BLOCK 1170.07 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 151 WALTER RD PERMIT NO. 034940

10/24 CW

CONSTRUCTION PERMIT APPLICATION

C08-77

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

I. IDENTIFICATION

1. Propsed Work Site at: 151 WALTER RD
2. Name of Owner in Fee: THOMAS MORTELLARO Tel. [redacted]
   Address 151 WALTER RD (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____
   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 ( ) _____

SHED 8X16

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 53		
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	2		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	15		
13.	TOTAL	$ 70		

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									
2.	☐ New Building		SRP	10/7/03		10-27-03	[illegible]			
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		CW	10/20/03		10/20/03	[illegible]			
	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:
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:

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 10/7/03

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.									
☐									
☐									

A.H.P. PLANT
A.H.P. EXPERT

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.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/03/2003
Control #
Permit # 03-4940

UCC NEW JERSEY
CONSTRUCTION PERMITE

IDENTIFICATION Block 1170.07 Lot 6 Qual

Work Site Location 151 WALTER RD
8X16 SHED
Owner in Fee MORTELLARO, THOMAS
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor H O M E O W N 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
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
8X16 SHED ANCHORED W/ GROUND AUGERS

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 $ 1,717

Construction Official 11/03/2003
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	53
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other ZP	15
Total	70 - 55
Check No.	2927
Cash	
Collected By	ERP

11/03/03 3:21PM 000000#5002
XX07 SERV.007

#034940	
BUILDING	$53.00
DCA	$2.00
ZPA	$15.00
CHECK	$70.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/07/2003
Date Issued 11/3/03
Control # C08477
Permit # 03 4940

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 6 Qual
Work Site Location 151 WALTER RD
8X16 SHED
Owner in Fee MORTELLARO, THOMAS
Address SAME
BRICK, NJ 08724-
Tel [redacted]
Cor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

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

8X16 SHED ANCHORED W/ GRUND AUGERS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-21-03	FMM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

Dates (Month/Day)

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	53
[ ] 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

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 $ 1,717
3. Total (1+2) $ 1,717

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 53
DCA State Permit Fee	$ 2

Paid [ ] Check #
Collected by:

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/07/2003
Date Issued 11/3/03
Control # C08-77
Permit # 034940

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 6 Qual

Work Site Location 151 WALTER RD
8X16 SHED

Owner in Fee MORTELLARO, THOMAS

Address SAME
BRICK, NJ 08724-

Te [redacted]

Co

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

8X16 SHED ANCHORED W/ GRUND AUGERS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/21/03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

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 $ 1,717
3. Total (1+2) $ 1,717

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	53
[ ] 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	$ 53
DCA State Permit Fee	$ 2

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Township of Brick
(732) 262-1000
Fax: (732) 920-4850
http://www.twp.brick.nj.us

Date: 10/7/03

Block: 1170.07 Lot: 6

Property Address: 151 WALTER LD.

I, THOMAS MOLTELLANO of 151 WALTER LD Brick, N.J.
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. 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 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.

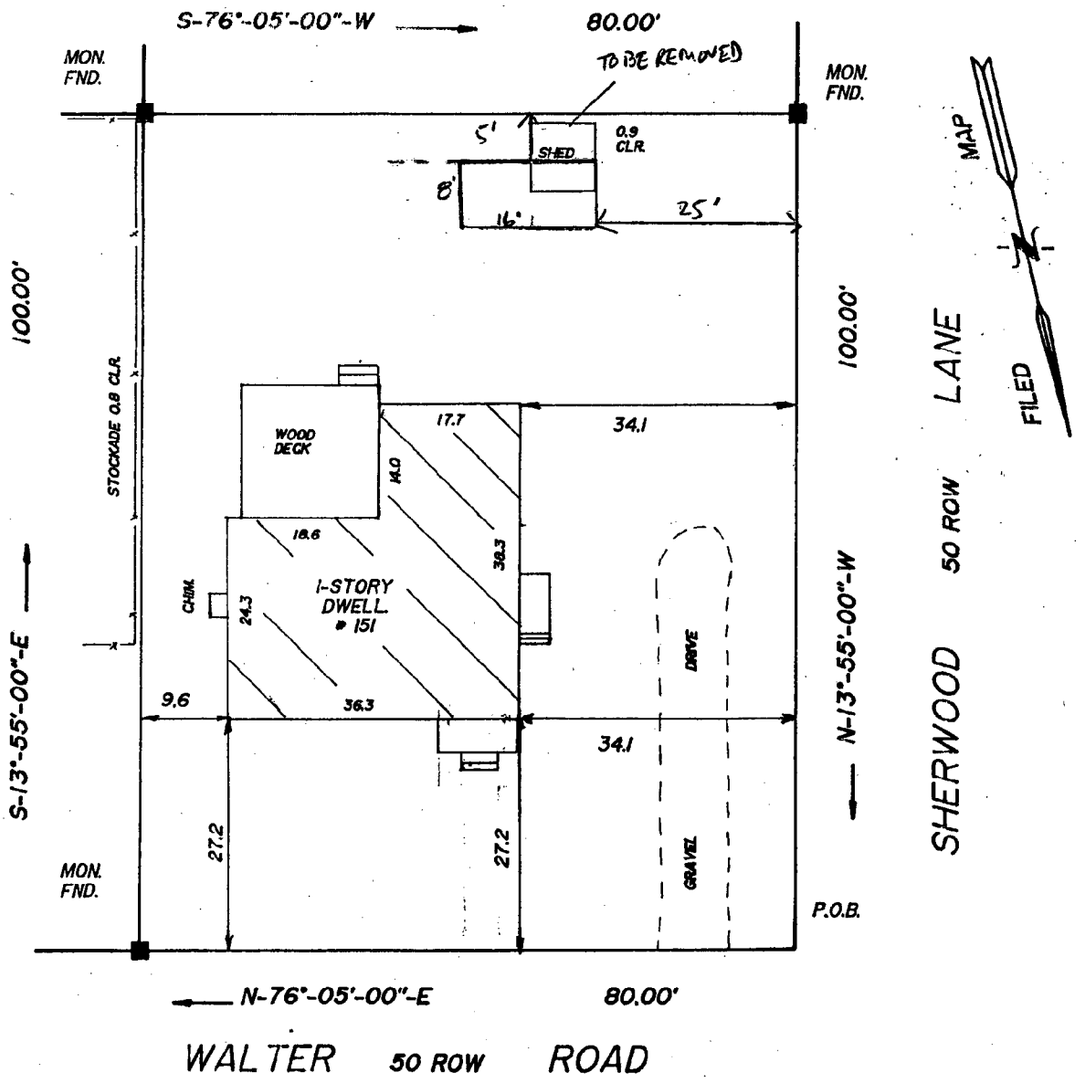
Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 10/20/03 Signed:

Rejected on: Signed:

Comments:



THIS SURVEY CERTIFIED TO:
THOMAS MORTELLARO
MARINE MIDLAND MORTGAGE CORP., its successors and/or assigns, C/O
MARINE MIDLAND BANK, N.A. P.O. BOX 4592, BUFFALO, N.Y. 14240
COMMONWEALTH LAND TITLE INSURANCE COMPANY
GUNNING & BRAENDER, P.C.

BEING KNOWN AS LOT 6 IN BLOCK 1170-A-7 ON A MAP ENTITLED "LAUREL ACRES" FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON JULY 2, 1957 AS MAP D-67

THIS CERTIFICATION IS NOT AN EXPRESS OR IMPLIED WARRANTY OR GUARANTEE

Charles O'Malley 5/26/93

CHARLES O'MALLEY, P.L.S.

PROFESSIONAL LAND SURVEYOR
NEW JERSEY LIC. No. 34871
76 MARCELLUS AVENUE
MANASQUAN, NEW JERSEY, 08736
(908) 223-3141

PLAN OF SURVEY

LOT 6 BLOCK 1170.07
TOWNSHIP OF BRICK
OCEAN COUNTY
NEW JERSEY

DRAWN BY	CHK'D. BY	FILE NO.	DATE	SCALE
K.R.L.	C.O'M.	93-1012	5/25/93	1"=20'

Township of Brick
Zoning Permit

Approved:	Friday, October 17, 2003	**Number:**	1800
Block	1170.07	**Lot**	6	**Zone:**	R-7.5
Property Address:	151 Walter Road		
Applicant:	Thomas Mortellaro		
Property Owner:	Thomas Mortellaro		
Existing Use:	Single Family Residential		
Proposed Use:	Single Family Residential		
Proposed Construction:	Shed 8' x 16', 8' high.		
Conditions:	The shed must be set back at least 25 feet from both front property lines, at least 6 feet from the side property line 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
OCT 8 2003
ZONING

RECEIVED
OCT 16 2003
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 1170.07 LOT 6 QUALIFIER _____

PROPERTY ADDRESS 151 WALTEN LO

PERSONAL NAME OF APPLICANT THOMAS MORTELLARO

BUSINESS NAME OF APPLICANT —

MAILING ADDRESS OF APPLICANT 151 WALTELAND BRICK 08724

PROPERTY OWNER'S FULL NAME THOMAS MORTELLARO

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) _____ Height_____
☐ Addition - Height_____
☐ Alteration
☐ Porch or deck - Height_____
☑ Shed - Height 8FT
☐ Fence - 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 _____ Date 10/7/03

Reviewed by Zoning Office_____ Date 10/10/03 ( ) Approved (X) Denied
10/17/03 KO

March 2003----------

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Township of Brick
(732) 262-1000
Fax: (732) 920-4850
http://www.twp.brick.nj.us

RESUBMIT
DATE 10/14/03

October 10, 2003

Thomas Mortellaro
151 Walter Road
Brick, NJ 08724

Re: Block: 1170.07 Lot: 6
151 Walter Road

Dear Mr. Mortellaro,

Your zoning permit application for a shed on the referenced property can not be approved because the application is incomplete.

- Two accurate plot plans, drawn either by a surveyor or an engineer, as per Section 190-31 of the Township Code must be submitted for review. The setback to the property line at Sherwood Lane must be shown on the plot plan.

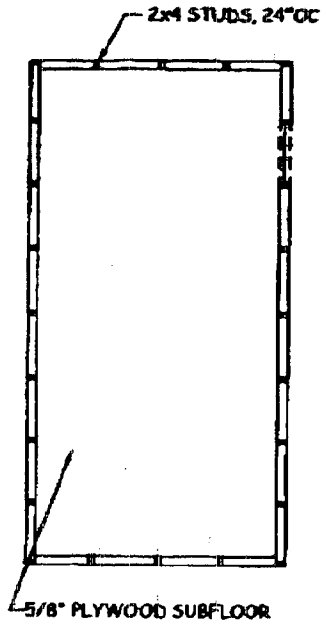
Your application has been returned to the Division of Inspections. Please amend your application and submit the required information to a Counter Clerk in the Divisions of Inspections Office. We will then be able to review your application.

Very Truly Yours,

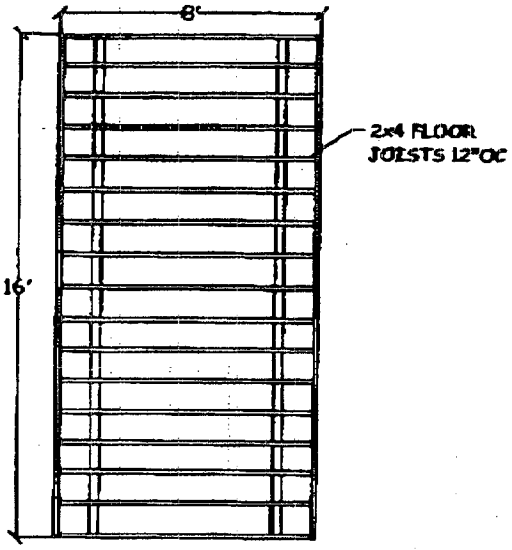
Kate MacDonald

Kate MacDonald
Assistant Zoning Officer

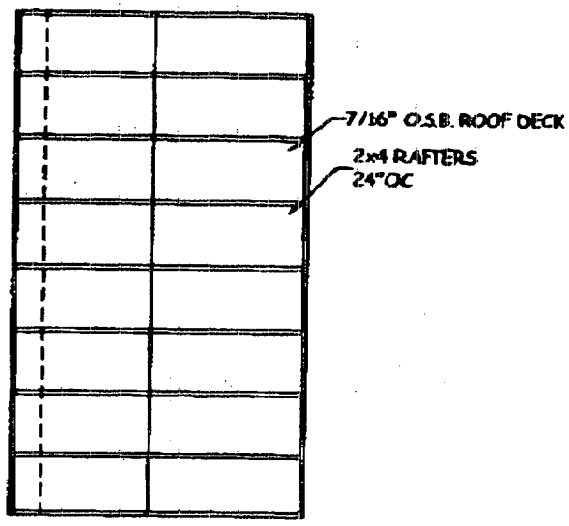
C: Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Sean Kinnevy, Zoning Officer
Daniel Newman, Construction Official



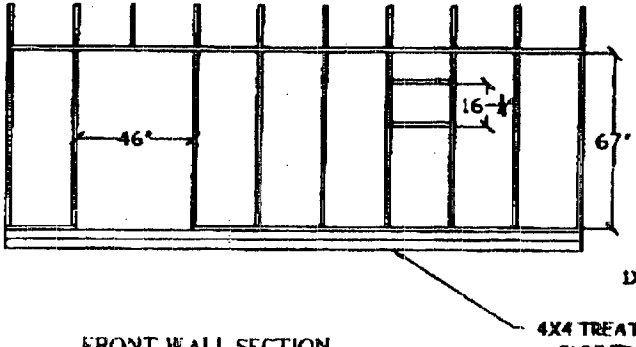
FLOOR PLAN



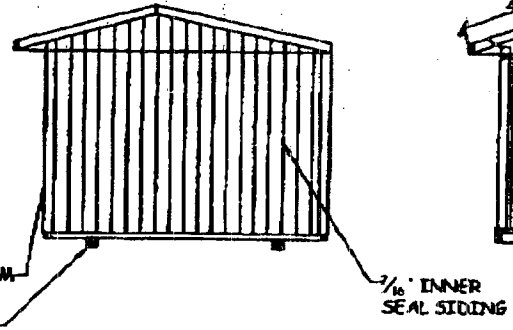
FLOOR FRAMING



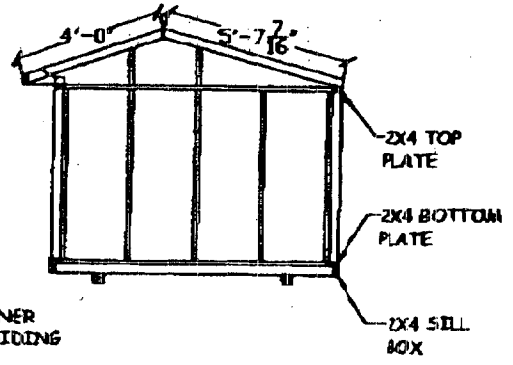
ROOF FRAMING



FRONT WALL SECTION



LEFT SIDE ELEVATION



LEFT SIDE WALL SECTION

16x8x8 CARRIAGE HOUSE	EVERLAST SHEDS	203 RTE 530, SOUTHAMPTON, NJ 08088	FAX - (609)-261-1546	(609)-261-1888

F-910802

SCHEDULE A

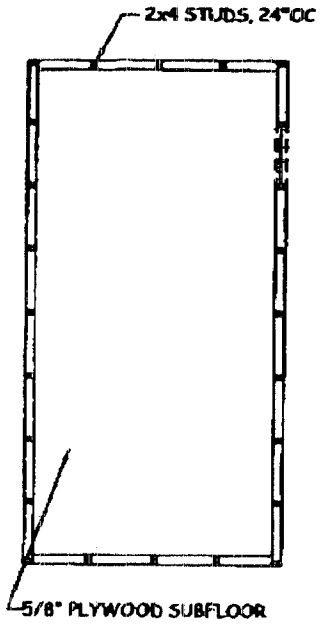
Beginning at an iron pin found said beginning point being the intersection of the southerly right of way line of Walter Road, 50.0 feet wide and the easterly right of way line of Sherwood Lane, 50.0 feet wide.

Thence from said beginning point the following courses and distances:

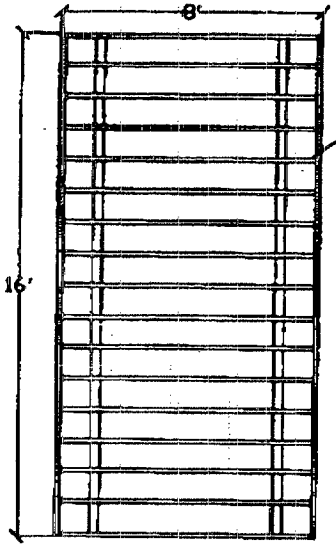
(1) north 76 degrees 05 minutes east along the southerly right of way line of Walter Road, a distance of 80.0 feet to a monument found; thence
(2) south 13 degrees 55 minutes east, between Tax Lots 6 and 7, a distance of 100.0 feet to a point; thence
(3) south 76 degrees 05 minutes west, a distance of 80.0 feet to a point in the easterly right of way line of Sherwood Lane; thence
(4) north 13 degrees 55 minutes west, along the easterly right of way line of Sherwood Lane, 100.00 feet to the point of beginning.

Being also known as Lot 6 Block 1170-A-7 as shown on a map entitled "Laurel Acres, Brick Town" said map being filed in the Ocean County Clerk's Office on July 2, 1957 as Filed Map No. D-67.

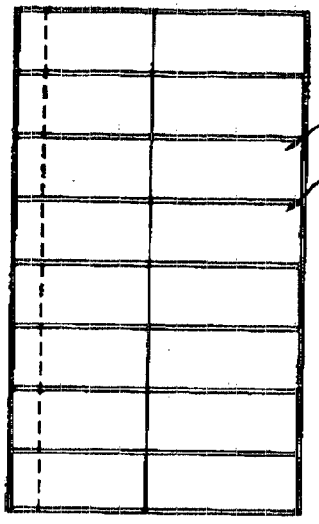
Lot 6 Block 1170.7 on the tax map of the Township of Brick.



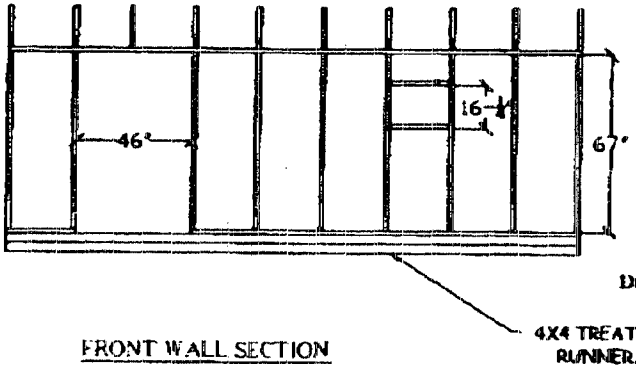
FLOOR PLAN



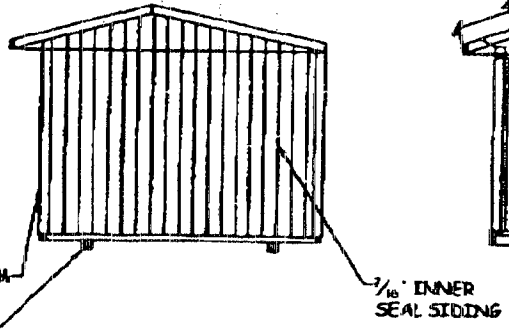
FLOOR FRAMING



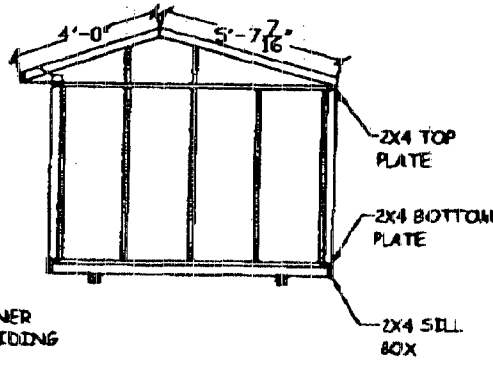
ROOF FRAMING



FRONT WALL SECTION



LEFT SIDE ELEVATION



LEFT SIDE WALL SECTION

16x8x8 CARRIAGE HOUSE	EVERLAST SHEDS	203 RTE 530, SOUTHAMPTON, NJ 08088	FAX - (609)-261-1546	(609)-261-1888

F-910802

SCHEDULE A

Beginning at an iron pin found said beginning point being the intersection of the southerly right of way line of Walter Road, 50.0 feet wide and the easterly right of way line of Sherwood Lane, 50.0 feet wide.

Thence from said beginning point the following courses and distances:

(1) north 76 degrees 05 minutes east along the southerly right of way line of Walter Road, a distance of 80.0 feet to a monument found; thence
(2) south 13 degrees 55 minutes east, between Tax Lots 6 and 7, a distance of 100.0 feet to a point; thence
(3) south 76 degrees 05 minutes west, a distance of 80.0 feet to a point in the easterly right of way line of Sherwood Lane; thence
(4) north 13 degrees 55 minutes west, along the easterly right of way line of Sherwood Lane, 100.00 feet to the point of beginning.

Being also known as Lot 6 Block 1170-A-7 as shown on a map entitled "Laurel Acres, Brick Town" said map being filed in the Ocean County Clerk's Office on July 2, 1957 as Filed Map No. D-67.

Lot 6 Block 1170.7 on the tax map of the Township of Brick.

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

******PLEASE READ AND SIGN******

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: THOMAS MONTELEONE

SIGNATURE: [signature] DATE: 10/6/03

BLOCK: 1170.07 LOT: 6 ADDRESS: 151 WALTER RD Brick

fireplaces require brochure, gas sketch and complete plumbing, building and fire applications.

GAS CONVERSIONS: Always complete fire, plumbing, and electrical and include brochures for boiler, furnace and /or air conditioner. Building is required if a chimney certification is not completed & submitted. Elevation certificate must be submitted if located in a flood zone.

HOT TUBS: Treat as an AG pool permit application. See swimming pools.

MEMBRANE STRUCTURES: Complete zoning, engineering and building. Must submit brochure and anchoring method.

PLUMBING: Complete plumbing application along with gas piping isometric sketch, and /or list of existing fixtures.

ROOFING & SIDING: Complete building application. A debris form must be completed for any rip off. Only D225 or D3462 shingles are acceptable.

SHEDS: If shed is 100-sq. ft. or more, complete a zoning, engineering and building application. Include 2 surveys indicating location, dimensions and setbacks. Submit 2 details on how the shed is constructed. If it is a pre fab shed, submit the brochure. If shed is less than 100-sq. ft follow the above instructions omitting the engineering and building application. Either case, submit anchoring method.

SIGNS: Commercial – require 2 signed site plans from the Planning board, submitting one original &1 copy of the original with 2 sets of drawings of sign detail mounting & construction. Also include electrical detail if applicable. Complete zoning, engineering, building and/or electrical application. Building mounted signs do not require the signed site plans.

SWIMMING POOLS: Complete zoning, engineering, building and electrical application. Submit 2 surveys showing location of pool, dimensions and setbacks. Submit 2 engineered sealed plans for an ingroung pool and a brochure for an above ground pool. Also include a brochure on the filter and pump system and a pool certification form, which needs to be signed by the homeowner and notarized. The STATE requires the ladder or stairs to the pool be fenced in, and must have a self-closing latched gate. If a chain link is preferred the links must be 1 ¼ ".

TANK INSTALLATION: New AG tank install requires 2 true size surveys indicating the location of tank with dimensions and set backs for zoning review. Replacing an AG tank does not require zoning. Although both require building and plumbing.

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 151 WALTER RD
Block: 1170.07 Lot: 6
Owner's Name: THOMAS MORTELLARO
Owner's Mailing Address: 151 WALTER RD Brick, NJ. 08724

Phone [redacted]

BUILDING

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

Technical Data

Description of Work:

8 X 16
Sited
Anchored w/ground augers

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___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 Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $ 1717.20

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

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 (Receptacles, Switches, Lights, Motor 1HP)
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:

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

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____

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

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
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_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
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:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
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:_____