

BLOCK 851 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 1746 Forge Pond Rd PERMIT NO. 09-0861



CONSTRUCTION PERMIT APPLICATION

09-001007

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

I. IDENTIFICATION

1. Proposed Work Site at: 1740 Forge Pond Road

2. Name of Owner in Fee: Mark J. and Marjorie D. Rudanort

Tel. [redacted] e-mail [redacted]

Address 1740 Forge Pond Road Brick, NJ 08724

3. Ownership in Fee: Public ☒ Private ☒ Municipality Brick zip code 08724

4. Principal Contractor: ROBERT T. CREASE Tel. (732) 458-0747

Address 222 18th AVE e-mail _____

BRICK NJ 08724

License No. OR, if new home, Builder Reg. No. 13VH04127500 Exp. Date 12/31/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04127500

Federal Emp. ID No. _____ FAX: (____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun R. Tim Crease

Tel. (732) 804-4773 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>65</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>5</u>		
8. Subtotal			
9. State Permit Surcharge Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other <u>2 PER</u>	<u>60</u>	<u>130</u>	
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>Deck (exterior)</u>	
2. Height of Structure	<u>~30" average</u>	
3. Area — Largest Floor	<u>584sq. feet surface</u>	sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands yes _____ no _____		

IIa. PROPOSED WORK

☒ Minor Work ☐ 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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	<u>2,760</u>	<u>VB</u>	<u>4/17/09</u>						
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 2,760.00

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: Single family home

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	
Gained, Rental	
Lost, Sale	
Lost, Rental	

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

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	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs
	7. ☐ Sprinklers	11. ☐ LPGas Tanks

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.ix:

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 Margaret J. Bergstrom Date 4/7/2009

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. 5:23-2.15(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 ROB CREASE CARPENTRY
Address 222 18th AVE BRICK NJ 08724

Telephone (732) 458-0747

Signature Robert J. Crease

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

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

☐ **Zoning Application approved**

□ Zoning permit updates:

Initialed: _____ Date: _____

Initialed: _____ Date: _____

A.H.B.I. - MANDATORY FEE - RESIDENTIAL

paid 4/20/09 (CB)

IMPORTANT



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/25/2010
Control Number C-09-001007
Permit Number 09-0801
Permit Issue Date 04/24/2009
Certificate Number 09-0801

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1740 FORGE POND RD Brick Township, NJ Block: 851 Lot: 10 Qual: _____

Owner in Fee: RAPPAPORT, MARK & MARJORIE

Owner Address: 1740 FORGE POND ROAD BRICK NJ 08724

Telephone: _____

Contractor ROBERT T CREASE CARPENTRY LLC

Address 222 18TH AVENUE BRICK NJ 08724

Telephone: (732) 458-0747

Fax: _____

License Number or Builders Registration Number: 13VH04127500

Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U

Construction Classification: _____

Maximum Live Load: 0

Maximum Occupancy Load: 0

Description of Work/Use: DECK ATTACHED DECK IN BACKYARD AVERGAE HEIGHT30" <RESIDENTIAL>

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: _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

4/23/09
C-09-001097
09-0801

IDENTIFICATION Block: 851 Lot: 10 Qualifier
Work Site Location: 1740 FORGE POND RD Brick Township, NJ Contractor: ROBERT T CREASE CARPENTRY LLC
Owner in Fee: RAPPAPORT, MARK & MARJORIE Address: 222 18TH AVENUE BRICK NJ 08724
1740 FORGE POND ROAD BRICK NJ 08724 Telephone: (732) 458-0747
Telephone: [REDACTED] Lic. No. or Bldrs. Reg. No. 13VH04127500
Federal Employee No.

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

DECK ATTACHED DECK IN BACKYARD AVERAGE HEIGHT 30" <RESIDENTIAL>

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 \$2,700

PAYMENTS (Office Use Only)

Building	\$65
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$60
Total	\$130
Check No.	
Cash	\$0
Credit	\$0
Collected By	

Construction Official

Date

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



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

Block 851 Lot 10 Qualification Code _____

Work Site Location 1740 Forge Road

Brock, NJ 08724

Owner in Fee: Muelis and Margorie D. Rappaport

Tel. _____ e-mail _____

Address 1740 Forge Road Brock, NJ 08724

Contractor: Robb Cleave Carpenter Brock, NJ Tel. (732) 458-0747

Address 2021 B. Ave Brock, NJ 08724 Tel. _____ e-mail _____

Contractor License No. or Builder Registration No. 13VH04127500 Exp. Date 12/31/69

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04127506

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required Date _____ Initial _____

☒ All 4-22-09 JL Type: _____ Failure _____ Dates (Month/Day) _____ Approval _____ Initial _____

☐ Footings/Foundations _____ Footing _____ Failure _____ Approval _____ Initial _____

☐ Structural/Framework _____ Foundation _____ Failure _____ Approval _____ Initial _____

☐ Exterior _____ Slab _____ Failure _____ Approval _____ Initial _____

☐ Interior _____ Frame/Deck _____ Failure _____ Approval _____ Initial _____

Joint Plan Review Required: _____ Truss Sys./Bracing _____ Failure _____ Approval _____ Initial _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____ Barrier-Free _____ Failure _____ Approval _____ Initial _____

SUBCODE APPROVAL for PERMIT _____ Insulation _____ Failure _____ Approval _____ Initial _____

Date: _____ Finishes—Base Layer _____ Failure _____ Approval _____ Initial _____

Approved by: _____ Energy _____ Failure _____ Approval _____ Initial _____

_____ Mechanical _____ Failure _____ Approval _____ Initial _____

_____ TCO _____ Failure _____ Approval _____ Initial _____

_____ Other _____ Failure _____ Approval _____ Initial _____

Approved by: _____ Final _____ Failure _____ Approval _____ Initial _____

Barrier-Free _____ Failure _____ Approval _____ Initial _____

_____ Failure _____ Approval _____ Initial _____

_____ Failure _____ Approval _____ Initial _____

_____ Failure _____ Approval _____ Initial _____

_____ Failure _____ Approval _____ Initial _____

_____ Failure _____ Approval _____ Initial _____

_____ Failure _____ Approval _____ Initial _____

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 Margorie D. Rappaport

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construction of attached deck ~ 584sq. ft. surrounded in backyard. Average height = 30"

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 Deck _____

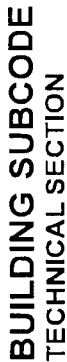
☐ Demolition _____

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

4/23/09
D9-0801

	FEE (Office Use Only)
Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	

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



BUILDING SUBCODE TECHNICAL SECTION

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

Block	8001	Lot	10	Qualification Code
Work Site Location	1190 Forge Road			

Work Site Location 1990 Superfund Groundwater
Rock. Mt. 03734

Name: [REDACTED] **e-mail:** [REDACTED]
Adresse: [REDACTED] D-60486 Frankfurt

Address 1741 Forge Road, W. 3 08180

Contractor: MOE (M&E) INC. Tel. (780) 455-0741
 Address: 203 1st Ave. e-mail: _____

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: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW			INSPECTIONS		Dates (Month/Day)		Initial
☐	☐	No Plans Required	Date	Type:	Failure	Approval	
☐	☐	All	03-25-23	Footling			
☐	☐	Footlings/Foundations		Footling Bonding			
☐	☐	Structural/Framework		Foundation			
☐	☐	Exterior		Slab			
☐	☐	Interior		Frame			
☐	☐			Truss Sys./Bracing			
☐	☐			Barrier-Free			
Joint Plan Review Required:							
☐	☐	Elec.	☐	Plumb.	☐	Fire	☐
Elevator							
SUBCODE APPROVAL for PERMIT							
Date:							
Approved by:							
SUBCODE APPROVAL for CERTIFICATE							
☐	☐	CO	☐	CCO	☐	CA	
Date:							
Approved by:							
			Barrier-Free				

BUILDING CHARACTERISTICS

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories	4	4	If Industrialized Building:		
Height of Structure	28' 0" 00	28' 0" 00	State Approved	HUD	
Area — Largest Floor	2,536 sq. ft.	2,536 sq. ft.	Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors	sq. ft.	sq. ft.	1. New Bldg.	\$ 0.00	
Volume of New Structure	cu. ft.	cu. ft.	2. Rehabilitation	\$ 0.00	
Max. Live Load			3. Total (1 + 2)	\$ 0.00	
Max. Occupancy Load					U.C.C. F110

U.C.C. F110
(rev. 12/07)

Date Received
Control #
Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Producers of the best stock in Selby, H. Simpson,
is located. Please look us up

TYPE OF WORK:

[]	New Building
[]	Addition
[]	Rehabilitation
[]	Roofing
[]	Siding
[]	Fence
[]	Sign
[]	Pool
[]	Retaining Wall
[]	Asbestos Abatement
[]	Lead Haz. Abatement
[]	Radon Remediation
X []	Other
[]	Demolition

FREE (Office Use Only)

[illegible]

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

White = Inspector Copy
Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

SCALE 1/4" = 2'

*SEE NOTES
IN RED

HOUSE

TOWNSHIP OF

RELEASED FOR PERMIT

INITIAL

DATE

Building Subcode

PL

4-22-09

Plumbing Subcode

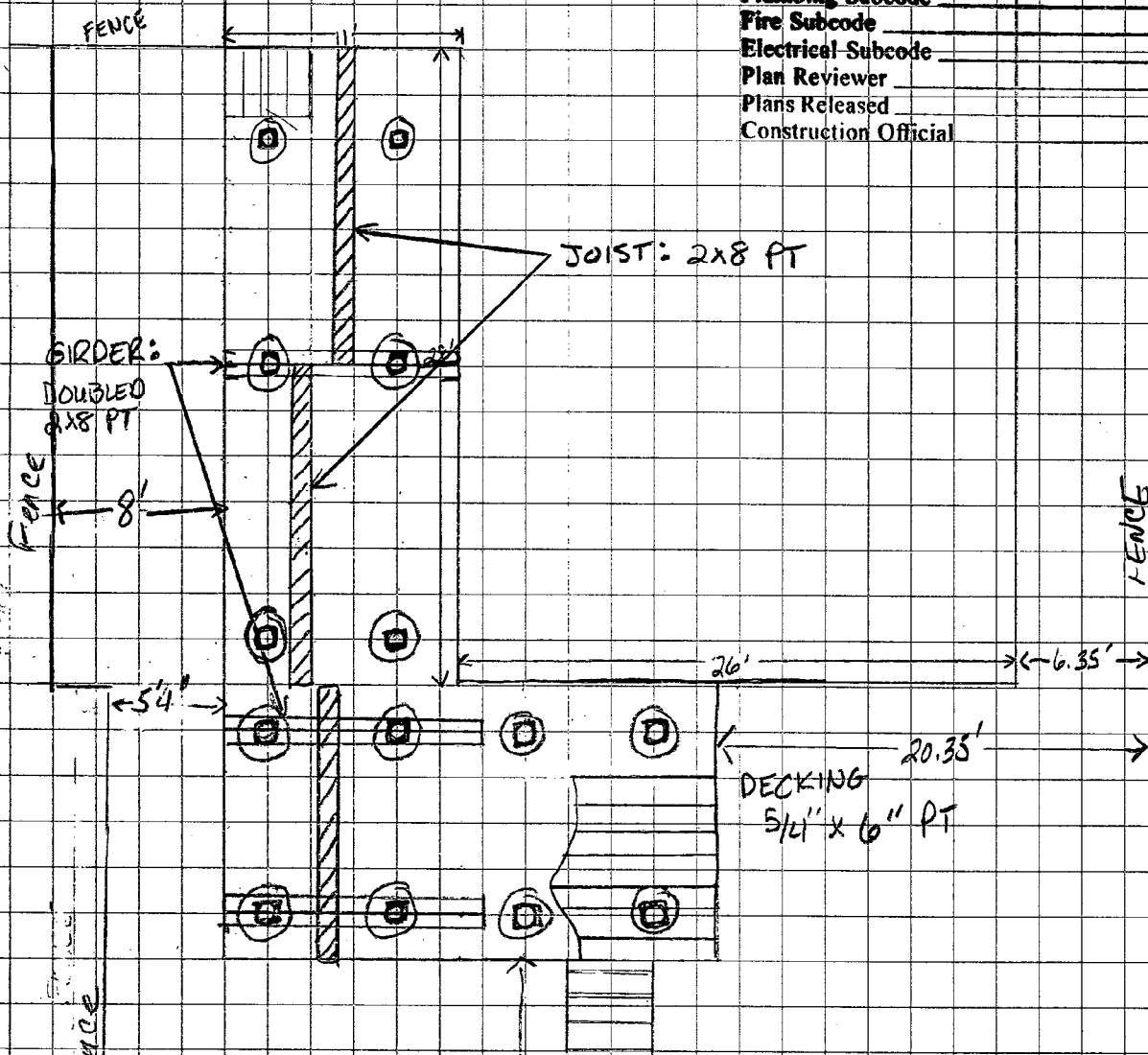
Fire Subcode

Electrical Subcode

Plan Review

Plans Released

Construction Official



Deck construction

Mark J + Marjorie D. Rappaport
1740 Forge Pond Rd
Brick, NJ 08724

39'7"

Block 851 Lot 10

Marjorie Rappaport
John

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

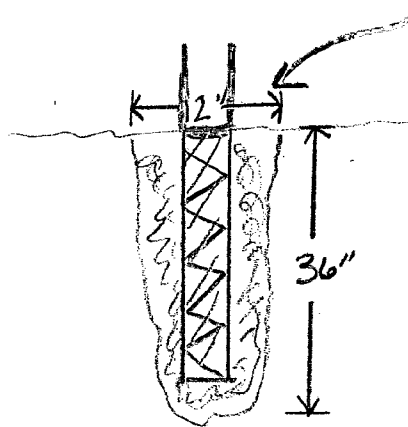
APR 15 2009

SK, 20

FOOTING DETAIL

Deck Detail
p4 lot 3

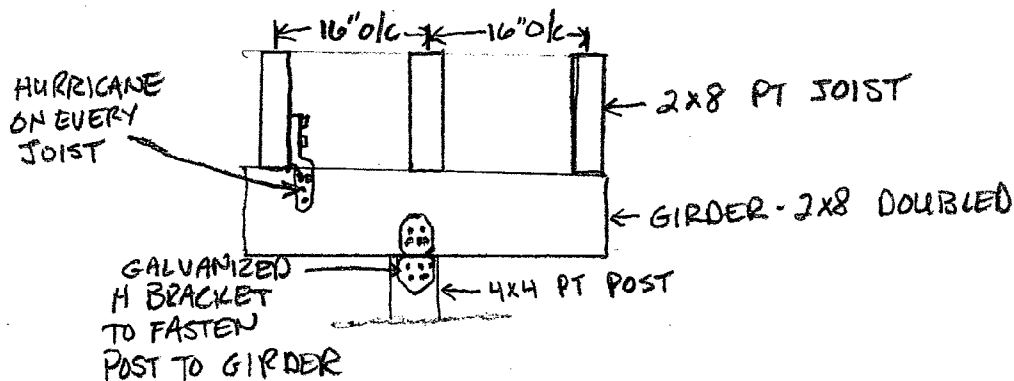
Mark J + Magorie Drappaport
1740 Forge Pond Road
Brick, NJ 08724
Block 851 Lot 10



- 12" DIAMETER HOLE
- 36" BELOW GRADE
- 4x4 PT POST SET
IN CONCRETE

* POST TO GRADE ONLY
CONNECTION TO FOOTING
REQUIRED

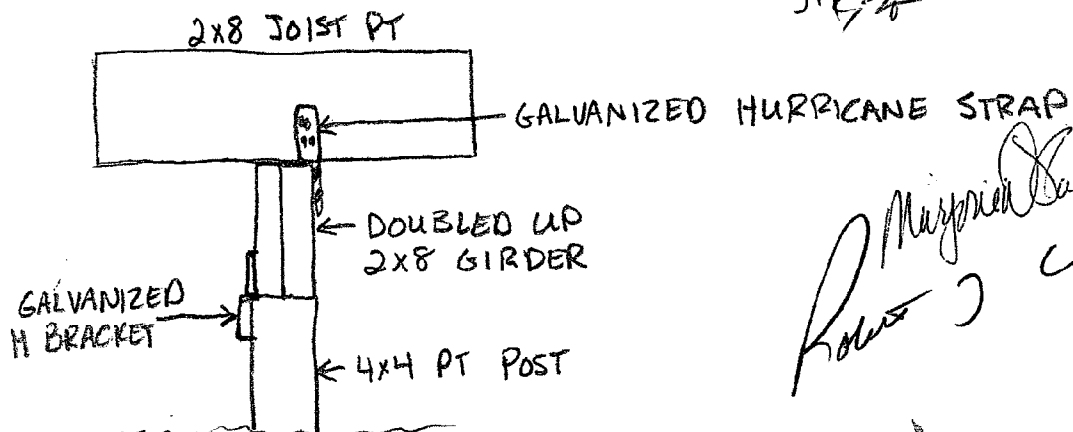
GIRDER • JOIST DETAIL



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

APR 15 2009

SKZ

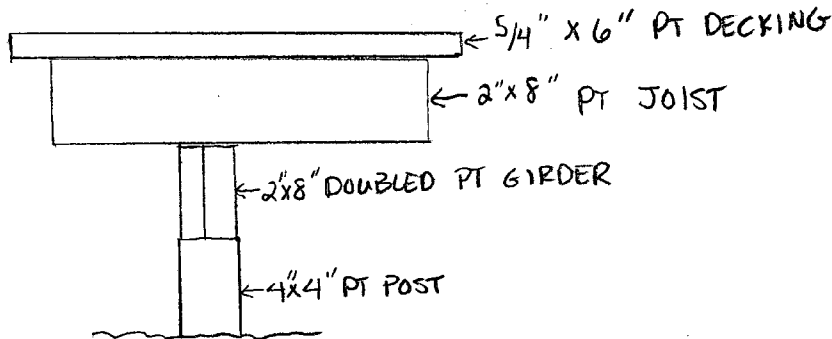


Mark J + Magorie Drappaport
Rover J

DECKING DETAIL

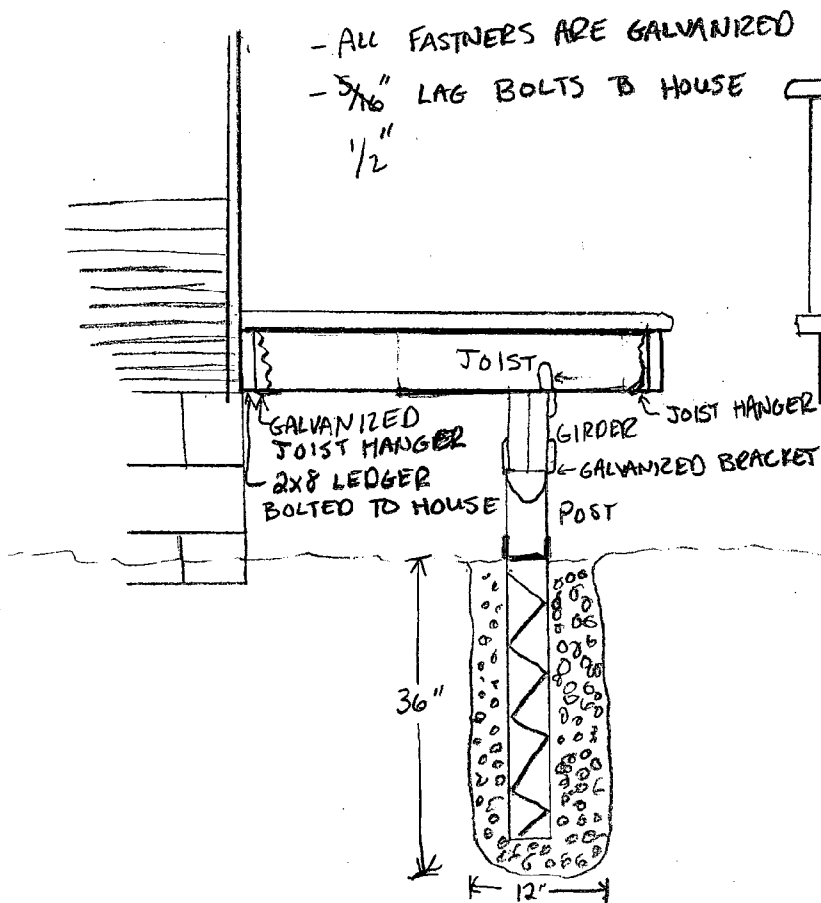
Deck Detail
pg 2 of 3

Mark J + Margorie D Rappaport
1740 Forge Road Rd
Briek, NJ 08724
Block 851 Lot 10



ELEVATION

RAIL DETAIL



Margorie D Rappaport
Ralph J

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

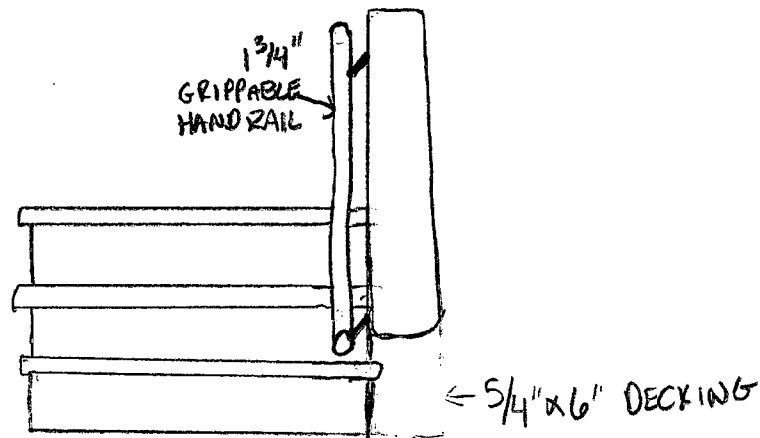
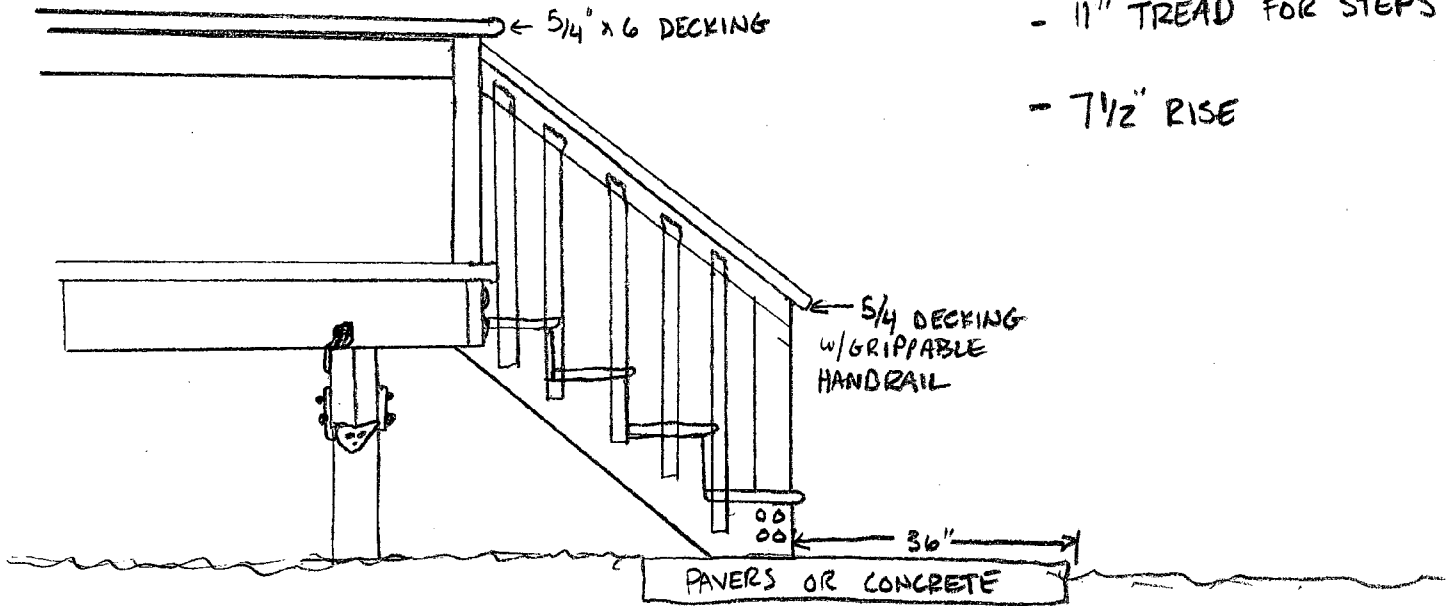
APR 15 2009

SK/20

STAIR DETAIL:

Deck Detail
pg 3 of 3

Mark J + Marjorie D. Rappaport
1740 Forge Pond Road
Briek, NJ 08724
Block 851 Lot 10



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

APR 15 2009

S.K. 20

Marjorie D. Rappaport
Peter J.

**Township of Brick
Zoning Permit**

Approved: Wednesday, April 15, 2009 **Number:** 2009-202

Block 851 **Lot** 10 **Zone:** R-10

Property Address: 1740 Forge Pond Road

Applicant: Marjorie D. Rappaport

Property Owner: Mark J. & Marjorie D. Rappaport

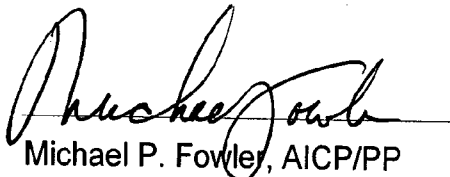
Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Rear deck addition, 23' x 40', 30" high.

Conditions: The deck must be set back at least six (6) feet, 20 feet combined, from the side property lines, and at least 20 feet from the rear property line.

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.

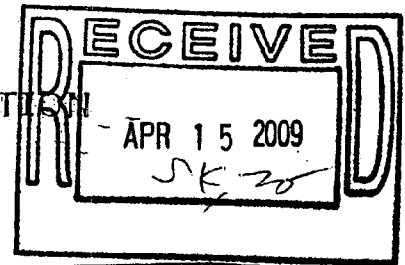

Michael P. Fowler, AICP/PP
Administrative Officer


Sean Kinnevy, Zoning Officer
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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



BLOCK 851 LOT 10 QUALIFIER _____

PROPERTY ADDRESS 1740 Forge Pond Road, Brick, NJ 08724

PERSONAL NAME OF APPLICANT Mark J. and Marjorie D. Rappaport

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 1740 Forge Pond Rd, Brick, NJ 08724

PROPERTY OWNER'S FULL NAME Mark J and Marjorie D. Rappaport

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 avg. 30" 584 sq. ft. surface area
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ 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

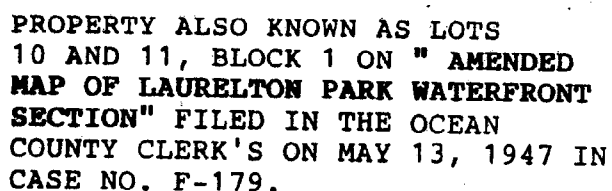
Note: No partial, taped, faxed,
reduced or enlarged copies
can be accepted.

☐ 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 Marjorie D. Rappaport Date 4/7/2009

Reviewed by Zoning Office SK Date 4/15/09 (X) Approved () Denied



FORGE POND ROAD
(TO R.O.W.)

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

APR 15 2009

SURVEY OF PROPERTY FOR MARK & MARJORIE RAPPAPORT

SITUATED IN TOWNSHIP OF BRICK OCEAN COUNTY

NEW JERSEY

FILE NO. 2253

SCALE 1"=30'

UPDATED 08-26-04

DATE 8-11-93

CERTIFIED TO:

Mark Rappaport & Marjorie Rappaport, h/w;
Countrywide Home Loans, Inc., its successors
and/or assigns as their interest may
appear;

Old Republic National Title Insurance Company;

Clark & DiStefano, P.C.

THOMAS H. STUART JR

PROFESSIONAL LAND SURVEYOR LIC NO. 18593

1223 NARRUMSON ROAD MANASQUAN, N.J.

201-528-6625

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.

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: 1740 Forge Pond Road Brick, NJ 08724

Block: 851 Lot: 10

Contractor: R Cruse & Son Carpentry

Contractor's Address: 222 18th Ave Brick, NJ 08724

Type of Construction (minor, new home): Minor - Deck

Type of Debris (shingles, siding, wood, etc.): wood debris (excess)

Party responsible for removal: R Cruse & Son Carpentry

Dumpster size: N/A

Destination of debris: Recycling Center or Township dump site

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.

Marjorie D. Rappaport
Signature

4/7/2009
Date

Marjorie D. Rappaport
Print Name

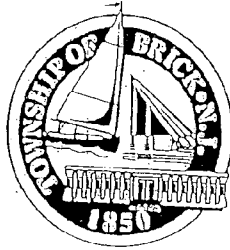
TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

Ruthanne Scaturro - President
Joseph Sangiovanni - Vice President
Brian DeLuca
Anthony Matthews
Kathy M. Russell
Michael A. Thulen, Sr.
Dan Toih



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: _____

ENGINEERING PLOT PLAN EXEMPT FORM

Block: 851 Lot: 10

Property Address: 1740 Forge Pond Road, Brick, NJ 08724

I, Marjorie D. Rappaport of 1740 Forge Pond Road, Brick, NJ 08724
(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.

Marjorie D. Rappaport
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: 4/21/09 Signed: NLL

Rejected on: _____ Signed: _____

Comments:



New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED

Rob Crease Carpentry LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/02/2009 TO 12/31/2009

VALID

SIGNATURE

13VH04127500

License/Registration/Certificate #

Daniel J. [Signature]
DIRECTOR