BLOCK 646.07 LOT 60.06 QUALIFICATION CODE _____ ADDRESS (SITE) 619 Ivanhoe Rd. PERMIT NO. 07-2270

left message called 7/25/07

CONSTRUCTION PERMIT APPLICATION

07-102706

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

I. IDENTIFICATION

1. Proposed Work Site at: 619 Ivanhoe Rd
2. Name of Owner in Fee: Chris Ostarticki [redacted]
   Address 619 Ivanhoe Rd (street) Brick (municipality) 08723 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: Not Known Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer Not Known Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

CO / Bsmt finish

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	X 50 ✓	
2.	Electrical		X ✓	
3.	Plumbing		X ✓	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZA		30	
13.	TOTAL	$	80	

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

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☑ Plumbing					7-19-07	PW	9-12-07		
7.	☐ Electrical							3/12/08		
8.	☐ Elevator Devices					7/17/07		9-7-07		
9.	☐ Asbestos Abat. Subch. 8					7/17/07		9-20-07		
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Eng	7/27	Eng N/A		NBS			
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

1. State Specific Use.
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 6-6-07

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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	3/12/2008
Control Number	C-07-002706
Permit Number	07-2270
Permit Issue Date	7/26/2007
Certificate Number	07-2270

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 619 IVANHOE ROAD Brick Township, NJ Block: 646.07 Lot: 60.06 Qual:

Owner in Fee: OSTARTICKI, C & OSTERHOLZ, HEATHER

Owner Address: 619 IVANHOE RD BRICK NJ 08723

Telephone: [redacted]

Contractor OSTARTICKI, C & OSTERHOLZ, HEATHER

Address 619 IVANHOE RD BRICK NJ 08723

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: C C O EXISTING FINISHED BASEMENT FROM PREVIOUS OWNER.

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/12/2008 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 7/26/2007
Control # C-07-002706
Permit # 07-2270

IDENTIFICATION Block: 646.07 Lot: 60.06 Qualifier

Work Site Location: 619 IVANHOE ROAD Brick Township, NJ

Owner in Fee: OSTARTICKI, C & OSTERHOLZ, HEATHER
619 IVANHOE RD BRICK NJ 08723

Telephone: [redacted]

Contractor: OSTARTICKI, C & OSTERHOLZ, HEATHER
Address: 619 IVANHOE RD BRICK NJ 08723

Telephone [redacted]
Lic. No. of Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

C C O EXISTING FINISHED BASEMENT FROM PREVIOUS OWNER.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $320

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$50
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$30
Total	$80
Check No.	109
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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-2270

Date Issued / Permit # 7-26-07

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

Block 646.07 Lot 60.06 Qualification Code

Work Site Location 619 Ivanhoe Rd Brick 08723

Owner in Fee: Chris Ostarticki

Tel. [redacted] e-mail

Address 619 Ivanhoe Rd (street) Brick (municipality) 08723 (zip code)

Contractor: H/O Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

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

Existing Finished Basement from Previous Owner

CO

7'-2½ Ceiling Height Per H.O.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-19-07	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-12-07
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9/7/07	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] 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 $

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor 400 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 100

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-2270

Date Issued
Permit # 7-26-07

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

Block 646.07 Lot 60.06 Qualification Code
Work Site Location 619 Ivanhoe Rd Brick 08723

Owner in Fee Chris Ostarficki
Address 619 Ivanhoe Rd. Brick 08723
Tel [redacted]
Contractor
Address
Tel ( ) FAX ( )
Contractor License No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present 1 Proposed 0
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7/17/07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	9-20-07			
Water				
Sewer				
Fixtures			9/19/06	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks -	
1	Other Ejector pump	
	Other	

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

07 2150 auf Mtr

9-20-07

① Drain connection is flat

② Literature is needed

3/10/08

① Bird + pump REMOVED!!

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-2270

Date Issued 7-26-07
Permit #

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

Block 646.07 Lot 60.06 Qualification Code

Work Site Location 619 Ivanhoe Rd. Brick 08723

Owner in Fee Chris Ostarficki

Address 619 Ivanhoe Rd. Brick 08723

Tel [redacted]

Contractor Curto Electric Inc

Address 909 Wall Road
Spring Lake Heights NJ 07762

Tel (732) 449-7628 FAX (732) 449-6896

Contractor License No. 6745A

Federal Emp. No. 223736501

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Residential Utility Co. JCP&L

Est. Cost of Elec. Work $ 100-

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 [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

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 2007

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 92007

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	9-7-07			TO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			92007	TO
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

OUGH CCO

9-7-07 Sheeting Showing in box
Few wire nuts -
Protect wire Top of vent

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-2270

Date Issued 7-26-07
Permit #

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

Block 646.07 Lot 60.06 Qualification Code

Work Site Location 619 Ivanhoe Rd Brick 08723

Owner in Fee Chris Ostoficki

Address 619 Ivanhoe Rd Brick 08723

Tel [redacted]

Contractor Como Electric Inc

Address 909 Wall Road

Spring Lake Heights NJ 07762

Tel (732) 449-7625 FAX (732) 449-6886

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No. 223736501

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 1 Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [✓] Existing [ ] HVAC

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location: Basement

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 20

Fire Alarm System: [ ] New OR [✓] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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.

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other CO		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 7-12-07

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 7/27

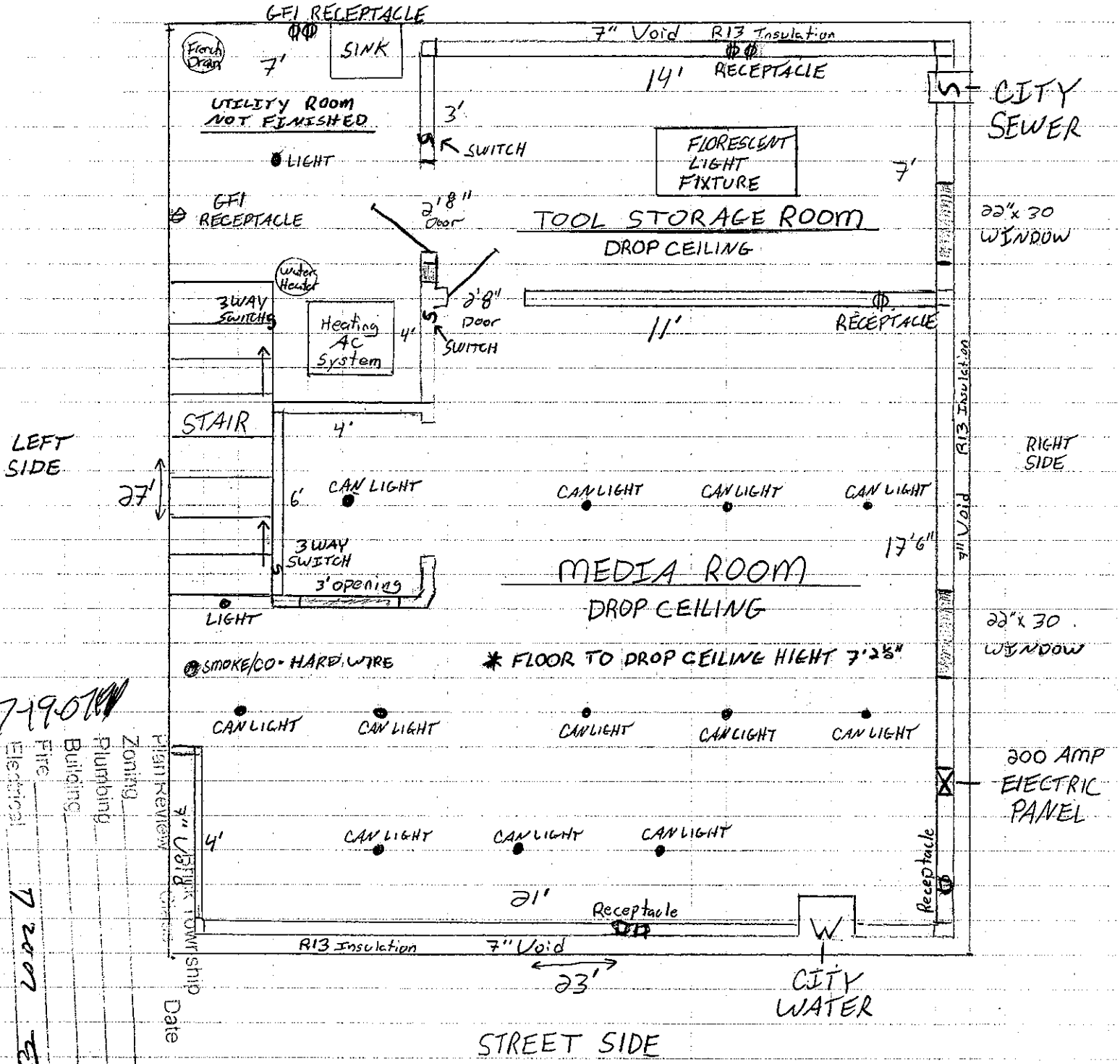
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/26	RD
Other				

BLOCK 646.07 LOT 60.06 - 619 IVANHOE RD. BRICK, NJ

EXISTING FINISHED BASEMENT

AREA 400 Sq. Ft. SCALE 1/4" = 1'



7-19-07

Plan Review
Zoning
Plumbing
Building
Fire
Electrical

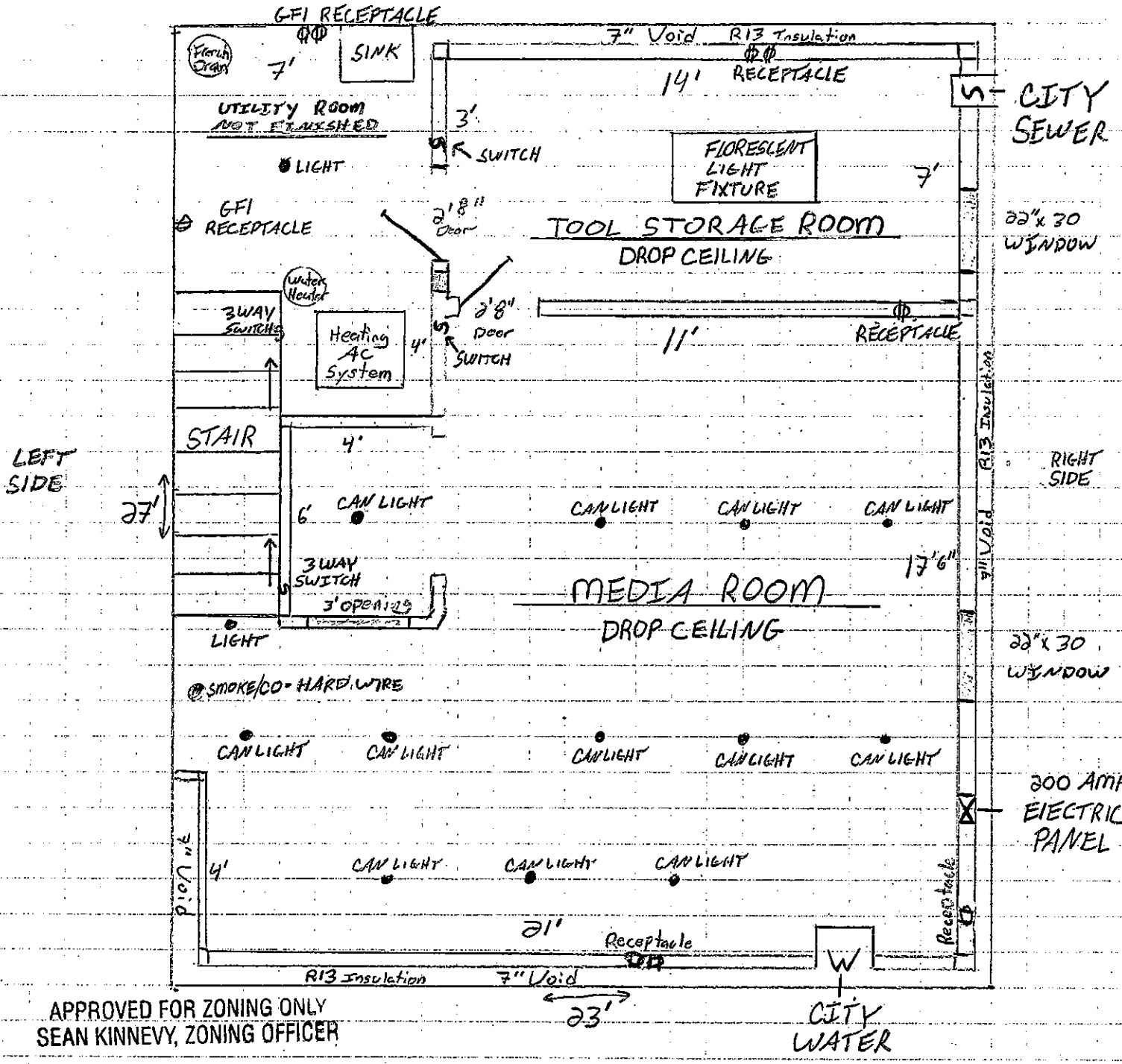
Date

* ALL MEASUREMENTS ARE INSIDE DIMENSIONS

BLOCK 646.07 LOT 60.06 - 619 IVANHOE RD. BRICK, NJ

EXISTING FINISHED BASEMENT

AREA 400 Sq. Ft. SCALE 1/4" = 1'



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 25 2007 SK

* ALL MEASUREMENTS ARE INSIDE DIMENSIONS

Township of Brick
Zoning Permit

Approved: Monday, June 25, 2007 **Number:** 745

Block 646.07 **Lot** 60.06 **Zone:** R-7.5

Property Address:	619 Ivanhoe Road
Applicant:	Chris Ostarticki
Property Owner:	Christopher P. Ostarticki
Existing Use:	Single Family Residential
Proposed Use:	Single Family Residential
Proposed Construction:	Interior alterations to finish basement, 29' x 23', media room, tool storage room and utility room.
Conditions:	Interior alterations only. An additional zoning permit is required for any additional work.

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
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

JUN 8 2007

JUN 25 2007

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

BLOCK 646.07 LOT 60.06 QUALIFIER _____

PROPERTY ADDRESS 619 Ivanhoe Rd

PERSONAL NAME OF APPLICANT Chris Ostarticki

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 619 Ivanhoe Rd. BRICK, NJ 08723

PROPERTY OWNER'S FULL NAME Christopher P. Ostartick

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) Existing Finished Basement from previous Owner

CHECKLIST

☑ All information completed above
☑ Two (2) copies of a plot plan containing:
☑ All existing and proposed structures
☑ All dimensions of the lot and structures
☑ All setbacks from the structures to the property lines
☑ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: **No partial, taped, faxed, reduced or enlarged copies can be accepted.**

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 6-6-07

Reviewed by Zoning Office _____ Date 6/19/07 ( ) Approved (X) Denied
SE 6/25/07

March 2003

OK MPK 6/8/07

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF AND IN MY PROFESSIONAL OPINION THAT THIS SURVEY IS TRUE AND CORRECT. THIS DECLARATION IS GIVEN SOLELY TO THE FOLLOWING PARTIES (I ASSUME NO RESPONSIBILITY OR LIABILITY TO ANY OTHER PARTIES):

- MICHAEL A. PROVINZANO AND KAREN A. PROVINZANO, H/W
- PRINCIPAL RESIDENTIAL MORTGAGE, INC., ITS SUCCESSORS AND ASSIGNS
- LAFAYETTE GENERAL TITLE AGENCY, INC.
STEPHEN E. SMITH, ESQ.

NOTES:
- THIS SURVEY SUBJECT TO ANY EASEMENT OF RECORD AND OTHER PERTINENT FACTS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE. THIS SURVEY DOES NOT INCLUDE SEARCHES FOR WETLANDS, FLOOD PLAINS, TIDELANDS CLAIM OR HAZARDOUS SUBSTANCES.

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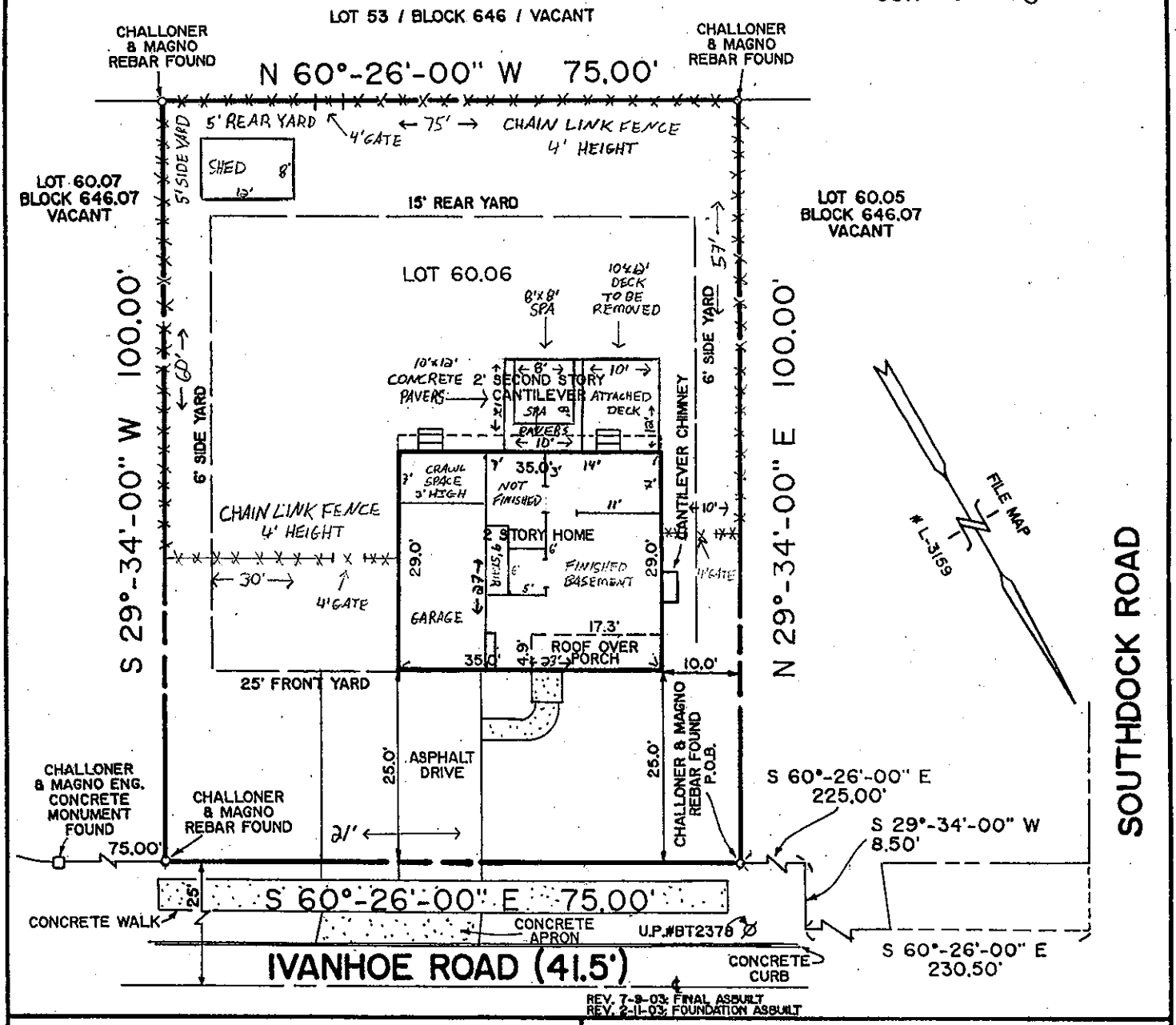
SEAN KINNEVY, ZONING OFFICER
JUN 25 2007 SK



REV. 7-9-03: FINAL ASBUILT
REV. 2-11-03: FOUNDATION ASBUILT

SURVEY

LOT 60.06, BLOCK 646.07
BRICK TOWNSHIP
OCEAN COUNTY, NEW JERSEY

JOB No.	2174	DR. BY	U.R.
SCALE	1" = 20'	DATE	10-23-02

RICHARD S. BUTRYN
PROFESSIONAL ENGINEER & LAND SURVEYOR
749 SCHOOLHOUSE ROAD, BRICK, NEW JERSEY, 08724
(732) 836-9200, N.J., LICENCE # 27445

7-9-03

SK
MAK
6/9/07

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Division of Land Use and Planning
Sean Kinnevy
Zoning Officer
732-262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst.Zoning Officer
732-262-1043
Fax: 732-262-8954
kmacdon@twp.brick.nj.us
www.twp.brick.nj.us

June 19, 2007

Chris Ostarticki
619 Ivanhoe Road
Brick, NJ 08723

Re: Block: 646.07 Lot: 60.06
619 Ivanhoe Road

Dear Mr. Ostarticki,

Your zoning permit application for interior alterations to finish the basement on the referenced property cannot be approved because the application is incomplete.

- Two sets of floor plans with the uses of all proposed rooms in the basement labeled must be submitted for review.

Please amend your application and submit the required information to LisaRose Tavalaiccio, Zoning Permit Clerk. Ms Tavalaiccio can be reached at 732-262-1046 for further information. We will then be able to review your application.

Very Truly Yours,

Kate MacDonald

Kate MacDonald
Assistant Zoning Officer

C: Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Glenn Campbell, Administration
Zoning Office File

6/25/07 - KB resubmit

311 ACCESS BRICK TOWNSHIP