BLOCK 1170.4 LOT 5 QUALIFICATION CODE C18 · 74 ADDRESS (SITE) 136 JOHN ST PERMIT NO 02-0032

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 136 JOHN ST [redacted]
2. Name of Owner in Fee: LINDA SIRIGNANO
   Address 136 JOHN ST (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: STATEWIDE POOLS INC Tel. (732) 367-5693
   Address 31 BIRMINGHAM DR JACKSON NJ
   License No. OR, if new home, Builder Reg. No. ~~5829444008~~ Exp. Date ____
   Federal Employee No. 22-2463996 FAX: (____) ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person in Charge of Work SELF
   Tel. [redacted] FAX (____) ____

AG POOL

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 50 44		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	15		
13.	TOTAL	$ 110		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ____ ft.	
3.	Area — Largest Floor ____ sq. ft.	
4.	New Building Area ____ sq. ft.	
5.	Volume of New Structure ____ cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes ____ no ____	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work		EWC	12/18/01		12-20-01	FM	OK		
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					12 26 01	MK	OK		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EWC	12/20/01		12/20/01	MK			
TOTAL COSTS									

OPTIONAL (for office use only)

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: 1
Before Construction ____
After Construction 1
Net Gain or Loss 1

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10404181

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a *certificate of* occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 26 Nov 01

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I *further* certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been *given, including* such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey *Division* of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) 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.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

262-10 25
Building
8-7

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/07/2002
Control 0
Permit # 02-0032

UCC NEW JERSEY
CONSTRUCTION PERMITE

IDENTIFICATION Block 1170.04 Lot 5 Qual

Work Site Location 136 JONA ST
A G POOL
Owner in Fee GIRIGHANO, LICSA
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor N O K E O H U E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
A G POOL 15X30

PAYMENTS (Office Use Only)

Building	50
Electrical	44
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	95
Check No.	
Cash	1
Collected By	ERR

01/07/02 3:05PM 0000008935
XX07 SERV.007
#020032

BUILDING	$50.00
ELECTRIC	$44.00
ZPA	$15.00
DCA	$1.00
XXXTOTAL	$110.00
CASH	$110.00
CHANGE	$0.00

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 $ 1,000

Construction Official

01/07/2002
Date

O.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/18/2001
Date Issued 1/7/02
Control # ~~C18-74~~
Permit # 02-0032

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

Block 1170.04 Lot 5 Qual
Work Site Location 136 JOHN ST
A G POOL
Owner in Fee SIRIGNANO, LINDA
Address SAME
BRICK, NJ 08724-
Tele. [redacted]
Contractor
Address
Tele.(__) Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

A G POOL 15X30

Any Access to Pool must meet Code.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	12-20-01	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 5-7-02
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
~~Other~~				
Final			5/7/02	
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[X] Pool	50
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 800
3. Total (1+2)$ 800

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/18/2001
Date Issued 01/07/2002
Control #
Permit # 02-0032

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

Block 1170.04 Lot 5 Qual
Work Site Location 136 JOHN ST
A G POOL
Owner in Fee SIRIGNANO, LINDA
Address SAME
BRICK, NJ 08724-
Tel [redacted] Fax ( )
Contractor BBI ELECTRIC
Address 555 CLIFTON AVE.
TOMS RIVER, N.J., NJ 08753-
Tele.(732)244-3052
Lic. No. or Bldrs Reg No
Federal Emp. No. [redacted]

Change of Contractor 1-30-02

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5 9 02
Approved By: WS

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final Pool			5 9 02	WS

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
1		Pool Permit/with UW Lights	9
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # Cash Minimum Fee $ 0
Collected by: ERP TOTAL FEE $ 44
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/18/2001
Date Issued 1/17/02
Control # ~~C18-74~~
Permit # 02-0032

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

Block 1170.04 Lot 5 Qual
Work Site Location 136 JOHN ST
A G POOL
Owner in Fee SIRIGNANO, LINDA
Address SAME
BRICK, NJ 08724-
Tele.(__) Fax (__)
Contractor
Address
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12 26 01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough Pool	4/30	02	NL	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
1		Pool Permit/with UW Lights	9
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

1 Heater Covered
2 Bubble was on outlet
3 Bond Fee +0 $001

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 44
	DCA Training Fee	$ 0

U.C.C. P120 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: December 19, 2001 No. 1.1783

Block: 1170.04 Lot: 5 Zone: R-7.5

Property Address: 136 John Street

Applicant: Linda Sirignano

Property Owner: Linda Sirignano

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: 15' x 30' above ground swimming pool.

Conditions: The swimming pool must be set back at least 5 feet from the side property lines and at least 5 feet from the rear property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect.
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
DEC 18 2001
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Block 1170.4 Lot 5 Qualifier N/A

PROPERTY ADDRESS 136 JOHN ST

PERSONAL NAME OF APPLICANT LINDA SIRIGNANO

BUSINESS NAME OF APPLICANT N/A

PROPERTY OWNER I, LINDA SIRIGNANO

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe)_____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe)_____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☐ Alteration
☐ Porch or deck (state heights)_____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☑ Swimming Pool ☐ in-ground ☑ above-ground
☐ Other (please describe) _____

CHECKLIST

☑ All information completed above
☑ Two (2) copies of a plot plan containing:
☑ All existing and proposed structures
☑ All dimensions of the lot and structures
☑ All setbacks from the structures to the property lines
☑ All adjacent streets and waterways
☑ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant Linda S. Date 26 NOV 01

Reviewed by Zoning Office Date 12/19/01 (X) Approved ( ) Denied

Important!

The following information must be submitted in order to obtain a Zoning Permit.

1. One copy of the Zoning Permit application.
   - ☑ The application must be completely filled out and must be signed by the Applicant.
     - ☐ If a fence is proposed please make sure that the TYPE of fence and height is stated. (ie: 4' high picket, 6' high stockade, chain link, etc.)
     - ☐ If a deck/porch is proposed the height from the ground to the deck floor must be stated.
     - ☐ If a shed is proposed the height must be stated.
     - ☑ If a swimming pool is proposed indicate whether it is above ground or in ground.
   - ☐ If applicable include a copy of the Zoning Board or Planning Board resolution of approval including the sub-division Filed Map number and date the map was filed and/or the date the site plan map was signed.

2. Two (2) copies of a plot plan or survey prepared by a licensed surveyor or engineer. *This is required under Section 190-31 of the Township Code.*
   - ☑ The survey must be a true size copy of the original (not reduced, enlarged, taped or faxed) and must contain the following information:
   - ☑ All existing structures.
   - ☑ All proposed structures. (additions, decks, pools, sheds, fences, etc. may be drawn to scale on the plot plan or survey by the applicant or homeowner)
   - ☑ All dimensions of all structures.
   - ☑ All setbacks (distance) from the structures to all property lines.
   - ☑ All streets and waterways.
   - ☐ If applicable all easements, wetlands, conservation areas or buffer areas.

3. Two copies of the construction plans.
   - ☐ The dimensions must match on the construction plan and the plot plan.

4. The above information is to be inserted in the Construction Permit Application folder.
   - ☑ Please make sure that the folder is completely filled out, especially Section I, Section VI and Section VII.

Please note:

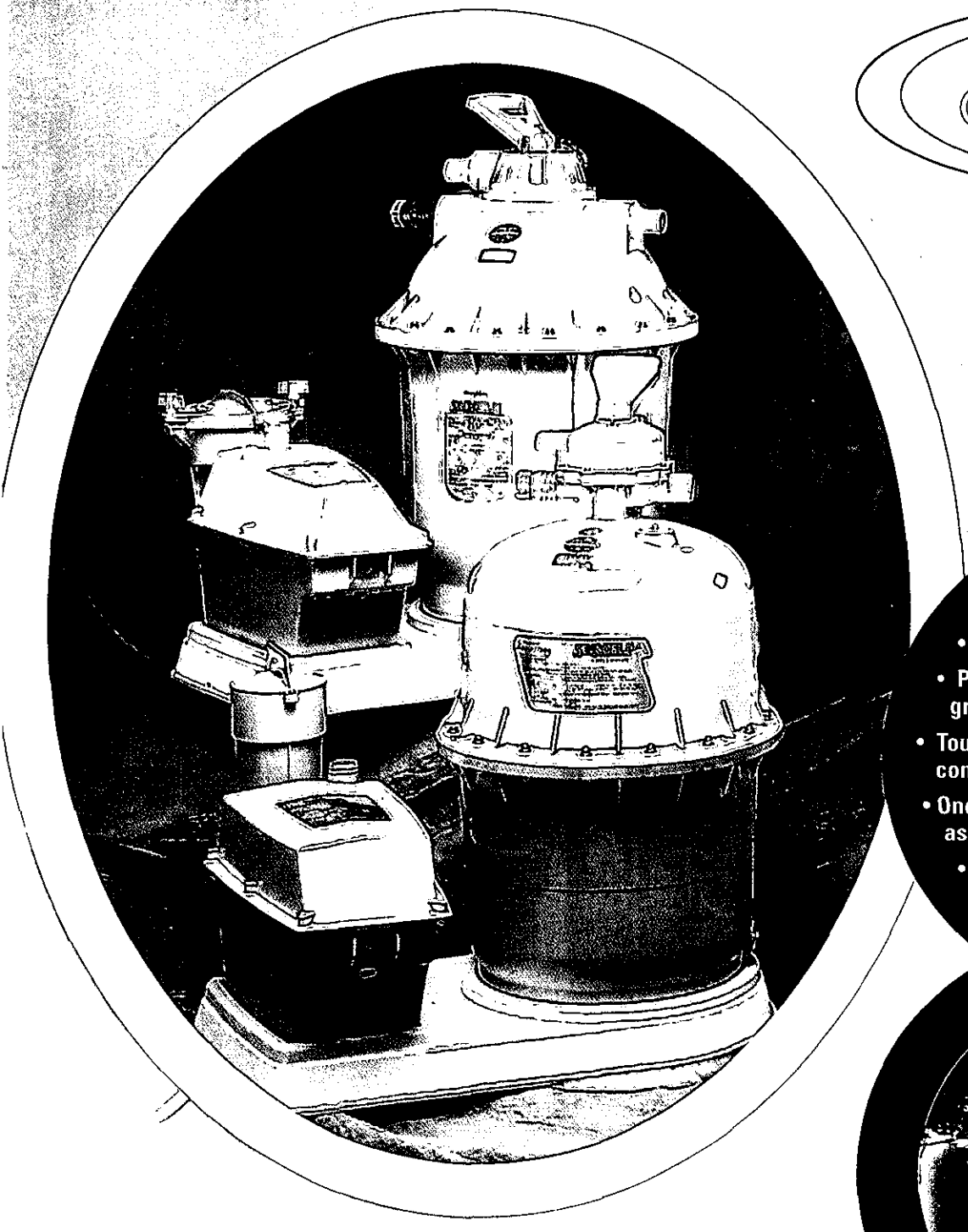
Failure to submit the required information may result in delays in the processing of the permit.
Additional information may be required by the engineering and/or construction departments.

For further information or assistance please contact the Zoning Office at either 732-262-1041: Sean Kinnevy or 262-1043: Kate MacDonald.

Doughboy's World of Filtration

"the original portable pool"

doughboy®



Quality Filter Features

- Exclusive V-Grid design
- Permanently encapsulated filtering grid ends
- Touch, abrasion-resistant A.B.S. construction
- One-piece tank cover and valve assembly
- Special 10 Year Limited Warranty on Filter Tank and Tank Cover

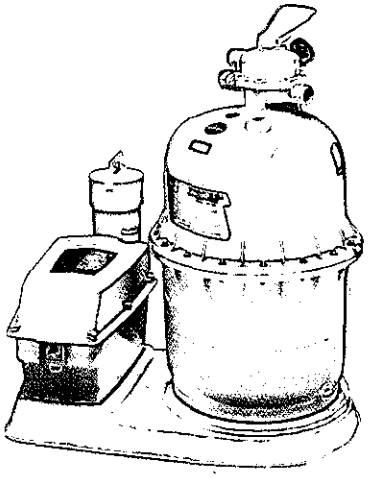
Diatomaceous Earth Filters

Sequel I Plus™ / Sequel II™

Doughboy's Diatomaceous Earth Filtration Systems offer the sparkling crystal clear water. Delivering extraordinary purity and very little maintenance is what every pool owner deserves.

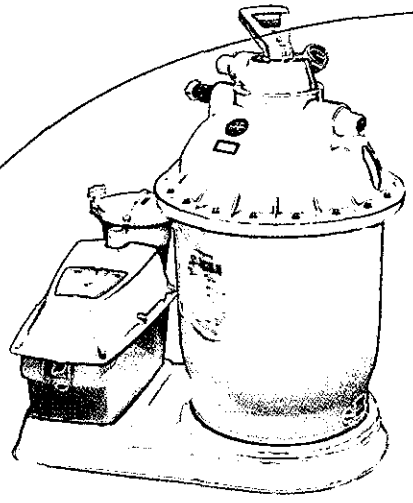
Doughboy's outstanding line of filtration systems consistently deliver purity that is unrivaled in the industry. With Doughboy's **Diatomaceous Earth Filtration Systems,** sparkling clear water is easily obtained with the comfort of exceptional filter operation and easy maintenance. **Sequel I Plus** and **Sequel II** feature a unique **V-Grid design** that provides a large surface area for D.E. distribution. In addition, the **Permanently Encapsulated Filtering Grid Ends** provide long grid life and less maintenance. What's more, selected models feature a **Six Position Rotary Valve** for maximum convenience. These features are essential for good performance and a clearer, sparkling pool for you and your family to enjoy.

Manufactured with the expertise and technology employed by our world-class EPD industrial/commercial and drinking water filtration division.



Sequel I Plus™ with Pool Power Pak® I

- HP – 1/2, 3/4, and 1
- Filter Area – 12.5 sq. ft.
- 4 Position Rotary Valve



Sequel II™ with Pool Power Pak® II

- HP – ~~3/4, 1, 1½~~, and 2
- Filter Area – 20 sq. ft.
- 6 Position Rotary Valve
- Anti-Syphon rotor reduces backflow from pool when removing strainer lid

Both systems shown with Doughboy's Optional Filter Base.

Change of Design: Doughboy Recreational expressly reserves the right to change or modify the design and construction of any product in due course of our manufacturing without incurring any obligation or liability to furnish or install such changes or modifications on products previously or subsequently sold.

Doughboy Recreational is in no way affiliated with any professional pool installer. Therefore, Doughboy can assume no responsibility for errors in installation by the homeowner or said professional pool installer. If you have the pool installed by others, please supervise to be sure they comply with proper installation techniques as shown.

"the original portable pool"

doughboy®

DOUGHBOY An American Company

MEMBER NATIONAL SPA & POOL INSTITUTE

DOVER POOLS & SUPPLIES
1740 Lakewood Road
Toms River, NJ 08755
732 244-2190

Doughboy R **09) 987-4741**

1200-022

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8956
brick@barrongasnost.com/brick
http://www.twp.brick.nj.us

Date: 26 Nov 01

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 1170.4 Lot: 5

Property Address: 136 JOHN ST BRICK

I, LINDA SIRIGNANO (name) of 136 JOHN ST BRICK (address)

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

Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

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

OFFICE USE

12/20/01

Signed

Township of Brick
Counter Form
(PLEASE PRINT)

Change of Contractor 02-0035 only

Site Location: 136 Johns St
Block: 1170.04 Lot: 5
Owner's Name: Mr & Mrs Sigano
Owner's Mailing Address: Same
Phone [redacted]

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: Michael Battaglio Electric
Address: 555 Clifton Ave
Lakewood NJ 08701
Phone#: 732-244-3052
Lis #: 10821
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	Above ground Pool
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 600.00

Signature: Thomas C. Bocchino

Please Print Name Thomas C. Bocchino

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Haloh Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

DEPARTMENT OF ADMINISTRATION & FINANCE

DIVISION OF INSPECTIONS
Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
http://www.twp.brick.nj.us

HOMEOWNER'S POOL CERTIFICATION

BLOCK 11704 LOT 5

In accordance with the NJAC 5:23-2.23, no pool shall be used in whole or in part until a Certificate of Approval has been issued by the Construction Official.

I certify that I am the owner of the above referenced pool being built. I further certify that the pool will not be used in whole or in part until a permanent fence is installed and a Certificate of Approval has been issued by the Construction Official.

I have read the fence requirements listed below and understand them.

Linda Sieginano
Owner's Signature

LINDA SIEGNANO
Print Name

Sworn and subscribed to before me on this 20th day of November 2001.

Gladys L. Bromberg
Notary Signature

GLADYS L. BROMBERG
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 9/11/2006

Fence Requirements:

Barrier shall be a minimum of 48 inches above ground level. Openings shall not be greater that 4 inches for vertical balusters with horizontal concentrated load of 200 pounds applied on a 1-square foot area at any point of fence. Maximum mesh size for chain link fencing shall not exceed 1¼ inches square. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches, the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 1¾ inches in width.

Pedestrian gates shall open away from the pool, be self-closing and self-latching. If the self-latching device is located less that 54 inches from the bottom of the gate, then the release mechanism shall be located on the pool side of the gate at least 3 inches below the top of the gate. The gate and the barrier shall not have an opening greater that ½ inch within 18 inches of the release mechanism.

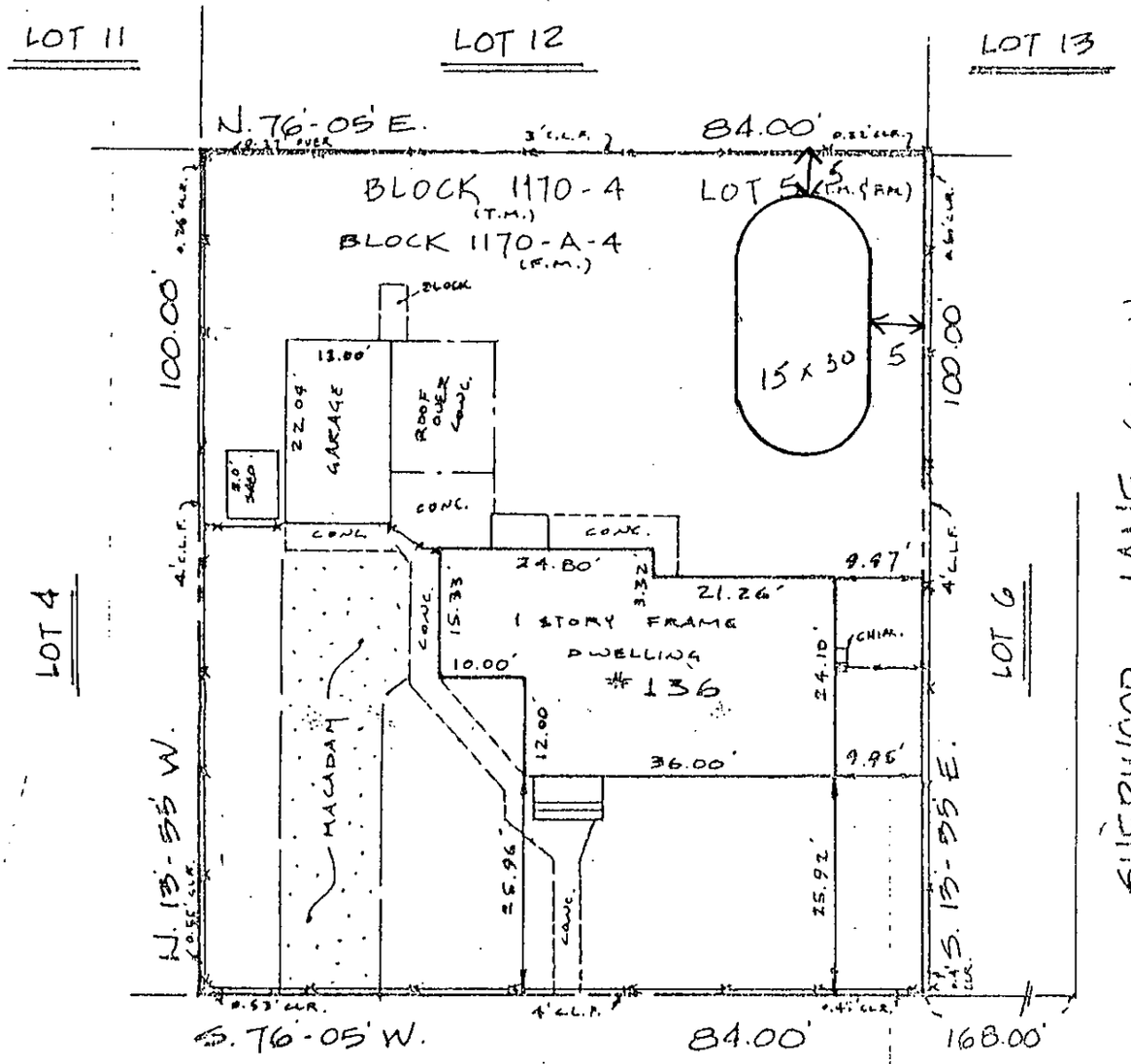
PLAN OF SURVEY

STEPHEN A. & LINDA S. ZIMENOFF

SITUATE IN

BRICK TOWNSHIP - OCEAN COUNTY, NEW JERSEY

BLOCK 1170-4 LOT 5



THIS CERTIFICATION IS MADE ONLY TO ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

I HEREBY CERTIFY THIS SURVEY TO:
STEPHEN A. ZIMENOFF & LINDA S. ZIMENOFF H/W.
CITY FEDERAL SAVINGS AND LOAN ASSOCIATION ITS SUCCESSORS OR ASSIGNS
GENERAL LAND ABSTRACT COMPANY.
MARRA, GERSTEIN & EICHMAN, ESQ.

REFERENCES.

DEED BOOK 4274 PAGE 88
MAP OF LAUREL ACRES
FILE# D-67 FILED 7-2-1957

CONTROL LAYOUTS INC.
71 PATERSON STREET P.O. BOX 328
NEW BRUNSWICK, N.J. 08903
PHONE 846-9100

WILLIAM J. BUTTLER N.J. L.S. NO. 19451 | FILE NO. 305-86 | DATE: 3-31-86 | SCALE: 1"=20'

TITLE CO. NO. GLA 88855

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1316 JOHN ST BRICK NJ 08724-3045
Block: 1170.4 Lot: 5
Owner's Name: LINDA SIRIGNANO
Owner's Mailing Address: 1316 JOHN ST BRICK NJ 08724-3045
Ph [redacted]

BUILDING

Contractor: SELF
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

ABOVE GROUND POOL INSTALLATION W/ LADDER ENCLOSURE

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
✓ Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work: $800.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Linda S
Please Print Name LINDA SIRIGNANO

ELECTRICAL

Contractor: SELF
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	2
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	ABOVE GROUND W
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $200.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Linda S
Please Print Name LINDA SIRIGNANO

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

_____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures — Quantity

Water Closets _____
Urinals/Bidets _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bib _____
Gas Piping _____
Fuel Oil Piping _____
Water Heater _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Water Cooled A/C or Refrig. Unit _____
Septic Tank Closure _____
Sewer Service Connection _____
Water Service Connection _____
Active Solar System _____
Auxiliary Meter _____
Sprinkler Heads _____
Sump Pump _____
Other:

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____

_____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
Total _____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other:

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____