Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 836 LOT 28 Prev 31 QUALIFICATION CODE _____ ADDRESS (SITE) 1643 HOFFMAN PERMIT NO. 08-1949

CONSTRUCTION PERMIT APPLICATION

COF: 002863

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

I. IDENTIFICATION

1. Proposed Work Site at: 1643 HOFFMAN ST. BRICK N.J.
2. Name of Owner in Fee: MR. KENNETH MATTSON
   Tel. [redacted] e-mail _____
   Address [redacted] (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: E.J.S HOME IMPROVEMENTS Tel. (732) 840-4994
   Address 1679 W. PRINCETON AVE BRICK N.J. e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01358300
   Federal Emp. ID No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun EDWARD SERAFIN
   Tel. (732) 840-4994 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 240		
2. Electrical	55		
3. Plumbing			
4. Fire Protection	45		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 16		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 35		
11. Cert. of Occupancy	30		
12. Other ZH			
13. TOTAL	$ 421		

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 _____

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	10,000	MK	6/13/08		6/27/08	MK			
☑ Electrical	1,800				7/2/08	TD	7/20/08		
☐ Plumbing									
☐ Fire Protection					7/2/08	OFF			
☐ Elevator		GM	6/26/08		6/26/08	MK			
TOTAL COSTS	11,800								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ / _____
   After Construction _____ / _____
   Net Gain or Loss _____ / _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs

Bedroom

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 08-1949
Control #
Date Issued 7/2/08
Permit #

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

Block 836 Lot 28 THRU 31 Qualification Code

Work Site Location 1643 HOFFMAN ST. BRICK N.J. 08724

Owner in Fee MR. KENNETH MATTSON

Address 1643 HOFFMAN ST. BRICK N.J. 08724

Tel [redacted]

Contractor ERIC G. LARSON JR Elect Cont Inc.

Address 451 Northampton Blvd

Toms River N.J. 08757

Tel (732) 505-1636 FAX (732) 505-9111

Contractor License No. 11350

Federal Emp. No. 22-3790686

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3 addition

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,800

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

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
8		Receptacles	
3		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
16		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	
2	1.25	KW Baseboard Heaters	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 7 2 08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			7 2 08	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

CONSTRUCTION PERMIT

Date Issued 7/2/2008
Control # C-08-002863
Permit # 08-1949

IDENTIFICATION Block: 836 Lot: 28 Qualifier
Work Site Location: 1643 HOFFMAN ST Brick Township, NJ
Owner in Fee MATTSON, KENNETH & MARGARET M.
1643 HOFFMAN ST BRICK NJ 08724
Telephone: [redacted]

Contractor MATTSON, KENNETH & MARGARET M.
Address 1643 HOFFMAN ST BRICK NJ 08724
Telephone [redacted]
Lic. No. of
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

GARAGE CONVERSION RENOVATE EXISTING GARAGE INTO BEDROOM; REMOVE EXISTING GARAGE DOOR, INSTALL WINDOW FRAME IN NEW 3-0 EXTERIOR DOOR & 3046 WINDOW. FRAME IN NEW DOOR INTO EXISTING HOUSE. INSTALL NEW FOOR & CEILING SYSTEMS.

Note: If constuction 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 $11,850

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$240
Electrical	$55
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$16
CO Fee	$35.00
Other	$30
Total	$421
Check No.	4997
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

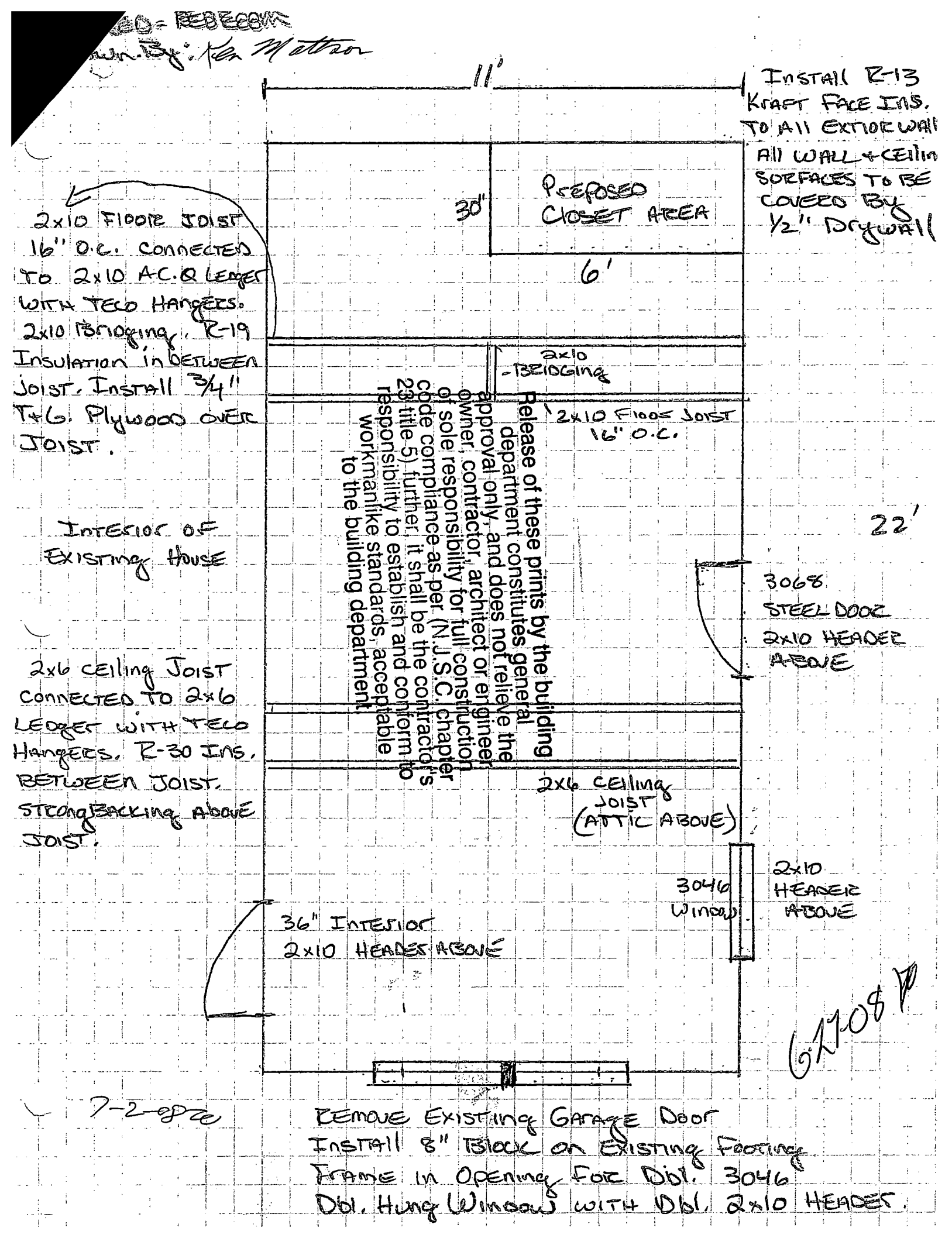
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

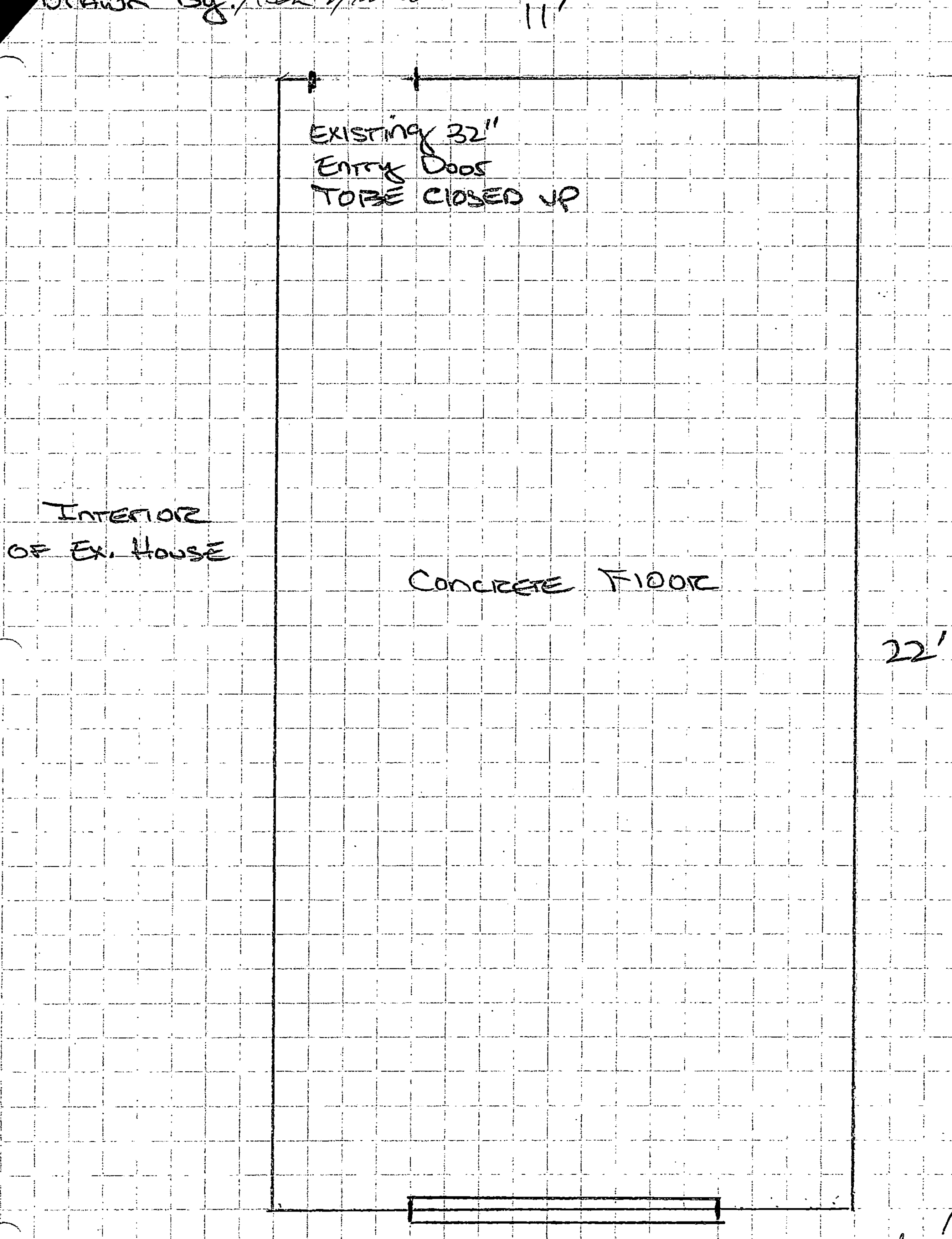
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment;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


11'
Install R-13 Kraft Face Ins. to all Exterior Wall
All Wall + Ceiling Surfaces to be Covered by 1/2" Drywall
Proposed Closet Area
30'
6'
2x10 Floor Joist 16" O.C. connected to 2x10 A.C.Q Ledger with Teco Hangers. 2x10 Bridging. R-19 Insulation in between Joist. Install 3/4" T+G. Plywood over Joist.
2x10 Bridging
2x10 Floor Joist 16" O.C.
Release of these prints by the building department constitutes general approval only, and does not relieve the owner, contractor, architect or engineer of sole responsibility for full construction code compliance as per (N.J.S.C. chapter 23 title 5) further, it shall be the contractor's responsibility to establish and conform to workmanlike standards, acceptable to the building department.
Interior of Existing House
22'
3068 Steel Door
2x10 Header Above
2x6 Ceiling Joist connected to 2x6 Ledger with Teco Hangers. R-30 Ins. between Joist. Strongbacking above Joist.
2x6 Ceiling Joist (Attic Above)
3046 Window
2x10 Header Above
36" Interior 2x10 Header Above
6210 SF
7-2-02
Remove Existing Garage Door
Install 8" Block on Existing Footing
Frame in Opening for Dbl. 3046 Dbl. Hung Windows with Dbl. 2x10 Header.

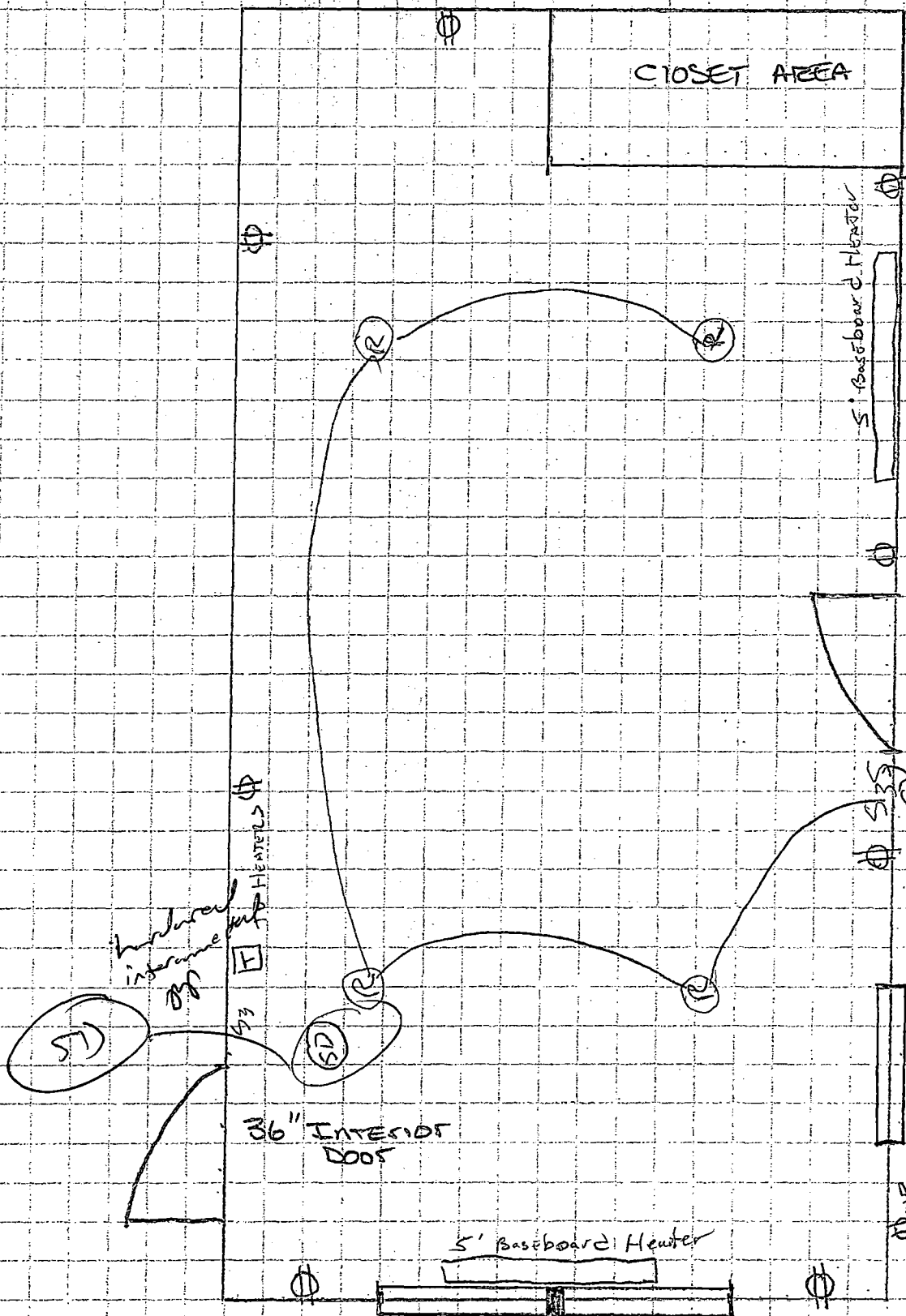
…isting Garage
Drawn By:



7-6-08 Co

6-27-08

POSED ELECTRICAL LAYOUT
STALLATION by: Ken Miller



7-2-08 TC

Dbl. 3046 WINDOW

6-27-08 K
7-2-08 TC

Generated by RES*check-Web* Software

Compliance Certificate

Project Title: Mattson Residence

Report Date: 06/30/08

Energy Code:	**New Jersey Energy Subcode**
Location:	**Ocean County, New Jersey**
Construction Type:	**Single Family**
Glazing Area Percentage:	**12%**
Heating Degree Days:	**5000**

Construction Site:
1643 Hoffman Street
Brick, New Jersey 08724

Owner/Agent:

Designer/Contractor:

Compliance: Passes

Compliance: **7.1% Better Than Code** Maximum UA: **70** Your UA: **65**

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat or Scissor Truss	242	30.0	0.0		8
Wall 1: Wood Frame, 16in. o.c.	352	13.0	0.0		24
Window 1: Vinyl Frame, 2 Pane w/ Low-E	27			0.340	9
Window 2: Vinyl Frame, 2 Pane w/ Low-E	14			0.340	5
Insulated Steel Door: Solid	20			0.400	8
Floor1: All-Wood Joist/Truss Over Uncond. Space	242	19.0	0.0		11

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check-Web* and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Name - Title _____ Signature _____ Date _____

Project Notes:

Garage renovation

Generated by RES*check-Web* Software

Inspection Checklist

Date: 06/30/08

Ceilings:

☐ Ceiling 1: Flat or Scissor Truss, R-30.0 cavity insulation
Comments: _____

Above-Grade Walls:

☐ Wall 1: Wood Frame, 16in. o.c., R-13.0 cavity insulation
Comments: _____

Windows:

☐ Window 1: Vinyl Frame, 2 Pane w/ Low-E, U-factor: 0.340
For windows without labeled U-factors, describe features:
#Panes ____ Frame Type _____ Thermal Break? ____ Yes ____ No
Comments: _____

☐ Window 2: Vinyl Frame, 2 Pane w/ Low-E, U-factor: 0.340
For windows without labeled U-factors, describe features:
#Panes ____ Frame Type _____ Thermal Break? ____ Yes ____ No
Comments: _____

Doors:

☐ Insulated Steel Door: Solid, U-factor: 0.400
Comments: _____

Floors:

☐ Floor1: All-Wood Joist/Truss Over Uncond. Space, R-19.0 cavity insulation
Comments: _____

Air Leakage:

☐ Joints, penetrations, and all other such openings in the building envelope that are sources of air leakage are sealed.

☐ Recessed lights are 1) Type IC rated, or 2) installed inside an appropriate air-tight assembly with a 0.5" clearance from combustible materials. If non-IC rated, fixtures are installed with a 3" clearance from insulation.

Vapor Retarder:

☐ Installed on the warm-in-winter side of all non-vented framed ceilings, walls, and floors.

Materials Identification:

☐ Materials and equipment are identified so that compliance can be determined.

☐ Manufacturer manuals for all installed heating and cooling equipment and service water heating equipment have been provided.

☐ Insulation R-values and glazing U-factors are clearly marked on the building plans or specifications.

☐ Insulation is installed according to manufacturer's instructions, in substantial contact with the surface being insulated, and in a manner that achieves the rated R-value without compressing the insulation.

Duct Insulation:

☐ Ducts in unconditioned spaces are insulated to at least R-5. Ducts outside the building are insulated to at least R-6.5.

Duct Construction:

☐ All ducts are sealed with mastic and fibrous backing tape. Pressure-sensitive tape may be used for fibrous ducts. Duct tape is not permitted.

☐ The HVAC system provides a means for balancing air and water systems.

Temperature Controls:

☐ Thermostats exist for each separate HVAC system. A manual or automatic means to partially restrict or shut off the heating and/or cooling input to each zone or floor is provided.

Circulating Hot Water Systems:

☐ Circulating hot water pipes are insulated to the levels in Table 1.

Swimming Pools:

☐ All heated swimming pools have an on/off heater switch and a cover unless over 20% of the heating energy is from non-depletable sources. Pool pumps have a time clock.

Heating and Cooling Piping Insulation:

☐ HVAC piping conveying fluids above 120 degrees F or chilled fluids below 55 degrees F are insulated to the levels in Table 2.

Table 1: ***Minimum Insulation Thickness for Circulating Hot Water Pipes***

Heated Water Temperature (°F)	Insulation Thickness in Inches by Pipe Sizes			
	Non-Circulating Runouts		Circulating Mains and Runouts	
	Up to 1"	Up to 1.25"	1.5" to 2.0"	Over 2"
170-180	0.5	1.0	1.5	2.0
140-160	0.5	0.5	1.0	1.5
100-130	0.5	0.5	0.5	1.0

Table 2: ***Minimum Insulation Thickness for HVAC Pipes***

Piping System Types	Fluid Temp. Range(°F)	Insulation Thickness in Inches by Pipe Sizes			
		2" Runouts	1" and Less	1.25" to 2.0"	2.5" to 4"
Heating Systems					
Low Pressure/Temperature	201-250	1.0	1.5	1.5	2.0
Low Temperature	120-200	0.5	1.0	1.0	1.5
Steam Condensate (for feed water)	Any	1.0	1.0	1.5	2.0
Cooling Systems					
Chilled Water, Refrigerant and	40-55	0.5	0.5	0.75	1.0
Brine	Below 40	1.0	1.0	1.5	1.5

NOTES TO FIELD: (Building Department Use Only)

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: June 12 2007

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 836 Lot: 28 THRU 31

Property Address: 1643 HOFFMAN ST.

I, KENNETH MATTSON of 1643 HOFFMAN ST.
(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.

Kenneth Mattson
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: 6/26/08 Signed: [signature]

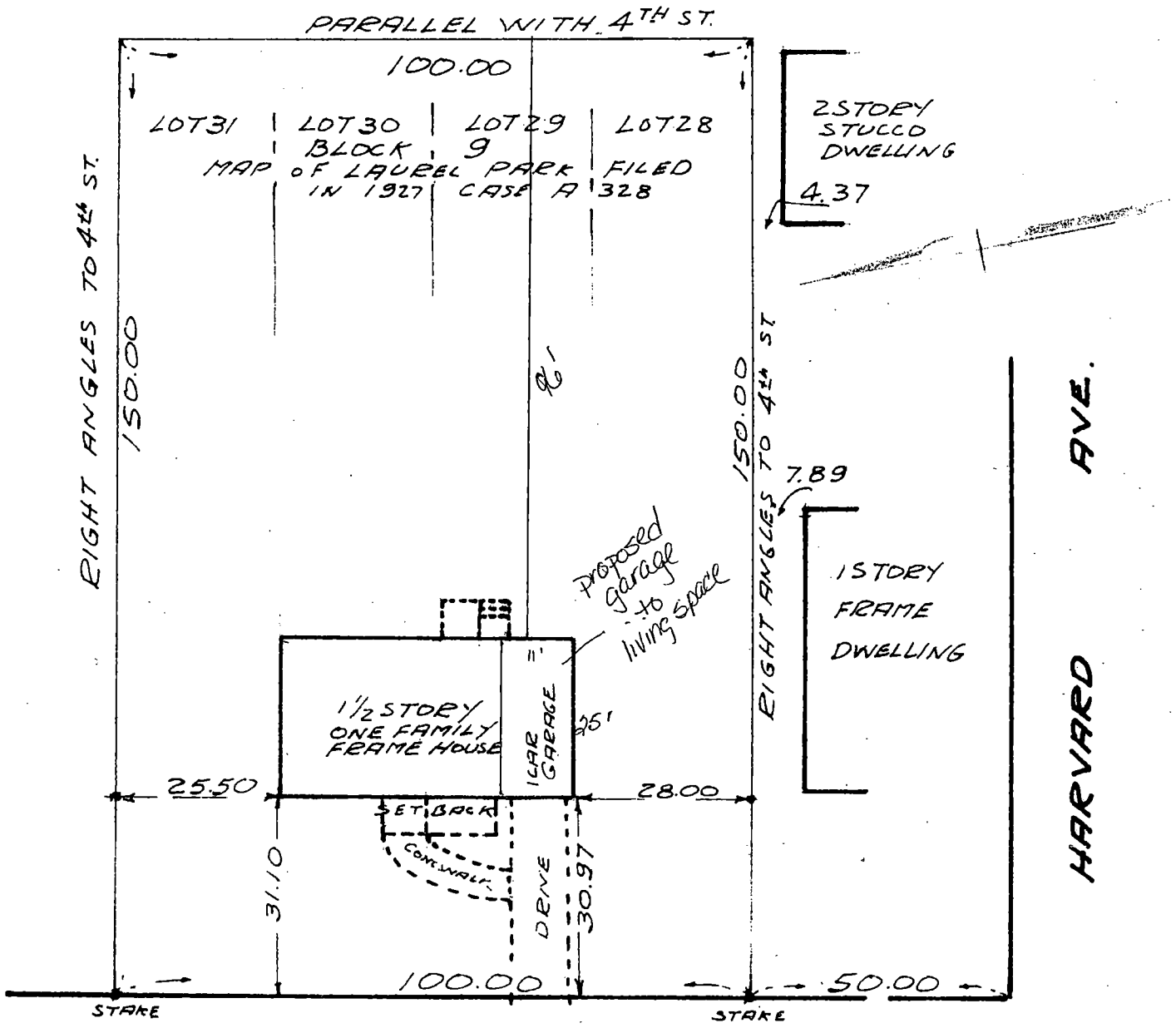
Rejected on: _____ Signed: _____

Comments:

SURVEY OF PROPERTY

SITUATED IN BRICK TOWNSHIP, OCEAN COUNTY, N. J.

BELONGING TO



Approved for zoning
6/23/04 MM

- CERTIFICATION -

THIS SURVEY IS MADE UPON REQUISITION OF AND CERTIFIED TO

ALL PARTIES IN INTEREST

AND FOLLOWS THE INSTRUCTIONS THEREIN CONTAINED.

SURVEY NO. B962

REFERENCE MAP

SCALE 1" = 25'

DATE SEPT. 17, 1962
LOCATION NOV. 27, 1962

BERNARD CHAMBERS & ASSOCIATES
SURVEYORS
97 FLORENCE AVENUE - IRVINGTON 11, N. J.
ESSEX 5-3497

Bernard C Chambers

LICENSE NO. 4396

Township of Brick
Zoning Permit

Approved: Monday, June 23, 2008 **Number:** 2008-635

Block 836 **Lot** 28 **Zone:** R-7.5

Property Address: 1643 Hoffman Street

Applicant: Mr Kenneth Mattson

Property Owner: Kenneth J. Mattson Sr.

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Garage conversion to bedroom, 11' x 22'.

Conditions: A minimum of two off-street parking spaces must be maintained.

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
Administrative Officer

Michael Fowler
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

RECEIVED
JUN 13 2008
ZONING

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 836 LOT 28 TEHN 31 QUALIFIER

PROPERTY ADDRESS 1643 HOFFMAN ST.

PERSONAL NAME OF APPLICANT MR. KENNETH MATTSON

BUSINESS NAME OF APPLICANT

MAILING ADDRESS OF APPLICANT 1643 HOFFMAN ST. BRICK N.J. 08724

PROPERTY OWNER'S FULL NAME Kenneth J. Mattson SR

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
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) garage to living space

CHECKLIST

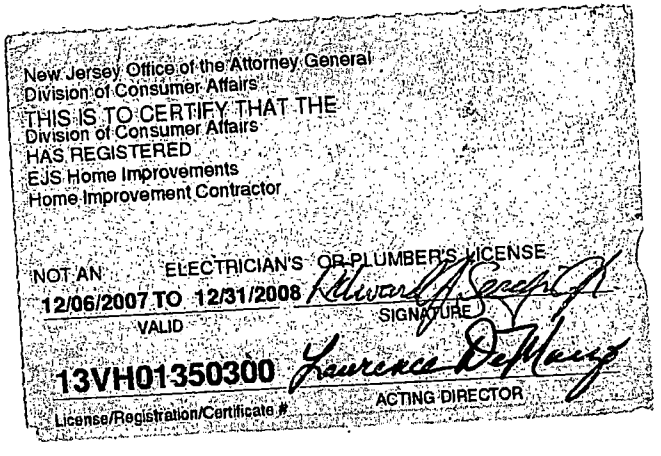
☑ All information completed above
☑ Two (2) copies of a plot plan containing:
☑ All existing and proposed structures
☑ All dimensions of the lot and structures
☑ All setbacks from the structures to the property lines
☑ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board 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 Kenneth J. Mattson Date June 12 2008

Reviewed by Zoning Office M. Gould Date 6/23/08 (X) Approved ( ) Denied



New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
EJS Home Improvements
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

12/06/2007 TO 12/31/2008
VALID

SIGNATURE

13VH01350300
License/Registration/Certificate #

ACTING DIRECTOR

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 1643 HOFFMAN ST.

Block: 836 Lot: 26 THRU 31

Contractor: E.J.S. HOME IMPROVEMENTS

Contractor's Address: 1679 W. PRINCETON AVE BRICK N.J. 08724

Type of Construction (minor, new home): GARAGE ALTERATION

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

Party responsible for removal: JASON KOMANTZAS CONTRACTING

Dumpster size: 15 YARD

Destination of debris: OCEAN COUNTY LANDFILL

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

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Kenneth J Mattson
Signature

June 12, 2008
Date

Kenneth J Mattson
Print Name

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
EJS Home Improvements
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

12/06/2007 TO 12/31/2008
VALID

SIGNATURE

13VH01350300
License/Registration/Certificate #

ACTING DIRECTOR

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 06 2863

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1643 Hoffman

DATE REVIEWED: 6-27-08

REVIEWED BY: FM

CONTACT CALLED/FAXED: [redacted] @ 8:39 Left Message

1. No Res-check Submitted (energy Code)
2. Provide Details on HVAC Requirements - Electric Baseboard
3. Creating Crawl space under Floor (Vents Req)

Bldg Elect (Fire) Plumbing

2863

CONTROL NUMBER 002865

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1643 Hoffman St. 1643 HOFFMAN STREET

DATE REVIEWED: 6-30-08

REVIEWED BY: n. fisher

CONTACT CALLED/FAXED: [redacted] left message on machine.

1) need to verify SDS in residence

Frank/plan review template