BLOCK 903.04 LOT 4 QUALIFICATION CODE C7609 ADDRESS (SITE) 609 MIDSTREAMS ROAD PERMIT NO. 01-1574

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: Fence 609 Midstreams Rd
2. Name of Owner in Fee: Charles & Janis Fitzpatrick Tel. [redacted]
   Address 609 Midstreams Road (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Caris Fencing Inc Tel. (732) 505-1749
   Address 1579 Rt 9 Toms River NJ 08755
   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 (____) ____

5/10/01

fence 6' stockade

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 116		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	1		
10. Subtotal			
11. Cert. of Occupancy			
12. ~~Other~~ ZP	15		
13. TOTAL	$ 32		

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	1625 00				5/14/01	FO			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		ENG	5/16/01		5/16/01				
TOTAL COSTS	1625 00								

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:

Called

* Kate ok'd surveys to scale 5/14

LDS BR 10400441

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 4/5/2001

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT - EXEMPT A.H.B.T.

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.				

3 -

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/18/2001
Control #
Permit # 01-1574

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 903.14 Lot 4 Qual ____

Work Site Location 600 [illegible] RD
6' [illegible]
Owner in Fee [illegible]
Address SAME
[illegible] NJ 08723-
Telephone [redacted]

Contractor [illegible]
Address 813 [illegible] ST
BRICK, NJ 08724-
Telephone (732)[illegible]-1749
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. ____

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER ____

DESCRIPTION OF WORK:
6' STOCKADE FENCE

PAYMENTS (Office Use Only)

Building	16
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other ZP	15
Total	17
Check No.	2031
Cash	
Collected By	[illegible]

32 -

05/18/01 10:26AM 000000#3776
XX02 SERV.002

#1574	
BUILDING	$16.00
DCA	$1.00
ZPA	$15.00
CHECK	$32.00

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 $ 1,625

[signature] 05/18/2001
Construction Official Date

U.C.C. F170 (rev. 3/95)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/18/01
Control # C7-609
Permit # 01-1574

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

Block 903.14 Lot 4 Qual
Work Site Location 609 MIDSTREAMS RD
6' FENCE
Owner in Fee FITZPATRICK, CHARLES
Address SAME
SAME, NJ 08724-
Tele [redacted]
Contractor CARLS FENCING
Address 812 CONIFER ST
BRICK, NJ 08724-
Tele.(732)505-1749 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. 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

6' STOCKADE FENCE

30' From Front Property line

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Req 5-14-01 Fm
[ ] All
[ ] 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 Proposed R-3
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 $ 1,625
3. Total (1+2) $ 1,625

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
[X] Other FENCE	16
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 16
DCA Training Fee	$ 1

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/18/01
Control # C7-609
Permit # 01-1574

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Work Site Location 609 MIDSTREAMS RD
6' FENCE
Owner in Fee FITZPATRICK, CHARLES
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SAME, NJ 08724-
Tele [redacted]
Contractor CARLS FENCING
Address 812 CONIFER ST
BRICK, NJ 08724-
Tele.(732)505-1749 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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30' From Front Property line

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[ ] All		
[ ] 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 Proposed R-3
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.

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1. New Bldg. $ 0
2. Alteration $ 1,625
3. Total (1+2)$ 1,625

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
[X] Other FENCE	16
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 16
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/18/01
Control # C7-609
Permit # 01-1574

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

Block 903.14 Lot 4 Qual
Work Site Location 609 MIDSTREAMS RD
6' FENCE
Owner in Fee FITZPATRICK, CHARLES
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Tele. [redacted]
Contractor CARLS FENCING
Address 812 CONITER ST
BRICK, NJ 08724-
Tele.(732)505-1749 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. 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

6' STOCKADE FENCE

30' From Front Property line

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Req 5-14-01 Emp
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
[X] Other FENCE	16
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
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 $ 1,625
3. Total (1+2) $ 1,625

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 16
DCA Training Fee	$ 1

Paid [ ] Check # Collected by:

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

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: May 11, 2001 **No.** 1.0683

Block: 903.14 **Lot:** 4 **Zone:** R-10

Property Address: 609 Midstreams Road

Applicant: Charles Fitzpatrick

Property Owner: Same.

Existing Use: Single-family residential

Proposed Use: Same.

Proposed Construction: Stockade fence, six (6) high.

Conditions: The fence must be set back at least 30 feet from the front property line.
The finished side of the fence must face the exterior of the lot.

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
Incomplete
MAY 7 2001
ZONING

RECEIVED
MAY 11 2001
ZONING

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

Block 903.04 Lot 4 Qualifer N/A

PROPERTY ADDRESS 609 MIDSTREAM RD BRICK NJ 08724

PERSONAL NAME OF APPLICANT CHARLES + JANIS FITZPATRICK

BUSINESS NAME OF APPLICANT N/A

PROPERTY OWNER CHARLES + JANIS FITZPATRICK

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 decribe)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe)
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) 6' stockade
☐ Shed (state height)
☒ Fence (state type & height) DOG EAR SPRUCE 6' TO REPLACE OLD FENCE
☐ 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.

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 [signature] Date 5/3/2001

Reviewed by Zoning Office [signature] Date 5-11-1 (X) Approved ( ) Denied Inc

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

DEPARTMENT OF ADMINISTRATION & FINANCE

OFFICE OF LAND USE MANAGEMENT
Sean Kinnevy
Zoning Officer
(732) 262-1041

Kate MacDonald
Asst. Zoning Office
(732)-262-1043
Fax:(732) 262-8954
http://www.twp.brick.nj.us

OK
5/11/11
SK

Charles Fitzpatrick
609 Midstreams Rd
Brick, NJ
08724

Date: 5-9-11

Re: Block: 903.14

Lot: 4

609 Midstreams Rd

☒ Your application for a zoning permit is incomplete. In order to process your application, we need the following:

☒ Two (2) accurate plot plans, drawn either by a surveyor or an engineer. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

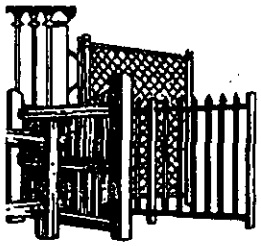
☐ A zoning permit application completely filled out and signed by the applicant. No facsimile copies can be accepted.

Upon submission of the required information to the Division of Inspections we will be able to process your application.

☐ Your application for a zoning permit is denied for the following reasons:

Resubmittal

C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Official



Carl's Fencing Inc.

1579 Rt. 9 • Toms River, NJ 08755
(732) 505-1749 • Fax: (732) 505-9160

PROPOSAL / CONTRACT

NAME: Charlie Fitzpatrick HOME# [redacted] DATE 4-10-01

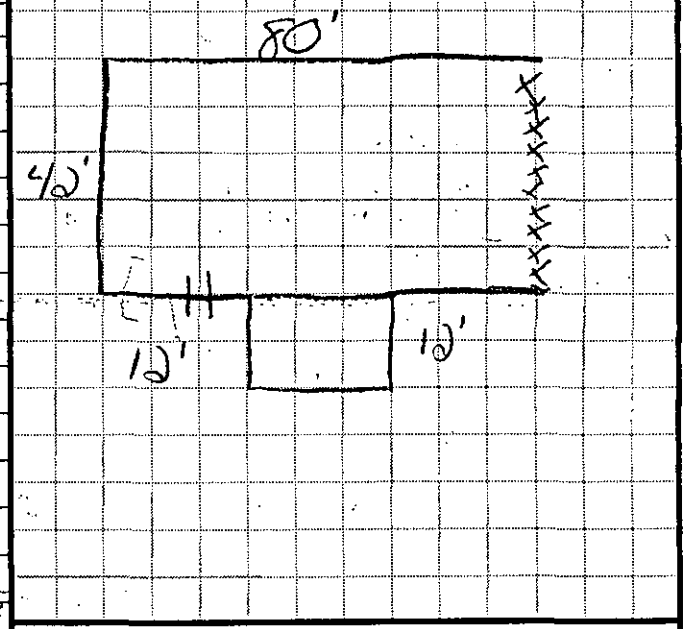
ADDRESS 609 Midstreams Rd.

CITY Brick STATE NJ CROSS STREET / Meridian Dr.

WORK PHONE _____ CELL# _____ MO/# _____

Chain Link Fabric	Mesh	Guage wire	Line posts	Term posts	Ft Spacing	Top rail	High
19	sections 6' High #2 Spruce Solid D/E			$ 1,325			
	4x4 x 8 Plain Poles						
12							
1	4' x 6' Walk Gate						
	T/O T/A			$ 300			

Special Note: _____



Water ☐ Any Changes to Above Must Be In Writing ☐ Electric

We hereby propose to furnish labor and materials-complete in accordance with the above specifications for the sum of:

dollars ($ 1625.00) with payment to be made as follows:

The Owner agrees to pay the Contractor the sum as follows in full compensation for the work:

(A) CASH PRICE OF THE WORK $ _____ (C) PAYMENT DUE AT DELIVERY/OTHER $ _____

(B) DOWN PAYMENT BY OWNER $ 1625.00 500.00 (D) BALANCE PAID UPON COMPLETION $ 1125.00

CONDITIONS PRINTED ON THE REVERSE SIDE ARE MUTUALLY UNDERSTOOD TO FORM PART OF THIS CONTRACT

All materials is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, weather or delays beyond our control. This proposal subject to acceptance within _____ days and is void thereafter at the option of the undersigned. Customer is responsible for staking out property. All materials used are standard and accepted within the fence industry. Guarantee is void if sign is removed.

THE CUSTOMER IS RESPONSIBLE FOR ANY PERMITS OR VARIANCES. CUSTOMER IS ALSO RESPONSIBLE FOR THE CLEARING OF ALL LINES OR AN ADDITIONAL CHARGE WILL BE ADDED. CUSTOMER IS RESPONSIBLE FOR STAKING OUT ALL ELECTRIC, GAS, WATER SPRINKLER SYSTEMS AND ANY OTHER UNDERGROUND FIXTURES. (UNERGROUND UTILITIES 1-800-272-1000)

ACCEPTED BY: Carl Del Rizzo Jr. ACCEPTED BY: _____

CARL'S FENCE CUSTOMER SIGNATURE

SCHEDULE A

ALL that certain tract, lot and parcel of land lying and being in the Township of Brick, County of Ocean and State of New Jersey, being more particularly described as follows:

BEGINNING at a point in the Northeast line of Midstream Road, said point being 245.0 feet Northerly along same from its intersection with the Northwesterly line of Coral Drive and running; thence

1. North 60 degrees 57 minutes East, 100.0 feet to a point; thence

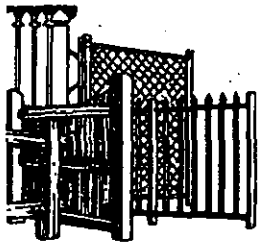
2. North 29 degrees 03 minutes West, 80.0 feet to a point; thence

3. South 60 degrees 57 minutes West, 100.0 feet to a point in the Northeast line of Midstream Road; thence

4. South 29 degrees 03 minutes East along same, 80.0 feet to the point and place of BEGINNING.

ALSO known as Lot 4 in Block 903.14 on the Township of Brick Tax Map.

THE above description was drawn in accordance with a survey prepared by William A. Karvelc, L.S., dated January 19, 1976.



Carl's Fencing Inc.

1579 Rt. 9 • Toms River, NJ 08755
(732) 505-1749 • Fax: (732) 505-9160

PROPOSAL / CONTRACT

NAME: Charlie Fitzpatrick HOME# [redacted] DATE 4-10-01

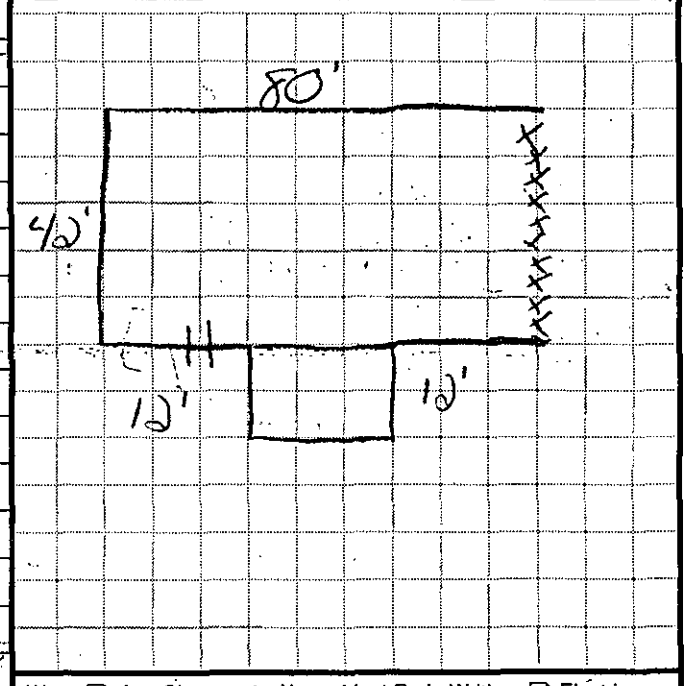
ADDRESS 609 Midstream Rd.

CITY Brick STATE NJ CROSS STREET / Meridian Dr.

WORK PHONE _____ CELL# _____ MO/# _____

Chain Link Fabric	Mesh	Guage wire	Line posts	Term posts	Ft Spacing	Top rail	High
19	sections 6' High #2 Spruce Solid D/E						$ 1,325
	4x4 x 8 Plain Poles						
12							
1	4' x 6' Walk Gate						
	T/O T/A						$ 300

Special Note: _____



Water ☐ Any Changes to Above Must Be In Writing ☐ Electric

We hereby propose to furnish labor and materials-complete in accordance with the above specifications for the sum of:

dollars ($ 1625.00) with payment to be made as follows:

The Owner agrees to pay the Contractor the sum as follows and full compensation for the work:

(A) CASH PRICE OF THE WORK $ _____ (C) PAYMENT DUE AT DELIVERY/OTHER $ _____

(B) DOWN PAYMENT BY OWNER $ 1625.00 500.00 (D) BALANCE PAID UPON COMPLETION $ 1125.00

CONDITIONS PRINTED ON THE REVERSE SIDE ARE MUTUALLY UNDERSTOOD TO FORM PART OF THIS CONTRACT

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TOWNSHIP OF BRICK

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

Department of Administration & Finance

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

Date: 5/3/2001

Block 903-04 Lot: ~~10~~ 4

Property Address: 609 MIDSTREAM RD BRICK NJ

I, CHARLES T KILPATRICK (name) of 609 MIDSTREAM RD (address)

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

Applicant's Signature

The following shall be submitted with this request:

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

2. Proof that the property is not located in a Flood Hazard Area.

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

FOR OFFICE USE ONLY

Approved on: 5/16/01 Signed:

Rejected on: Signed:

Comments:

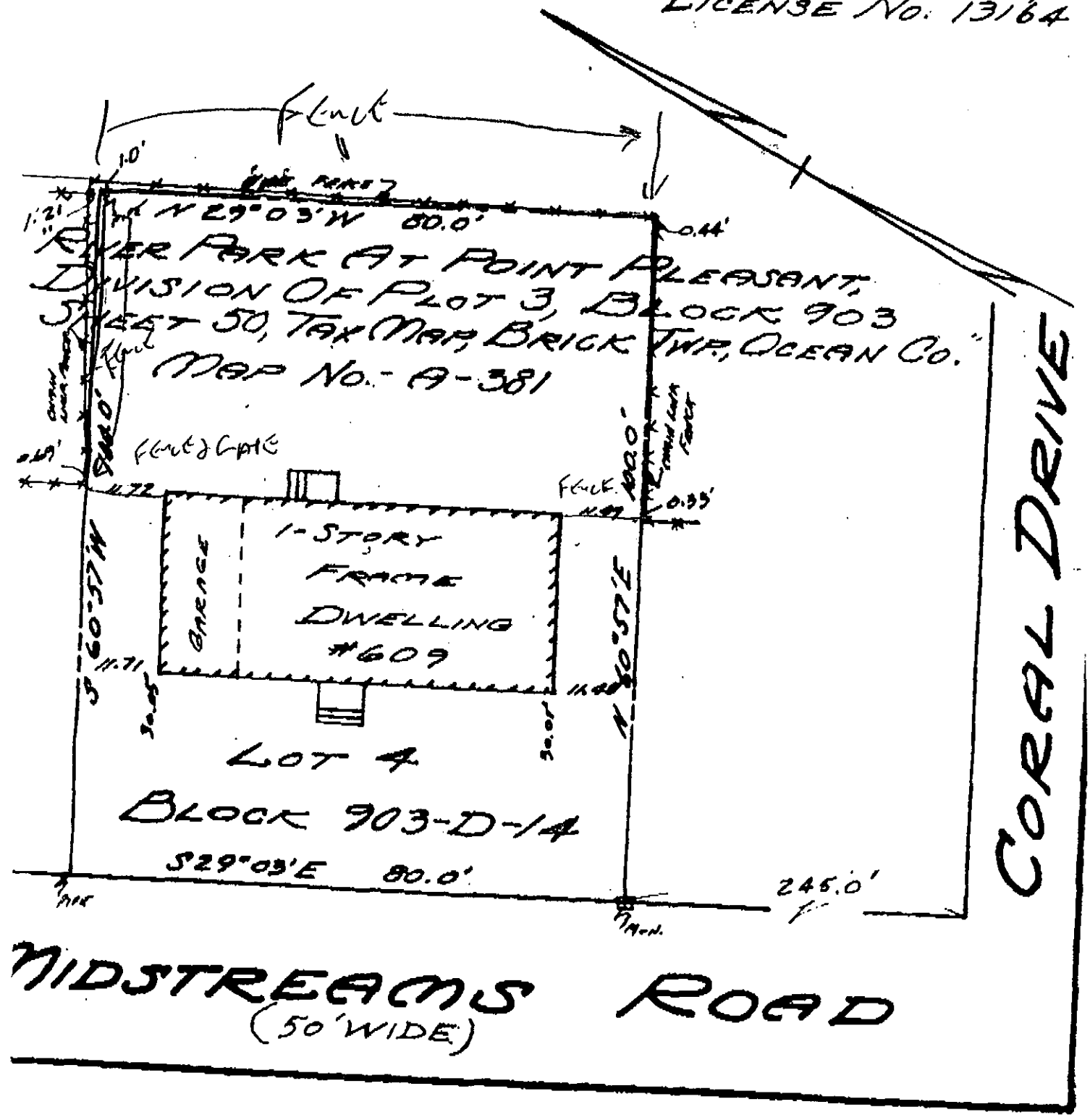
TOWNSHIP OF BRICK
SCALE: 1" = 20'

SITUATE IN

OCEAN COUNTY, N.J.
JAN. 19, 1976

THIS SURVEY IS CERTIFIED TO:
JOSEPH F. & SYLVIA WIRTZ -
ST. PAUL TITLE INSURANCE CORP. -

William A. Karvelas
WILLIAM A. KARVELAS
LAND SURVEYOR
22 CYPRESS AVE.
NORTH BRUNSWICK, N.J.
LICENSE NO. 13164



Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 609 MIDSTREAM RD BRICK
Block: 903.04 Lot: 4
Owner's Name: CHARLES & JANIS FITZPATRICK
Owner's Mailing Address: 609 MIDSTREAM RD BRICK NJ 08724
Phone [redacted]

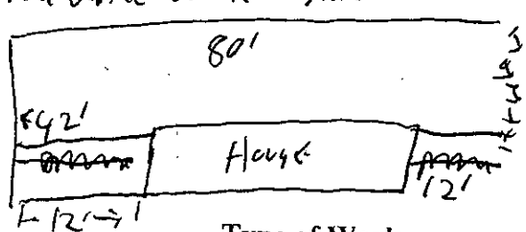
BUILDING

Contractor: CARL FENCING INC
Address: 1579 RT 9 TOMS RIVER NJ 08755
Phone#: 732 5051749
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

A 6' DOG EAR SPRUCE FENCE WERE ET CHAIN LINK FENCE IS: 80' ACROSS THE BACK 42' UP THE SIDE 12' ON RIGHT SIDE & 12' WITH GATE ON LEFT SIDE



Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
_X_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 Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: $1625 CC

Cost of New Building:

Total Cost of Building Work: 1625 CC

Signature:

Please Print Name CHARLES T FITZPATRICK

ELECTRICAL

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

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
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_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

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:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____