

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT
APPLICATION

RECEIVED

JUL 30

BUILDING

I. IDENTIFICATION

1. Proposed Work at: 211 Georges Rd. Bricktown, N.J. 08821
2. Owner Name: KEVIN TROY Tel. [REDACTED]
Address: 211 Georges Rd. Bricktown
3. Principal Contractor: _____ Tel. (____) _____
Address: _____
Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (____) _____
Address: _____
5. Responsible Person in Charge of Work: self Tel. (____) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: build entrance deck w/steps

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☒ Building/Structural	\$ 200.00
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST	\$ 200.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units: _____
2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☐ One-Family (R-3a)
- If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmeries (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other: _____

State Specific Use: _____

If Change in Use Group. Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other: _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

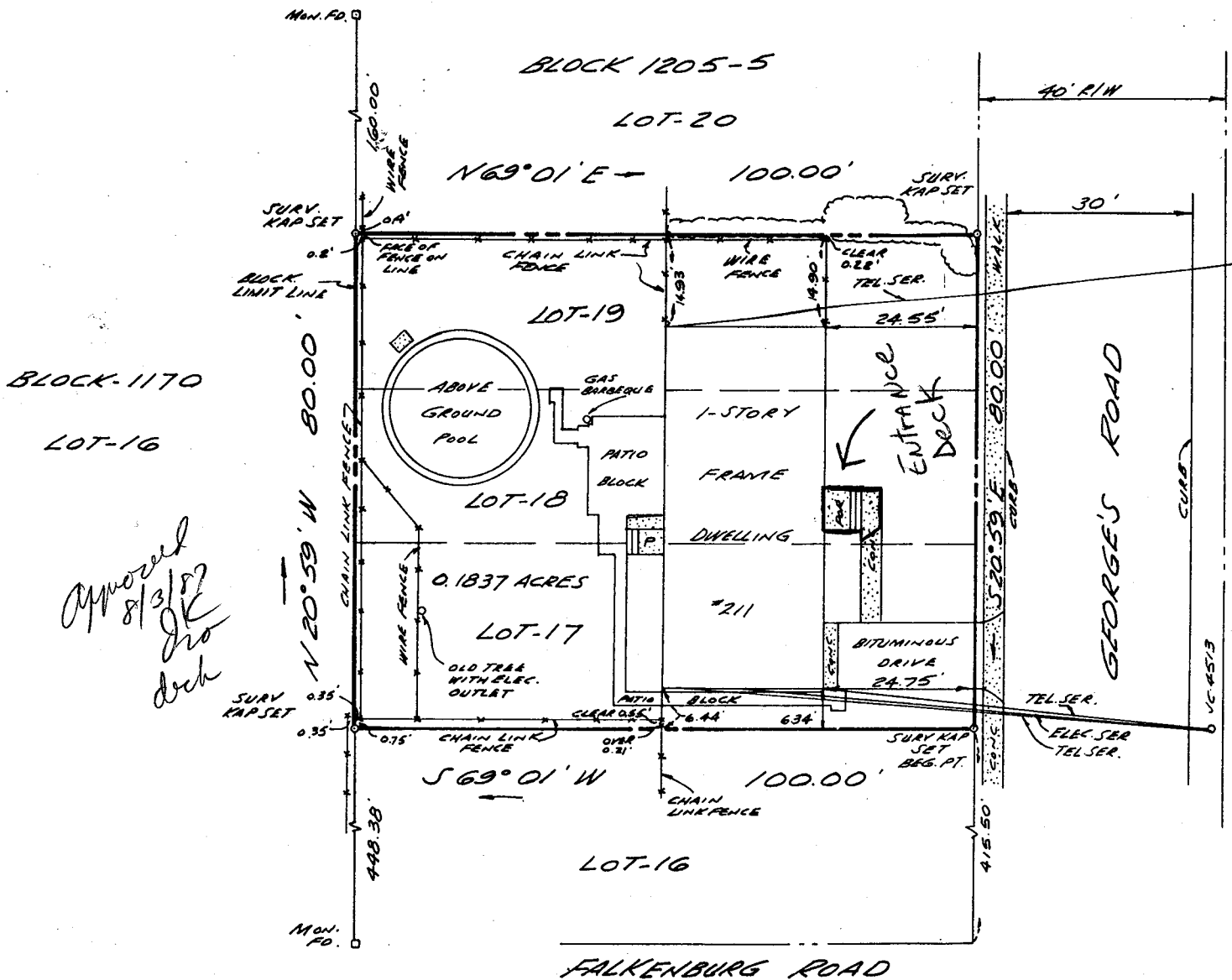
D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories: _____
15. Height of Structure: _____ Ft.
16. Area—Largest Floor: _____ Sq. Ft.
17. Bldg. Area—All Fls.: _____ Sq. Ft.
18. Volume of Structure: _____ Cu. Ft.

Property of Kevin Troy
Block 1205-5
Lot 17, 18, 19



Approved
8/3/82
J.R.
Pro
deh

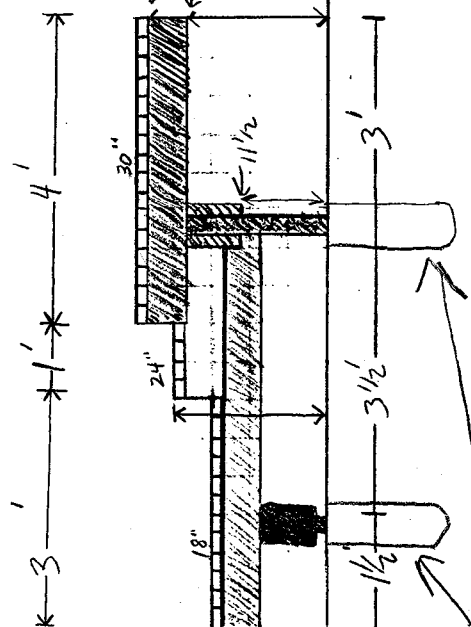
THIS SURVEY IS HEREBY CERTIFIED TO
KEVIN A. TROY;
JERSEY SHORE SAVINGS & LOAN ASSOCIATION;
CHELSEA TITLE & GUARANTY CO.;
BRIAN P. MCKINNEY, ESQUIRE

This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above 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 survey for survey affidavit, resale of property, or to any other person not listed in certification, either directly or indirectly.

NOTE: LOT & BLOCK NO'S REFER TO THE TAX MAP OF BRICK TWP, OCEAN COUNTY, N.J. ALSO KNOWN AS LOTS 17, 18 AND 19 IN BLOCK 5 AS SHOWN ON A MAP ENTITLED "PIER LAND DEVELOPMENT, SUBDIVISION MAP OF THE J.W. FALKENBURG PROP., BRICK TWP., OCEAN CO., N.J." DATED SEPT. 29, 1953 MADE BY CORNELIUS CARL EVANS AND FILED IN THE O.C.C.O. ON JAN. 7, 1955 AS MAP B-374

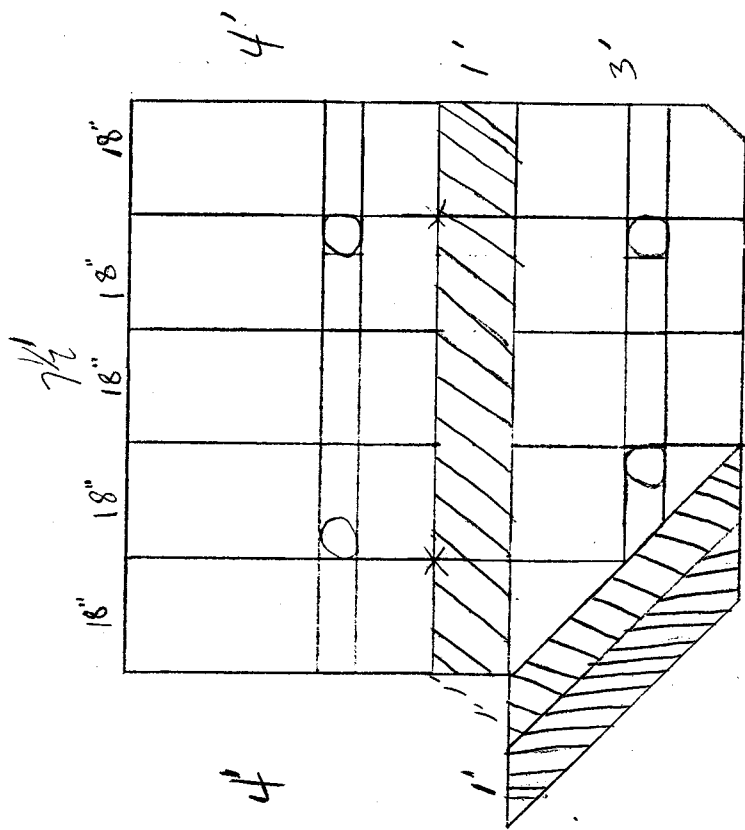
Entrance Deck

8' Total extension from front of house.



12" round footings (concrete)
32" deep each

Entrance Deck Top View



2" x 10" x 8'
 2" x 8" x 4'
 2" x 8" x 8'
 2" x 8" x 8'
 2" x 6" x 8'
 2" x 4" x 8'

beams 2" x 10" s
 Joists 2" x 8" s
 Decking 2" x 4" s
 Posts 4" x 4" s

PERMIT NO. _____

DATE ISSUED _____

REVISION DATE _____

Block 120551A 17

Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Contractor Kevin A. TroyAddress 211 Georges Rd.Bricktown, N.J.

Tel. () _____

Tel. () _____

Work Site Address SAME

Lic. No. _____

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA**DESCRIPTION OF WORK**

Give detail description including materials used, dimensions, etc.

Front entrance deck will be constructed using concrete pier footings (4), 2" x 10" beams 2" x 8" joists and 2" x 4" decking. Deck will be made with pressure treated wood have 5 risers consisting of 3 steps and 2 landings. Risers will be 6" and treads - 12". The top landing will be 4' x 7 1/2' and the lower landing will be 3' x 7 1/2'. Entrance deck will have handrails on both sides.

☒ See Plans
TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration/Renovation
 ☐ Roofing
 ☐ Siding
 ☐ Other _____
☐ Demolition
☐ Miscellaneous
 ☐ Fence
 ☐ Sign
 ☐ Pool
 ☐ Elevator
 ☐ Other _____

Fee Basis

\$

Fee

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee (Greater of Minimum or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area - All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area - Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ _____

D. COMMENTS
☐ Partial Releases ☐ Prototype Processing

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date	Reviewer	Comments
☒	BUILDING	7/2/87 J.C.	8-3-87	BD	
	Footings/Foundations				
	Framing				
	Architectural				
	Other 2		8/3/87 JK		
☐	PLUMBING				
☐	ELECTRICAL				
☐	FIRE PROTECTION				
☐	OTHER				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

- | | |
|---|-------------------|
| ☐ Temporary Certificate of Occupancy | Date Issued _____ |
| Date Expired _____ | |
| ☐ Temporary Certificate of Occupancy | Date Issued _____ |
| Date Expired _____ | |
| ☐ Certificate of Occupancy | No. _____ |
| ☐ Certificate of Continued Occupancy | No. _____ |
| ☐ Certificate of Approval | No. _____ |
| ☐ None | |

IV. ON-GOING INSPECTIONS

On-going Inspections Required
(See Page 1, II.D.)

Date Posted to
Log and Tickler

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 7.50
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER	_____
SUBTOTAL	\$ 7.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	= 20.00
CERTIFICATE OF OCCUPANCY	_____
OTHER	_____
OTHER	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 32.50
DATE _____	Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____	_____
OTHER	_____	_____	_____
OTHER	_____	_____	_____
– LESS: Refunds	_____	_____	(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☒ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☒ I further certify that I will perform the work below.

B1. ☒ Building

B2. ☐ Electrical

B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE Kevin A. Troy DATE 7/26/87

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL. () _____

ADDRESS _____

SIGNATURE _____