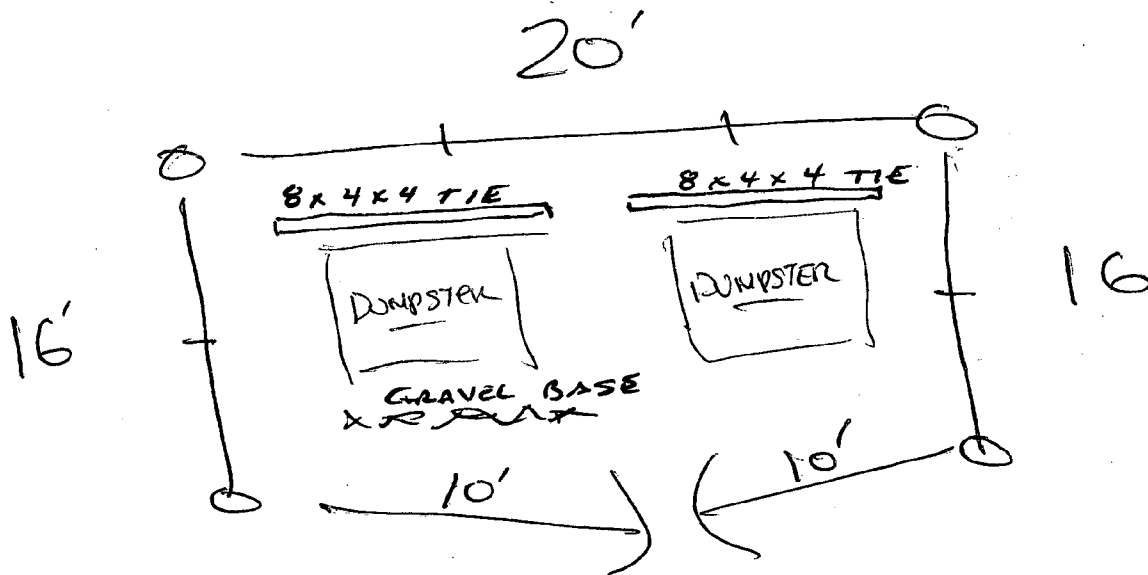


ENCLOSE 2 DUMPSTERS WITH PRESSURE
TREATED 6 FT HIGH STOCKADE FENCE.
INSTALL ~~2~~ 1 SET OF 6x20' GATES
GATE POLES TO BE 6x6x8' POSTS.
ALSO INSTALL LOCKING DEVICE AND
WHEELS ON GATES

EXACT LOCATION TO BE SHOWN ~~ON~~ ~~BY~~
ON DAY OF INSTALLATION. BY OWNER.

[Signature]

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ON DAY OF INSTALLATION. BY OWNER.

[Signature]

**Township of Brick
Zoning Permit**

Approved: Monday, February 02, 2009 **Number:** 2009-24

Block 552.01 **Lot** 18 & 19 **Zone:** B-2 Gen. Business

Property Address: 2549 Old Hooper Avenue

Applicant: Peter Bottazzi - Bottazzi's Red Lion Inn Inc.

Property Owner: Patrick L. Bottazzi

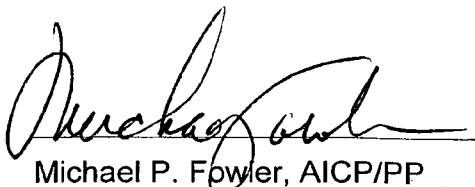
Existing Use: Commercial and Residential

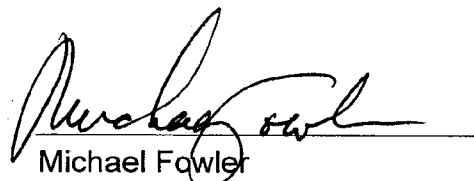
Proposed Use: Commercial and Residential

Proposed Construction: Six foot high stocade fence to enclosure existing dumpsters.

Conditions: The enclosure must be located a minimum 10' from the side property line and 50' form the rear poperty line. The enclosure must be consistent with Trash Enclosure Permit 2008-1 dated 11/07/08.

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
Administrative Officer


Michael Fowler
Zoning Reviewer

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.

OCT 8 2008

BLOCK 552.01 LOT 18 QUALIFIER

PROPERTY ADDRESS 2549 OLD HOOPER AVE BRICK CT 08523

PERSONAL NAME OF APPLICANT PETER BOTTAZZI

BUSINESS NAME OF APPLICANT BOTTAZZI'S RED LION TANNING INC.

MAILING ADDRESS OF APPLICANT 2545 OLD HOOPER AVE BRICK CT 08523

PROPERTY OWNER'S FULL NAME PATRICK L. BOTTAZZI

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) EMPTY LOT

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 STOCKADE WOOD Height 6 FT
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) Fence to enclose existing dumpsters

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 [Signature] Date 10/17/08

Reviewed by Zoning Office [Signature] Date 10/10/08 () Approved (X) Denied

March 2003

COMMERCIAL

10/17/08

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

Ruthanne Scaturro - President
Joseph Sangiovanni - Vice President
Brian DeLuca
Anthony Matthews
Kathy M. Russell
Michael A. Thulen, Sr.
Dan Toth



Department of Community Development & Land Use
Division of Land Use & Planning

Office of Zoning

732-262-1041
732-262-1043
Fax: 732-262-8954
www.twp.brick.nj.us

October 10, 2008

Peter Bottazzi
c/o Bottazzi's Red Lion Inn, Inc.
2545 Hooper Avenue
Brick, NJ 08723

Re: Block 552, Lot 18
2549 Hooper Avenue
Zoning Permit Application

*Resubmit
10/16/08
[Signature]*

Dear Mr. Bottazzi:

Your zoning permit application cannot be approved because the application form is incomplete and inaccurate, as noted. Please meet with the Permit Clerk and submit a complete and accurate application form.

Please feel free to contact this office for any additional information or assistance.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

C: James Priolo, Township Engineer
Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Juan Bellu, Administration
Zoning Office File

