

LOI

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 165 WALTER RD

2. Name of Owner in Fee: RUTH C NEAL Tel. ()

Address 165 WALTER RD, BRICK, NT 08107

street municipality zip code

3. Ownership in Fee: Public Private ✓

4. Principal Contractor: NEW JERSEY SHORE FENCE Tel. (732) 341 2001

Address 2149 US Route 9 Toms River NJ 08786

License No. OR, if new home, Builder Reg. No. Exp. Date

Federal Employee No. FAX: ()

5. Architect or Engineer Tel. ()

Address

6. Responsible Person in Charge of Work

Tel. () FAX ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 8		
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	\$ 24		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

II. PROPOSED WORK

1. ☒ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

1570

OPTIONAL (for office use only)

Plans Ref'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
CWS	4/26/00		5-1-00	TW			
MMS	5/1/00		5/1/00				MMS

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? *NO*

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

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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 Bruce C. Neal Date April 24, 2000

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	Other
Building _____	Energy _____	
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

UCC NEW JERSEY
 CONSTRUCT PERMIT

0010
 1445*#

LOT	10 #	0.00
BUILDING		8.00
D.C.A.		1.00
ZONE/LOT		15.00
TOTAL		24.00
CHECK		24.00
CHANGE		0.00
	0004A005	07:51

Date Issued 05/03/2000
 Control #
 Permit # 00-1445

IDENTIFICATION Block 1170.07 Lot 10 Qual 05/03/2000

Work Site Location 165 WALTER RD
 Owner in Fee NEAL, RUTH C
 Address SAME
 Telephone BRICK, NJ 08724-
 Contractor JERSEY SHORE FENCE CO
 Address 2199 RT 9
 Telephone (732) 341-2001
 Lic. No. or Bldrs. Reg. No.
 Federal Emp. No. 22-2037982

Is hereby granted permission to perform the following work:

- ☒ BUILDING
☐ ELECTRICAL
☐ ELEVATOR DEVICES
☐ PLUMBING
☐ FIRE PROTECTION
☐ ASBESTOS ABATEMENT
☐ LEAD HAZARD ABATEMENT
☐ DECOLLATION
☐ OTHER

DESCRIPTION OF WORK:

6' SOLID WOOD CONVEX FENCE

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 \$ 1,500

Construction Official

05/03/2000
Date

D.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	8
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	15
Total	24
Check No.	1199
Cash	
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/26/2000
Date Issued 5/3/00
Control # C26-75
Permit # 00-1445

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 ~~X~~ 10 Qual
Work Site Location 165 WALTER RD
FENCE

Owner in Fee BEAL, RUTH C
Address SAME
Phone NT 08724-
Contractor JERSEY SHORE FENCE CO
Address 2199 RT 9
TOMS RIVER, NJ 08735-
Tele. (732) 341-2001 Fax ()
Lic. No. of Bldgs. Reg. No. 4
Federal Emp. No. 22-2037982

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

6' SOLID WOOD CONVEX FENCE
25' From Property Lines

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
☒ No Plans Req. ~~5-1-00~~ ~~FM~~
☒ All
☐ Footing
☐ Foundation
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev
☐ CO ☐ CCO ☐ CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day)
Type	Failure Approval Initial
Footing	
Foundation	
Slab	
Frame	
BarrierFree	
Insulation	
Finishes	
Energy	
Mechanical	
ECO	
Other	
Final	
BarrierFree	

TYPE OF WORK
☐ New Building
☐ Addition
☒ Alteration
☐ Footing
☐ Sliding
☐ Fence 0 Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☒ Other 6' FENCE
other
☐ Demolition

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 \$ 1,500
3. Total (1+2) \$ 1,500
Paid ☐ Check # Administrative Surcharge
Collected by: Minimum Fee
TOTAL FEE
DCA Training Fee
U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/26/2000
Date Issued 5/13/00
Control # C26-75
Permit # 00-1445

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

Block 1179.07 Lot X 10 Quad
Work Site Location 165 MILLER RD

FENCE

Owner in Fee REAL, RUTH C

Address 3442

BRICK, NJ 08724-

Tele

Contractor JEREMY SHORE FENCE CO

Address 2199 RT 9

TOMS RIVER, NJ 08755-

Tele. (732) 341-2901

Fax ()

Lic. No. or Bldg. Reg. No.

Federal Emp. No. 22-2037982

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ All 5-1-00 FM

☐ No Plans Req.

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

FCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

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Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

6' SOLID WOOD CONVEX FENCE

25' From Property Lines

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.

FEE (Office Use Only)

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Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 1,500

3. Total (1+2) \$ 1,500

Industrialized Building:

☐ State Approved

☐ HUD

Administrative Surcharge

Minimum Fee

TOTAL FEE

BGA Training Fee

TOWNSHIP OF BRICK ZONING PERMIT

Permit Approved: April 27, 2000

No.2000-0647

Block: 1170.07 Lot 10 Zone:R-7.5

Property Address: 165 Walter Road

Owner:: Ruth C. Neal

Applicant:: Same

Phone: [REDACTED]

Existing Use: Single family residential

Proposed Use: Same

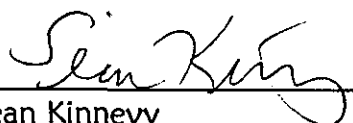
Proposed Construction: 4' x 6' high stockade fences

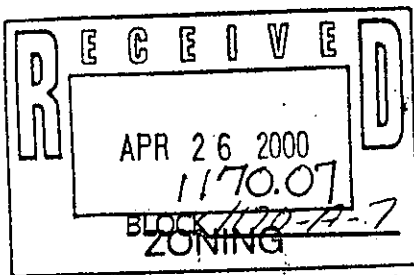
Conditions: The 4' x 6' high fences must be setback at least 25 feet from the front property lines at both Walter Road and John Street.

The finished sides of both fences must face the exterior of the property.

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



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

BLOCK 1170-A-7 LOT X 10

PROPERTY ADDRESS (number and street) 165 WALTER RD

NAME OF PROPERTY OWNER RUTH C. NEAL

PERSONAL NAME OF APPLICANT RUTH C. NEAL

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 165 Walter Rd, Brick, NJ 08784

TELEPHONE NUMBER OF APPLICANT [REDACTED]

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-family dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (please describe, specifically additions)

REPLACE CHAIN LINK FENCE WITH WOOD FENCE

All dimensions: _____ Width 64' Length 86' Height _____

All dimensions: _____ Width 43' Length 86' Height _____

All dimensions: _____ Width 8' Length 43' Height _____

Deck or Garage: _____ Attached _____ Detached _____ Height _____

Fence: ~~CONCRETE~~ Style SOLID Material PINE Height 6'

CHECKLIST:

- ☒ All information completed above
☒ Two (2) copies of the property survey map 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.

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 Ruth C. Neal Date 4/24/2000
Reviewed by Zoning Officer _____ Date 4/27/00 ☒ Approved ☐ Rejected

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050



Joseph C. Scarpelli Mayor

Department of Administration & Finance

Township Council

Frederick J. Underwood, Sr - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin



Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

Date: April 24 2000

Block: 1170.07 Lot: X 10

Property Address: 165 WALTER RD

I, RUTH A. KHAL of 165 Walter Rd, Brick, NJ
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Ruth A. Khal
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the 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.

FOR OFFICE USE ONLY

Approved on: 5/1/00 Signed: WAT

Rejected on: _____ Signed: _____

Comments:

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 165 WALTER RD
Block: 1170.07 Lot: 10
Owner's Name: RUTH C NEAL
Owner's Mailing Address: 165 WALTER RD, BRICK, NJ 08724

Phone: [REDACTED]

BUILDING

Contractor: Jersey Shore Fence
Address: 2199 ROUTE 9
TOM'S RIVER NJ 08755
Phone#: 732-341-2001
Lis # _____
Federal Emp # or SSN 22-2037982

Technical Data

Description of Work:

Fence

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: \$1550.00

Total Cost of Building Work: \$1550.00

Signature: Ruth C Neal

Please Print Name Ruth C. Neal

ELECTRICAL

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

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 _____
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: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL