BLOCK 1170.07 LOT 2 QUALIFICATION CODE C4-2 ADDRESS (SITE) 156 JOHN STREET PERMIT NO. 99-2214

6/3/99

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 156 JOHN STREET
2. Name of Owner in Fee: STANLEY P. YOCIUS - DEBORAH A. BRADY Tel. [redacted]
   Address 156 JOHN STREET (street) TRENTON (municipality) 08628 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: OWNER Tel. ( ) SAME
   Address SAME
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer OWNER Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work STANLEY P. YOCIUS
   Tel. ( ) _____ FAX ( ) _____

addition attached deck & new porch

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 104-		
2.	Electrical	25-		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	5-		
10.	Subtotal			
11.	Cert. of Occupancy	25		
12.	Other	30		
13.	TOTAL	$ 209-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	16' ft.	
3. Area — Largest Floor	140 sq. ft.	
4. New Building Area	140 sq. ft.	
5. Volume of New Structure	1400 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	140 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									
2.	☐ New Building		JH	6/3/99		6/16/99	FM	9/9/99		ML
3.	☑ Addition	4,000								
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☑ Electrical	200				6/16/99	TO	9/3/99		OK
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		ENG	6/11/99		6/11/99	JS			
	TOTAL COSTS	4,200								

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:
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 10202583

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. [redacted]. 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 May 23rd, 99

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.									
☐									
☐									

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. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/13/99
Control #
Permit # 99-2214

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1179.07 Lot 2 Qual
Work Site Location 156 JOHN STREET
ADDITION
Owner in Fee/Occupant BRADLEY
Address SAME
BRICK, NJ
Telephone [redacted]
Contractor H O M E O W N E R
Address
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ADDITION 14 X 10....ATTACHED DECK 14 X 10....REPL
WOODEN PORCH 6 X 3.5

[ ] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[X] 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

J. Cinquanta

CONSTRUCTION OFFICIAL
U.C.C. F26C (rev. 3/96)

Fee $ 35
Paid [X] Check No. 157
Collected by: TL

06/17/99 NO. 5 0039A005 12:39
CHECK 209.00
CHANGE 0.00
TOTAL 209.00
ENG P.R. 15.00
ZONEPLOT 15.00
C / O 35.00
D.C.A. 5.00
ELETRIC* 35.00
BUILDING 104.00
LOT 2 # 0.00
BLOCK 1170 # 0.00
0004 2214*# 0.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/17/99
Control #
Permit # 99-2214

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1170.07 Lot 2 Qual

Work Site Location 156 JOHN STREET
ADDITION
Owner in Fee BRADLEY
Address SAME
BRICK NJ
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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:
ADDITION 14 X 10....ATTACHED DECK 14 X 10....REPLACE CONCRET PORCH W/
WOODEN PORCH 6 X 3.5

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 $ 4,200

Construction Official

06/17/99
Date

PAYMENTS (Office Use Only)

Building	104
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	35
Other	0
Total	179
Check No.	157
Cash	
Collected By	TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/03/99
Date Issued 6/17/99
Control # C4-2
Permit # 99-2214

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

Block 1170.07 Lot 2 Qual
Work Site Location 156 JOHN STREET
ADDITION
Owner in Fee BRADLEY
Address SAME
BRICK, NJ
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 an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

ADDITION 14 X 19....ATTACHED DECK 14 X 10....REPLACE CONCRET PORCH W/ WOODEN PORCH 6 X 3.5

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/6/99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CC
Date: 9-9-99
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Pump				
Footing			7/13/99	
Foundation			8/15/99	
Slab				
Frame			8/4/99	
BarrierFree				
Insulation			8/4/99	
Finishes				
Energy				
Mechanical				
FCO				
Other Deck Foot			8/4/99	
Final 9-Tover				
BarrierFree			9-9-99	

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 16 Ft.
Area Largest Floor 140 Sq. Ft.
New Bldg. Area/All Floors 140 Sq. Ft.
Volume of New Structure 2,240 Cu. Ft.
Total Land Area Disturbed 140 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2,500
2. Alteration $ 1,500
3. Total (1+2) $ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	56
[X] Alteration	48
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 104
DCA Training Fee	$ 5

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

L

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/03/99
Date Issued 6 17 99
Control # C4-2
Permit # 99-2274

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

Block 1170.07 Lot 2 Qual
Work Site Location 156 JOHN STREET
ADDITION
Owner in Fee BRADLEY
Address SAME
[redacted]
Tele [redacted] Fax ( )
Contractor BARNES & SON ELECTRIC INC
Address 912 18TH AVE
WEST BELMAR, NJ 07719-
Tele.(732)280-0073
Lic. No. or Bldrs. Reg. No. 9734
Federal Emp. No. 22-3037272

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[ ] 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: 6 16 99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9 3 99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			8 3 99	wm
Temp Serv				
Const Serv				
TCC				
Other				
Service				
Final			9-3-99	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
5		Lighting Fixtures	
5		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
13		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an 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

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: June 9, 1999 No. 1999-0884

Block 1170.07 Lot 2 Zone: R-7.5

Property Address: 156 John Street

Owner: Deborah Bradley Phone: [redacted]

Applicant: Same Phone: Same

Existing Use: Single-family residential

Proposed Use: Same

Proposed Construction: One story addition, 14' x 10', 16' high, to extend kitchen.

Conditions: The addition must be setback at least 25' from the front property line, at least 6' from the side property lines and at least 15' 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 which 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 P. Kinnevy
Zoning Officer

RECEIVED
JUN 7 1999
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 1170.07 LOT 2

PROPERTY ADDRESS 156 JOHN STREET

NAME OF OWNER ~~Stanley P. Yocius~~ Deborah Bradley OWNER'S PHONE [redacted]

NAME OF APPLICANT ~~Same~~ Stanley P. Yocius Deborah Bradley

APPLICANT'S COMPLETE ADDRESS ~~Same~~ 156 John St Brick N.J. 08723

APPLICANT'S PHONE NUMBER [redacted] APPLICANT'S BUSINESS NAME _____

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☑ Single Family Dwelling
- ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☑ Single Family Dwelling
- ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION 1 Room Addition to Extend Kitchen

All Dimensions 14' W 10' L 16' H

Deck or Garage ☒ Attached ☐ Detached

Fence Type _____ H _____

→ 14W' x 10L' x 20" Hi

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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

Signature of Applicant _____ Date May 23

Reviewed by Zoning Officer Date 6/7/99 ☑ Approved ☐ Rejected

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 5/26/99

Municipal Engineer
401 Chambers Bridge Rd.
Brick, N.J. 08723

RE: Block: 1170.07 Lot: 2

I, STANLEY P. YOCIUS (name) of 156 JOHN STREET (address).
DEBORAH A. BEADLEY

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

[signature]
applicant's signature

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

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

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

OFFICE USE

Approved X Date: 6/11/99 By: [signature]

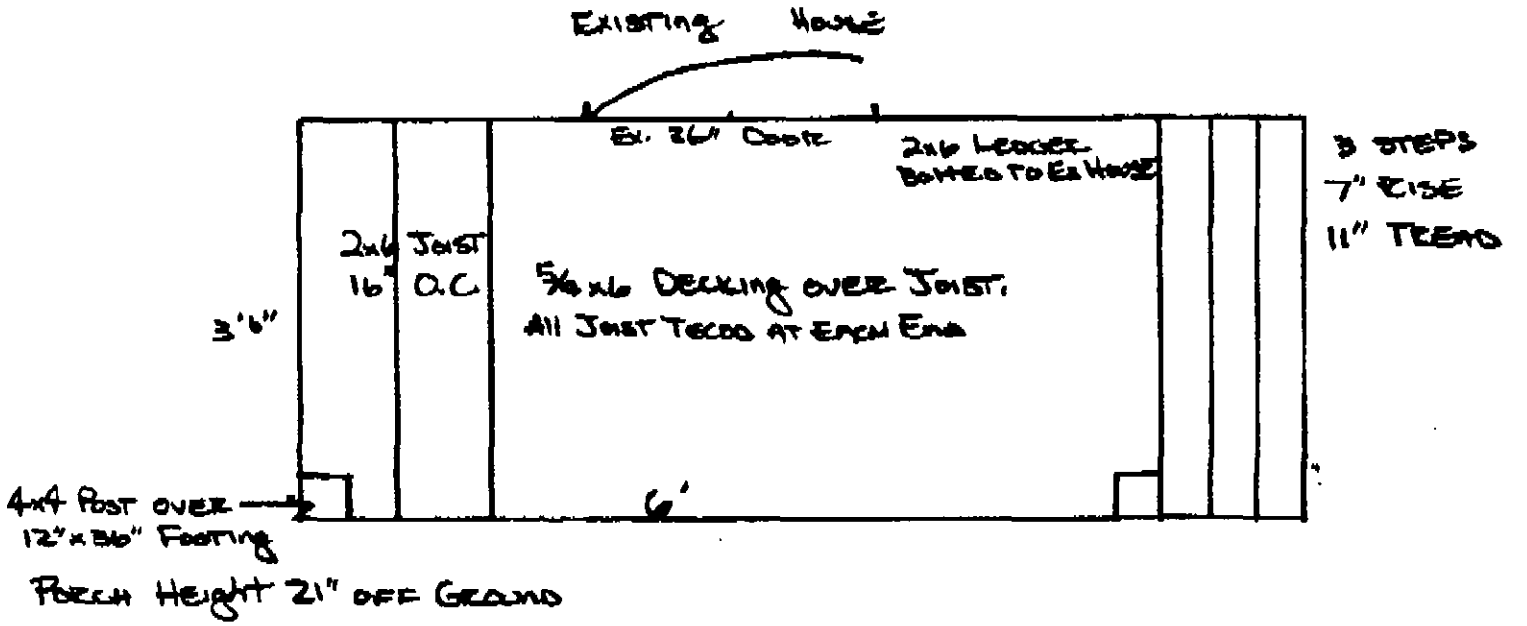
Rejected Date: _____ By: _____

Remarks: _____

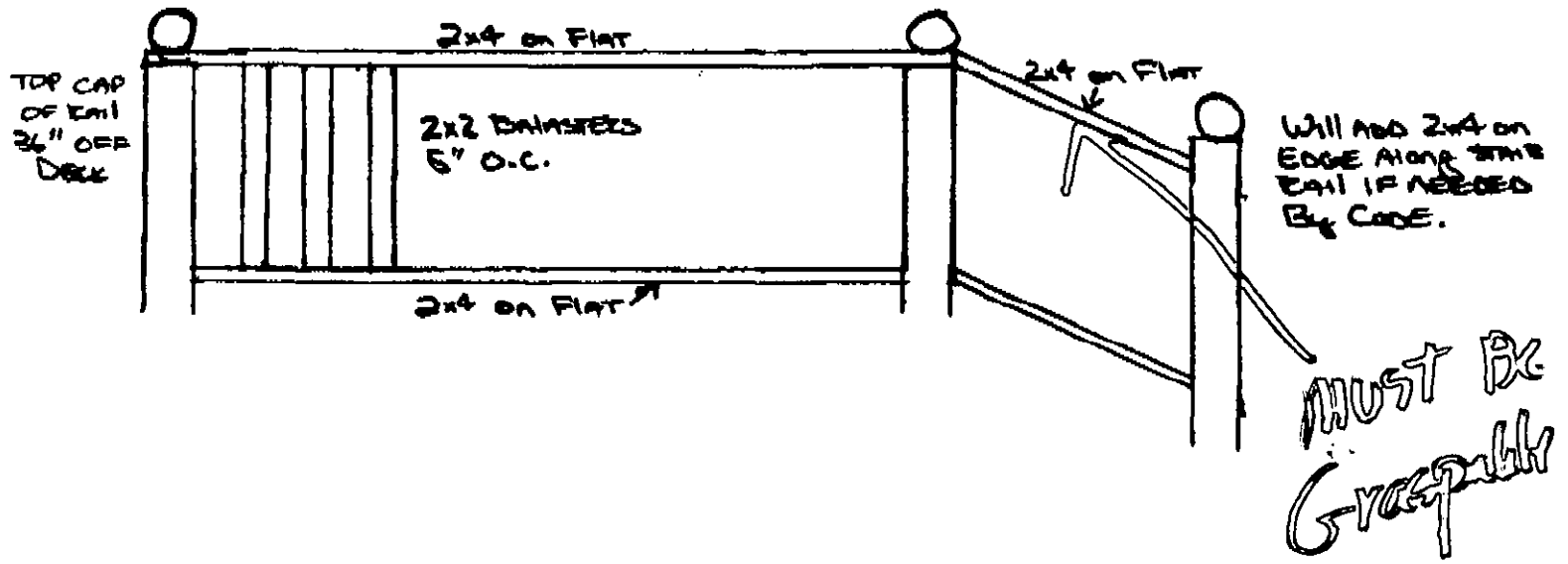
ATTENTION - FRANK RISER

FAX# 262-8954

DRAWING OF PROPOSED WOLMANIZED PORCH FOR
156 JOHN STREET Lot 2 Block 1170.07
STANLEY YOCIUS SR - DEBORAH A. BEARDEY - OWNERS



PORCH HEIGHT 21" OFF GROUND



BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: 6-14-99

JURISDICTION: Building (City, County, Township, etc.)

BUILDING LOCATION: 156 John St (Street address)

BUILDING DESCRIPTION: Addition

REVIEWED BY: FM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Supply info on Porch & Stairs To Be Reboilt	

Owner Called

06/93

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

TOWNSHIP OF BRICK

156 JOHN STREET — 1170-A-7- — 2
Work Site Address — Block — Lot

STANLEY P. YOCIUS DEBORAH A. BRADLEY
Owner's Name, Address, Phone

OWNER
Contractor's Name, Address, Phone

Construction 1 ROOM ADDITION
Describe type (Single -family home, etc.)

Demolition 1 INTERIOR WALL SHEETROCK, STUDS, INSULATION, SIDING. CONCRETE PORCH
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 3 YARDS 2 YARDS CONCRETE

Name, address and phone of party responsible for removal of debris:

OWNER

Size of dumpster: NO DUMPSTER

Destination of discarded debris: OCEAN COUNTY LANDFILL

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 submissin 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.

DEBORAH BRADLEY — [signature] — MAY 23RD, 99
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUEI

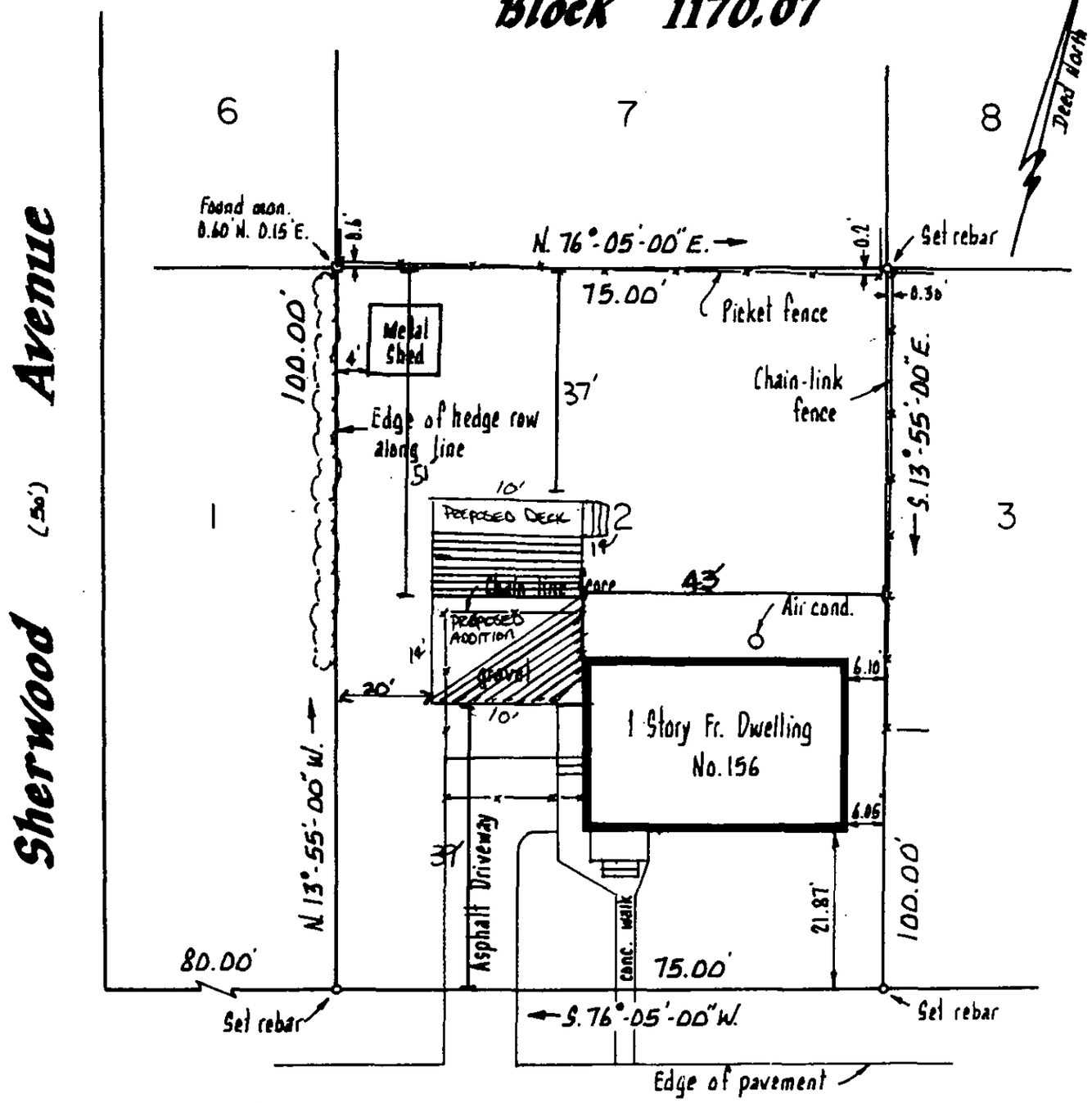
Recycling tonnage receipts attached?

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

Block 1170.07



NOTE: ALL COPIES VOID WITHOUT EMBOSSED SEAL ON SIGNATURE.

DESCRIPTION:

LOT 2. BLOCK 1170.07. BRICK TOWNSHIP, OCEAN COUNTY. N.J. BEING LOT 2. BLOCK 1170-A-7 ON MAP OF "LAUREL ACRES". FILED JULY 2. 1957 AS MAP D-67.

THIS DECLARATION IS GIVEN SOLELY TO THE PARTIES NAMED HEREAFTER:

STANLEY P. YOCIUS, SR., SINGLE
DEBORAH A. BRADLEY, SINGLE
LAW OFFICES OF KEVIN WM. KELLY, ESQ.
TIDAL ABSTRACT COMPANY, INC.
PNC MORTGAGE CORP. OF AMERICA, ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR

FILE: 96-65	DATE: Mar. 14, 1996	SCALE: 1"=20'	CHECKED: F.E.B.

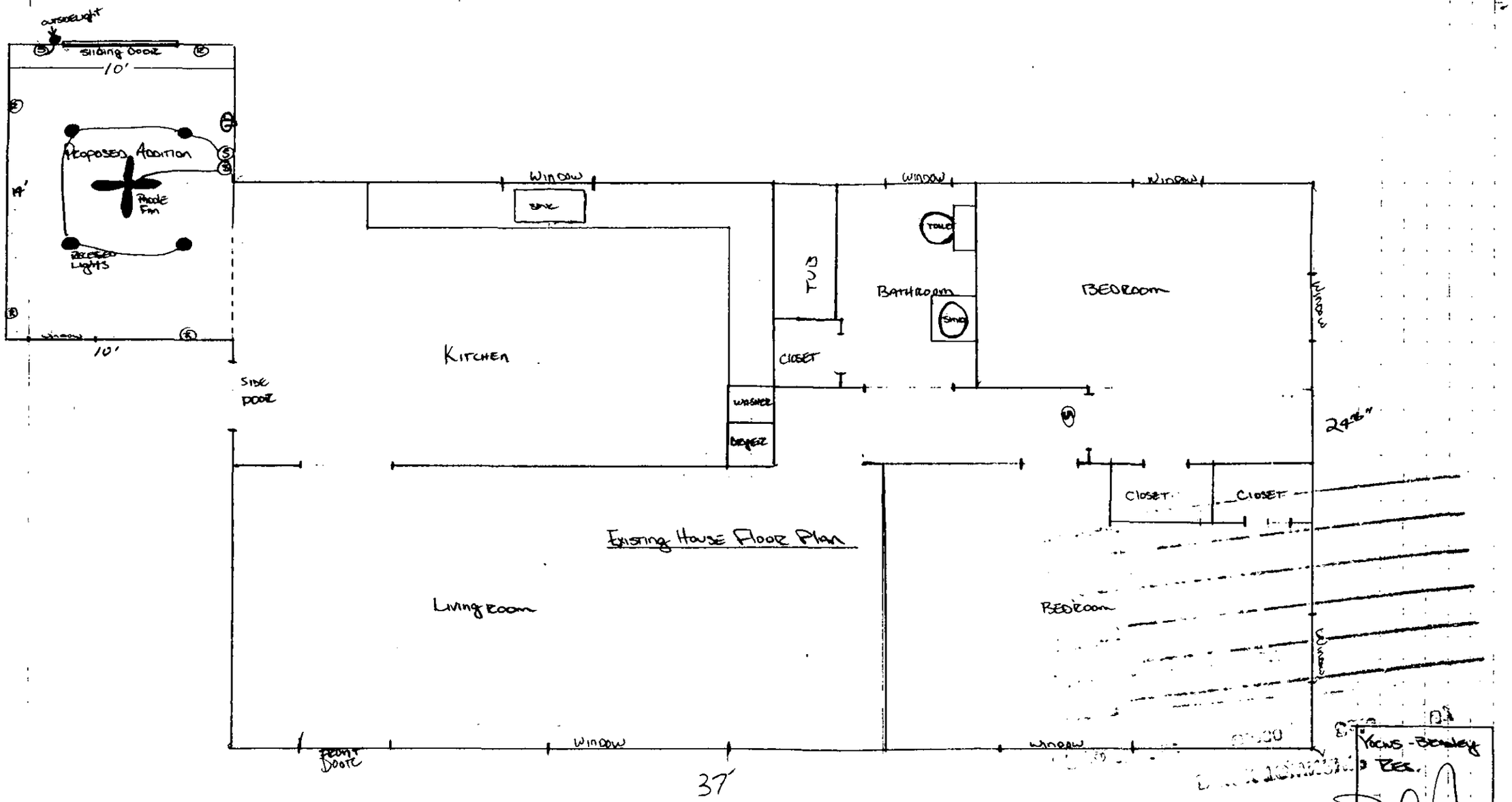
EST. 1945
GEORGE W. HENN, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
PROFESSIONAL PLANNERS
435 MANTOLOKING ROAD
BRICK TOWN, N. J. 08723
PHONE 908-477-6500
FAX 908-920-8459

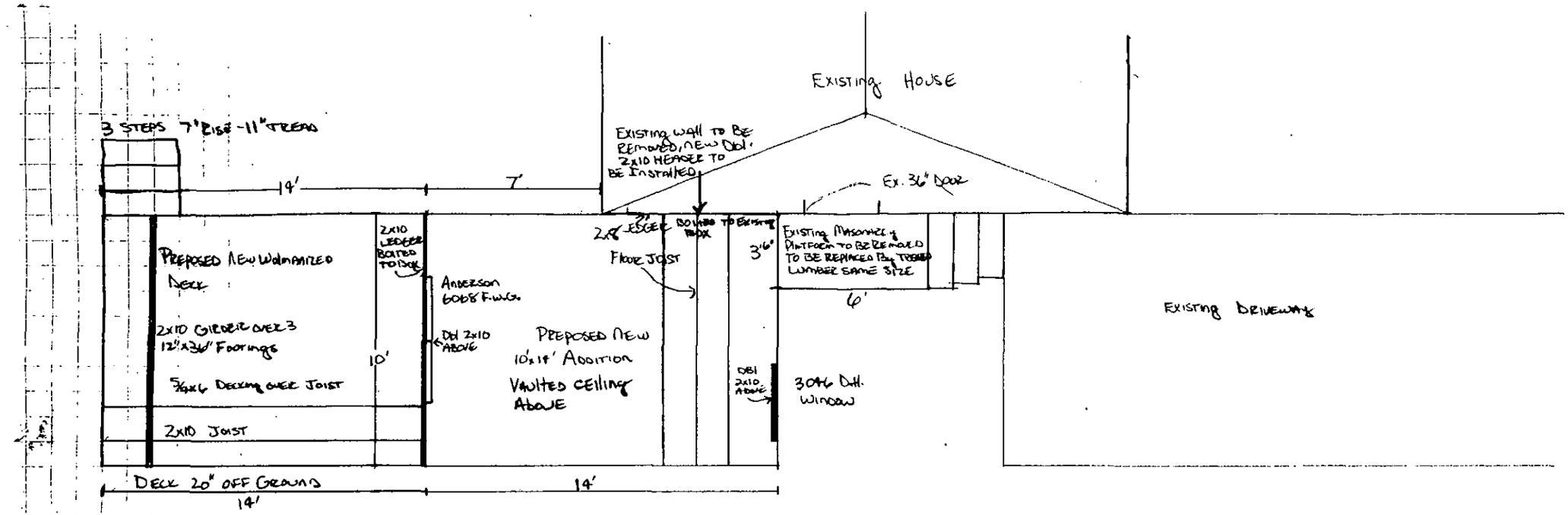
I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THAT THIS SURVEY HAS BEEN PERFORMED IN ACCORDANCE WITH ACCEPTED STANDARDS OF THE PROFESSION AS PRACTICED IN THE STATE OF NEW JERSEY.

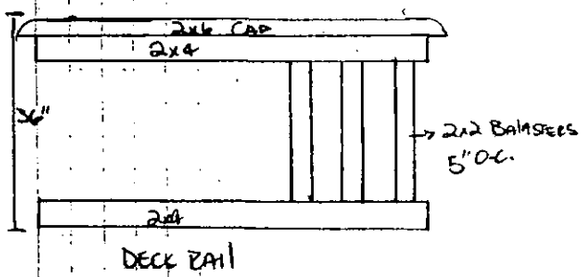
Walter Scharfenberg

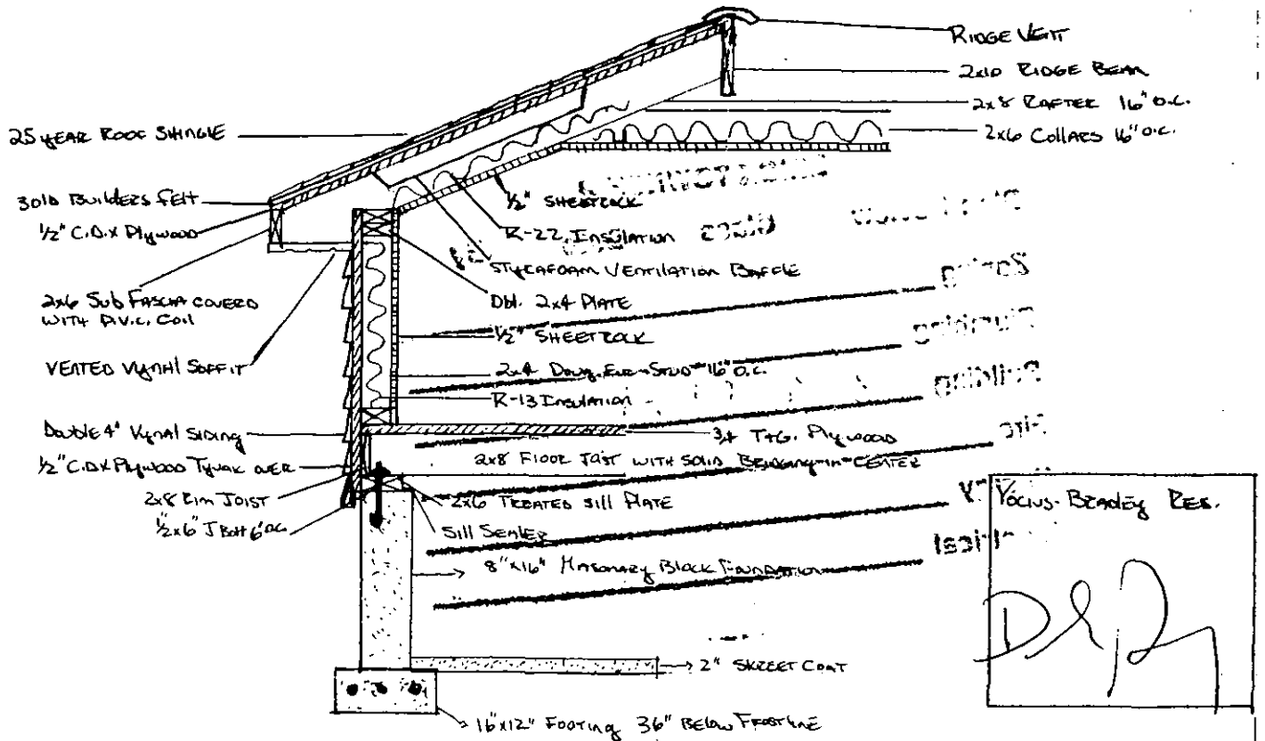
WALTER SCHARFENBERG
PROFESSIONAL LAND SURVEYOR N.J. 14159

R.S. KNAPP CO.


outside light
sliding door
10'
14'
Proposed Addition
Paddle Fan
Recessed Lights
10'
Window
sink
Kitchen
Side Door
Tub
Closet
Washer
Dryer
Window
Toilet
Bathroom
Sink
Bedroom
Window
24'6"
Closet
Closet
Existing House Floor Plan
Living Room
Bedroom
Front Door
Window
Window
37'


3 STEPS 7" RISE - 11" TREAD
14'
7'
EXISTING HOUSE
EXISTING WALL TO BE REMOVED, NEW DBL. 2x10 HEADER TO BE INSTALLED
EX. 36" DOOR
2x8 JOIST
DO NOT CUT TO EXISTING ROOF
3'6"
EXISTING MASONRY PLATFORM TO BE REMOVED TO BE REPLACED BY TREATED LUMBER SAME SIZE
6'
EXISTING DRIVEWAY
PROPOSED NEW Galvanized DECK
2x10 GIRDER OVER 3 12"x36" FOOTINGS
5/4x6 DECKING OVER JOIST
2x10 JOIST
2x10 LEDGER BOLTED TO DOOR
ANDERSON 6068 P.W.G.
DBL 2x10 ABOVE
10'
PROPOSED NEW 10'x14' ADDITION
VAULTED CEILING ABOVE
FLOOR JOIST
DBL 2x10 ABOVE
3046 DBL. WINDOW
DECK 20" OFF GROUND
14'
14'


2x6 CAP
2x4
36"
2x2 BALUSTERS 5" O.C.
2x4
DECK RAIL


RIDGE VENT
2x10 RIDGE BEAM
2x8 RAFTER 16" O.C.
2x6 COLLARS 16" O.C.
25 YEAR ROOF SHINGLE
30lb BUILDERS FELT
½" C.D.X PLYWOOD
½" SHEETROCK
R-22 INSULATION
STYROFOAM VENTILATION BAFFLE
DBL. 2x4 PLATE
2x6 SUB FASCIA COVERED WITH P.V.C. COIL
VENTED VINYL SOFFIT
½" SHEETROCK
2x4 DOUG. FIR STUD 16" O.C.
R-13 INSULATION
DOUBLE 4" VINYL SIDING
½" C.D.X PLYWOOD TYVEK OVER
3/4 T&G. PLYWOOD
2x8 FLOOR JOIST WITH SOLID BLOCKING IN CENTER
2x8 RIM JOIST
½x6" J BOLT 6' O.C.
2x6 TREATED SILL PLATE
SILL SEALER
8"x16" MASONRY BLOCK FOUNDATION
2" SCREED COAT
16"x12" FOOTING 36" BELOW FROSTLINE

YOCUS-BRADLEY REG.

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 156 JOHN STREET — Date Rec'd.:
Block: 1170.07 Lot: 2 — Date Issued:
Owner in Fee: STANLEY P. YOCUS, DEBORAH A. BEADLEY — Control #:
Address: 156 JOHN STREET — Permit #:
State: N.J. Zip: 08724 Phone [redacted]
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:
ELECTRICIAN STAMPED
WRONG AREA →

BUILDING SUBCODE

CONTRACTOR: OWNER
ADDRESS: SAME
PHONE: SAME
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK: A 10'x14' ADDITION WILL BE ADDED TO SIDE OF HOUSE. A 7' SECTION OF EXISTING WALL WILL BE REMOVED TO CONNECT TO EXISTING KITCHEN. A 10'x14' DECK WILL BE ADDED ON TO NEW ADDITION IN REAR. A 3'6" x 6 TREATED DECK WILL REPLACE EXISTING CONCRETE PORCH [illegible] ON SIDE.

TYPE OF WORK

☐ New Building
☑ Addition — ☐ Fence: Height (6' or More)
☐ Alteration — ☐ Sign: Sq. Ft.
☐ Roofing — ☐ Pool (In Ground)
☐ Siding — ☐ Pool (Above Ground)
☑ Other: DECK — ☐ Asbestos Abatement
☐ Other: — ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: 1
Height of Structure: 10'
Area - Largest Floor:
New Building Area / All Floors: 140 SQ'
Volume of Structure: Total Land Disturbed: 140 SQ'
Signature:

Estimated Cost of Building Work: $4,200
New Building (1): $ 4,200 — $ 2500
Aleration (2): $ — $ 1,500
TOTAL (1+2): $ 4,200
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Barnes & Son Electric Inc
ADDRESS: 912 18th ave
West Belmar, N.M.
PHONE: 280-0073
LIC. #: 9734 EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):
223037272

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	5	
Receptacles	5	
Switches	3	
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

Royston H Barnes Sr

FIRE SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total:	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: