BLOCK 818 LOT 6 QUALIFICATION CODE — ADDRESS (SITE) 1593 Route 88 West PERMIT NO. 15-4218

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

(LH) C-15-005085

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

I. IDENTIFICATION

1. Proposed Work Site at: 1593 Route 88 West
2. Name of Owner in Fee: Gaelx Venture LLC
   Tel. (732) 840-5900 e-mail skennealy@starkeykelly.com
   Address 1593 Route 88 West (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public ✓ Private ____
4. Principal Contractor: Owner Tel. ( ) ____
   Address ____ e-mail ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Scott Kennelly
   Tel. (732) 840-5900 FAX: (732) 840-5901

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 900 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	38		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other EP	Exempt		
13. TOTAL	$ 938		

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. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____
12. Wetlands yes ____ no ____

EXEMPT COMMERCIAL

IIa. PROPOSED WORK

- ☒ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		LH		10/28/15	11/05/15	MK			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Exempt	10/21/15		10/21/15	KBJ			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: Total Units / Income-restricted
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change In Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 4/25/2016
Control Number C-15-005285
Permit Number 15-4218
Permit Issue Date 12/4/2015
Certificate Number 15-4218

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1593 ROUTE 88 Brick Township, NJ 08724 Block: 818 Lot: 6 Qual:

Owner in Fee: GAELIC VENTURE LLC

Owner Address: 1593 RT 88 W BRICK NJ 08724

Telephone: (732) 840-5900

Contractor GAELIC VENTURE LLC

Address 1593 RT 88 W BRICK NJ 08724

Telephone: (732) 840-5900 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HANDICAP RAMP ...REPLACE PAVER WALKWAY & DAMAGED SIDEWALK

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:
Collected By:

Date Printed: 4/25/2016

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 12/4/15

Date Issued Permit # 15-4218

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

Block 818 Lot 6 Qualification Code

Work Site Location 1593 Rout 88 West Brick NJ

Owner in Fee: Gaelic Venture LLC

Tel. (732) 840 5900 e-mail skennedy@stonehenge.com

Address 1593 Route 88 West (street) Brick (municipality) 08724 (zip code)

Contractor: owner Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	11/05/15	VEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 11/05/15

Approved by: VEH

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 04/25/16

Approved by: VEH

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			01/04/16	VEH
Footing Bonding				
Foundation			1-7-16	VEH
Slab			1-7-16	VEH
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
~~TCO~~ Back Fill			1-7-16 pm	
Other				
Final			4/19/16	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 20,000
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110 (rev. 11/09)

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.

Sign here:

Print name here: Scott Kennedy

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace paver walkway and install new concrete for all pavers. Construct new 24 x 11 foot ADA ramp and two stairs. Repair damaged concrete sidewalk

SOIL BEARING REPORT REQ'D

TYPE OF WORK: See NOTE Pg A-2 on Plans

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

CONSTRUCTION PERMIT

Date Issued 12/4/15
Control # C-15-005285
Permit # 15-4718

IDENTIFICATION Block: 818 Lot: 6 Qualifier
Work Site Location: 1593 ROUTE 88 Brick Township, NJ 08724
Owner in Fee GAELIC VENTURE LLC
1593 RT 88 W BRICK NJ 08724
Telephone: (732) 840-5900

Contractor GAELIC VENTURE LLC
Address 1593 RT 88 W BRICK NJ 08724
Telephone: (732) 840-5900
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:
HANDICAP RAMP ...REPLACE PAVER WALKWAY & DAMAGED SIDEWALK

Note: If constuction 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 $20,000

David T. Newman Jr. — Construction Official
11/9/15 — Date

PAYMENTS (Office Use Only)

Building	$900
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$38
CO Fee	
Other	$0
Total	$938
Check No.	4750
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

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(f)1.ix:

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. (Y) I further certify that I will perform or supervise the following work:
C.1. (Y) 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 9/30/15

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. 5:23-2.15(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.

RECEIVING CLERK LF
DATE REC'D 9/30/15

ZONING PERMIT APPLICATION

PERMIT # ZP-15-063
DATE ISSUED 12/4/15

BLOCK: 818 LOT: 6 QUALIFIER: _____ SITE ADDRESS: 1593 Route 88 West Brick NJ 08724

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Gaelic Venture, LLC
   COMPLETE ADDRESS: 1593 Route 88 West Brick NJ 08724
   PHONE # 732-840-5900 EMAIL: skennedy@starkeykelly.com
2. NAME OF APPLICANT: Same - Scott Kennedy
   APPLICANT ADDRESS: _____
   PHONE # _____ EMAIL: _____
3. RESPONSIBLE PERSON FOR WORK: _____
   PHONE# _____ FAX# _____
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 0-
OTHER: $ _____
TOTAL: $ 0-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: B
PROPOSED USE: offices

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Replacement of paver walkway with ADA complient ramp + stairs + sidewalk repair

ZONING REVIEW:
DATE REVIEWED: 10-17-15 DATE DENIED: _____ DATE APPROVED: 10-17-15 INTLS: [signature]

OFFICE USE ONLY

RECEIVED
OCT 19 2015
ZONING

ZONING REVIEW:

DATE REVIEWED: 10/19/15 DATE DENIED: — DATE APPROVED: 10/19/15 INTLS:

DATE:	COMMENTS:	INITIALS:
10/19/15	SENT TO KS	

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-15-01466
Application Date: 10/16/2015
Project Number:
Permit Number:
Fee: $0

Zoning Permit

Worksite Location: **1593 ROUTE 88**
Brick Township, NJ 08724

Block: **818**
Lot: **6**
Qualifier:
Zone: **B-1**

Owner: **GAELIC VENTURE LLC**
Address: **1593 RT 88 W**
BRICK, NJ 08724

Applicant: **GAELIC VENTURE LLC**
Address: **1593 RT 88 W**
BRICK, NJ 08724

Application Approved Date: 10/17/2015

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Professional Offices

Nonconforming Use is:

Work Description:
ADA Compliant Ramp & Stairs - Replacement paver walkway with ADA compliant ramp, stairs and sidewalk repair.

Additional Zoning Permit is required for additional work or signage.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Office of Zoning — 10/17/2015 Date

Sean Kinnevy, Zoning Officer — 10/19/15 **Date**

11/4/15 FAX
732-840-5901
(m)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, October 28, 2015

To: GAELIC VENTURE LLC
1593 RT 88 W
BRICK, NJ 08724

RE: Building Subcode
Block: 818 Lot: 6 Qual:
1593 ROUTE 88
Permit Number: Control Number: C-15-005285
Last Submit Date: Wednesday, October 21, 2015

Dear GAELIC VENTURE LLC,

Your request is hereby denied based upon the following infractions.

The footing sits on un balanced fill where the existing basement exists.

Sincerely,

Michael Vecchio, [redacted]

CC:

11/05/15
Released w/ NOTE on Pg A-2 of Plans
Soil Bearing Report Required.
KEK

* * * Communication Result Report (Nov. 4. 2015 2:48PM) * * *

1)
2)

Date/Time: Nov. 4. 2015 2:47PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
0918	Memory TX	917328405901	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, October 28, 2015

To: GAELIC VENTURE LLC
1593 RT 88 W
BRICK, NJ 08724

RE: Building Subcode
Block: 818 Lot: 8 Qual:
1593 ROUTE 88
Permit Number: Control Number: C-15-005285
Last Submit Date: Wednesday, October 21, 2015

Dear GAELIC VENTURE LLC,

Your request is hereby denied based upon the following infractions.

The footing sits on un balanced fill where the existing basement exists.

Sincerely,

Michael Vecchio, [redacted]

CC:

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: CH
PERMIT #: ENG-15-00583

BLOCK: 818 LOT: 6 ADDRESS: 1593 Route 88 West

IDENTIFICATION:

1. WORK SITE ADDRESS: 1593 Route 88 West
2. NAME OF OWNER IN FEE: Gaelic Venture LLC
   ADDRESS: 1593 Route 88 West PHONE #: (732) 840 5900
   Back NJ. FAX #: (732) 840-5901
3. PRINCIPAL CONTRACTOR: _____
   ADDRESS: _____ PHONE #: (___) _____
   _____ FAX #: (___) _____
4. ARCHITECT OR ENGINEER: Maxine Giordano AIA - LLC
   ADDRESS: PO Box 155 Middletown NJ 07748 PHONE: # (732) 391-3908
5. RESPONSIBLE PERSON FOR WORK: _____
   ADDRESS: _____

PHONE #: (___) _____ FAX #: (___) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ ADA
REVIEW FEE: $
INSPECTION FEE: $
OTHER _____: $ Exempt
BOND(S): $
TOTAL: $

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☒ OTHER Remove pavers, construct handicapped ramp + new sidewalks

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 10/21/15 DATE REJECTED: _____ DATE APPROVED: 10/21/15 INITIALS: KS

Township of Brick

401 CHAMBERS BRIDGE ROAD
BRICK, NEW JERSEY 08723
(732) 262-1040, FAX (732) 262-2941
Division of Engineering

COMMERCIAL SITE MAINTENANCE PERMIT

(For Office Use Only)
Date of Application: _____ Permit No. : _____
(to be assigned by Engineer)

Applicant: ✓ Owner ___ Tennant ___ Contractor ___ Property Manager

Property Owner/Applicant Gaelic Venture, LLC
Address 1593 Route 88 West Brick NJ 08724
Phone number(s)/email 732-840-5500
skennedy@starkeykelly.com

Contractor _____
Address _____
Phone number(s)/email _____

Work Site Location: 1593 Route 88 West Brick

Block / Lot number(s) of location of work: Block 818 Lot(s) 6

Please check the corresponding box & please fill out the appropriate section(s) that follow:

- ☐ **Sealcoat/Restripe** — See Parts A&B
- ☐ **Asphalt Overlay** — See Parts A&B
- ☐ **Other** — See Part B Only

Written explanation of scope of work:
Remove paver sidewalk and ramp. Install ADA compliant ramp and stairs & repair sidewalk.

Signature of Applicant _____ Date 9/30/15

Signature of Contractor _____ Date _____

Permit No. _____
Date _____

PART A – PAVEMENT: - PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED.
INCOMPLETE PERMITS WILL NOT BE REVIEWED!

Requirements:

☐ 1) Survey or Approved Site Plan of property, drawn to a minimum scale of 1"=60', showing Existing Lot Striping, Handicap Accommodations, Drainage, and Grading and Dimensions. Survey should also show all restricted use areas (i.e. easements, wetlands)

☐ 2) Written explanation of scope of work:

_____

_____

_____

☐ 3) Handicap Striping Compliant with Current Federal ADA Standards

- ☐ Yes
- ☐ No (*CONFORMANCE REQUIRED* - see attached example)
  ****Striping must be reviewed and approved prior to proceeding*)**

☐ 4) Site Has Storm Drainage Structures
Upgrade to Eco-Type 'N' Castings/Bike Safe Grates Required by §396-8

☐ 5) Start of work date: _____

☐ 6) Approximate completion of work date: _____

☐ 7) Outside Agency Approvals (where required)

- ☐ NJDEP _____
  (type of permit, permit number and date)
- ☐ County Soil District _____
  (permit number and date)
- ☐ Other _____

311 ACCESS BRICK TOWNSHIP

Permit No. _____
Date _____

PART B – OTHER: - **PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED!**
☑ **INCOMPLETE PERMITS WILL NOT BE CONSIDERED!**

Requirements: ☑ 1) Survey of property, drawn to scale, indicating:

- ☐ a) existing structures, easements and all other restricted areas (wetlands, wetlands buffers, 100–year flood lines, etc)
- ☐ b) areas of limits of disturbance to be clearly marked
- ☐ c) Minimum Scale 1" = 60'
- ☐ d) all other information on grading, topography and drainage patterns as required by Engineer.

2) Type of Work

- ☑ Concrete (i.e. Sidewalks, Curbs, Aprons)
- ☐ Drainage (i.e. Storm System Repairs, Roof Leaders)
- ☐ Landscaping

☐ 3) Brief explanation and description of work and its purpose

Replacement of paver walkway and ramp with concrete ADA ramp, stairs and walkway repair

☐ 4) Start of work date: _____

☐ 5) Approximate completion date: _____

☐ 6) Permits obtained (where applicable)

- ☐ NJDEP _____ type of permit, permit number and date
- ☐ County Soil District _____ permit number and date
- ☐ Other _____

311 ACCESS BRICK TOWNSHIP

Permit No. _____
Date _____

(For Office Use Only)

Following permit fees non-refundable

FEES: 1) $150 Amount: $_____ Paid on: _____ (date)

Check No. _____ Received by _____

2) Escrow & Inspection Fees

TYPE

- ☐ Plan review Amount: $_____ Paid on (date) : _____
- ☐ Inspection w/(W9) Amount: $_____ Paid on (date): _____
- ☐ Bond Amount: $_____ Paid on (date): _____

The above stated party is authorized to perform the grading and/or clearing work as described above. All work shall be performed in conformance with all applicable Brick Township Ordinance, Chapters 168, 383 and 396.

Approved _____ _____ _____

Signature of Twp. Engineer or agent | Print Name | Date

Conditions _____

_____

_____

_____

_____

_____

311 ACCESS BRICK TOWNSHIP

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	JC	10/19/10							ZA-10-01466
☐ 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.				