



C-16-004054

502-1 Update | Update

VI. BUILDING/SITE CHARACTERISTICS	(office use only)
-----------------------------------	-------------------

	VII. DESCRIPTION OF BUILDING USE
--	----------------------------------

8. ☐ Smoke Control Systems in Open Wells 12. ☐ Fire Alarm
 9. ☐ Underground Storage Tanks
 10. ☐ Swimming Pools, Spas and Hot Tubs
 11. ☐ LPGas Tanks

1. Proposed Work Site at: 16.3 Walter Rd Brick

2. Name of Owner in Fee: Anthie Jones
Tel. () e-mail
Address 16.3 Walter Rd Brick
street municipality zip code

3. Ownership in Fee: Public Private ✓

4. Principal Contractor: Distinctive Builders Tel. (732) 618-6641
Address 601 Violet Lane Jackson NJ e-mail Distinctive Builders Inc
08527

License No. OR, if new home, Builder Reg. No. 13VH02503200 Exp. Date 3-17-2017
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02503
Federal Emp. ID No. FAX: (732) 462-2200

5. Architect or Engineer Contact
Address e-mail
Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun Wayne Gonzalez ✓
Tel. (732) 618-6641 FAX: (732) 462-2200

☒ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

(Check all that apply)

☒ Building

☐ Electrical

☐ Plumbing

☐ Fire Protection

☐ Elevator

FOR OFFICE USE ONLY (Optional)								
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
8400	MP		9-14-16		SP	9-20-16		SE
	2/19/16							
	Eng	Exempt	8/30/16	EC				

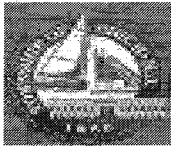
TOTAL COST 8400

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
	7. ☐ Sprinklers/Standpipes	11. ☐ LPGas Tanks	



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/20/2017
Control Number C-16-004054
Permit Number 16-3816
Permit Issue Date 11/2/2016
Certificate Number 16-3816

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 163 WALTER RD. Brick Township, NJ Block: 1170.07 Lot: 9 Qual: _____
Owner in Fee: JONES, BRIAN D & ANTHIE E
Owner Address: 163 WALTER RD BRICK NJ 08724
Telephone: _____
Contractor DISTINCTIVE BUILDERS
Address 601 VIOLET LANE JACKSON NJ 08527
Telephone: (732) 618-6641 Fax: (732) 462-2200
License Number or Builders Registration Number: 13VH02503200 Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DECK ...14'x16' REAR & 4'x8' FRONT

Certificate Comments:

☐ **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 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 Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

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(f)1.ix:

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

[Handwritten Signature]

Date

8/19/2016

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. 5:23-2.15(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

Distinctive Builders - Wayne Gonzalez

Address

601 Violet Lane Jackson NJ 08527

Telephone

(732) 618-6641

Signature

[Handwritten Signature]

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



BUILDING SUBCODE TECHNICAL SECTION



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 9 Qualification Code _____

Work Site Location 163 Walter Rd

Owner in Fee: Avila Thomas

Tel. () _____ e-mail _____

Address 163 Walter Rd zip code _____

Contractor: Distance Builders municipality _____ Tel. () 732-618-6641

Address 601 United Ave Jackson e-mail DistanceBuilders@gmail.com

Contractor License No. or Builder Registration No. 13U402503200 Exp. Date 3-22-2017

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: () 732-460-2200

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial _____

☒ No Plans Required 9-20-16 SGP Type (2) Front, (3) Rear Failure _____

☒ All _____ Footing Deck Piers Approval 11/23/16 Initial KEK

☐ Footings/Foundations _____ Foundation _____

☐ Structural/Framework _____ Slab _____

☐ Exterior _____ Frame _____

☐ Interior _____ Truss Sys./Bracing _____

Joint Plan Review Required: _____ Barrier-Free _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL for PERMIT 09/20/16 _____

Date: _____ Finishes -Base Layer _____

Approved by: KEK _____

SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CCO 12/30/16 _____

Date: 12/30/16 _____

Approved by: KEK _____

Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft. _____

Area — Largest Floor _____ sq. ft. _____

New Bldg. Area/All Floors _____ sq. ft. _____

Volume of New Structure _____ cu. ft. _____

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ 10,067

U.C.C. F110 (rev. 11/09)

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.

Sign here: Walter Thomas

Print name here: Walter Thomas

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Build 14'x16' Deck on Rear of House

and 8'x4' on front of House

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____

☐ Sign _____ Sq. Ft. _____

☐ Pool

☐ Retaining Wall _____ Sq. Ft. _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☒ Other Deck

☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

Date Received

Control #

Date Issued

Permit #

11/2/16

16-3816

RECEIVING CLERK SP
DATE REC'D 8/19/16

ZONING PERMIT APPLICATION

PERMIT # 2P-16-01562
DATE ISSUED 11/2/16

BLOCK: 1120-01 LOT: 9 QUALIFIER: SITE ADDRESS: 163 WALTER RD BRUCK NJ

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Authie Jones

COMPLETE ADDRESS: 163 Walter Rd Bruck NJ

PHONE # MAIL:

2. NAME OF APPLICANT: Authie Jones

APPLICANT ADDRESS: 163 Walter Rd Bruck NJ

PHONE # ALL:

3. RESPONSIBLE PERSON FOR WORK: Walter Conczyk

PHONE # 732-618-6641 FAX # 732-462-2200

4. SIGNATURE OF APPLICANT: [Signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50-

OTHER: \$

TOTAL: \$ 50-

REQUIRED BY APPLICANT

RESIDENTIAL: V

COMMERCIAL: SFR

EXISTING USE: SFR

PROPOSED USE: SFR

BOARD APPROVAL: PB ZB

RESOLUTION #:

APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: *ADDITION *ALTERATION *PORCH *DECK ✓

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: (*IF APPLICABLE)

OTHER

DESCRIPTION: 14'x16' Deck on Rear of House and 8'x4' Deck on Front of House

ZONING REVIEW:

DATE REVIEWED: 8-25-16 DATE DENIED: DATE APPROVED: 8-29-16 INTLS: CU (SEE BACK PAGE)

11/23/16

Frame Rej

REAR DECK O.K.

FRONT PORCH STAIRWAY STRINGERS SHOULD BE
INSTALLED ONE RISER DIMENSION DOWN FROM TOP LANDING.

Bottom 4x4 Post should be at Tread Nose.

12/08/16 Frame App'd - O.K. *Key*

③ Tech

RECEIVED

AUG 29 2016

ZONING

225

ZONING

DATE REVIEWED: 8/29/16 DATE DENIED: — DATE APPROVED: 8/29/16 INTLS: MS2

DATE REVIEWED:

DATE DENIED:

DATE APPROVED:

INTLS:

DATE: COMMENTS:

INITIALS:

8/8/9/16	SENT TO Cinn
----------	--------------

2020



CONSTRUCTION PERMIT

Date Issued 11/2/16
Control # C-16-004054
Permit # 16-3816

IDENTIFICATION Block: 1170.07 Lot: 9 Qualifier _____
Work Site Location: 163 WALTER RD. Brick Township, NJ Contractor DISTINCTIVE BUILDERS
Owner in Fee JONES, BRIAN D & ANTHIE E Address 601 VIOLET LANE JACKSON NJ 08527
163 WALTER RD. BRICK NJ 08724 Telephone: (732) 618-6641
Telephone: 3 Lic. No. or Bldrs. Reg. No. 13VH02503200 13VH02503200
Federal Employee. No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

DECK 14'x16' REAR & 4'x8' FRONT

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 \$10,067

[Signature]
Construction Official

9/21/16
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

11/02/16 4:33PM 0015584880
4 GOLD - APPLICANT

#3816
BUILDING \$503.00
OCA \$19.00
TOTAL \$522.00

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:

11/2/16

Application Number: ZA-16-01314

Application Date: 08/26/2016

Project Number:

Permit Number:

2P-16-01562

Fee:

\$50.00

Zoning Permit

Worksite: 163 WALTER RD.
Location: Brick Township, NJ 08724

Block: 1170.07

Lot: 9

Qualifier:

Zone: R-7.5

Owner: JONES, BRIAN D & ANTHIE E
Address: 163 WALTER RD
BRICK, NJ 08724

Applicant: JONES, BRIAN D & ANTHIE E
Address: 163 WALTER RD
BRICK, NJ 08724

Application Approved Date: 08/29/2016

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential

Nonconforming Use is:

Work Description:

Deck/Porch - Construction of a 14' x 16' Rear Deck and a 8' x 4' Front Deck. (Replacing existing same size and location)

The decks must be setback at least 25' from the front property line, 6'/15' combined on the side property line, and 15' from the rear property line.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☒ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer

08/29/2016

Christopher J. Romano, Assistant Zoning Officer

Date

Sean Kinnevy, Zoning Officer

8/29/16

Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____
PERMIT #: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 163 Walter Rd Buck NY

2. NAME OF OWNER IN FEE: Arthur Jones

ADDRESS: 163 Walter Rd PHONE: [REDACTED]

FAX #: ()

3. PRINCIPAL CONTRACTOR: Distinctive Builders

ADDRESS: 601 Violet Lane PHONE #: (732) 618-6641

Jackson NJ 08527 FAX #: (732) 462-2220

4. ARCHITECT OR ENGINEER: _____

ADDRESS: _____ PHONE: # ()

5. RESPONSIBLE PERSON FOR WORK: Wayne Conczyk

ADDRESS: _____

PHONE #: () FAX #: () E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL

☐ BULKHEAD/DOCK ☐ DWELLING

☒ OTHER Deck ☐ TREE REMOVAL _____

LENGTH: 16' x 14' WIDTH: _____ HEIGHT: 12"

ENGINEERING REVIEW: _____

DATE RECEIVED: _____ DATE REJECTED: _____

DATE APPROVED: _____

INITIALS: _____

FEE SUMMARY:

APPLICATION FEE: \$ _____

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER: \$ _____

BOND(S): \$ _____

TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

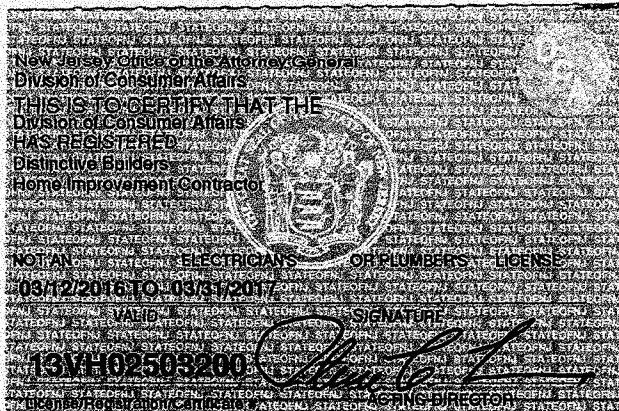
FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____



TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 163 Walter Rd

BLOCK: 1170.07 LOT: 9

CONTRACTOR: Distinctive Builders

CONTRACTOR'S ADDRESS: 601 Violet Lane Jackson NJ 08527

Type of Construction(minor, new home): Removing 14' x 16' Deck

Type of Debris (shingles, siding, wood, etc.): Wood

Party responsible for removal: Sodano Waste Disposal

Dumpster Size: 10 yds

Destination of Debris: Mazza Recycling

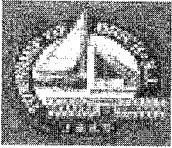
Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

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 of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Wayne Gorczynski
Signature

8/19/16
Date

WAYNE GORCZYNSKI
Print Name



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

9/19/16
Called
Wayne

Subcode Official Review

Date: Wednesday, September 14, 2016

To: JONES, BRIAN D & ANTHIE E
163 WALTER RD
BRICK, NJ 08724

RE: Building Subcode
Block: 1170.07 Lot: 9 Qual:
163 WALTER RD.
Permit Number: Control Number: C-16-004054
Last Submit Date: Wednesday, August 31, 2016

RESUBMIT LH
SUBCODES B
DATES 9/19/16

Dear JONES, BRIAN D & ANTHIE E,

Your request is hereby denied based upon the following infractions.

1') The 2"x 8" joist at the rear deck are over spanned. You will need to increase to 2"x 10" or 2" x 8" at 12" o.c. Please call to address the situation.

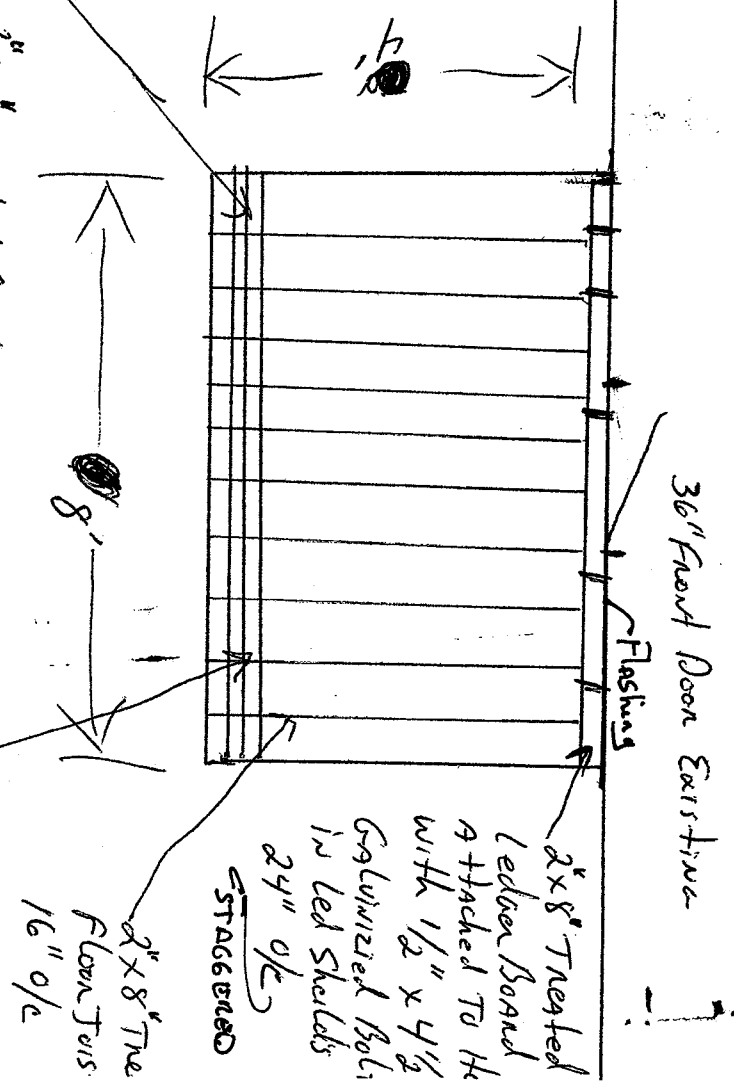
Sincerely,

John Pinkava,

CC:

John R. Smith

Double 2"x10" Treated Cinder
Bolted Together using 6/16
And 1/2" x 4" Canvase Bolts Galvanized
24" o/c



Zoning Review
Approval

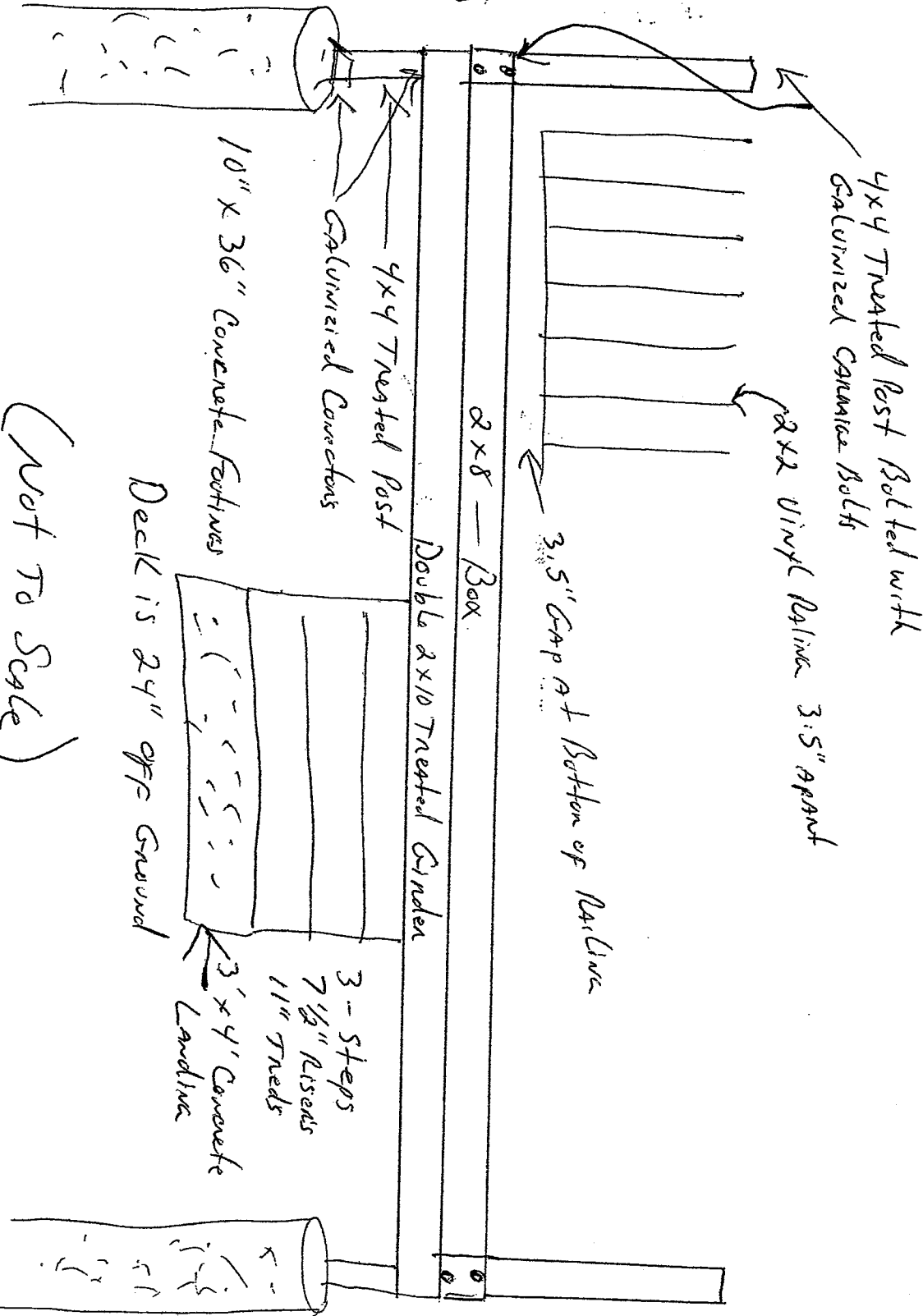
By: Car deeks

TOWNSHIP OF BUCK
RECEIVED FOR PERMIT
DATE

Building Subcode _____
Plumbing Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer SPB 9-20-16
Plans Released _____
Construction Official _____

Hurricane Straps
on Every Floor Joists
attached To Cinder

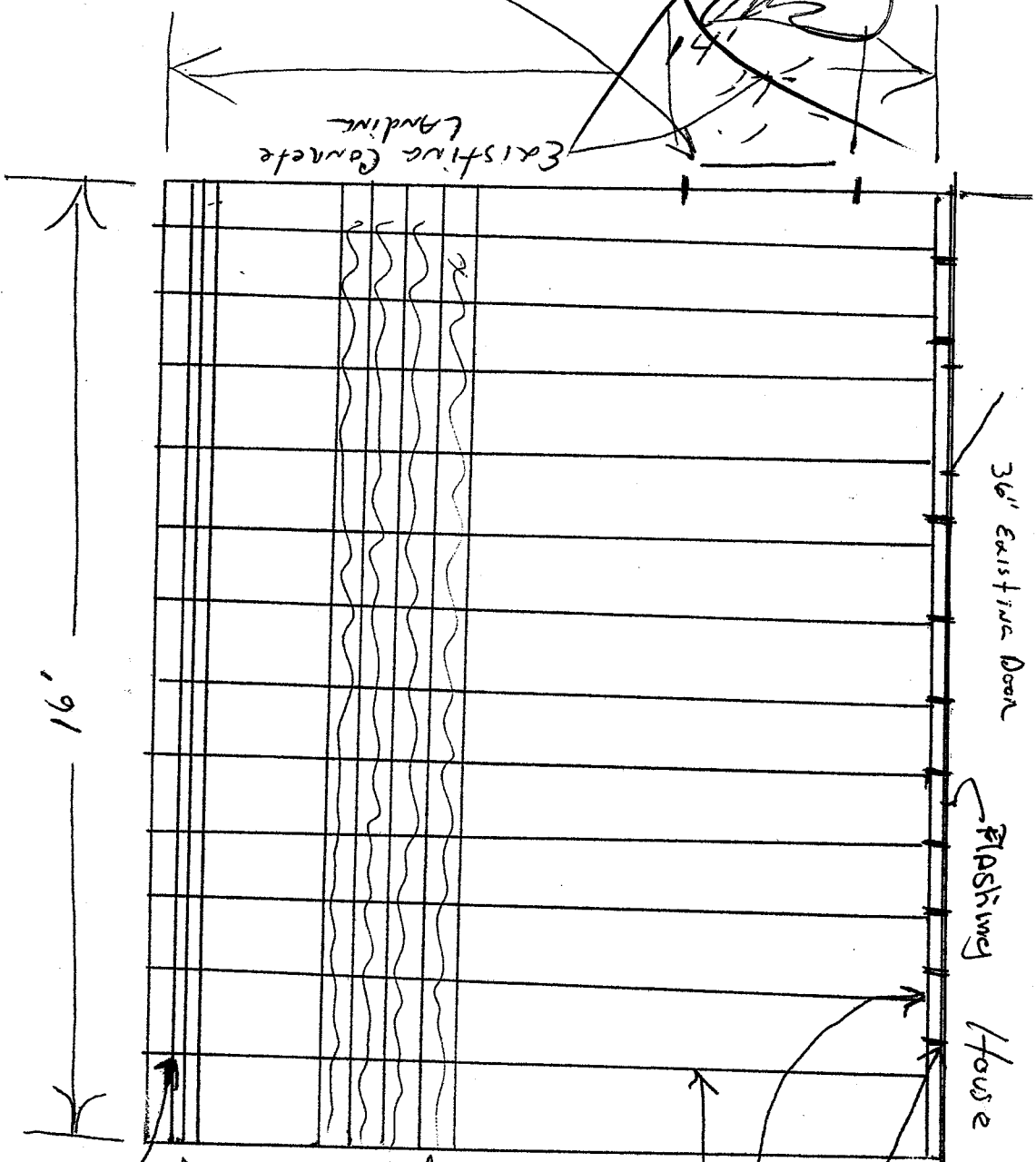
FILE COPY



(Not To Scale)

Sketch

1 Set of Stairs 4" wide
only 1 Step
Deck is 12" off ground
6" Riser
11" Treads



36" Existing Door

Flashing House

Not To Scale

2x8 Treated Ledger Board

1/2" x 4 1/2" Lags / Galvanized
Into Concrete Foundation
24" o/c using Led Shells

2x10 Treated Floor Joists
16" o/c attached To
Ledger Board with Hangers

5/4 x 6" Trex Decking

Double 2x10" Treated
Girders Glued + Bolted
with 1/2" x 4" ~~plates~~
- Bolts Galvanized
24" o/c

Hurricane Straps on Every Floor
Joist + Attached To Girders

This Deck is Replace an Existing
Deck Using The Exact Same Footprint.

Rear of House New Footing will Be Per

Not to Scale

Rear of House Deck

