

U.C.C. F100-1 (rev. 12/05)

Have Elec. Contract. Area tool
Spa Company fill out front

262-1031 Aldman

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. _____	_____	_____	_____	_____

U.C.C. F100-3 (rev. 3/96)

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 2/7/02

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.

I, Check if contractor.

Agent Name James DeMarco

Address _____

Telephone () _____

Signature _____

HL 2) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

U.C.C. F100-2 (rev 3/96)



CONSTRUCTION PERMIT

Date Issued 03/21/2007
Control # C-07-000669
Permit # 07-0603

IDENTIFICATION Block: 1205.05 Lot: 17 Qualifier _____
Work Site Location: 211 GEORGES RD Brick Township, NJ Contractor DEMARCO, LAURA
Address 211 GEORGES RD BRICK NJ 08724
Owner in Fee DEMARCO, LAURA
Address 211 GEORGES RD BRICK NJ 08724 Telephone: _____
Telephone: _____ Lic. No. or Bl. Reg. No. _____
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:

HOT TUB

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 \$5,995

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$75
Electrical	\$50
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	
Other	\$30
Total	\$163
Check No.	179
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

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:

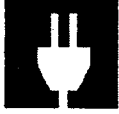
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.



ELECTRICAL 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 211 GEORGE RD Lot 17 Qualification Code _____

Work Site Location BRICK NJ 08734

Owner in Fee _____

Address 211 GEORGE RD

City BRICK NJ 08734

Address 4135 ALGON

City BRICK NJ 08734

Tel (732) 462-5005 FAX (732) 462-0135

Contractor License No. 13V409191400

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☒ No Plans Required			Rough			
☒ Joint Plan Review Required:			Barrier-Free			
[] Building [] Plumbing			Trench			
[] Fire [] Elevator			Temp. Serv.			
[] Elec. Plans Approved			Const. Serv.			
Date: <u>3/10/07</u>			TCO			
Approved by: <u>[Signature]</u>			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued			
Date: _____			Annual Pool Inspection			
Approved by: _____			Date of Grounding and Bonding			
			Certification			

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec., Sign/Outline Light

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



ELECTRICAL 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 # 1003.02 Lot 17 Qualification Code _____
Work Site Location 211 Georges Rd
BALDWIN NJ 08724

Owner in Fee _____
Address 211 Georges Rd
BALDWIN NJ 08724

Tel (908) 462-1005 Fax (908) 462-0135
Contractor License No. 13V4091408

Contractor W. J. K. Electric
Address 4135 N. 9th St
FAIRFIELD NJ 07034
Contractor License No. 13V4091408

B. ELECTRICAL CHARACTERISTICS

Use Group Present 7 Proposed _____
[] Pole/Pad # _____
Building Occupied as _____
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type: _____	Failure _____ Approval _____ Initial _____
Joint Plan Review Required:				
☐ Building	☐ Plumbing		Rough	
☐ Fire	☐ Elevator		Barrier-Free	
☐ Elec. Plans Approved			Trench	
Date: <u>5/10/07</u>			Temp. Serv.	
Approved by: <u>[Signature]</u>			Constr. Serv.	
			TCO	
			Other	
			Service	
			Final	
			Barrier-Free	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued	
Date: _____			Annual Pool Inspection	
Approved by: _____			Date of Grounding and Bonding Certification	

Date Received _____
Control # _____
Date Issued _____
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature _____

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

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

TOTAL NUMBERS

Pool Permit/with UV-Lights	_____
Storable Pool/Spa/Hot Tub	_____
KW Elec. Range/Receptacle	_____
KW Oven/Surface Unit	_____
KW Elec. Water Heater	_____
KW Elec. Dryer/Receptacle	_____
KW Dishwasher	_____
HP Garbage Disposal	_____
KW Central A/C Unit	_____
HP/KW Space Heater/Air Handler	_____
KW Baseboard Heat	_____
HP Motors 1/4 HP	_____
KW Transformer/Generator	_____
AMP Service	_____
AMP Subpanels	_____
AMP Motor Control Center	_____
KW Elec. Sign/Outline Light	_____

FEE (Office Use Only)

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____



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 BLK 1203.05 Lot 17 Qualification Code _____
Work Site Location 211 GEORGES ROAD

Owner in Fee: BRICK NJ 08724

T BRICK NJ 08724 e-mail _____
Address 211 GEORGES RD. BRICK NJ 08724 zip code _____

Contractor: Central Sunway Pools Tel. (732) 462-5001
Address 0231 INGAN FARM ROAD e-mail _____

Contractor License No. or Builder Registration No. 13 UH01191400 Exp. Date 11/31/08

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☒ No Plans Required	<u>2/20/14</u>		
☐ All			
☐ Footing			
☐ Foundation			
☐ Frame			
☐ Other			
Joint Plan Review Required:			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator
SUBCODE APPROVAL			
☐ CO	☐ CCO	☐ CA	
Date:			
Approved by:			

B. BUILDING CHARACTERISTICS	
Use Group	Present
Constr. Class	Present
No. of Stories	
Height of Structure	
Area — Largest Floor	
New Bldg. Area/All Floors	
Volume of New Structure	
Total Land Area Disturbed	

Est. Cost of Bldg. Work:	
1. New Bldg.	\$
2. Rehabilitation	\$
3. Total (1+2)	\$ <u>5,000</u>

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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

Hot Tub

Must Have Lockable Cover

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ 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

U.C.C. FT10
(rev. 01/06)



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

Block BLK 1260 Lot 17 Qualification Code _____
Work Site Location 211 C.E. (CROSS) ROAD
VALLEY VIEW, NJ 08872

Owner in Fee: 1260 e-mail _____
Address 211 C.E. (CROSS) ROAD zip code 08872

Contractor: 1260 Tel. (201) 661-1111

Address 1260 e-mail _____
Contractor License No. or Builder Registration No. 1260 Exp. Date 1/1

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
No Plans Required			Type	Failure	Approval	Initial
☒	All		Footings			
☐	Footings		Footings Bonding			
☐	Foundation		Foundation			
☐	Frame		Slab			
☐	Other		Frame			
			Truss Sys./Bracing			
			Barrier-Free			
			Insulation			
			Finishes -Base Layer			
			Finishes -Final			
			Energy			
			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

U.C.C. F110
(rev. 01/05)

1. White = Inspector Copy
2. Canary = Office Copy
3. Pink = Office Copy
4. Gold = Applicant Copy

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

Must Have Larkable Town

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

[njhome](#) | [my new jersey](#) | [people](#) | [business](#) | [government](#) | [departments](#)

office of the attorney general department of law & public safety



[DCA Highlights](#) | [Licensee Search](#) | [Complaint Forms](#) | [Publications](#) | [Licensing Boards](#) | [In The News](#) | [Contact Us](#)

[Consumer Affairs Menu](#)

[Return to Search](#)

Home Improvement Contractors

[Disclaimer](#)

[For additional Information](#)

This data is current as of February 16, 2007.

If your search did not reveal the name you were looking for try again using just the town.

Please be aware that it will take 10 - 15 business days to receive your physical license.
If you need proof of licensure, please dial our License Verification Line at 973-273-8090
to receive a faxed verification of your license status.

If your search did not reveal the name you were looking for try again using just the town.

Your search for **Home Improvement Contractors** with the name **Central Jersey Pools** in the of city **Freehold** generated 1 match.

Name:	Central Jersey Pools & Supply Co
Address:	Freehold, NJ 07728
License Number:	13VH01191400
License Status:	Active
Expiration Date:	31-DEC-07

[contact us](#) | [privacy notice](#) | [legal state](#)

division: [consumer protection](#) | [complaint forms](#) | [licensing boards](#) | [adoptions](#) | [proposals](#) | [minutes](#) | [consumer briefs](#)
departmental: [lps home](#) | [contact us](#) | [news](#) | [about us](#) | [faqs](#) | [library](#) | [employment](#) | [programs and units](#) | [services a-z](#)
statewide: [njhome](#) | [my new jersey](#) | [people](#) | [business](#) | [government](#) | [departments](#) | [search](#)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:

Anthony Matthews - President
Stephen C. Acropolis - Vice-President
Kathy M. Russell
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.
Dan Toth



Department of Engineering

Office of the Municipal Engineer

(732) 262-1040

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

Date: 2.1.07

PLOT PLAN EXEMPT FORM

Block: 1205.05 Lot: 17

Property Address: 211 Georges Rd Brick NJ 08724

I, LAURA DE MARCO of 211 Georges Rd Brick NJ.
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Laura De Marco
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

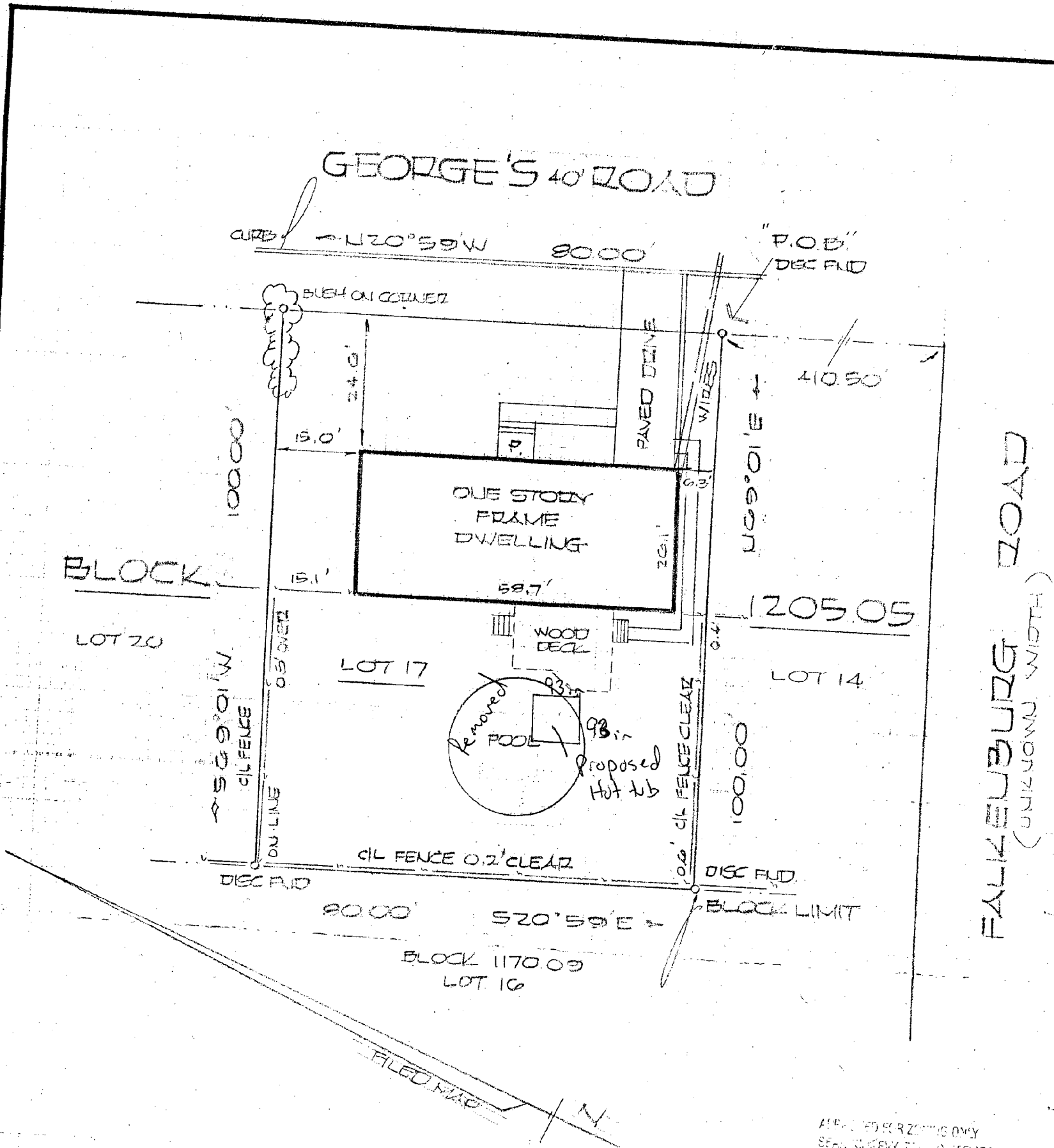
Approved on: 2/27/07

Signed: [Signature]

Rejected on: _____

Signed: _____

Comments:

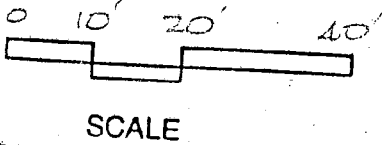


APPROVED FOR RECORDING ONLY
 SEAN M. GREGG, J.C. & S. OFFICER
 DATE 2-26-79

TX 055627 PETEL GRIMM, ESQUIRE,
 TO LAURA DEMATICO,
 TO TRIDENT ABSTRACT COMPANY,
 TO TICOZ TITLE INSURANCE COMPANY,
 TO COLUMBIA NATIONAL, INC., ITS
 SUCCESSORS AND/OR ASSIGNS

CONTAINING 8,000 S.F.
 SURVEY REFERENCE: D.B. 4663P. 79
 LOT & BLOCK NUMBERS SHOWN HEREON
 REFER TO THE OFFICIAL TAX MAP.
 ALSO KNOWN AS LOTS 17, 18, & 19, BLOCK 5,
 AS SHOWN ON THE MAP "RIVER LAND
 DEVELOPMENT SUBDIVISION MAP OF THE
 J.W. FALKENBURG PROPERTY" FILED
 IN THE OCEAN COUNTY CLERK'S
 OFFICE JANUARY 7, 1955 AS MAP B-374.

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE
 SURVEY MADE ON THE PREMISES AND THAT THERE ARE NO
 APPARENT ENCROACHMENTS EXCEPT AS SHOWN HEREON.



Let 2/28/07

THIS SURVEY IS SUBJECT TO ALL RESTRICTIONS AND EASEMENTS OF RECORD, IF ANY.
 THE CERTIFICATION IS MADE ONLY TO HEREON NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREON DELINEATED PROPERTY BY HEREON NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY. OFFSET DIMENSIONS FROM STRUCTURE TO PROPERTY LINES SHOWN HEREON ARE NOT TO BE USED FOR ESTABLISHING PROPERTY LINES.

SURVEY OF 211 GEORGE'S ROAD BRICK TOWNSHIP, OCEAN COUNTY, NJ	
EUGENE AMRON N.J.P.E. & L.S. #8357 <i>Azimuth Land Surveying Co., Inc.</i> CONSULTING ENGINEERING • LAND SURVEYING • LAND PLANNING 90 MONMOUTH ROAD • P.O. BOX 202 • OAKHURST, NJ 07755 (908) 222-0431 • (908) 222-1473 • FAX (908) 571-0461	DRAWN BY WILLIAM H. ZIEMAN, JR. N.J.L.S. #18259 CHECKED BY W. DATE 4.20.95