

013075



IDENTIFICATION

1. Proposed Work Site at: 1654 W. PRINCETON AVE BRICK

2. Name of Owner in Fee: FRANK FERLISI Tel. [REDACTED]
Address 1654 W. PRINCETON AVE, BRICK 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: SELF Tel. (____) _____
Address _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (____) _____

5. Architect or Engineer NON Tel. (____) _____
Address _____

6. Responsible Person in Charge of Work SELF
Tel. (____) _____ FAX (____) _____

Checked 8/2

Pence

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 16		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	2		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	15		
13. TOTAL	\$		

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 _____

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
EAP	7/26/02 ✓		8/1/02	KV	9/4/02 ✓		
FWR	8/1/02		8/1/02	K			

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ 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 10102473

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

7/24/02

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 _____

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.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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

Name of Code & Edition	Name of Code & Edition	Other
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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/09/2002
Control #
Permit # 02-3025

NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 830 Lot 1 Dual

Part Site Location 1659 WEST PRINCETON AVE

FENCE

Owner in Fee FERLISI, FRANK

Address SAME

BRICK, NJ 08724-

Telephone

Contractor H O H E O H E R

Address

Telephone ()

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter Q only)

DESCRIPTION OF WORK:

4' 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 \$ 1,985

Construction Official

U.C.C. 1170 (rev. 3/76)

Date

PAYMENTS (Office Use Only)

Building 16
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCA Training Fee 2
Cert. of Occupancy 0
Other 24
Total 18
Check No. 5208
Cash
Collected By EOP

8/09/02 10106001 00000003940

007 SERV.007

1023025

BUILDING

DCA

2PA

CHECK

\$16.00

\$2.00

\$15.00

*33.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/26/2002
Date Issued 8/14/02
Control # C30-30
Permit # 02-3025

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000

Block 830 Lot 1 Qual

Work Site Location 1654 WEST PRINCETON AVE

FENCE

Owner in Fee FERLISI, FRANK

Address SAME

BRICK, NJ 08724-

Telephone

Contractor

Address

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HQ-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required 8-1-02-100

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date: 2-1-02

Approved By: [Signature]

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Approval Initial

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 1,985

3. Total (1+2) \$ 1,985

Industrialized Building:

☐ State Approved

☐ HUD

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

4' PICKET FENCE

10' From Street Pavement

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other FENCE

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 16

\$ 0

\$ 0

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 16

OCA Training Fee \$ 2

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/26/2002
Date Issued 8/14/02
Control # C30-30
Permit # 02-3025

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

Block 830 Lot 1 Qual
Work Site Location 1654 WEST PRINCETON AVE

FENCE

Owner in fee FERLISI, FRANK
Address SAME

BRICK NJ 08724-

Contractor

Address

Tele. () Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. HQ-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required *8-1-02-100*

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Failure

Dates (Month/Day)

Approval Initial

Footings

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 1,985

3. Total (1+2) \$ 1,985

Industrialized Building:

☐ State Approved

☐ HUD

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

4' PICKET FENCE

10' From Street Pavement

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other FENCE

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 16

\$ 2

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/26/2002
Date Issued 8/16/02
Control # C30-30
Permit # 0239025

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

Block 830 Lot 1 Qual
Work Site Location 1054 WEST PRINCETON AVE

FENCE

Owner in Fee FERLISI, FRANK

Address SAME

BRICK, NJ 08724-

Tele. [REDACTED]

Contractor [REDACTED]

Address [REDACTED]

Tele. ()

Fax ()

Lic. No. of Bldg. Reg. No. [REDACTED]

Federal Emp. No. HO- [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEWER Date Initial

☒ No Plans Required *6-10-02-FCB*

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date: [REDACTED]

Approved By: [REDACTED]

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 1,985

3. Total (1+2) \$ 1,985

Industrialized Building:

☐ State Approved

☐ HUD

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

4' PICKET FENCE

10' From Street Pavement

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other FENCE

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

TOWNSHIP OF BRICK ZONING PERMIT

Approved: July 30, 2002

No. 2.1284

Block: 830 Lot: 1

Zone: R-7.5

Property Address: 1654 West Princeton Avenue

Applicant: Frank Ferlisi

Property Owner: Frank Ferlisi

Existing Use: Single Family Residential

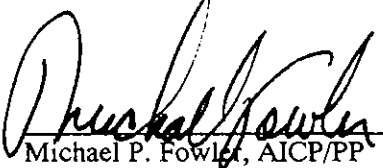
Proposed Use: Single Family Residential

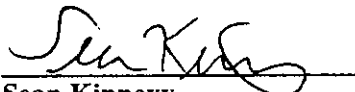
Proposed Construction: 4' high picket fence.

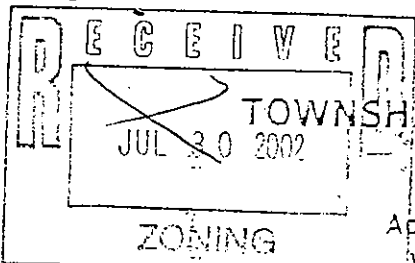
Conditions: The 4' high picket fence must be set back at least 10 feet from the street pavement. There must be at least 2 inches of space between each picket and the pickets must be no wider than 3 ½ inches. The finished side of the fence must face the exterior of the property.

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
Municipal Planner


Sean Kinnevy
Zoning Officer



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 830 Lot 1 Qualifier _____

PROPERTY ADDRESS 1654 W PRINCETON AVE, BRICK, NJ

PERSONAL NAME OF APPLICANT FRANK FERLISI

BUSINESS NAME OF APPLICANT N/A

PROPERTY OWNER FRANK FERLISI

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) _____
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☒ Fence (state type & height) 48" VINYL PICKET FENCE
☐ 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 Frank Ferlisi Date 7/24/02

Reviewed by Zoning Office _____ Date 7/30/02 ☒ Approved ☐ Denied

TOWNSHIP OF BRICK

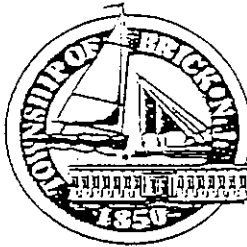
OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

Steven M. Cucci — President
Stephen C. Acropolis
Kimberley S. Casten
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin
Frederick J. Underwood, Sr.



Department of Administration & Finance

Division of Inspections

Daniel F. Newman Jr.

Construction Official

(732) 262-1030

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

Date: 7/24/02

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE:

Block: 830

Lot: 1

Property Address: 1654 W. PRINCETON AVENUE

I, FRANK FERLISI
(name)

of 1654 W. PRINCETON AVENUE
(address)

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

Frank Ferlisi
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of 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.

OFFICE USE

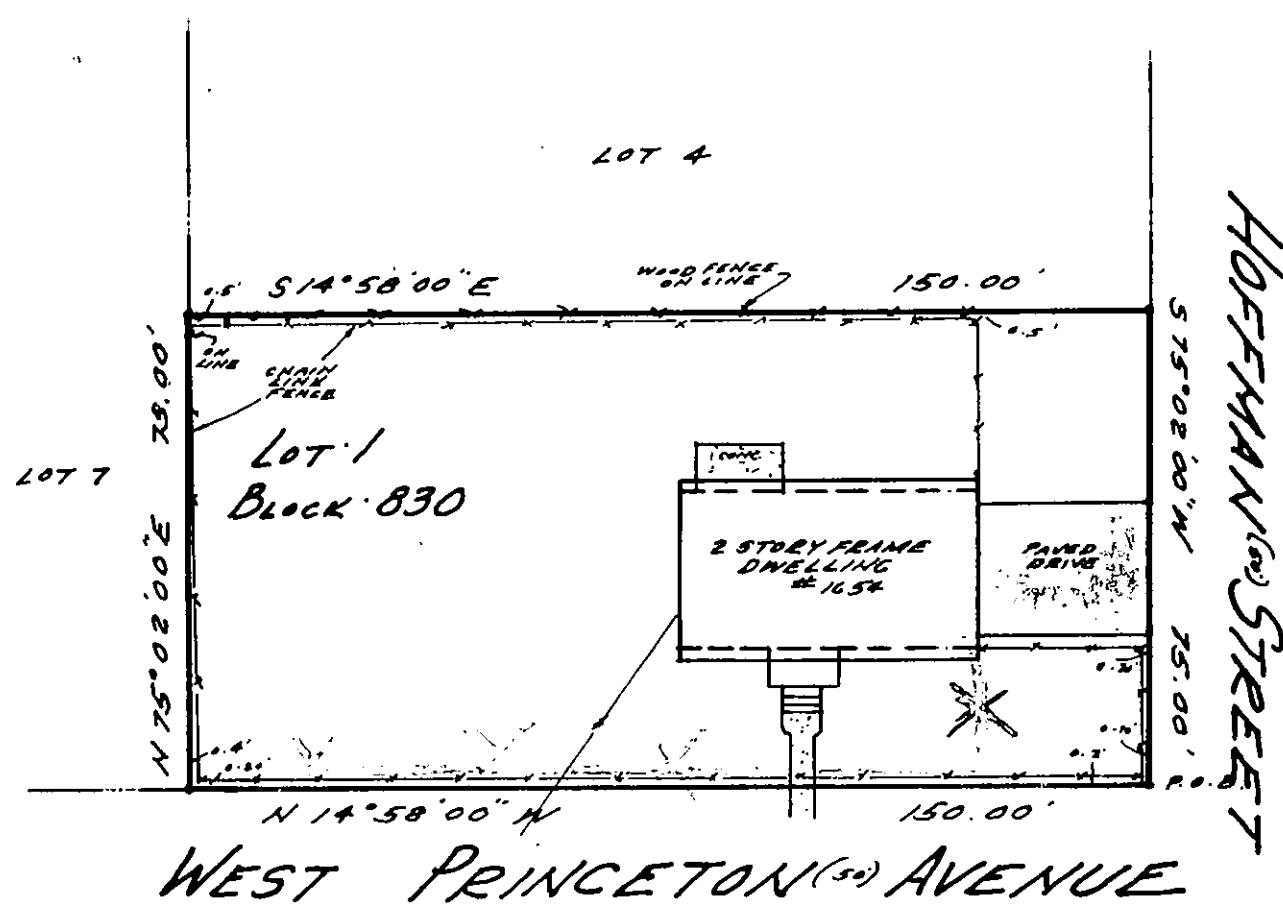
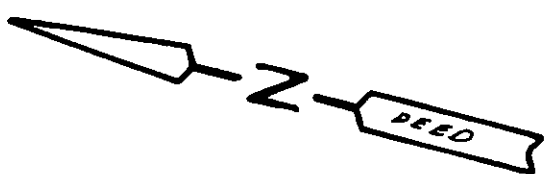
Approved: 8/1/02

Signed: [Signature]

Rejected: _____

Signed: _____

- X NEW FENCE



Waiver of setting corner markers obtained from ultimate user pursuant to the Board of Professional Engineers and Land Surveyors regulation, N.J.A.C. 13:40-5.1(d).

Lot and Block numbers refer to the Township of Brick Tax Map.

MT#14079

SURVEY OF PROPERTY FOR
Lot 1 in Block 830
Township of Brick, Ocean County, New Jersey

CHECK IF APPLICABLE

☒ THIS CERTIFICATION IS MADE ONLY TO THE ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY THE ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR, USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

☒ PHYSICAL LOCATION OF ANY UNDERGROUND UTILITIES ON THIS PROPERTY HAS NOT BEEN MADE.

THIS SURVEY IS CERTIFIED TO
Gisella M. Ferlisi and Frank J. Ferlisi;
Fidelity National Title Insurance Company;
Monmouth Title Agency, Inc.;
Cendant Mortgage Corporation d/b/a Coldwell Banker Mortgage
Its successors and/or assigns, as their interest may appear;
James A. Morris, Esq.;

SCALE 1" = 30'

DRAWN BY L. A. K.

DATE 4/15/02

JOB No. TS # 9538

FIELD BK. 74-38

LEO A. KALIETA & Co.
PROFESSIONAL LAND SURVEYOR
N.J. LIC. NO. 31268
Leo A. Kalita 4/15/02

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1654 W. PRINCETON AVENUE
Block: 830 Lot: 1
Owner's Name: FRANK FERLIST
Owner's Mailing Address: 1654 W. PRINCETON AVENUE
BRICK, NJ 08724
Phone: [REDACTED]

BUILDING

Contractor: [REDACTED]
Address: [REDACTED]
Phone#: [REDACTED]
Lis #: [REDACTED]
Federal Emp # or SSN: [REDACTED]

Technical Data

Description of Work:

4' picket fence

Type of Work

☐ New Building ☐ Siding
☐ Addition ☒ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft

Building Characteristics

Use Group Present: Proposed:
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: \$

Cost of New Building: \$

Total Cost of New Building Work: \$ 1984.59

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Frank J. Ferlist

Please Print Name FRANK J. FERLIST

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN:

Technical Data

Item	Quantity
Lighting Fixtures	<u> </u>
Receptacles	<u> </u>
Switches	<u> </u>
Detectors	<u> </u>
Light Poles	<u> </u>
Motors w/ Fract. HP	<u> </u>
Emergency & Exit Lights	<u> </u>
Communication Points	<u> </u>
Alarm Devices/FAC Panel	<u> </u>
Total	<u> </u>

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit - Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____
Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	
Smoke Detectors _____	
Heat Detectors _____	
Total _____	
Stand Pipes _____	
Kitchen Hood Exhaust System _____	
Pre-Engineered Systems:	
CO2 Suppression _____	
Halon Suppression _____	
Foam Suppression _____	
Dry Chemical _____	
Wet Chemical _____	
Gas/ Oil Fired Appliances:	
Gas Stove _____	
Gas Dryer _____	
Furnace (Gas or Oil) _____	
Gas Fireplace _____	
Gas Logs _____	
Total Appliances _____	
Wood Burning Stove _____	
Wood Fireplace _____	
Other: _____	

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____