

23/8-93



3. Change in Use Group,  
Indicate Former:

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 \_\_\_\_\_

ZNA

**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.

X 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 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.

X Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

COMMENTS

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)            | LOCAL APPROVAL    |            | COUNTY APPROVAL   |            | REGIONAL APPROVAL |            | STATE APPROVAL    |            |
|-----------------------------------------------------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|
|                                                                 | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date |
| <input type="checkbox"/> Planning Board                         |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Zoning Board                           |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Sewer Authority                        |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Water Authority                        |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Fire Department                        |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Police Department                      |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Health Department                      |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Soil Conservation                      |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> N.J. Department of Transportation      |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Utility Dig No.                        |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Other                                  |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |

**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 EXPIRED**

|                                                             |           |       |
|-------------------------------------------------------------|-----------|-------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____ | _____ |
| <input type="checkbox"/> Certificate of Approval            | No. _____ | _____ |
| <input type="checkbox"/> None                               |           |       |



# CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

9/29/93

2318-93

IDENTIFICATION Block

902

Lot

8

Work Site Location

5.95 Mudstream Rd

Contractor

J. C. Vee School

Address

Owner in Fee

Bruck Bldg of Ed

Address

121 1/2 Hildrich Ave

Tele. ( )

Bruck

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING☐ PLUMBING☐ OTHER☐ ELECTRICAL☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Shed

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 \$

60-

CONSTRUCTION OFFICIAL

## PAYMENTS (Office Use Only)

Building

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

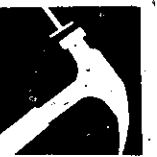
Other

Total

Check No.

Cash

Collected By:



Date Received  
Date Issued  
Control #  
Permit #

9/29/93  
13  
NOV 29 1993

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

Block 902 Lot 8  
Work Site Location Midstreams School

Owner in Fee Brick Board of Education  
Address 101 Hendrickson Ave. Brick

Contractor Ocean County Vocational School  
Address 350 Chambersbridge Rd.

Tele: (908) 920-0050

Lic. No. or Bidr's. Reg. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_  
Federal/Emp. No. \_\_\_\_\_

JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                  | Date    | Initial | INSPECTIONS | Dates (Month/Day) | Failure | Failure | Approval | Initial |
|----------------------------------------------------------------------------------------------|---------|---------|-------------|-------------------|---------|---------|----------|---------|
| <input checked="" type="checkbox"/> No Plans Req.                                            |         |         | Type:       |                   |         |         |          |         |
| <input checked="" type="checkbox"/> All                                                      | 9/29/93 | MB      | Footings    |                   |         |         |          |         |
| <input type="checkbox"/> Footings                                                            |         |         | Foundation  |                   |         |         |          |         |
| <input type="checkbox"/> Foundation                                                          |         |         | Slab        |                   |         |         |          |         |
| <input type="checkbox"/> Frame                                                               |         |         | Frame       |                   |         |         |          |         |
| <input type="checkbox"/> Other                                                               |         |         | Insulation  |                   |         |         |          |         |
| Joint Plan Review Required:                                                                  |         |         | Finishes:   |                   |         |         |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |         |         | Energy      |                   |         |         |          |         |
| SUBCODE APPROVAL                                                                             |         |         | Mechanical  |                   |         |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |         |         | TCO         |                   |         |         |          |         |
| Date:                                                                                        |         |         | Other       |                   |         |         |          |         |
| Approved By:                                                                                 |         |         | Final       |                   |         |         |          |         |

B. BUILDING CHARACTERISTICS

| Use Group                   | Present | Proposed | Est. Cost of Bldg. Work: |
|-----------------------------|---------|----------|--------------------------|
| Constr. Class               | Present | Proposed | 1. New Bldg. \$ _____    |
| No. of Stories              |         |          | 2. Alteration \$ _____   |
| Height of Structure         |         |          | 3. Total (1+2) \$ _____  |
| Area—Largest Floor          |         |          |                          |
| Total Bldg. Area/All Floors |         |          |                          |
| Volume of Structure         |         |          |                          |
| Total Land Area Disturbed   |         |          |                          |

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

More location of shed from O.C. loc to Midstreams School.

TYPE OF WORK:

|                                             |               |
|---------------------------------------------|---------------|
| <input type="checkbox"/> New Building       |               |
| <input type="checkbox"/> Addition           |               |
| <input type="checkbox"/> Alteration         |               |
| <input type="checkbox"/> Roofing            |               |
| <input type="checkbox"/> Siding             |               |
| <input type="checkbox"/> Other              |               |
| <input type="checkbox"/> Demolition         |               |
| <input type="checkbox"/> Miscellaneous      |               |
| <input type="checkbox"/> Fence              | Height _____  |
| <input type="checkbox"/> Sign               | Sq. Ft. _____ |
| <input type="checkbox"/> Pool               |               |
| <input type="checkbox"/> Elevator           |               |
| <input type="checkbox"/> Asbestos Abatement |               |
| <input type="checkbox"/> Other              |               |

(Office Use Only)

|                                             | FEE      |
|---------------------------------------------|----------|
| Paid <input type="checkbox"/> Check # _____ | \$ _____ |
| Collected by: _____                         | \$ _____ |
| Administrative Surcharge                    | \$ _____ |
| Minimum Fee                                 | \$ _____ |
| TOTAL FEE                                   | \$ _____ |



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

9/29/93  
2318-93

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

Block 902 Lot 8  
Work Site Location Midstreams School

Owner in Fee Brick Board of Education  
Address 101 Hendrickson Ave. Brick

Tele. ( )  
Contractor Ocean County Vocational School  
Address 350 Chambersbridge Rd.

Tele. 908 920-0050  
Lic. No. of Bldrs. Reg. No. \_\_\_\_\_  
Federal/Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                  | Date    | Initial | INSPECTIONS | Dates (Month/Day) | Initial |
|----------------------------------------------------------------------------------------------|---------|---------|-------------|-------------------|---------|
|                                                                                              |         |         | Type:       | Failure           | Failure |
| <input type="checkbox"/> No Plans Req.                                                       |         |         | Footling    |                   |         |
| <input checked="" type="checkbox"/> All                                                      | 9/29/93 |         | Foundation  |                   |         |
| <input type="checkbox"/> Footling                                                            |         |         | Slab        |                   |         |
| <input type="checkbox"/> Foundation                                                          |         |         | Frame       |                   |         |
| <input type="checkbox"/> Frame                                                               |         |         | Insulation  |                   |         |
| <input type="checkbox"/> Other                                                               |         |         | Finishes:   |                   |         |
| Joint Plan Review Required:                                                                  |         |         | Energy      |                   |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |         |         | Mechanical  |                   |         |
| SUBCODE APPROVAL                                                                             |         |         | TCO         |                   |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |         |         | Other       |                   |         |
| Date                                                                                         |         |         | Final       |                   |         |
| Approved By:                                                                                 |         |         |             |                   |         |

**B. BUILDING CHARACTERISTICS**

| Use Group                   | Present | Proposed | Est. Cost of Bldg. Work: |
|-----------------------------|---------|----------|--------------------------|
| Constr. Class               | Present | Proposed | 1. New Bldg. \$ _____    |
| No. of Stories              |         |          | 2. Alteration \$ _____   |
| Height of Structure         |         | Ft.      | 3. Total (1+2) \$ _____  |
| Area—Largest Floor          |         | Sq. Ft.  |                          |
| Total Bldg. Area/All Floors |         | Sq. Ft.  |                          |
| Volume of Structure         |         | Cu. Ft.  |                          |
| Total Land Area Disturbed   |         | Sq. Ft.  |                          |

**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

*Move location of shed from O.C. Loc to Midstreams School.*

(Office Use Only)

FEE

\$ \_\_\_\_\_

**TYPE OF WORK:**

|                                             |               |
|---------------------------------------------|---------------|
| <input type="checkbox"/> New Building       |               |
| <input type="checkbox"/> Addition           |               |
| <input type="checkbox"/> Alteration         |               |
| <input type="checkbox"/> Roofing            |               |
| <input type="checkbox"/> Siding             |               |
| <input type="checkbox"/> Other              |               |
| <input type="checkbox"/> Demolition         |               |
| <input type="checkbox"/> Miscellaneous      |               |
| <input type="checkbox"/> Fence              | Height _____  |
| <input type="checkbox"/> Sign               | Sq. Ft. _____ |
| <input type="checkbox"/> Pool               |               |
| <input type="checkbox"/> Elevator           |               |
| <input type="checkbox"/> Asbestos Abatement |               |
| <input type="checkbox"/> Other              |               |

Administrative Surcharge

Minimum Fee

Collected by: \_\_\_\_\_ TOTAL FEE

WILSON'S  
Sheds  
Wilson's  
Bench

Shed

Alcove

Shed

Paving lot

Shed

PLAN  
approx  
area

PLAN

Property line →

18x193

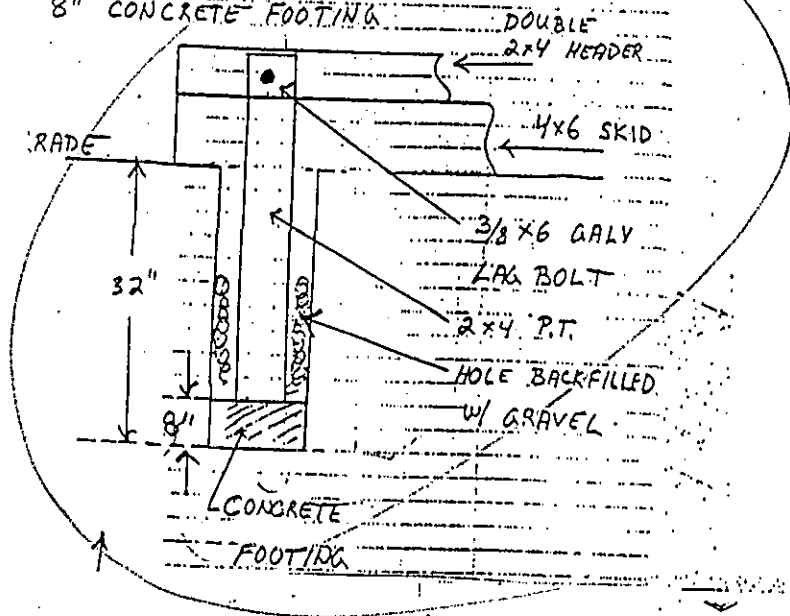
8x12 shed  
installed on  
concrete  
pad  
(4'')  
installed  
with  
rocks

—

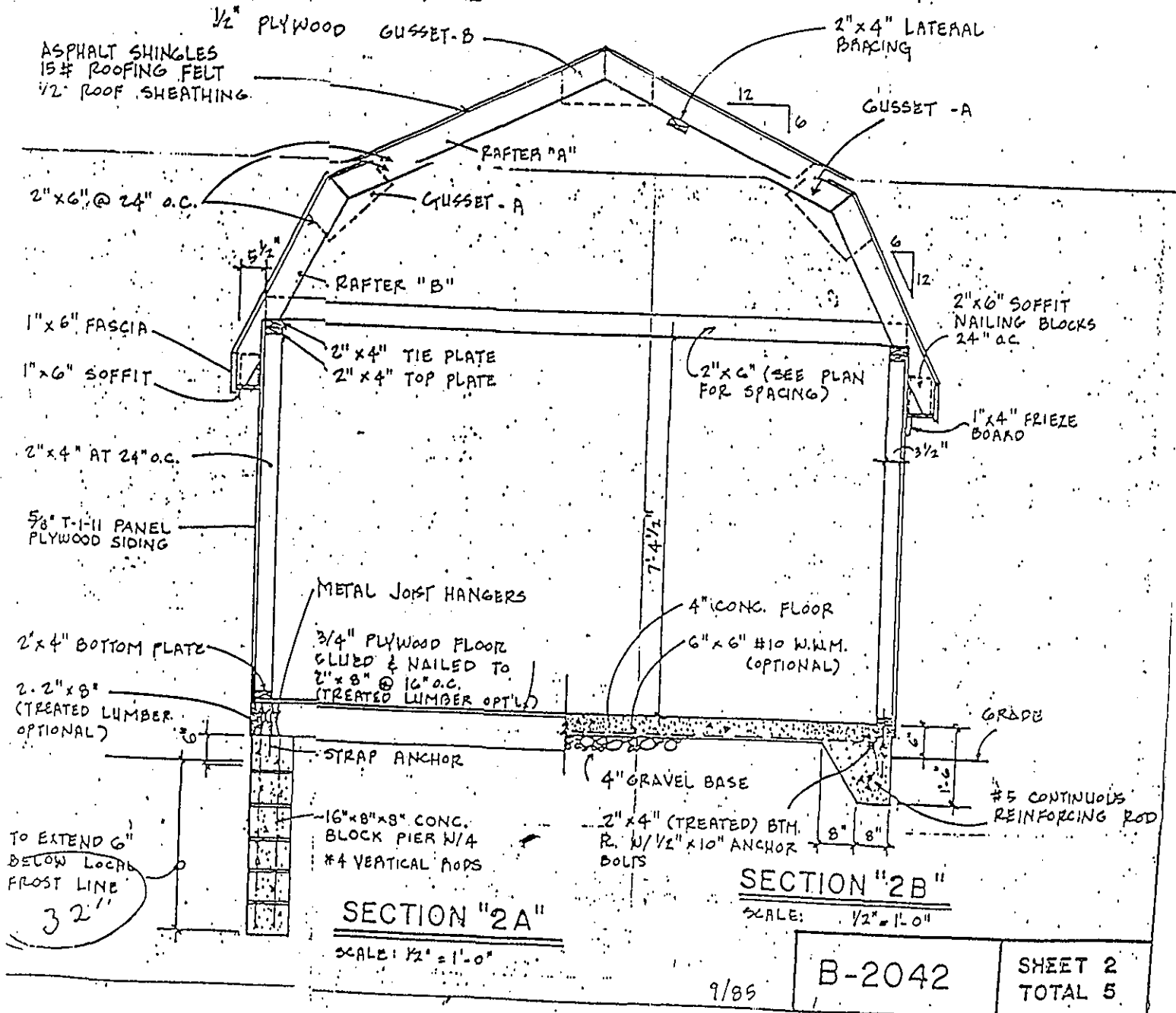
fields

# ANCHORING METHOD (ALL 4 CORNERS)

SHED IS ANCHORED TO EARTH  
BY A VERTICAL P.T. 2x4,  
LAG BOLTED TO THE FLOOR  
FRAMING HEADER & BURIED  
IN A HOLE 32" DEEP W/ AN  
8" CONCRETE FOOTING



## SHED ISOMETRIC NO SCALE



9/85

B-2042

SHEET 2  
TOTAL 5