BLOCK 830 LOT 1 QUALIFICATION CODE 105.38 ADDRESS (SITE) 1654 W. Princeton PERMIT NO. 03-4183

OK
03

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1654 W. PRINSTON AVE
2. Name of Owner in Fee: FRANK & GISELLA FERLISI Tel [redacted]
   Address 1654 W. PRINSTON (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: OCEAN VIEW REMODELING Tel. (732) 886-8045
   Address 2839 DANBURY LA TOMS RIVER
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work BRUCE
   Tel. (732) 886-8045 FAX ( ) _____

DECK

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 160		
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	8		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	15		
13.	TOTAL	$ 183		

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

		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			9-2-03		9-15-03	FA			
3.	☐ Addition									
4.	☒ Alteration - DECK	6000.-								
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		CWO	9/12/03		9/12/03				
	TOTAL COSTS	6000.00								

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:

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 _____

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.

(X Check if contractor.

Agent Name Ocean View Home Imp.

Address 2839 Danberry La

Toms River, NJ 08755

Telephone (732) 886-8045

Signature Bruce Hoenning

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.									
☐									
☐									

IMPACT - A.H.B.T. - EXEMPT

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.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/19/2003
Control #
Permit # 03-4183

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 830 Lot 1 Qual

Work Site Location 1654 WEST PRINCETON AVE
DECK

Owner in Fee FERLISI, FRANK & GISELLA
Address SAME
BRICK, NJ -
Telephone [redacted]

Contractor OCEAN VIEW HOME IMPROVEMENT
Address 2039 DANBURY LN
TOMS RIVER, NJ
Telephone (732)886-8045
Lic. No. or Bldrs Reg. No.
Federal Exp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
10X32 DECK OFF 2ND FLOOR
INSTALL SLIDING DOOR INTO BACK WALL OF DINNING ROOM REMOVE MULLIAN WINDOW FOR DOORS

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 $ 6,000

Construction Official 09/19/2003 Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.C3E

PAYMENTS (Office Use Only)

Building	160
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	8
Cert. of Occupancy	0
Other	
Total	168
Check No.	2066
Cash	
Collected By	ERP

09/19/03 2:59PM 000000#3786
XX07 SERV.007
#034183
BUILDING $160.00
DCA $8.00
CHECK $168.00

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4-19-03
Date Issued
Control #
Permit # 03/4153

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
Work Site Location 1654 W. PRINSTON AVE
RIVER NJ
Owner in Fee FRANK & GISELLA FERLISI
Address 1654 W. PRINSTON AVE
[redacted]
Tele. [redacted]
Contractor OLEARY WIN & REMODELING
Address 2839 DANBURY LA
TOMS RIVER NJ 08755
Tele. (732) 886-5005 Fax (732) 886-8045
Lic. No. or Bldrs. Reg. No [redacted]
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9-15-03	FH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. 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
1) BUILD 10 x 32 DECK off 2nd floor. with 8 x 6 PAD. R FOUND ON SIDE of house with STEP & LANDING
2) FRAMING TO BE PT with TOP DECKING TO BE BOARDWALK
3) INSTALL SLIDING DOOR INTO BACK WALL of DINING RD. REMOVE MULLION WINDOW FOR DOORS

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration DECK
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110
(rev. 3/96)

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9-19-03
Date Issued
Control # 034183
Permit #

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
Work Site Location 1654 W. Prinston Ave
Brick NJ
Owner in Fee Frank & Gisella Ferlisi
Address 1654 W. Prinston Ave
Brick NJ
Tele. [redacted]
Contractor Oceanview Remodeling
Address 2839 Danbury Ln
Tom River NJ 08755
Tele. (732) 886-8045 Fax (732) 886-8045
Lic. No. or Bldrs. Reg. No [redacted]
Federal Emp. 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
1) Build 10 x 32 deck off 2nd floor with 8x6 ramp around on side of house with step & landing
2) Framing to PT lum with Typ decking to be boardwalk
3) Install sliding door into back wall of dining rd. Remove mullion window for doors

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[X] No Plans Required			Footing				
[X] All	9-15-03	FW	Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Barrier-Free				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes				
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved by:			Final				
			Barrier-Free				

Dates (Month/Day)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration Deck
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (exceeds 6')
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other ______
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

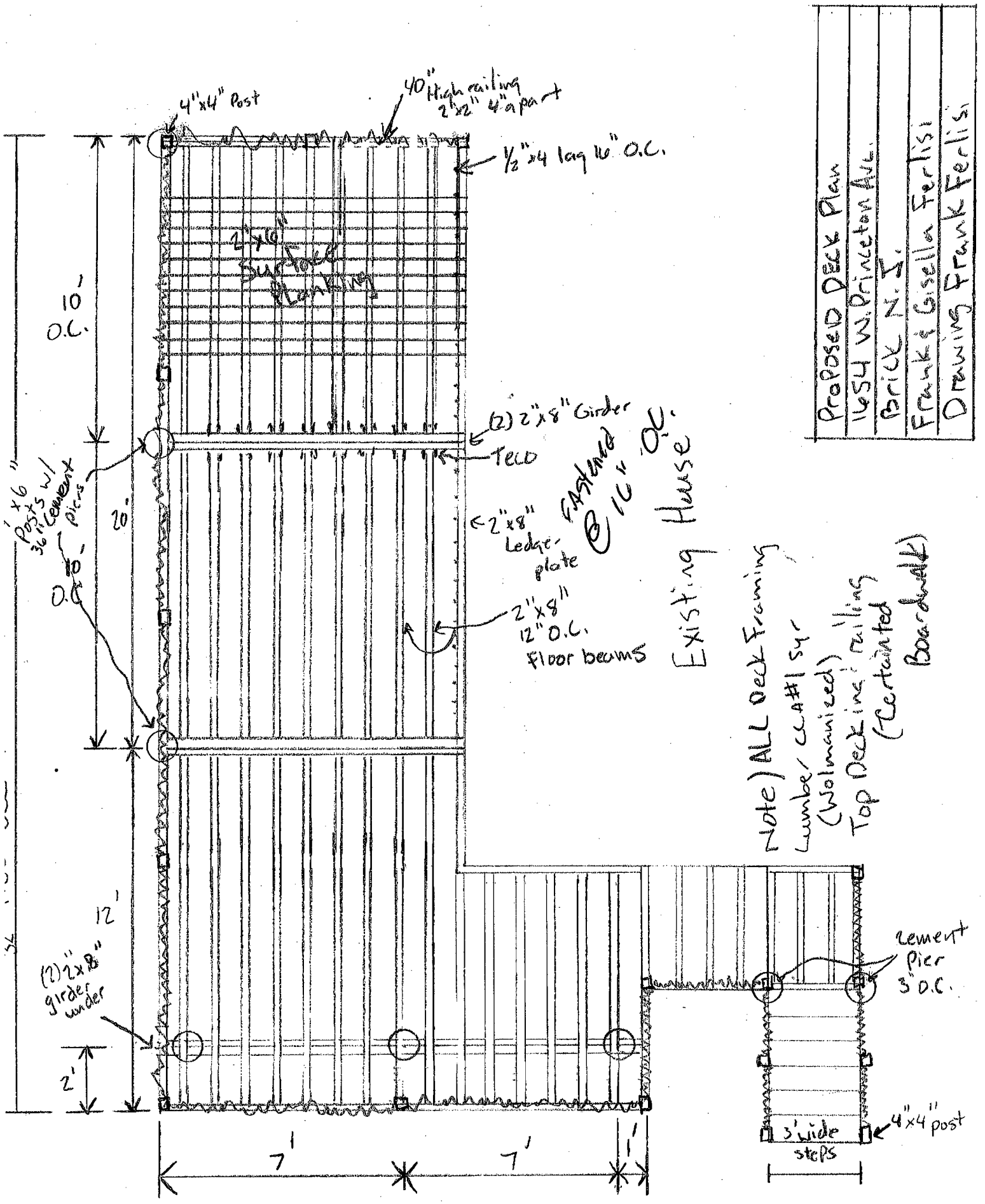
B. BUILDING CHARACTERISTICS

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) $

U.C.C. F110
(rev. 3/96)

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

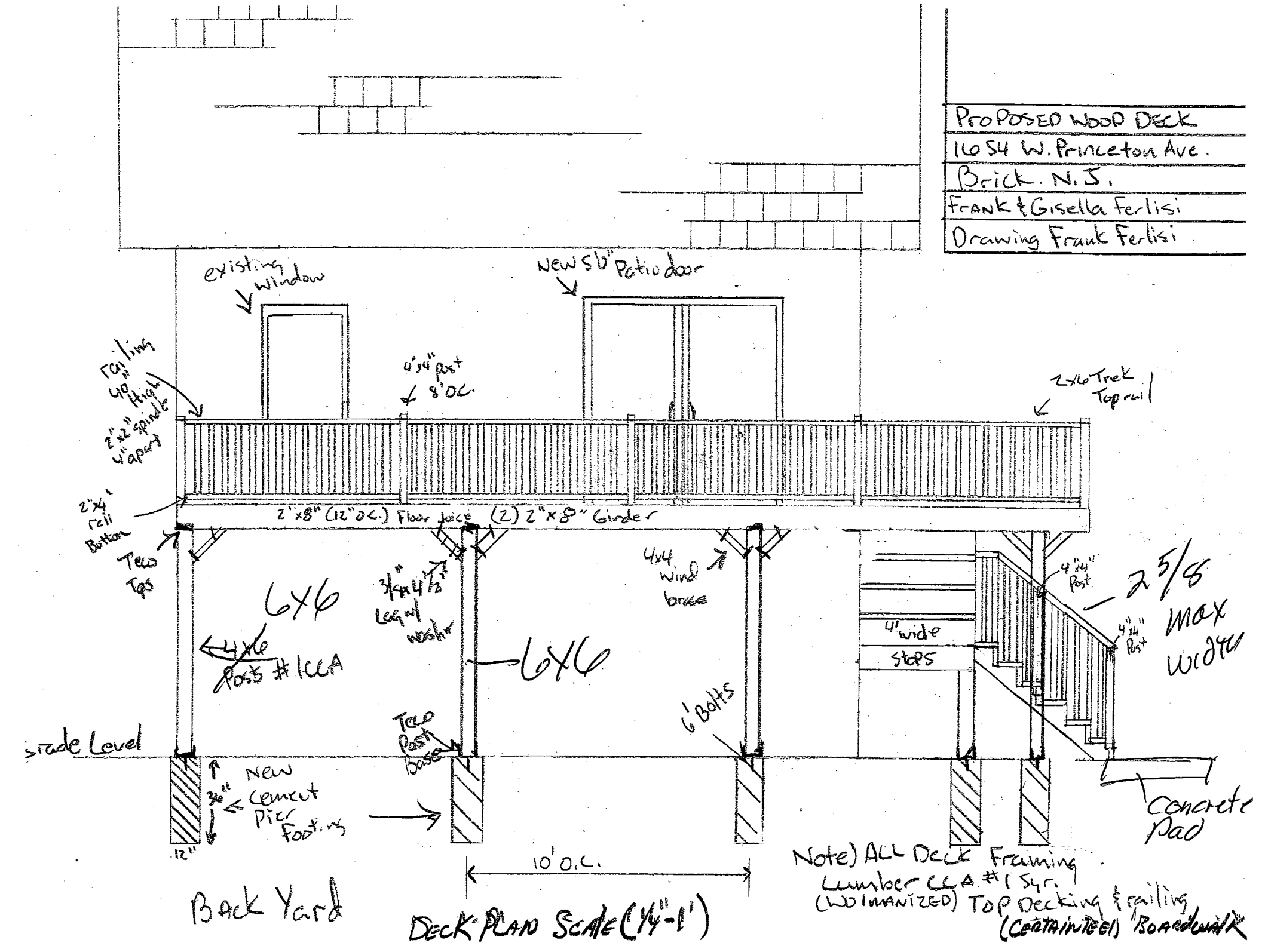


Scale: (1/4" = 1'

Deck Plan

Brick Township

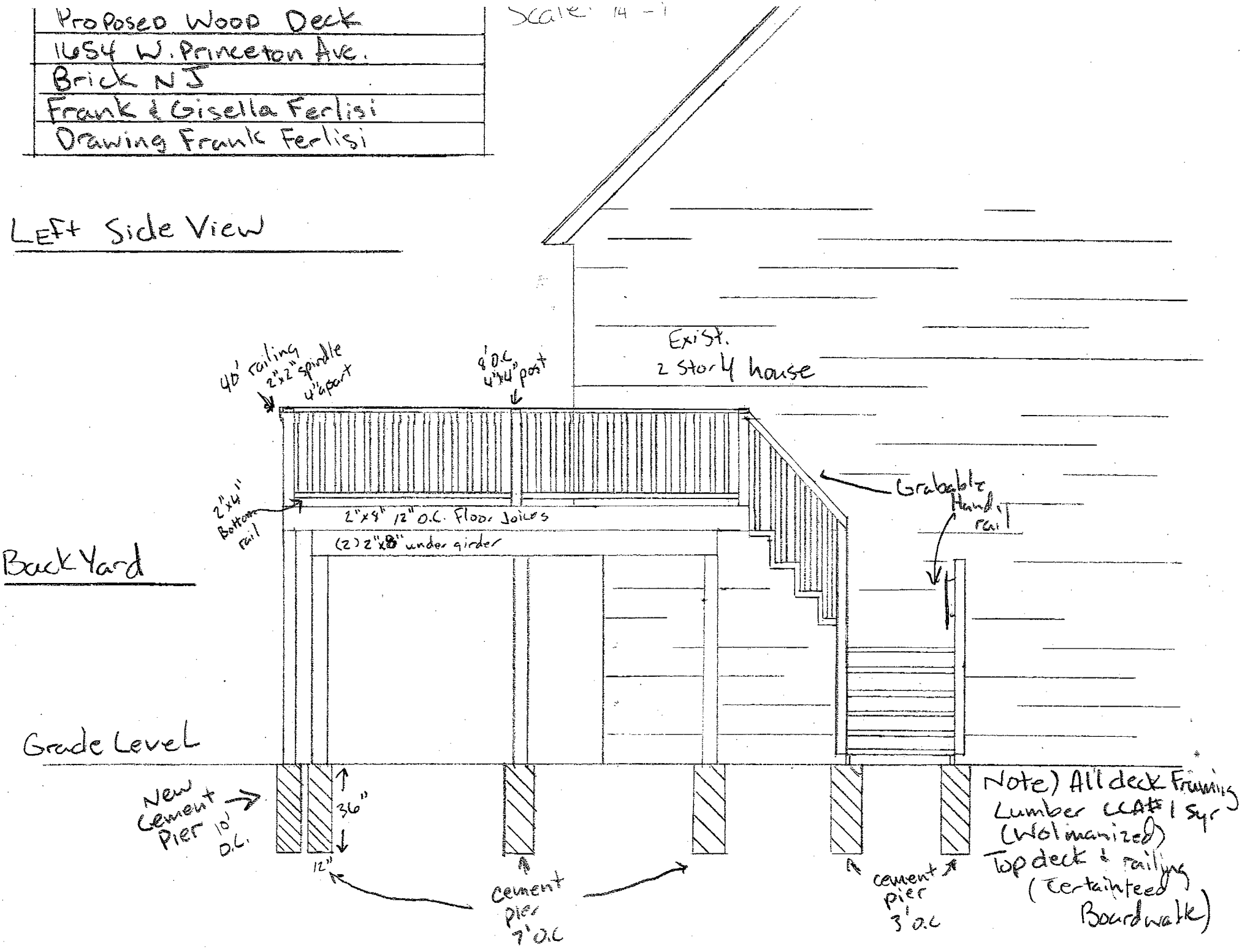
Plan Review	Class	Date	By
Zoning			
Plumbing			
Building	C-15	03	FW
Fire			
Electrical			


PROPOSED WOOD DECK
1054 W. Princeton Ave.
Brick. N.J.
Frank & Gisella Ferlisi
Drawing Frank Ferlisi
existing window
New 5'0" Patio door
railing 42" High
2"x2" spindle 4" apart
4"x4" post 8' O.C.
2x6 Trek Top rail
2"x4" rail Button
Two Tops
2"x8" (12" O.C.) Floor Joice
(2) 2"x8" Girder
6X6
4X6 Posts #1 CCA
3/4"x4 1/2" Lag w/ washer
6X6
4x4 Wind brace
4"x4" Post
4" wide steps
4"x4" Post
2 5/8 max width
6' Bolts
Tec Post Base
Grade Level
36"
New Cement Pier Footing
12"
10' O.C.
Concrete Pad
Back Yard
DECK PLAN SCALE (1/4"-1')
Note) ALL Deck Framing Lumber CCA #1 Syr. (Woodmanized) TOP Decking & railing (Certainteed) "Boardwalk"

Proposed Wood Deck
1654 W. Princeton Ave.
Brick NJ
Frank & Gisella Ferlisi
Drawing Frank Ferlisi

Scale: 1/4 = 1

Left Side View



TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

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: 8/28/03

Block: 830 Lot: 1

Property Address: 1654 W. PRINSTON AVE.

I, FRANK FERLISI (name) of 1654 W. PRINSTON 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.

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.

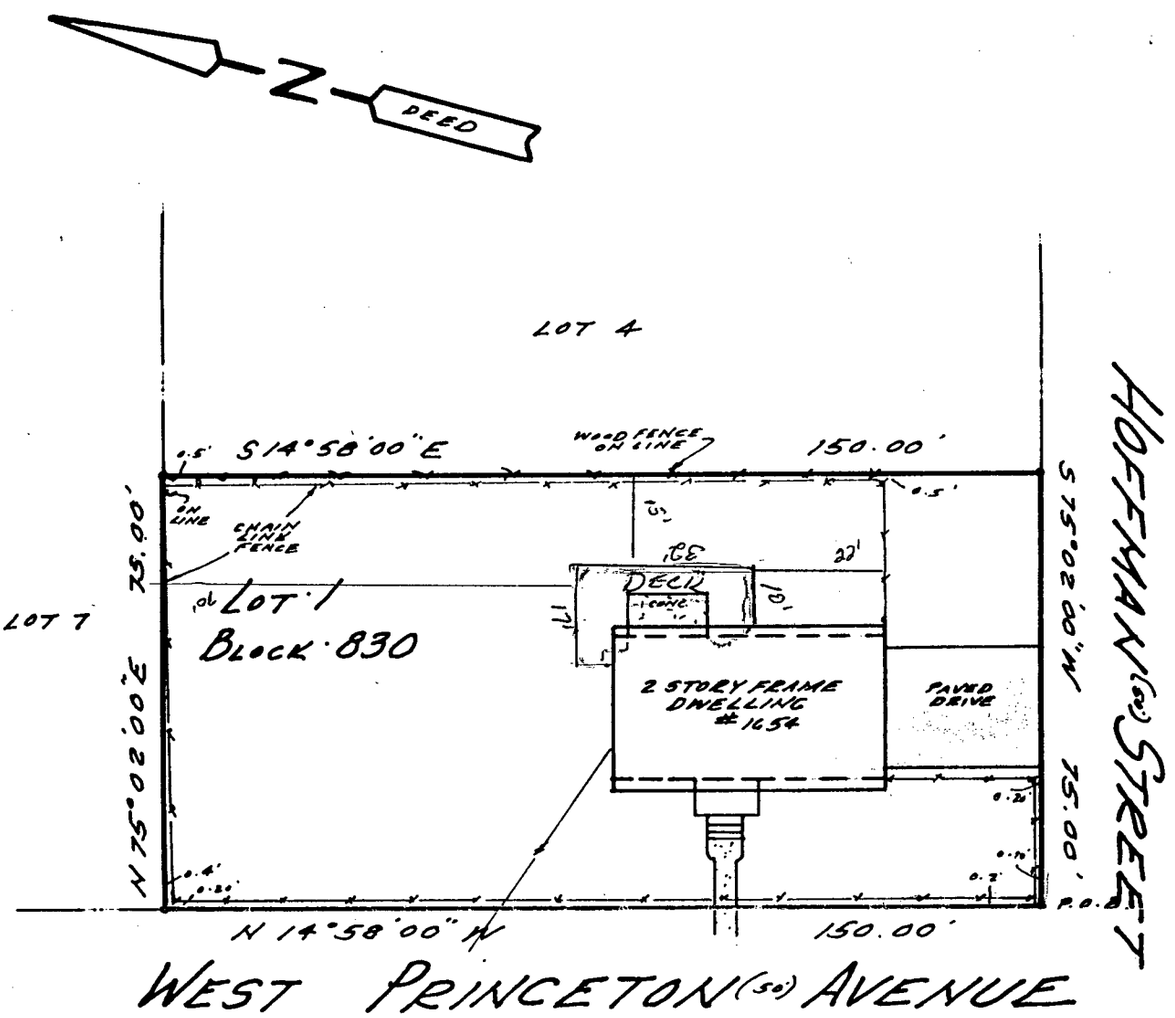
Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 9/12/03 Signed:

Rejected on: Signed:

Comments:



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	DRAWN BY	DATE
1" = 30'	L. A. K.	4/15/02
JOB No.	FIELD BK.	
TS # 3538	74-38	

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

Township of Brick
Zoning Permit

Approved: Tuesday, September 09, 2003 **Number:** 1579

Block 830 **Lot** 1 **Zone:** R-7.5

Property Address: 1654 West Princeton Avenue

Applicant: Jayson Horning, Oceanview Construction

Property Owner: Frank and Gisela Ferlisi

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Second story deck, 17' x 32' x 10', 8' high.

Conditions: The deck must be set back at least 5 feet from the side property line, at least 15 feet from the rear property line and at least 25 feet from the front property line.

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

RECEIVED
SEP 5 2003
ZONING

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

PERSONAL NAME OF APPLICANT Jayson Horning

BUSINESS NAME OF APPLICANT Oceanview Construction

MAILING ADDRESS OF APPLICANT 2835 Danbury Lane Toms River NJ 08755

PROPERTY OWNER'S FULL NAME Frank + Gisella 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) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☒ ~~Porch~~ or deck - Height 2nd flr 8' off Ground
☐ 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 9/2/03

Reviewed by Zoning Office _____ Date 9/9/03 (X) Approved ( ) Denied