BLOCK 831 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 1649 WEST PRINCETON AVE PERMIT NO. 05-1444

CONSTRUCTION PERMIT APPLICATION

C05 13087

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

I. IDENTIFICATION

1. Proposed Work Site at: 1649 WEST PRINCETON AVE
2. Name of Owner in Fee: JUSTINE CHRISTMASEN T [redacted]
   Address 1649 WEST PRINCETON AVE (street) (municipality) (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: THOMAS SANTOMAURO Tel. (732) 245-1602
   Address 1515 VALLEY DR WALL NJ 07719
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 136563186 FAX: (___) _____
5. Architect or Engineer HOMEOWNER Tel. (___) _____
   Address 1649 WEST PRINCETON AVE Contact _____
6. Responsible Person in Charge once Work has Begun THOMAS SANTOMAURO
   Tel. (732) 245-1602 FAX: (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 288		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge	46		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other 2P	50		
13.	TOTAL	$ 334		

paid 3/30/05 check

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ____ ft.	
3.	Area — Largest Floor ____ sq. ft.	
4.	New Building Area ____ sq. ft.	
5.	Volume of New Structure ____ cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

Deck

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☒ Addition	12000	✓	2		4/19/05 PM		2-13-07		
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8		LW (1)	4/25/05		4/28/05				
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	12000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

DS BR-B 10677585

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 Thomas Santomauro Date 4/12/05

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

(✓ Check if contractor.

Agent Name THOMAS SANTOMAURO

Address 1515 UALLEY DR

WALL NJ

Telephone (732) 245-1603

Signature Thomas Santomauro

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	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☒ Zoning Application deemed complete Initialed: [illegible] Date: 4/12/05

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	02/13/2007
Tracking Number	C-05-134087
Permit Number	05-1444
Permit Issue Date	05/03/2005
Certificate Number	05-1444

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1649 W. PRINCETON AVE. Brick Township, NJ Block: 831 Lot: 23 Qual:

Owner in Fee: CHRISTIANSEN, JUSTINE

Owner Address: 1649 W PRINCETON AVE BRICK NJ 08724

Telephone:

Contractor CHRISTIANSEN, JUSTINE

Address 1649 W PRINCETON AVE BRICK NJ 08724

Telephone: 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:

DECK

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

Fee: $0.00

Check Number: 560

Collected By: Mary Jane Rinaldi

Date Printed: 02/13/2007

CONSTRUCTION PERMIT

Date Issued 05/03/2005
Control # C-05-134087
Permit # 05-1444

IDENTIFICATION Block: 831 Lot: 23 Qualifier

Work Site Location: 1649 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: CHRISTIANSEN, JUSTINE
Address: 1649 W PRINCETON AVE BRICK NJ 08724
Telephone:

Contractor: CHRISTIANSEN, JUSTINE
Address: 1649 W PRINCETON AVE BRICK NJ 08724
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

DECK

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $12,000

Construction Official

05/03/2005
Date

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

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$288
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$16
CO Fee	
Other	$30
Total	$334
Check No.	560
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

05-1444
5-3-05

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

Block 831 Lot 23
Work Site Location 1649 WEST PRINCETON AVE

Owner in Fee THOMAS SANTOMAURO
Address 1515 VALLEY DR
WALL NJ 07719
Tele. [redacted]
Contractor THOMAS SANTOMAURO
Address 1515 VALLEY DR
WALL NJ 07719
Tele [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

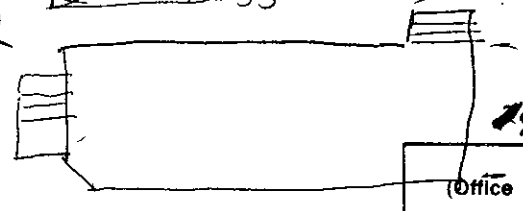
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fasteners must comply if using ACQ PROPOSED UNATTACHED DECK 35 FT



JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[X] All	4/29/05	FM	Footing			5-24-05	JG
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame	OPEN Deck		5/31/05	JG
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:	6/20/05 only			
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] EA			TCO				
Date:	6/21/05		Other			6/21/05	JG
Approved By:	FM		Final				

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

(Office Use Only)
FEE

Administrative Surcharge	$ 288
Minimum Fee	$ 16
DCA TRAINING FEE	$
TOTAL FEE	$ 304

Paid [ ] Check # _____
Collected by: _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure 32 INCHES ~~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 $ DECK 12,000
3. Total (1+2) $ 12,000

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

6/20/05 handrail not to Code No Approved plan on Site. JKG

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-3-05
Control # 05-1444
Permit #

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

Block 831 Lot 23
Work Site Location 1649 WEST PRINCETON AVE

Owner in Fee THOMAS SANTOMAURO
Address 1515 VALLEY DR
WALL NJ 07719
Tele. [redacted]
Contractor THOMAS SANTOMAURO
Address 1515 VALLEY DR
WALL NJ 07719
Tele [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. _____ or Social Security No. _____

C. CERTIFICATION IN LIEU OF OATH

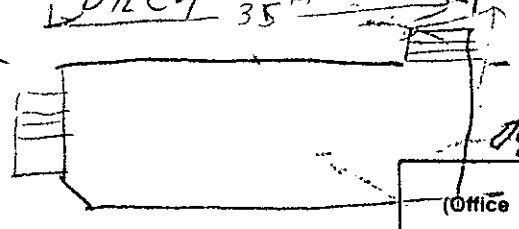
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fasteners must comply if using ACQ
PROPOSED UNATTACHED DECK 35 FT 09 FT



JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-29-05	
[ ] 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				

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

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure 32 INCHES 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 $ DECK 12,000
3. Total (1+2) $ 12,000

Administrative Surcharge $ 288
Paid [ ] Check # _____ Minimum Fee $ 10
Collected by: _____ DCA TRAINING FEE $ 1
TOTAL FEE $ 307

U.C.C. Form F-110B

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

Township of Brick
Zoning Permit

Approved: Wednesday, April 20, 2005 **Number:** 410

Block 831 **Lot** 23 **Zone:** R-7.5

Property Address: 1649 West Princeton Avenue

Applicant: Thomas Santomauro

Property Owner: Justine Christiansen

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Detached deck 35' x 20', 32" high.

Conditions: The deck must be set back at least 5 feet from the rear and side property lines.

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

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

APR 18 2005

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 831 LOT 23 QUALIFIER _____

PROPERTY ADDRESS 1649 WEST PRINCETON AVE

PERSONAL NAME OF APPLICANT THOMAS SANTOMAURO

BUSINESS NAME OF APPLICANT 1515 VALLEY DR WALL NJ 07719

MAILING ADDRESS OF APPLICANT ~~SAME~~ 1649 W. PRINCETON AVE, BRICK, NJ 08724

PROPERTY OWNER'S FULL NAME JUSTIN CHRISTENSEN

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 32 INCHES HT. detached
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ 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 _____ Date 3/22/05

Reviewed by Zoning Office SC Date 4/20/05 (X) Approved ( ) Denied

4/12/05

March 2003

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 VICINITYOF 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: THOMAS SANTOMAURO

SIGNATURE: _____ DATE: 4/12/05

BLOCK: 831 LOT: 23 ADDRESS: 1649 WEST PRINCETON AVE

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 4/12/05

Block: 831 Lot: 23

Property Address: 1649 WEST PRINCETON AVE

I, THOMAS SANTOMAURO (name) of 1649 WEST PRINCETON AVE (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.

Thomas S

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: 4/25/05 Signed:

Rejected on: Signed:

Comments:

DECK CHECK LIST

1. Construction jacket signed and completed — Yes ✓ No ___
2. Zoning application signed and completed — Yes ✓ No ___
3. Two TRUE SIZE surveys showing the dimensions & setbacks — Yes ✓ No ___
4. Building subcode information completed (including cost of work) — Yes ✓ No ___
5. Two sets of plans showing construction of deck (refer to deck guide) — Yes ✓ No ___
6. Engineering form completed — Yes ___ No ✓
7. Completed debris form — Yes ___ No ✓
8. If applicable condominium association approval — Yes ___ No ___

(Bldg) Elect Fire Plumbing (Please mark subcode)

resubmit 4-27-05

CONTROL NUMBER C05134087

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1649 West Princeton

DATE REVIEWED: 4-26-05

REVIEWED BY: FM.

CONTACT (CALLED)/FAXED: @ 9:45 201-874-0843 Left Message

(1) Poor Plans See Deck Guide, Elevations Are Also ReQuired

(2) Elevation Drwg should show Arbor as well & Define Wind Restraint methods For Connections on Arbor Framing

(3) STAIN Details ReQuired

Township of Brick Building Department
Building Permit Requirements (cont'd)

Gas Conversion:
- Complete Plumbing Technical Section
- Provide a Gas Pipe Diagram (length of the run, BTUs, size of the pipe)
- Complete Fire Technical Section
- Electrical Technical Section (shut off switch)
- Complete Building Technical Section (ductwork, chimney)
- Brochures for Furnace and/or Fireplace
- Flood Elevation Certificate if property is located in Flood Zone

Hot Water Heater:
- Completed Plumbing Technical Section
- Complete Electric Technical Section (for new Electric Hot Water Heater only)
- If this is a new Hot Water heater, provide a Gas Pipe Diagram (length of the run, BTUs, size of the pipe)

Pools:
- Complete Zoning Application
- Provide 2 TRUE SIZE surveys indicating (to scale) location, dimensions and setbacks of the pool and Engineering requirements per Ordinance 354-2F-02
- Complete Engineering application
- Complete Building Technical Section
- Complete Electrical Technical Section.
- Submit 2 Engineered sealed plans for an in-ground pool
- A signed and notarized pool certification (fence must meet pool code)
- Above-Ground Pools - same as above however, a brochure is required NOT sealed plans

Roofing/Siding:
- Complete Building Technical Section
- Debris Form if tearing off existing roof/siding
- Only D225 or D3462 shingles are acceptable - 6 nails each
- No plan review required, permit can be issued immediately

Sheds:
- Complete Zoning application
- Provide 2 TRUE SIZE surveys of the property with the shed drawn to SCALE showing the measurements, location and setbacks of the shed
- Complete Engineering application
- Complete Building Technical Section
- Submit 2 detailed plans on the construction of the shed. If shed is pre-fab, submit brochure. All sheds must be anchored.
- If shed is under 100 sqft omit building technical section

Tank Installation:
- Complete Building Technical Section
- Complete Plumbing Technical Section (fuel lines)
- Fuel line sketch show size of lines
- Complete Zoning application if installing above ground tank
- Submit 2 surveys showing the dimensions, setbacks and location of AG tank

Tank Removal (oil):
- Complete Fire Technical Section
- Tank Abatement form

Sprinkler System (Irrigation):
- Complete Plumbing Technical Section (number of heads, backflow preventer)If work is being done by someone other than homeowner the tech must completed by a licensed plumber for the backflow preventer
- If an Auxiliary Meter is being installed an application must be obtained from the BTMUA before applying.

Windows/Doors:
- A direct replacement (same size and style) does not require permit

Windows (protrude from the face of the house):
- Complete Zoning application
- Submit 2 surveys showing dimensions, setbacks and location of window
- Complete Engineering application
- Complete Building Technical Section.
- Provide 2 sets of plans

*****Additions and Single Family Dwellings please see checklist*****

ALL PERMIT JACKETS MUST BE SIGNED AND COMPLETED THOROUGHLY

Township of Brick Building Department
Building Permit Requirements

Air Conditioner:
- Electrical Technical Section completed by Homeowner or licensed electrician
- Plumbing Technical Section (condensate drain) completed
- Brochure for unit
- Building Technical Section to be completed if new ductwork is to be installed

Boiler (for hot water baseboard or radiant heat):
- Plumbing Technical Section completed
- Electrical Technical Section completed (switch)
- Gas pipe sketch (Length of the run, size of the pipe and BTUs of everything on the line) or fuel oil line sketch
- Brochure for boiler
- Building Technical Section for a new chimney or chimney certification if existing (direct vent does not require building technical section to be completed
- If installing a new unit and you are in a Flood Zone; a copy of the flood elevation is required. If it is a direct replacement, you do not need elevation certificate

Demo:
- Building Technical Section completed
- Shut off letters from utility companies if demolishing dwelling, not for interior demo
- Complete Debris form

Furnace (warm air heat):
- Electrical Technical Section (switch) completed
- Plumbing Technical Section (gas pipe or fuel oil line sketch) completed
- Building Technical Section completed if ductwork or a new chimney is being installed or a chimney certification if the chimney is existing
- Fire Technical Section completed

Alteration:
- Building Technical Section completed
- Two copies of the existing and proposed floor plan include detail of construction to be done (sheetrock, insulation, window size, etc.) and use of rooms
- Copy of contract with contractor may be requested to establish cost of work

Bulkhead/Docks:
- Complete Engineering application
- Complete Building Technical Section
- Submit copy of State and Army Corps permit
- Two surveys showing bulkhead and or dock and 2 cross section detail signed by Contractor

Decks:
- Complete Zoning application
- Provide 2 TRUE SIZE surveys of the property with the deck drawn to SCALE showing the measurements, location and setbacks of the deck
- Complete Engineering application
- Completed Building Technical Section
- Two (2) sets of plans showing how the deck will be constructed from the footing to the rail (See deck planning guide)

Fences:
- Complete Zoning application
- Provide 2 TRUE SIZE surveys indicating with X the location of the fence, height and type (stockade, picket, etc) of proposed fence
- Complete Engineering application
- Complete Building Technical Section

Fireplace (gas):
- Complete Fire Technical Section
- Complete Plumbing Technical Section
- Gas Pipe Diagram (length of the run, BTUs, size of the pipe)
- Complete Building Technical Section (if it is cut into the wall or has a vent)
- Brochure for fireplace

Fireplace (wood):
- Complete Building Technical Section
- Provide cross section of foundation, hearth, and throat (masonry chimney)
- Complete Fire Technical Section
- Complete a Zoning application if building a masonry chimney (provide 2 surveys showing setbacks, locations and dimensions)
- Complete a Engineering application (masonry chimney)