819 BLOCK 8 LOT 10 ADDRESS (SITE) PERMIT NO. 966-91

RECEIVED JUN 5 1991 BUILDING

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1591 W Princeton Ave. Bricktown
2. Name of Owner in Fee: Thomas + Joanna Trafer Te [redacted]
   Address 1591 W. Princeton Ave, Brick 08724 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: self Tel. (same
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person In Charge of Work Thomas Trafer Tel. (same

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	7 50	35 —	
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Other				
6. Subtotal	$	750		
7. Less 20% for State Plan Review		5 —	4 —	
8. Subtotal	$			
9. DCA Training Fee			2 —	
10. Subtotal	$			
11. Cert. of Occupancy		20 —		
12. Other				
13. TOTAL	$	32.50	41 —	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Pre-Fab shed 6/6

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	499.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
[illegible]	6-5-91		6/6/91	[illegible]	4/25/96		WS
[illegible]	11/15/91		[illegible]	[illegible]			

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 10410219

20K

U.C.C. Form F-100A

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 _____ Date 6/5/91

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

OFFICE DATE RECEIVED: ____________

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final 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. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☑ Other Zoning	JK	6/5/91	J fed					
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EX[illegible]

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

Name of Code & Edition

Building ____________
Electrical ____________
Plumbing ____________
Fire Protection ____________
Mechanical ____________

Name of Code & Edition

Energy ____________
Barrier Free ____________
Flood Hazard ____________
As Built Elevation Cert. ____________
Other ____________

Other ____________

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

☐ Temporary Certificate of Occupancy No. ______ ______ ______
☐ Temporary Certificate of Occupancy No. ______ ______ ______
☐ Continued Certificate of Occupancy No. ______ ______
☐ Certificate of Occupancy No. ______ ______
☐ Certificate of Approval No. ______ ______
☐ None

PERMIT UPDATE

Date Update Issued 11/17/95
Control #
Permit # 966-91
Date Permit Issued

IDENTIFICATION Block 819 Lot 10

Work Site Location 1591 W Princeton

Owner in Fee Thaler

Address 1591 W Princeton
Brick N.J.

Tele. (____)

Contractor
Address

Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Above gnd. Pool ladder fence to Code

Estimated Cost of Work $ 2000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	966**	
Building	35	0.00
Plumbing		
Electrical		0.00
Fire Protection		
Other	UPIR	
Other		75.00
DCA Training Fee		4.00
Cert. of Occ.	D.C.A.	2.00
Other		1.00
Total	41	1.00
Check No. 123878		
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

CONSTRUCTION PERMIT

Date Issued 6-6-91
Control #
Permit # 966-91

IDENTIFICATION Block 819 Lot 10

Work Site Location 1591 W. Princeton Ave

Owner in Fee Thomas Trafer

Address Same

Tele. ( )

Contractor Self

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No. BLOCK 0.00

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

pre-fab shed
10' x 12'

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 $ 499.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	819 # LOT	0.00
Plumbing	10 #	
Electrical	BUILDING	7.50
Fire Protection	PLAN RVW	5.00
Other	C / O	0.00
Other	TOTAL	12.50
DCA Training Fee	CHECK	12.50
Cert. of Occ.	CHANGE	0.00
Other	06/06/91 NO. 5 0027A005	10:45
Total		
Check No.		
Cash		
Collected By:		

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-6-91
Control #
Permit # 966-91

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

Block 819 Lot 10
Work Site Location 1591 W. Princeton Ave Brick Town N J
Owner in Fee Tammy & Thomas Trafer
Address Same
Tele [redacted]
Contractor Same
Address Same
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All	6/6/91	AL	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ ____

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

Pre-Fab Shed
10' X 12'

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-6-91
Control #
Permit # 966-91

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

Block 319 Lot 10
Work Site Location 13 W. Val. Prince from the Boardwalk
Owner in Fee The Board of Trustees Trustee
Address [redacted]
Tele.
Cont
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All	6/6/91	RL	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $

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

Pre-Fab Shed
10' X 12'

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE $

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

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RECEIVED
NOV 14 1995
DIV. OF INSPECTION

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/17/95
Control #
Permit # 966-91

Update

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

Block 819 Lot 10
Work Site Location 1591 W Princeton Ave

Owner in Fee Thomas Trafer
Address 1591 W. Princeton Ave

Tele. [redacted]
Contractor OWNER
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

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.

Thomas Trafer
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Above ground Pool
Ladder Fenced to code.
4' self latching, self locking gate

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[x] All	11/17/95	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/25/96
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:			4/25/96	
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] *Alteration*
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [x] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE

$	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

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. Alteration $
3. Total (1+2) $

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/[illegible]/95
Control #
Permit # 966-91

update

1591 W. Princeton Ave

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

Block 819 Lot 10
Work Site Location 1591 W Princeton Ave

Owner in Fee Thomas Trafer
Address 1591 W. Princeton Ave
Tel [redacted]
Contractor OWNER
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

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.

Thomas Trafer
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Above ground Pool
Ladder Fenced to code
4' self latching self locking gate

Ladder Fencing

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [x] Pool
  - [ ] Asbestos Abatement
  - [ ] Other _____
  - [ ] Other _____
- [ ] Demolition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[x] All	11/7/95	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

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

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

(Office Use Only)

FEE

$ 1
2
3
4
5
6
7
8
9
10
11
12

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. Alteration $ _____
3. Total (1+2) $ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-1108

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/03/95
Control #
Permit # 966-91
update

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

Block 819 Lot 10
Work Site Location 1331 W. Washington Ave
Owner in Fee [illegible]
Address 1331 W. Washington Ave
Tele [redacted]
Contractor owner
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	11/3/95	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

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. Alteration $ ____
3. Total (1+2) $ ____

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

Above ground Pool
Under Fenced to code.
4' self latching, self locking gate

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence ____ Height (6' or over)
  [ ] Sign ____ Sq. Ft.
  [x] Pool
  [ ] Asbestos Abatement
  [ ] Other ____
  [ ] Other ____
[ ] Demolition

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

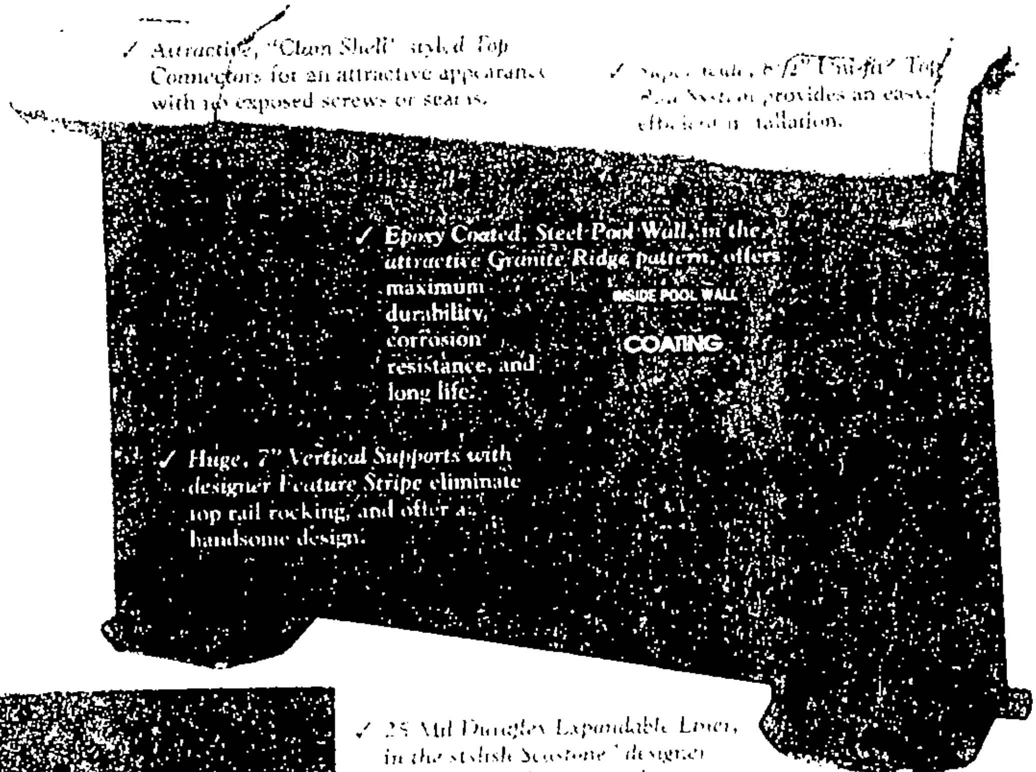
Rounds			
APPROXIMATE			
Size Category	Sq. Ft.	Gal. Cap.	Exp. Gal. Cap.
12 x 18	[illegible]	3,100	2,560
16 x 18	[illegible]	5,465	[illegible]
18 x 48	[illegible]	[illegible]	[illegible]
21 x 48	341	[illegible]	[illegible]
24 x 48	[illegible]	12,[illegible]	[illegible]
28 x 48	[illegible]	6,550	[illegible]

Ovals			
APPROXIMATE			
Size Category	Sq. Ft.	Gal. Cap.	Exp. Gal. Cap.
21 x 26 x 48	329	8,845	10,410
[illegible]	[illegible]	10,[illegible]	12,665
[illegible]	[illegible]	12,250	14,[illegible]
34 x 18 x 48	582	11,300	19,310
[illegible]	[illegible]	16,[illegible]	21,[illegible]
[illegible]	756	20,[illegible]	26,215

Quality Granite Ridge Pool Features

✓ *Attractive, "Clam Shell" styled Top Connectors* for an attractive appearance with no exposed screws or seams.

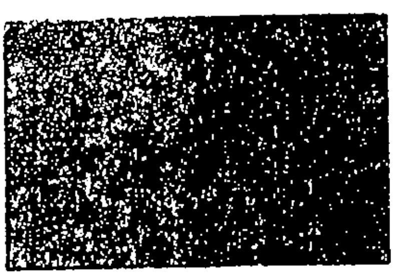
✓ *Super-wide, 8½" Uni-fit Top Rail System* provides an easy, efficient installation.



✓ ***Epoxy Coated, Steel Pool Wall,* in the attractive *Granite Ridge pattern,* offers maximum durability, corrosion resistance, and long life.**

✓ ***Huge, 7" Vertical Supports* with designer *Feature Stripe* eliminate top rail rocking, and offer a handsome design.**

✓ *Com-Pac Oval Support System* offers external space savings of 55 inches (27½ inches each side) over conventional supports. Allows larger pool models to fit perfectly into smaller backyards.



✓ *25 Mil Duraflex Expandable Liner,* in the stylish *Seastone designer pattern,* stretches smoothly to provide a wrinkle free installation. Allows for [illegible] depth bottom or [illegible] Optional Special Purpose Deep Swimming Area for Underwater Swimming only.

ORIGINAL ILLEGIBLE

Keepin' It Safe n' Fun

Doughboy Recreational is very concerned about [illegible] safety and well being. For this reason, we provide an assortment of safety literature and [illegible] with your new pool. Your pool will provide years of fun and enjoyment, but it's also a big responsibility. Please take the time to learn, understand, and follow all safety rules and regulations.

Important Notice: [illegible]

Change of Design: [illegible] without incurring any [illegible]

[illegible]

Doughboy Recreational • 10959 Jersey Blvd., Rancho Cucamonga, CA 91730

DB195-020

SWIMMING POOL GUIDELINES

Outdoor private (residential) swimming pools have specific requirements established for providing barriers and safety devices installed on access locations.

In-ground Pools

1. A barrier (fence) at least 48 inches high must be provided to protect the pool. The space to the ground can not exceed 2 inches. If a dwelling is used as part of the barrier (fence), then all doors, with access to the pool area, must have an approved alarm installed.

2. Barriers (fences) must be non-climbable in design. Access gates must have a locking device. Walk thru gates must swing away from the pool, be self-closing, and have a self-latching device installed. Larger (driveway type) have other requirements. That information will be provided if necessary.

3. If a chain link fence is utilized, it must be the 1¼ inch size or have slats installed that are fastened at the top and bottom.

Above-ground Pools

1. An above-ground pool that has a 48 inch high side wall is considered to have a partial barrier. If it is less than 48 inches, it must be increased to 48 inches or have a seperate barrier as described for the in-ground pools.

2. When the pool is used as the barrier, the ladder or steps shall be fenced (refer to in-ground pools #2).

IN ORDER TO OBTAIN A CONSTRUCTION PERMIT TO INSTALL A SWIMMING POOL, INFORMATION SATISFYING ALL THE APPLICABLE CONDITIONS MUST BE SUBMITTED FOR REVIEW AND APPROVAL.

THE INFORMATION MUST BE PROVIDED IN SECTION D. " TECHNICAL SITE DATA" OF THE BUILDING SUBCODE TECHNICAL SECTION.

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: November 14, 1995 — 1995 Z 1622

Block 819 **Lot** 10 **Zone** R-7.5

Property Address: 1591 West Princeton Avenue

Owner: Thomas Trafer **(Phone)** [redacted]

Applicant: Same **(Phone):** Same

Use: Single-family dwelling.

Proposed Construction (if any): Above-ground swimming pool.

4' high fence.

6' high fence.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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.

Sean Kinnevy

Sean Kinnevy — Land Use Officer

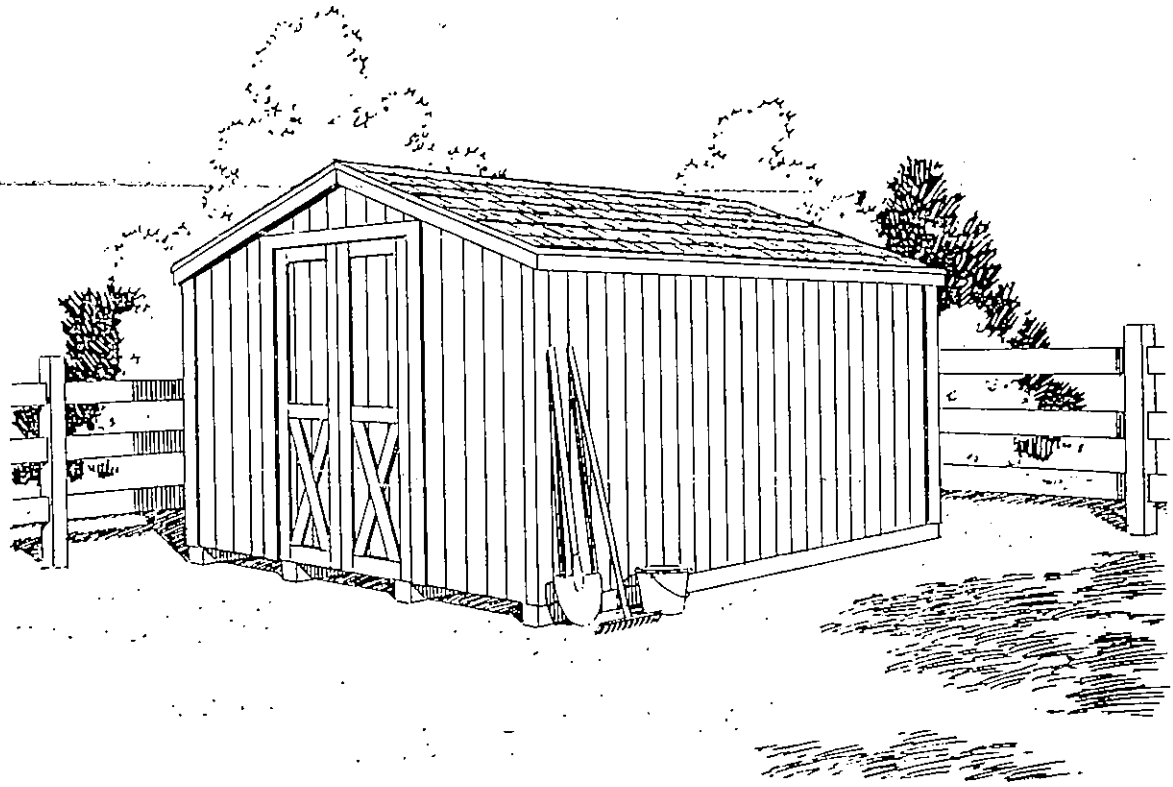
$5.84

POS# 50246

84® Lumber

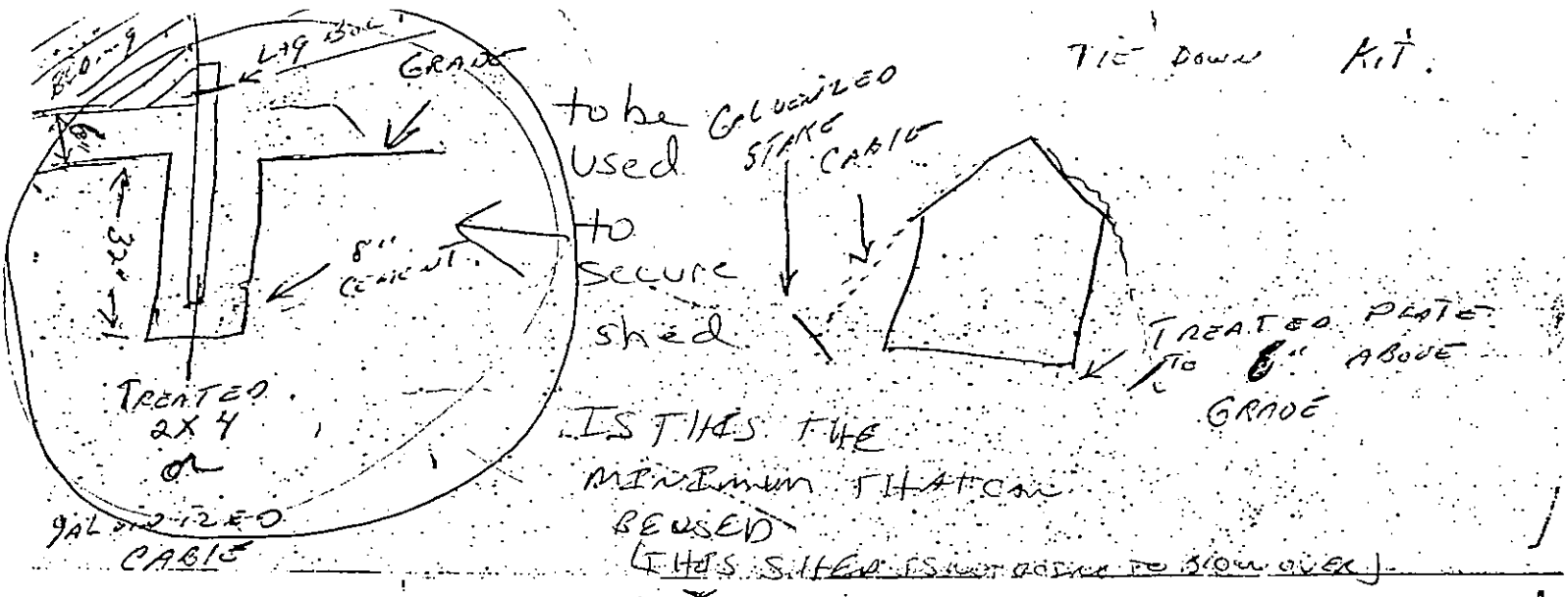
Gable Mini-Barn

Assemble it Yourself and Save



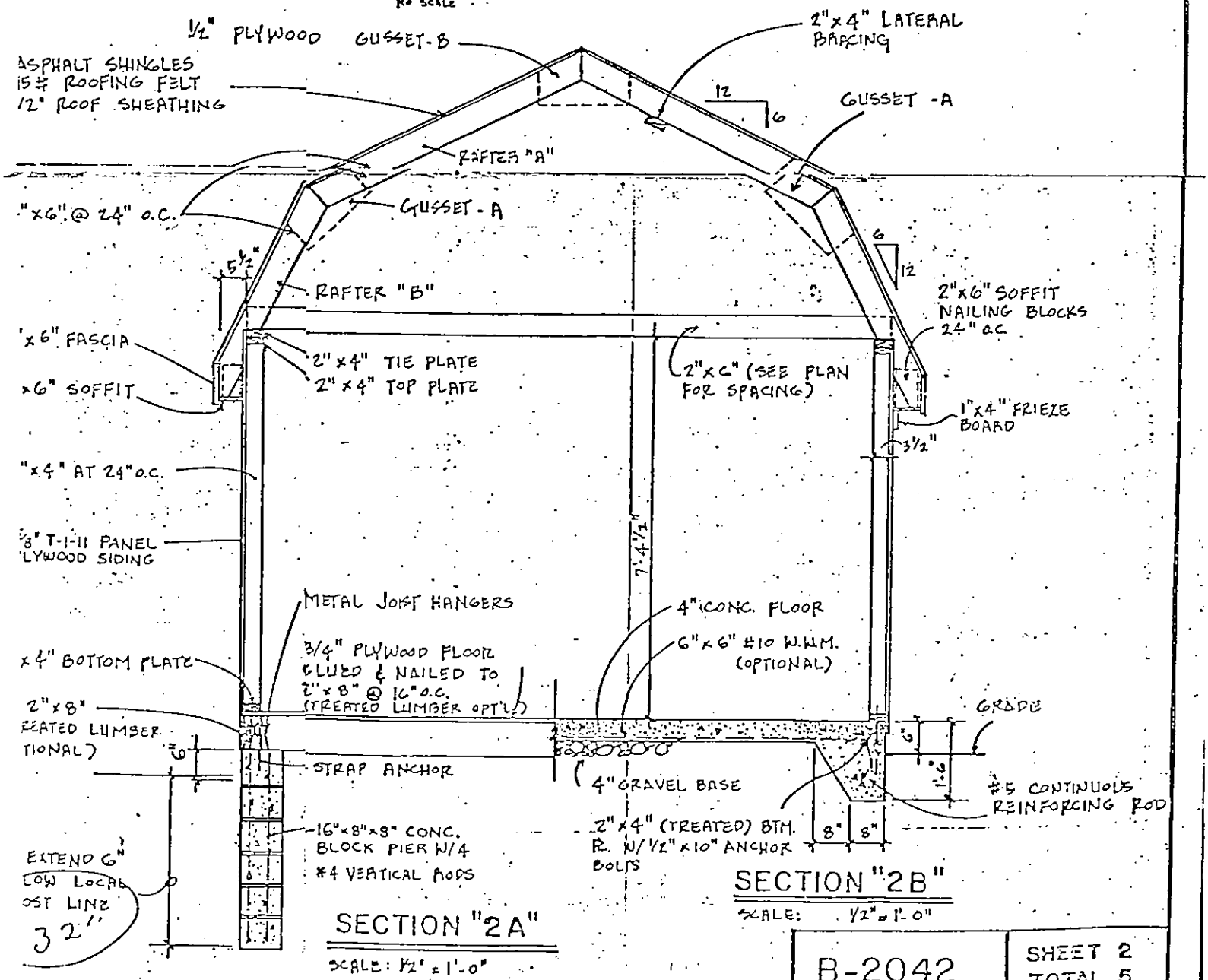
Contents:

- 10' x 12' & 10' x 16' Barn Assemblies with double doors
- Materials Lists included



SHED ISOMETRIC

No SCALE



SECTION "2A"

SCALE: ½" = 1'-0"

SECTION "2B"

SCALE: ½" = 1'-0"

9/85

B-2042

SHEET 2 TOTAL 5

NOTES:
1. CONTRACTUAL AGREEMENT STATES THAT PROPERTY CORNERS ARE NOT TO BE SET BY THIS SURVEY.
2. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.
3. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF N.J. AS TIDELANDS.
4. DEED REFERENCE: BOOK 4569, PAGE 745
5. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY
6. THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE

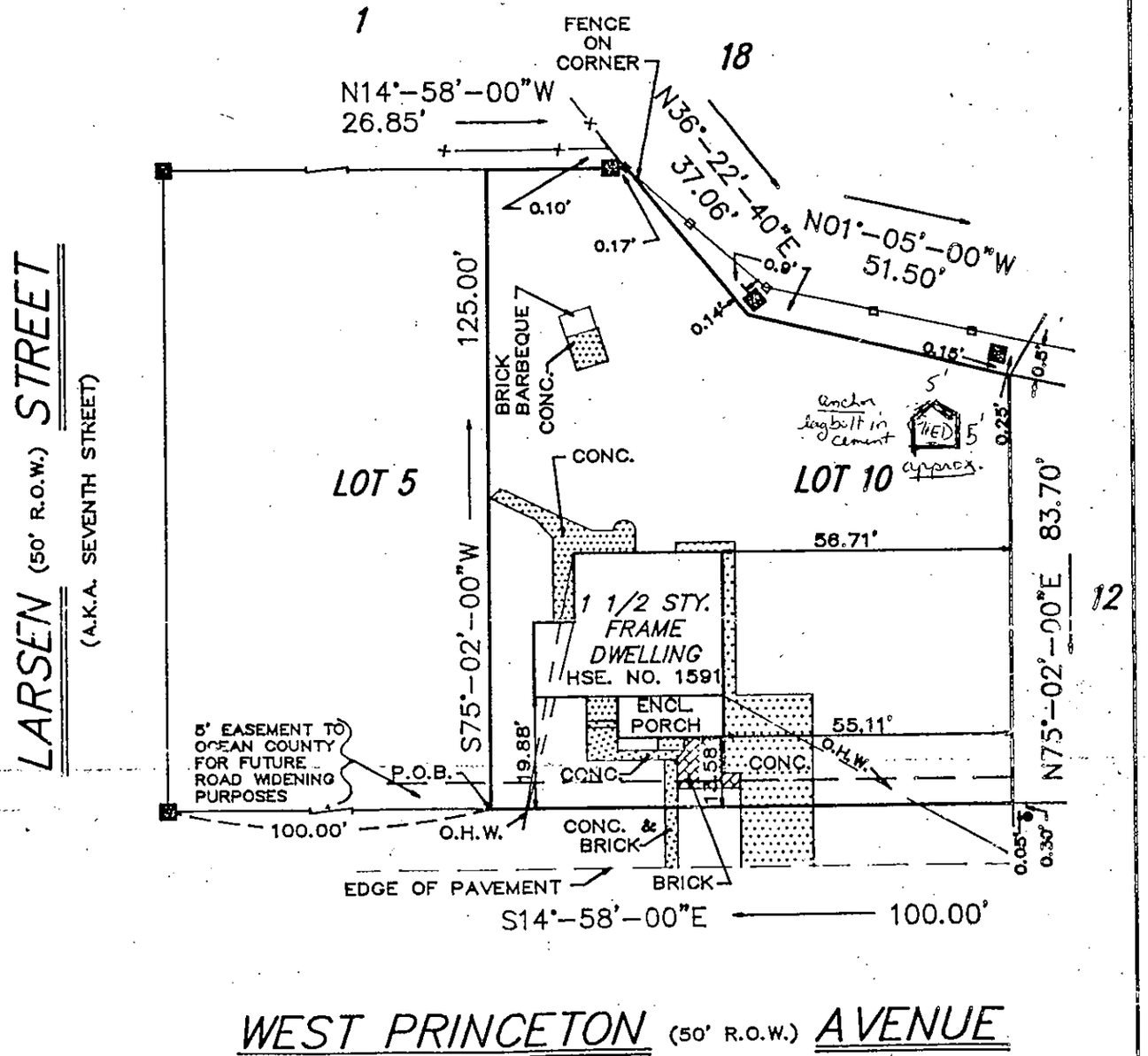
Title Co. File No. MS-55214

Job No. S-11607

A.K.A. 1591 W. PRINCETON AVE.

FILED MAP REF. 1

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE Sean Kinney 6/5/91



Legend:
- ● — PIPE FOUND
- ▣ — MONUMENT FOUND
- —□— — STOCKADE FENCE
- —x— — CHAIN LINK FENCE

Map of Survey

REV. 3/27/91

Certification:

I hereby certify this survey was made under my immediate supervision to:
THOMAS & JOANNA TRAFER H/W

MID-STATE ABSTRACT COMPANY/FIRST AMERICAN TITLE INSURANCE COMPANY

WILBERT & MONTENEGRO, P.A.

LUMBERMEN'S MORTGAGE CORPORATION ITS SUCCESSORS AND/OR ASSIGNEES

LOT 10, BLOCK 819, TAX MAP
BRICK TOWNSHIP --- OCEAN COUNTY --- NEW JERSEY

A.K.A. NEW LOT 10, BLOCK 24, AS SHOWN ON A MAP ENTITLED "MINOR SUBDIVISION LOT 5 THRU 11 INCL., BLOCK 819.24, ON THE OFFICIAL TAX MAP, TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY." FILED FEBRUARY 15, 1990, AS MAP NO. 1-2269.

DELCO Land Surveying Corp.
917 North Main Street
Toms River, N.J. 08753
(908) 341-4200

SCALE	DATE
1" = 30'	3/19/91
DRAWN BY	SHEET
R.L.R.	1 OF 1

David J. Von Steenburg LICENSED LAND SURVEYOR N.J. LIC. # 34500 PROFESSIONAL PLANNER N.J. LIC. # 04675

David J. Von Steenburg DATE 3-27-91