

NOV 18 1964



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1742 Forge Pond Rd.
2. Name of Owner in Fee: GREG. POMARANSKI Tel. [REDACTED]
Address 1742 Forge Pond Rd. Brick NJ 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: Jessay Shore Bryce Co. Tel. (732) 3412001
Address 2199 Route 9 Toms River, NJ 08255
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 22-2037982 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
Address _____
6. Responsible Person in Charge of Work _____
Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

- | | | Update | Update |
|--------------------------------------|-----------|--------|--------|
| 1. Building | \$ 47. - | | |
| 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 20A | \$15 | | |
| 13. TOTAL | \$ 123. - | | |

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
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

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

Plans

Date _____

Rejection

Approval

Re-

Resubmi

Resubmission Dates

Re-

VII. DES

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:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ 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

Fun 10

LDS BR 10103511

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

Mark the following applicable boxes:

- 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.

- 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.1. () Building C.2. () Fire Protection

C.3. () Electrical C.4. () Plumbing

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

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
A.H.B.T. - EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition _____

Name of Code & Edition _____

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

0004
4161*#
BLOCK 851 # 0.00
LOT 6 # 0.00
BUILDING 47.00
D.C.A. 1.00
ZONE/PLOT 15.00
TOTAL 63.00
CHECK 63.00
CHANGE 0.00
0035A005 16.05

Date Issued 12/02/98
Control #
Permit # 98-4161

IDENTIFICATION Block 851 Lot 6 Qual

Work Site Location 1742 FORKE FOND RD

FENCE

Owner in Fee POMARANSKI, GREG

Address SAME

BRICK, NJ 08724-

Telephone

Contractor JERSEY SHORE FENCE CO
Address 2199 KI 9

JOHN RIVER, NJ 08755-

Telephone (732) 341-2001

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2037982

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
6' SOLID, SINGLE CONCRAVE FENCE

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 \$ 1,495

Construction official

Date 12/02/98

U.C.C. #170 (rev. 3/96)

PAYMENTS (Office Use Only)
Building 47
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
ICA Training Fee 1
Cert. of Occupancy 0
Other 15
Total 63-48
Check No. 263
Cash
Collected By

Date Received 11/18/98
Date Issued 12/21/98
Control # C19-61
Permit # 95-4161

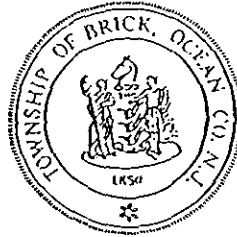
Permit

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Total Land Area Distur

7. <http://www.irs.gov/efile>

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



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo – President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Finance

Division of Inspections

Joseph Curiazza

Construction Official

(732) 262-1024

Fax (732) 262-8954

<http://www.gbshost.com/brick>

Date: 11/17/98

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 851 Lot: 6

I, GREG POMARANSKI of 1742 FORGE POND RD BRICK
(name) (address)

request to be exempted from the plot plan requirement as outlined in
the Brick Land Use Book, Chapter 190.31, part B. The property (please
circle one) is /is not located in a flood zone.

Respectfully yours,

B. Underwood
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a
mining permit.

OFFICE USE

Approved ☒ Date: 11/25/98 By: [Signature]

Rejected ☐ Date: _____ By: _____

Remarks: _____

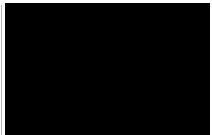
TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: November 20, 1998 1998 - 1877

Block 851 Lot 6 Zone R-10

Property Address: 1742 Forge Pond Road

Owner: Greg Pomaranski (Phone): 

Applicant: Greg Pomaranski (Phone): 

Existing Use: Single family dwelling

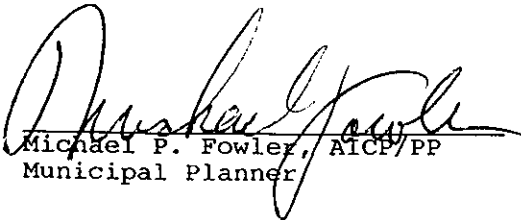
Proposed Use: Single family dwelling

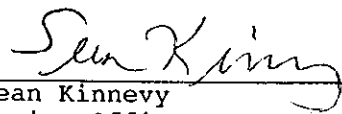
Proposed Construction (if any): 6' high wood convex fence

Conditions: The fence must be set back at least 30' 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 of which 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

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

BLOCK 851 LOT 6
PROPERTY ADDRESS 1742 FORGE POND RD
NAME OF OWNER GREG POMARANSKI OWNER'S PHONE [REDACTED]
NAME OF APPLICANT GREG POMARANSKI
APPLICANT'S COMPLETE ADDRESS 1742 FORGE POND RD BRICK NJ 08724
APPLICANT'S PHONE NUMBER [REDACTED] APPLICANT'S BUSINESS NAME JOE RYAN

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☒ Single Family Dwelling ☐ Condo or Apartment
☐ Commercial (please describe) _____
☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☒ Single Family Dwelling ☐ Condo or Apartment
☐ Commercial (please describe) _____
☐ Other (please describe) _____

PROPOSED CONSTRUCTION

All Dimensions _____ W _____ L _____ Ht _____
Deck or Garage ☐ Attached ☐ Detached
Fence Type WOOD Ht 6'
solid, single panel

CHECKLIST:

- ☐ All information completed above
☐ Two (2) accurate Survey / Plot Plans containing:
 ☐ all existing and proposed structures
 ☐ all dimensions of lot and structures
 ☐ set backs to all property lines
 ☐ all streets and waterways shown
☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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 G. Pomaranski Date 11/17/98
Reviewed by Zoning Officer _____ Date 11/20/98 ☒ Approved ☐ Rejected

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: <u>1742 Forge Pond RD</u>	Date Rec'd: <u>1</u>
Block: <u>851</u> Lot: <u>6</u>	Date Issued: <u>1</u>
Owner in Fee: <u>GREG DOMANANSKI</u>	Control #: <u>1</u>
Address: <u>1742 FORGE POND RD. BRICK, NJ 08724</u>	Permit #: <u></u>
State: <u>NJ</u> Zip: <u>08724</u> Phon: <u>[REDACTED]</u>	
SS #: <u>[REDACTED]</u>	Provide only if Applicant is owner

PLUMBING SUBCODE		BUILDING SUBCODE			
CONTRACTOR:		CONTRACTOR: <u>JERSEY SHORE FENCE COMPANY</u>			
ADDRESS:		ADDRESS: <u>2199 ROUTE 9</u> <u>TOMS RIVER NJ 08755</u>			
PHONE:		PHONE: <u>732-341-2001</u>			
LIC #:		LIC #:			
LIC. EXPIRATION DATE:		LIC. EXPIRATION DATE:			
FEDERAL EMP. # (or S.S. #):		FEDERAL EMP. # (or S.S. #): <u>22-2037982</u>			
TECHNICAL SITE DATA (LIST ALL FIXTURES)		TECHNICAL SITE DATA			
NO.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:			
	Water Closet	<u>Erect 6' Wooden Fence</u> <u>solid, single row</u>			
	Urinal / Bidet				
	Bath Tub				
	Lavatory				
	Shower				
	Floor Drain				
	Sink				
	Dishwasher				
	Drinking Fountain				
	Washing Machine				
	Hose Bibb				
	Gas Piping				
	Fuel Oil Piping				
	Water Heater				
	Steam Boiler				
	Hot Water Boiler				
	Sewer Pump				
	Interceptor / Separator				
	Backflow Preventer				
	Greasetrap				
	Water Cooled AC or Refrig. Unit			TYPE OF WORK	
	Sewer Connection			☐ New Building	
	Septic (Disposal System) Closure			☐ Addition ☒ Fence: Height (6' or More)	
	Water Service Connection	☐ Alteration ☐ Sign: Sq. Ft.			
	Gas Service Connection	☐ Roofing ☐ Pool (In Ground)			
	Active Solar System	☐ Siding ☐ Pool (Above Ground)			
	Vent Through Roof	☐ Other: ☐ Asbestos Abatement			
	Other	☐ Other: ☐ Demolition			
Estimated Cost of Plumbing Work: \$		BUILDING CHARACTERISTICS			
Signature:		USE GROUP Present: Proposed:			
Owner ☐ Contractor ☐		CONSTR. CLASS Present: Proposed:			
SUBCODE APPROVAL:		No. of Stories:			
PLANS: Required ☐ Approved ☐		Height of Structure:			
Approved by:		Area - Largest Floor:			
Date:		New Building Area / All Floors:			
CONTRACTOR AFFIX SEAL:		Volume of Structure: Total Land Disturbed:			
		Signature: <u>G. Demorel</u>			
		Estimated Cost of Building Work: <u>\$149500</u>			
		New Building (1): \$			
		Alteration (2): \$			
		TOTAL (1+2): \$			
		SUBCODE APPROVAL:			
		PLANS: Required ☐ Approved ☐			
		Approved by:			
		Date:			

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE			FIRE PROTECTION SUBCODE		
CONTRACTOR:			CONTRACTOR:		
ADDRESS:			ADDRESS:		
PHONE:			PHONE:		
LIC. #:		EXP. DATE:	LIC. #:		EXP. DATE:
FEDERAL EMPL. # (or S.S. #):			FEDERAL EMPL. # (or S.S. #):		
TECHNICAL DATA (LIST ALL FIXTURES)			TECHNICAL DATA (DESCRIPTION OF WORK)		
DESCRIPTION	QTY	SIZE			
ITEMS					
Lighting Fixtures					
Receptacles					
Switches					
Detectors					
Light Poles			Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar		
Motors - Fract. HP			Heating Sys: ☐ New ☐ Existing		
Emergency & Exit Lights			Location of Furnace / Boiler _____		
Communications Points					
Alarm Devices/E.A.C. Panel					
TOTAL NUMBERS					
Pool Permit w/UW Lights			Water Supply Source _____		
Storable Pool/Spa/Hot Tub			Method of Valve Supervision _____		
KW Elec. Range / Receptacle		KW	Local Alarm Supervision _____		
KW Oven / Surface Unit		KW	Central Supervision _____		
KW Elec. Water Heater		KW	Proprietary Supervision _____		
KW Elec. Dryer / Receptacle		KW			
KW Dishwasher		KW	Flammable Liquid Storage Tanks Capacity: _____ Fuel: _____		
HP Garbage Disposal		HP	Combustible Liquid Storage Tanks Capacity: _____ Fuel: _____		
KW Central A/C Unit		KW	L.G.P. Storage Tanks Capacity: _____ Fuel: _____		
HP/KW Space Heater/Air Handler		HP/KW			
KW Baseboard Heat		KW	DESCRIPTION		
HP Motors 1/+ HP		HP	NUMBER		
KW Transformer/Generator		KW	Wet Sprinkler Heads		
AMP Service		AMP	Dry Sprinkler Heads		
AMP Subpanels		AMP	Total		
AMP Motor Control Center		AMP	Smoke Detectors		
AMP Elec. Sign/Outline Light		KW	Heat Detectors		
Other			Total		
Other					
Other			Stand Pipes		
Other			Kitchen Hood Exhaust Systems		
Estimated Cost of Electrical Work: \$					
Signature (print name):			Pre-Engineered Systems		
Estimated Cost of Electrical Work: \$			Co2 Suppression		
Signature (print name):			Halon Suppression		
Owner ☐ Contractor ☐			Foam Suppression		
SUBCODE APPROVAL:			Dry Chemical		
PLANS: Required ☐ Approved ☐			Wet Chemical		
Approved by:					
Date:			Gas or Oil Fired Appliance		
CONTRACTOR AFFIX SEAL:			Other		
			Other		
			Estimated Cost of Fire Protection Work: \$		
			Signature:		
			Owner ☐ Contractor ☐		
			SUBCODE APPROVAL:		
			PLANS: Required ☐ Approved ☐		
			Approved by:		