BLOCK 190.08 LOT 19 ADDRESS (SITE) 367 Church RD. PERMIT NO. 354-92

RECEIVED
MAR 11 1992
BRK. OF TWP. INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 367 Church RD Brick
2. Name of Owner in Fee: Lucille & Philip McCo Tel. ([redacted])
   Address 367 Church RD (street) Brick (municipality) N.J (zip code) 08723
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: SELF Tel. (____) _____
   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 _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 8-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 8.00		

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

	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	500

Fence

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			3/13/92	AC	3/3/95		WS

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 10103947

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 Lucille McCue Date 3/11/92

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	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☑ Other Zoning	SK	3/12/92	Fence						
☐									
☐									

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 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			

CONSTRUCTION PERMIT

Date Issued 3-13-9
Control #
Permit # 354-9

ENTIFICATION Block 190 Lot 19

ork Site Location 367 Church Rd. Contractor self

Address

wner in Fee Philip McCoe

dress same

Tele. ( )

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

Federal Emp. No.

or Social Security No.

e. ( )

BLOCK

hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

SCRIPTION OF WORK:

fence

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

imated Cost of Work $ 500.-

CONSTRUCTION OFFICIAL

C.C. Form F-170A

PAYMENTS **(Office Use Only)** 190 #

Building LOT

Plumbing 19 #

Electrical BUILDING

Fire Protection TOTAL

Other CHECK

Other CHANGE

DCA Training Fee NO. 5 0003A005

Cert. of Occ.

Other

Total

Check No. 1053

Cash

Collected By:

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-13-92
Control #
Permit # 354-92

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

Block 190.09 Lot 19
Work Site Location 367 Church RD
BRICK N.S
Owner in Fee Lucille & Philip McCue
Address 367 Church RD.
BRICK N.S
Tele: ( )
Contractor SELF
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. 3/
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-3-92
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	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.
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.

X Lucille McCue
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

fence
41 split rail

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 3-13-92
Control #
Permit # 354-92

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

Block 190.08 Lot 19
Work Site Location 367 Church RD
Brick N.J
Owner in Fee Lucille & Philip McCue
Address 367 Church RD.
Brick N.J
Tele. ( )
Contractor SELF
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.

Signature Lucille McCue

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

fence
4' split rail

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	3/13/92	
[ ] 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
  [ ] 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 $

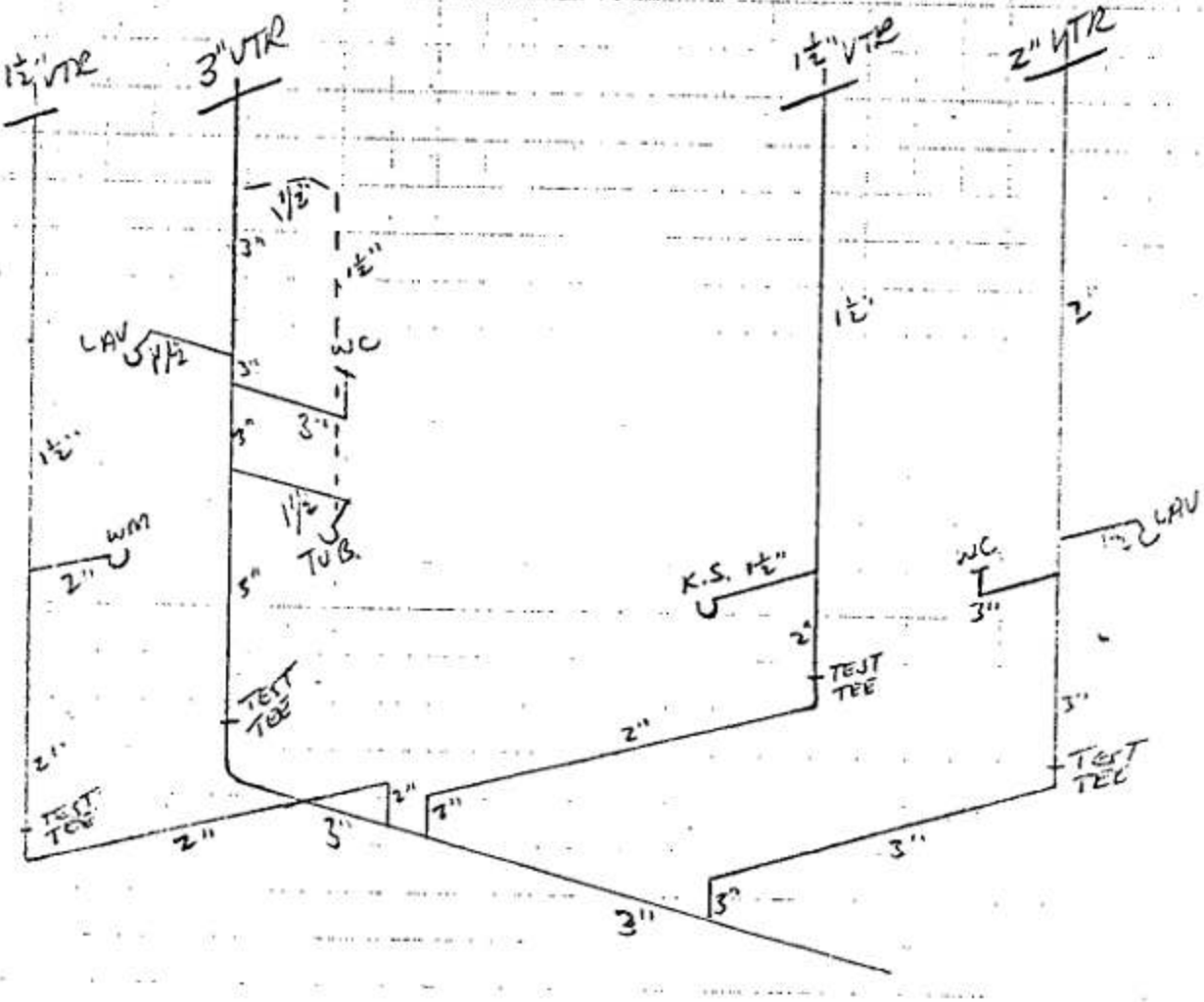
B. BUILDING CHARACTERISTICS

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) $

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

(1½ BATH)


1½" VTR
3" VTR
1½" VTR
2" VTR
1½"
3"
1½"
LAV
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3"
WC
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3"
3"
1½"
WM
2"
1½"
TUB.
5"
K.S. 1½"
WC
3"
LAV
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TEST TEE
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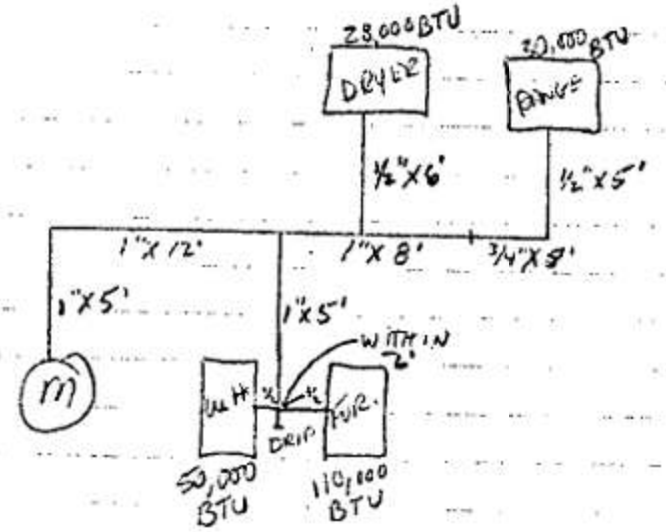
3"


28,000 BTU
DRYER
30,000 BTU
RANGE
½"X6'
½"X5'
1"X12'
1"X8'
¾"X8'
1"X5'
1"X5'
WITHIN 2'
M
WH
DRIP
FURN.
50,000 BTU
110,000 BTU

INSPECTOR: M. Sullivan

DATE: 6-2-89

JOB: Catherine Mar. SD#1671 SECTION: —

TYPE OF WORK: Final Eng Lay

WEATHER: PC Cloudy Rain

LOCATION: 542 Dorothy Pl

TEMPERATURE: 80's

BLOCK: 190.07 LOT: 14

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓ *	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓ NO FABC	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures		✓
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER: * (1) Drain was installed for Back-Pitched Driveway O.K. by J.J.P

(6) Pile of Slate & Dirt to be Removed from Driveway. REJECTED 6/15/89 J.J.P.

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☑ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: 544 Dorothy Pl

DATE: 4/24/09

JOB: Carlstein Manor SD# 1671

SECTION: Addendum

TYPE OF WORK: CO re Insp

WEATHER: Sunny

LOCATION: 544 Dorothy Pl

TEMPERATURE: 60's

BLOCK: 190.07 LOT: 14

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading		✓
3. Sidewalk	✓	
4. Road Pavement	✓ (No FAC)	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

(1,2) Hold for asbuilt on dipe right rear corner, and grading thereof.

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☑ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: M. Sullivan

DATE: 3-23-89

JOB: Catherine Mac SD# 1671

SECTION: 1

TYPE OF WORK: Final Eng

WEATHER: Sunny

LOCATION: 544 Dorothy PL

TEMPERATURE: 40°

BLOCK: 190.07

LOT: 14

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading		✓
3. Sidewalk	✓	
4. Road Pavement	✓ NO F.A.B.C	
5. Landscaping & Sodding	✓x	
6. Clean-up Procedures		✓
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER: ① Driveway appears to be BACK DITCHED. Flow on Right hand side by Garage

② Left side is flat - It appears water is standing - Grading needed Around Clean-out Sewer. (As built may be needed)

⑥ Debris to be cleaned up Around Lot - (Dead Limbs) Conc. etc.

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☑ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

REJECTED 3/27/89 7 x 4

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: K Shafer

DATE: 2/20/89

JOB: Carterin Manor SD# 1671

SECTION: Addendum #1

TYPE OF WORK: CO Insp.

WEATHER: Pt Sunny

LOCATION: 544 Dorothy Place

TEMPERATURE: 40°,

BLOCK: 190.07 LOT: 14

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading		✓
3. Sidewalk	✓	
4. Road Pavement	✓ (No FABC)	see note
5. Landscaping & Sodding		✓
6. Clean-up Procedures		✓
7. Note on going construction in immediate area	on going	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

① Driveway Right Rear low

②⑤⑥ Grading needed / Debris clean-up

* Note Pot hole to be fixed @ Dorothy Place where exist pavement meets new.

RECEIVED 2/21/89 JH

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

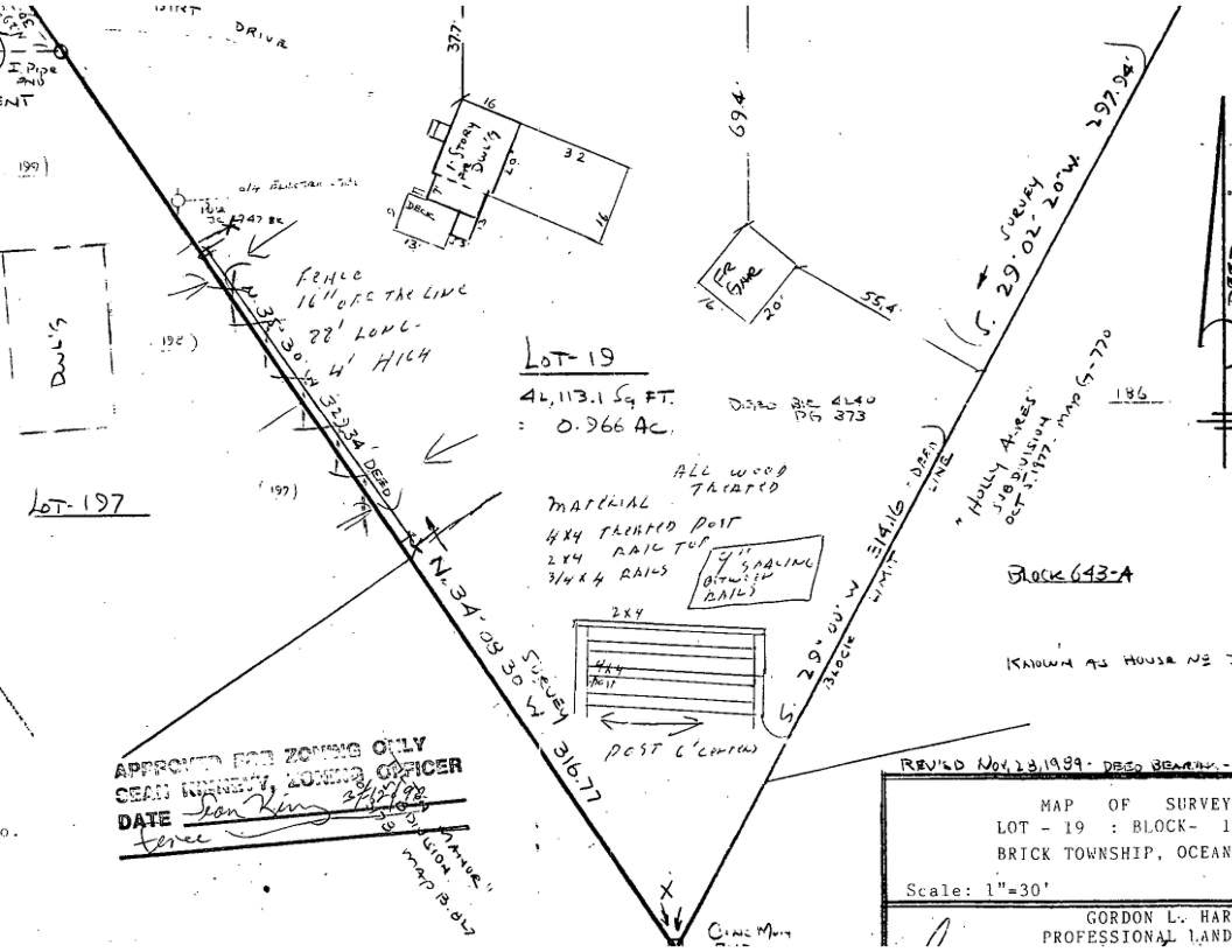
☑ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.


LOT-19
42,113.1 Sq FT.
: 0.966 Ac.
LOT-197
BLOCK 643-A
1½ STORY FR. DWL'G
DECK
FR GAR
DWL'G
FENCE 16" OFF THE LINE 22' LONG- 4' HIGH
ALL WOOD TREATED MATERIAL
4X4 TREATED POST
2X4 RAIL TOP
3/4 X 4 RAILS
4" SPACING BETWEEN RAILS
POST 6' CENTER
S. 29°02'20" W. 297.94' SURVEY
N. 34°03'30" W. 316.77 SURVEY
S. 29°00' W. 314.16 - DEED LINE
BLOCK LIMIT
"HOLLY ACRES" SUBDIVISION OCT 5 1977. MAP G-770
DEED BK 4440 PG 373
KNOWN AS HOUSE NO.
REVISED NOV. 23, 1999 - DEED BEARING -
MAP OF SURVEY
LOT - 19 : BLOCK- 1
BRICK TOWNSHIP, OCEAN
Scale: 1"=30'
GORDON L. HAR
PROFESSIONAL LAND
APPROVED FOR ZONING ONLY
ZONING OFFICER
DATE
I. Pipe
DIRT DRIVE
CONC MON