BLOCK 827-17 LOT 7 ADDRESS (SITE) 1622 Edge St. BRICKTOWN PERMIT NO. 843-92

RECEIVED
APR 29 1992
DIV. OF INSPECTION

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 1622 Edge St. Bricktown, N.J.
2. Name of Owner in Fee: JOHN & CAROL DUNN Tel. [redacted]
   Address 1622 Edge St (street) Bricktown (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: JOHN DUNN [redacted]
   Address 1622 Edge St Bricktown, NJ 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work JOHN D. DUNN Te [redacted]

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 126 | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Other | | | |
| 6. Subtotal | $ 126 | | |
| 7. Less 20% for State Plan Review | 13 | | |
| 8. Subtotal | $ | | |
| 9. DCA Training Fee | 22 | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | 20 | | |
| 12. Other | | | |
| 13. TOTAL | $ 151 | | |

## VI. BUILDING/SITE CHARACTERISTICS

| | (office use only) |
|---|---|
| 1. Number of Stories 1 story w/ storage upstairs | |
| 2. Height of Structure 21 ft. | |
| 3. Area—Largest Floor 768 sq. ft. | |
| 4. Building Area—All Floors 1248 sq. ft. | |
| 5. Volume of Structure cu. ft. | |
| 6. Construction Classification prop. new structure | |
| 7. Total Land Area Disturbed 768 sq. ft. | |
| 8. Flood Hazard Zone NO | |
| 9. Base Flood Elevation ft. | |
| 10. Wetlands yes sq. ft. / no | |
| 11. Fire Grading | |
| 12. Max. Live Load — | |
| 13. Max. Occupancy Load — | |

1/1000

## II. PROPOSED WORK

| | Est. Cost |
|---|---|
| 1. ☐ Minor Work (single trade) | |
| 2. ☐ Small Job ($5,000 and no prior approvals) | |
| 3. ☒ New Building | 10,000.00 |
| 4. ☐ Addition | |
| 5. ☐ Alteration | |
| 6. ☐ Fire Protection | |
| 7. ☐ Plumbing | |
| 8. ☑ Electrical | |
| 9. ☐ Asbestos Abatement | |
| 10. ☐ Demolition | |
| TOTAL COSTS | 10,000.00 |

## OPTIONAL (for office use only)

| | Plans Rec'd By | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|
| | 4-29-92 | | | 5/18/92 | | 4/5/93 | | |
| | | | | | | 4/7/93 | | |
| | 5-1-92 | | | 5/8/92 | HO | | | |

WHAT DO YOU WANT; (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NONE

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 10410172

E01C

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 John D. Doe Date 4-28-92

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 |
|---|---|---|---|---|---|---|---|---|
| ☐ 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 | 4/29/92 | garage + storage | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

COMMENTS

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 5/8/92
Control #
Permit # 843-92

IDENTIFICATION Block F27-17 Lot 7

Work Site Location 1622 Edge St. Contractor J. Dunn

Address

Owner in Fee J. Dunn

Address Same

Tele. ( ) 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:

detached garage (14x20)

**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** $ 10000

CONSTRUCTION OFFICIAL

| PAYMENTS (Office Use Only) | |
|---|---|
| Building 126 | |
| Plumbing | |
| Electrical | |
| Fire Protection | |
| Other | |
| Other | |
| DCA Training Fee 22 — | |
| Cert. of Occ. 20 — | |
| Other | |
| Total 181 — | |
| Check No. 2157 | |
| Cash | |
| Collected By: | |

843-92
BLOCK 0.00
827 #
LOT 0.00
7 #
BUILDING 126.00
PLAN REVIEW 13.00
P.C.A. 22.00
C / O 20.00
TOTAL 181.00
CHECK 181.00
CHANGE 0.00
1.25

U.C.C. Form F-170A

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

Brick

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # AUG 31 93 0 1 1 2 5 2

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

Block 527-17 Lot 7
Work Site Location 1622 Edge St.
Bricktown N.J.
Owner in Fee J & C Dunn
Address Same
[redacted]
Tele. ( [redacted]
Contractor Dolphin Elec. William T. Simanek
Address 1631 Harvard Ave
Bricktown N.J. 08723
Tele. (908) 840-8204
Lic. No. 10332
Federal Emp. No. _____ or Social Security No. _____

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
**Est. Cost of Elec. Work $** $785.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[T] CO [ ] CCO [ ] CA
Date: 10.7.93
Approved By: B. Rodriguez

| INSPECTIONS Type: | Failure | Failure | Dates (Month/Day) Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Temporary | | | | |
| Constr. Serv. (Temp TCO) | | | 93-4-7 | |
| Other | | | 10-7-93 | |
| Service | | | | |
| Final | | | | |

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 10-7-93

**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 and perform the work listed on this application.

William T. Simanek (and letter)
Signature—Contractor Seal

[ ]sed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| | | Fixtures (1) | |
| 1 | | Receptacles (2) | |
| | | Switches (3) | |
| | | Total 1 + 2 + 3 | |
| | ___ Kw | Range | |
| | ___ Kw | Oven(s) | |
| | ___ Kw | Surface Unit | |
| | ___ hp | Dishwasher | |
| | ___ hp | Garbage Disposal | |
| | ___ Kw | Dryer | |
| | ___ Kw | A/C Unit | |
| | | Burglar Alarms | |
| | | Intercoms Panels | |
| | | Smoke Detectors | |
| | ___ hp | Whirlpool/spa | |
| | | Pool Bonding | |
| | ___ hp | Pool Filter Motor | |
| | | Pool Lights | |
| | ___ Kw | Water Heater(s) | |
| | ___ Kw | Central heat: oil, gas or elec. | |
| | ___ Kw | Baseboard Heat Units | |
| | | Thermostats | |
| | ___ hp | Heat Pump | |
| | ___ hp | Pump(s) | |
| | ___ Amp | Motor Control Center/Sub Panels | |
| | | Signs | |
| | ___ | Light Standards | |
| | ___ hp | Motors—Fractional H.P. | |
| | ___ hp | Motors—All Others | |
| | ___ Kw | Transformers | |
| | ___ Kw | Generators | |
| 100 | ___ Amp | Service Entrance NEW SERVICE to garage | |
| | ___ | Other | |

Paid [T] Check # 211 + 216
Collected by: MS

| | |
|---|---|
| Administrative Surcharge | $ _____ |
| Minimum Fee | $ 73.— |
| DCA Training Fee | $ 1.— |
| TOTAL FEE | $ 74.— |

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/8/92
Date Issued
Control #
Permit # 843-92

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Block 827-17 Lot 7
Work Site Location 1622 EDGE ST. BRICKTOWN, N.J. 08724
Owner in Fee JOHN & CAROL DUNN
Address 1622 Edge St BRICKTOWN N.J 08724
Tele. [redacted]
Contractor JOHN D. DUNN
Address 1622 Edge St. BRICKTOWN NJ 08724
Tele. ( [redacted]
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. [redacted]

**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.

John D. Dunn
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

build a garage
24 X 32 detached
upstairs storage

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | 5/8/92 | |
| [ ] 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 | | | 6/5 6/12 | |
| Foundation | | | 6/11 6/12 | |
| Slab | | | | |
| Frame | | | 6/11 6/12 | |
| Insulation | | | | |
| Finishes: | 5/28/92 | | 11-15-93 | |
| Energy | AC | | | |
| 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 R3 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure 21' Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors 1248 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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/8/92
Date Issued
Control #
Permit # 843-92

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

Block 827-17 Lot 7
Work Site Location 1622 EDGE ST.
BRICKTOWN, N.J. 08724
Owner in Fee JOHN & CAROL DUNN
Address 1622 Edge St
BRICKTOWN N.J. 08724
Tele. [redacted]
Contractor JOHN D. DUNN
Address 1622 Edge St.
BRICKTOWN N.J. 08724
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

**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.

John D. Dunn
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

build a garage
24 X 32 detached
upstairs storage

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | 5/8/92 | |
| [ ] 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 | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present R3 Proposed
Constr. Class Present Proposed
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Area—Largest Floor Sq. Ft.
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3. Total (1+2) $

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
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BUILDING SUBCODE TECHNICAL SECTION

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Contractor JOHN D. DUNN
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Tele. [redacted]
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Federal Emp. No. or Social Security No. [redacted]

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Signature

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24 X 32 detached
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| [ ] All | 5/8/92 | |
| [ ] 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 | | | | |

**B. BUILDING CHARACTERISTICS**

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Constr. Class Present Proposed
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Height of Structure 21' Ft.
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2. Alteration $
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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
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3 Pink = Office Copy
4 Gold = Applicant Copy

APPLICANT JOHN D. DUNN

LOCATION: LOT 7 BLOCK 827-17 STREET 1622 Edge St. SECTION

TYPE: garage

PERMIT #

TYPE ROOFING FIBERGLASS

RAFTER SIZE AND SPACING 2X6 16" O.C.

ROOF SHEATHING ½" EXT PLYSCORE

CEILING JOIST SIZE AND SPACING 2X6" 16" O.C.

TYPE SIDING CEDAR

WALL SHEATHING ½" EXT PLYSCORE

TYPE WINDOWS ANDERSON

WALL FRAMING SIZE AND SPACING 2X4 16" O.C.

CEILING INSULATION -R NONE

WALL INSULATION -R NONE

FLOOR INSULATION -R NONE

SUB-FLOOR NONE

FLOOR JOIST SIZE AND SPACING 4" CONCRETE FLOOR

GIRDER NONE

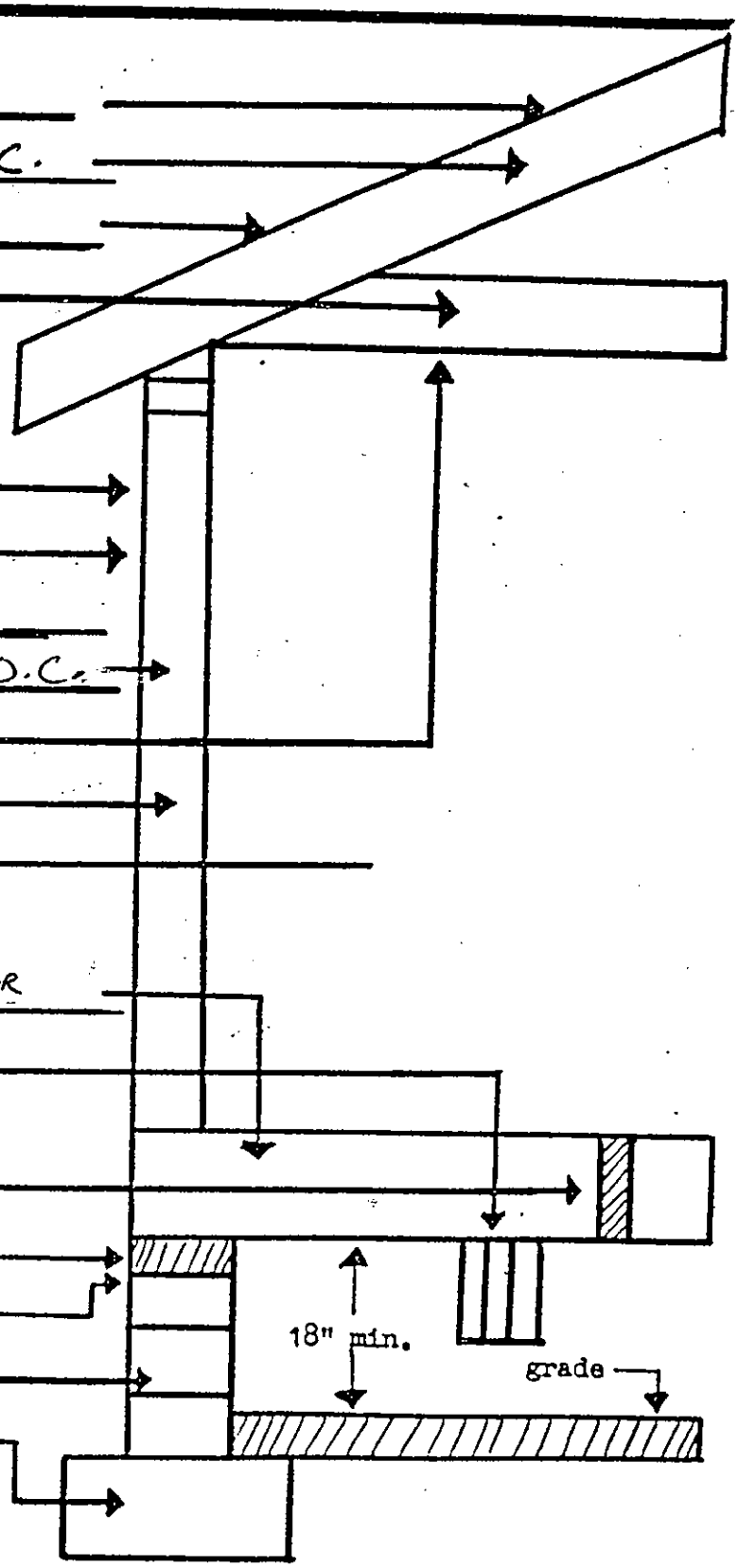
BRIDGING

SILLPLATE 2X6" WALMANIZED

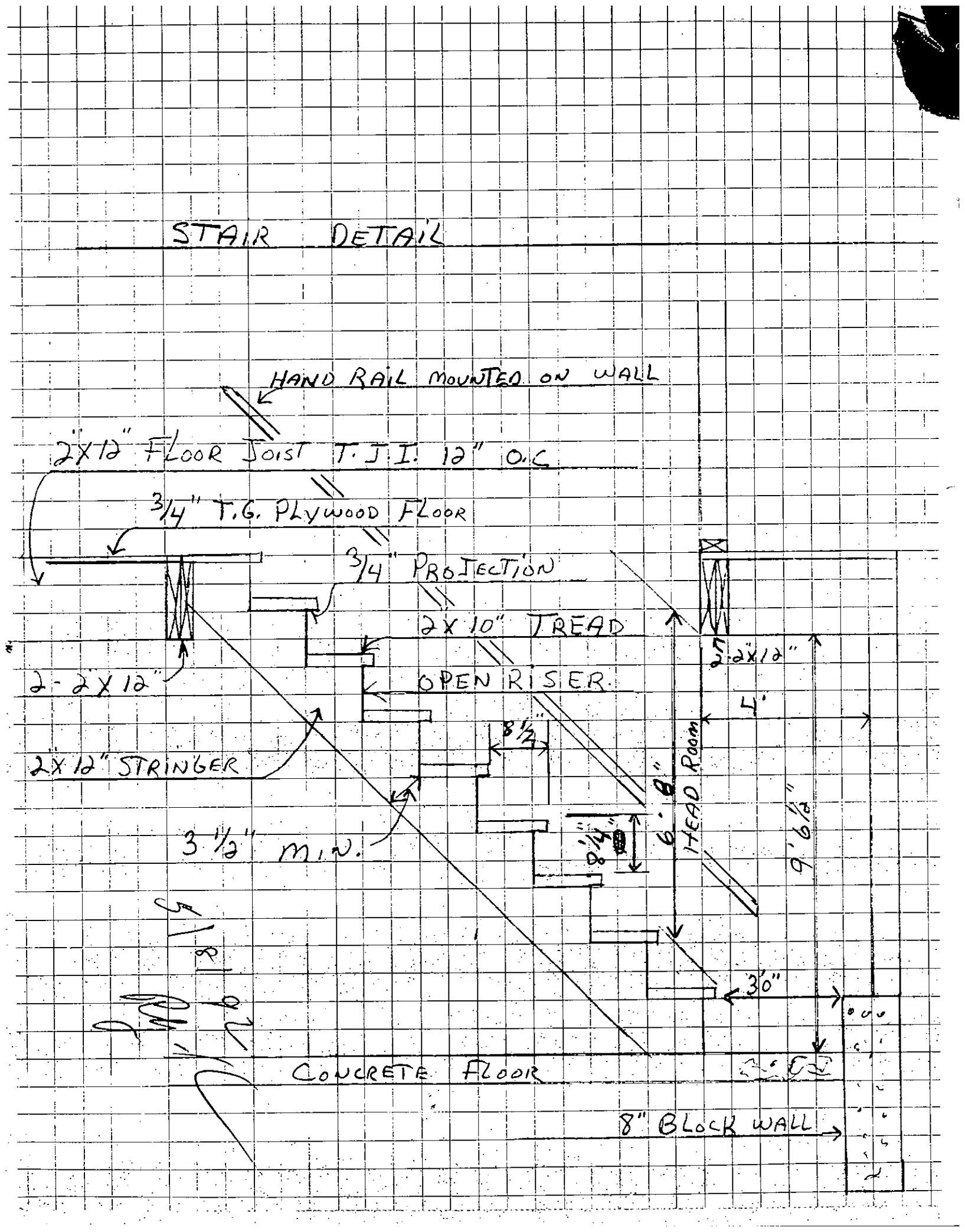
TERMITE SHIELD 8" FLASHING

BLOCK FOUNDATION 8"X16" CEMENT BLOCK

FOOTING 8" X 16" CONCRETE



# STAIR DETAIL



TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Daniel F. Newman, Mayor

Members of Township Council
Mary Anne L. Butler, Council President
Charles E. Anderson
Patrick L. Bottazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe

Division of Inspectio

A.J. Cierzo,
Construction Officia

(201) 477-3000, ext.

CHECK LIST

EDGE

RE: Block 827-17 Lot 7 Address 1622 ~~[illegible]~~ ST

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering LIS-1-92 HP.

Building SIZES HEIGHT

Plumbing HEAD Room, need yard Rate on STAIRS

Electric FIGURES on FOOTING Depth.

Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limi ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the applicati resubmitted.

Arthur J. Cierzo,
Construction Official

Date _____

# TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723



Department of Engineering

Jerome J. Tansey, P.E., P.P.
Municipal Engineer
(201) 477-3000, Ext. 273

Richard E. Garnett, L.S., P.P.
Municipal Surveyor/Planner
(201) 477-3000, Ext. 277
Fax (201) 920-4850

TO: Municipal Engineer

DATE: 4/28/92

I JOHN D DUNN (Name - Please print) of 1622 Edge St Brickstown, N.J (Address)

Flood Zone YES X NO

Block: 827-17 Lot: 7

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

Phone No. 908-458-4001 John D. Dunn Signed by Applicant

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

NOTE: Any excavations to be removed from the Township requires a mining permit.

MAY 1992 MUNICIPAL ENGINEER

Approved [X] Date: 5/8/92 By H

Rejected [X] Date: 5/1/92 By H

Remarks: Show proposed driveway, F.F. on garage - Corner elevations, proposed drainage,

ORDINANCE 728-92

ORDINANCE OF THE TOWNSHIP OF BRICK, COUNTY OF OCEAN, STATE OF NEW JERSEY AMENDING AND SUPPLEMENTING CHAPTER 121 ENTITLED "CONSTRUCTION CODES, UNIFORM" TO ADD SECTION 121-3 "BUILDERS RESPONSIBILITY."

BE IT ORDAINED by the Township Council of the Township of Brick, County of Ocean, State of New Jersey, as follows:

SECTION 1. Section 121-3 of the Brick Township Code is hereby enacted as follows:

121-3. Builders Responsibility

A. Prior to any permit being issued for construction of any kind, the person or entity applying for the permit shall, as a prerequisite to the issuance of that permit, provide the Construction Official with written documentation setting forth the person's or entity's proposal to dispose of all construction debris resulting from the construction for which the permit is being issued.

B. Prior to the issuance of a Certificate of Occupancy, the person or entity performing the construction shall provide the Construction Official with written documentation setting forth that the person or entity has complied with the proposal to dispose all of the construction debris.

SECTION 2. All Ordinances or parts of Ordinances inconsistent herewith are repealed.

SECTION 3. If any section, subsection, sentence, clause, phrase or portion of this Ordinance is for any reason held invalid or unconstitutional by a Court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision, and such holding shall not affect the validity of the remaining portions hereof.

SECTION 4. This Ordinance shall take effect in the manner as prescribed by law.

PASSED: January 28, 1992

ADOPTED: February 25, 1992

SIGNED: _____
MAYOR

_____
PRESIDENT OF THE COUNCIL

ATTEST: _____
MUNICIPAL CLERK

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK

1622 Edge — 827-17 — 7
Work Site Address — Block — Lot

JOHN D. DUNN 1622 Edge St., BRICKTOWN N.J. 08724 [redacted]
Owner's Names, Address, Phone

same as above
Contractor's Name, Address, Phone

Construction garage
Describe type (Single-family home, etc.)

Demolition —
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material wood structure

Name, address and phone of party responsible for removal of debris:
JOHN D. DUNN

Size of dumpster: —

Destination of discarded debris: —

Hauler's DEP Permit No.: —

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

John D Dunn — John D. Dunn — 4-28-92
Printed/Typed Name — Signature — Date

**********

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE "CERTIFICATE OF OCCUPANCY" OR "CERTIFICATION OF APPROVAL" IS ISSUED.

Recycling tonnage receipts attached?_____

Certified tipping receipts attached?_____

**NOTE: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant