called Oct 5/05 2 P.M.

BLOCK ~~15~~ 532 LOT ~~1,2,4,5~~ 1 QUALIFICATION CODE _____ ADDRESS (SITE) 511 Jackson Ave PERMIT NO. 05-4090

# CONSTRUCTION PERMIT APPLICATION

C05-138527

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

## I. IDENTIFICATION

1. Proposed Work Site at: 511 Jackson Ave Brick 08723
2. Name of Owner in Fee: Walter Bandurski Tel. ([redacted])
   Address 511 Jackson Ave Brick NJ 08723 (street / municipality / zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: Carl's Fencing + Decking Tel. (732) 505-1749
   Address 1579 Rt. 9 Toms River NJ 08755
   License No. OR, if new home, Builder Reg. No. 13VH00343300 Exp. Date 12/31/06
   Federal Employee No. 22-3683233 FAX: (732) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Vinny Ignatowicz
   Tel. (732) 505-1749 FAX: (732) 505-5436

12x26 Deck (New)
4x6 (Re-Surface)

## V. FEE SUMMARY (for office use only)

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ 139 | | |
| 2. | Electrical | | | |
| 3. | Plumbing | | | |
| 4. | Fire Protection | | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | $ | | |
| 7. | Less 20% for State Plan Review | 8 | | |
| 8. | Subtotal | $ | | |
| 9. | State Permit Fee Surcharge | | | |
| 10. | Subtotal | $ | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other ZA | 30 | | |
| 13. | TOTAL | $ 177 | | |

## 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 | | | | | 10/07/05 | KGH | | | |
| 3. | ☐ Addition | | | | | | | | | |
| 4. | ☐ a. Repair | | | | | | | | | |
| | ☐ b. Alteration | | | | | | | | | |
| | ☐ c. Renovation | | | | | | | | | |
| | ☐ d. Reconstruction | | | | | | | | | |
| 5. | ☐ Fire Protection | | | | | | | | | |
| 6. | ☐ Plumbing | | | | | | | | | |
| 7. | ☐ Electrical | | | | | | | | | |
| 8. | ☐ Elevator Devices | | | | | | | | | |
| 9. | ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. | ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. | ☐ Demolition | 1 | Ewr | 10/4/05 | | 10/4/05 | | | | |
| | TOTAL COSTS | 5,775 | | | | | | | | |

## 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:
   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

LDS BR 10425624

## 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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) 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 9/15/05

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 Carl's Fencing & Decking

Address 1579 Rt 9

Toms River NJ 08755

Telephone (732) 505-1749 ext 218

Signature Trish Gioias

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. | | | | | | | | | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

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

| Name of Code & Edition | | Name of Code & Edition | | | |
|---|---|---|---|---|---|
| Building | | Energy | | Other | |
| Electrical | | Barrier Free | | | |
| Plumbing | | Flood Hazard | | | |
| Fire Protection | | As Built Elevation Cert. | | | |
| Mechanical | | Other | | | |

**X. CERTIFICATES ISSUED** (office use only)

| | | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|---|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. | | | | |
| ☐ Temporary Certificate of Compliance | No. | | | | |
| ☐ Continued Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Compliance | No. | | | | |
| ☐ Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Approval | No. | | | | |
| ☐ Lead Abatement Clearance Certificate | No. | | | | |

IMPORTANT
A.H.B.T. - EXEMPT

*FOR OFFICE USE ONLY*

ANY BUILDING QUESTIONS
CALL 732-262-1027

**Constituent Contact Report**

| Date | Comments | Initials |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

☒ Zoning Application deemed complete  Initialed: KLT  Date: 9/27/05

☐ Zoning Application approved  Initialed: _____  Date: _____

☐ Zoning permit updates:

_____

_____

_____

# CONSTRUCTION PERMIT

Date Issued 10/11/2005
Control # C-05-138527
Permit # 05-4090

IDENTIFICATION Block: 532 Lot: 1 Qualifier
Work Site Location: 511 JACKSON AVE Brick Township, NJ
Owner in Fee BANDURSKI, WALTER & STEPHANIE
Address 511 JACKSON AVE BRICK NJ 08723
Telephone: [redacted]

Contractor CARLS FENCING
Address 1579 ROUTE 9 TOMS RIVER NJ 08755
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:
DECK 12X26 NEW DECK AND 4X6 RE-SURFACE

**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** $5,775

Construction Official — Date 10/11/2005

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $139 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $8 |
| CO Fee | |
| Other | $30 |
| Total | $177 |
| Check No. | 24604 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Mary Jane Rinaldi |

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 # 05-4090

Date Issued
Permit # 10-11-05

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

Block 539 Lot 1,2,3,4+5 Qualification Code
Work Site Location 511 Jackson Ave
Brick NJ 08723
Owner in Fee Walter Bandurski
Address 511 Jackson Ave
Brick NJ 08723
Tel. [redacted]
Contractor Cuba Fencing & Decking Inc
Address 1529 Rt. 9
Toms River NJ 08723
Tel. (732) 505-1749 FAX (732) 505-5436
Contractor License No. or Builder Registration No. 13VH00343300 ex 12/31/06
Federal Emp. No 22-3683233

**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.

Josh Cuba
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

12x26 Deck (New)
4x6 (Re-Surface)

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [X] All | 10/07/05 | tlw |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-15-05
Approved by:

| INSPECTIONS Type: | Failure | Failure | Dates (Month/Day) Approval | Initial |
|---|---|---|---|---|
| Footing | | | 10/24/05 | tlw |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame - O Deck | | | 11/16/05 | tlw |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 12/15/05 | tlw |
| Barrier-Free | | | | |

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other Deck
[ ] Demolition

FEE (Office Use Only)
$ _____

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

**B. BUILDING CHARACTERISTICS**

| | Present | Proposed |
|---|---|---|
| Use Group | | |
| Constr. Class | | |
| No. of Stories | | |
| Height of Structure | 2 Ft. | |
| Area — Largest Floor | 312 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) $ 5,775-

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

# Township of Brick
## Zoning Permit

**Approved:** Thursday, September 29, 2005 **Number:** 1438

**Block** 532 **Lot** 1 **Zone:** R-7.5

**Property Address:** 511 Jackson Avenue

**Applicant:** Trish Giokas, Carl's Fencing and Decking

**Property Owner:** Walter Bandurski

**Existing Use:** Single Family Residential

**Proposed Use:** Single Family Residential

**Proposed Construction:** Attached deck 12' x 26', 24" high.

**Conditions:** The deck must be set back at least 15 feet from the rear property line, 6 feet from the side property line and 25 feet from the front property lines.

**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

SEP 27 2005

(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 ~~15~~ 532 LOT 1,2,3,4,45 QUALIFIER _____

PROPERTY ADDRESS 511 Jackson Ave

PERSONAL NAME OF APPLICANT Trish Giokas

BUSINESS NAME OF APPLICANT Carl's Fencing + Decking

MAILING ADDRESS OF APPLICANT 1579 Rt. 9 Toms River NJ 08755

PROPERTY OWNER'S FULL NAME Walter Bandurski

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 21"-24" Attached
☐ 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
☐ 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 Trish Giokas Date 9/14/05

Reviewed by Zoning Office JC Date 9/29/05 (X) Approved ( ) Denied

Paid 9/27/05

March 2003

**FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.**

**For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.**

********PLEASE READ AND SIGN********

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Carl's Fencing + Decking Inc

SIGNATURE: Susie Thomas DATE: 9/16/05

BLOCK: 15 LOT: S 1,2,3,4+5 ADDRESS: 511 Jackson Ave Brick

Does Not Apply to our Deck Installation

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

# State Of New Jersey
## New Jersey Office of the Attorney General
## Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Carl's Fencing Inc.
Christyann Giamella
1579 Route 9 North
Toms River NJ 08755

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

04/22/2005 TO 12/31/2006
VALID

13VH00343300
LICENSE/REGISTRATION/CERTIFICATION #

C. Giamella
Signature of Licensee/Registrant/Certificate Holder

Jeffrey Burstein
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE OR CARD IS LOST PLEASE NOTIFY

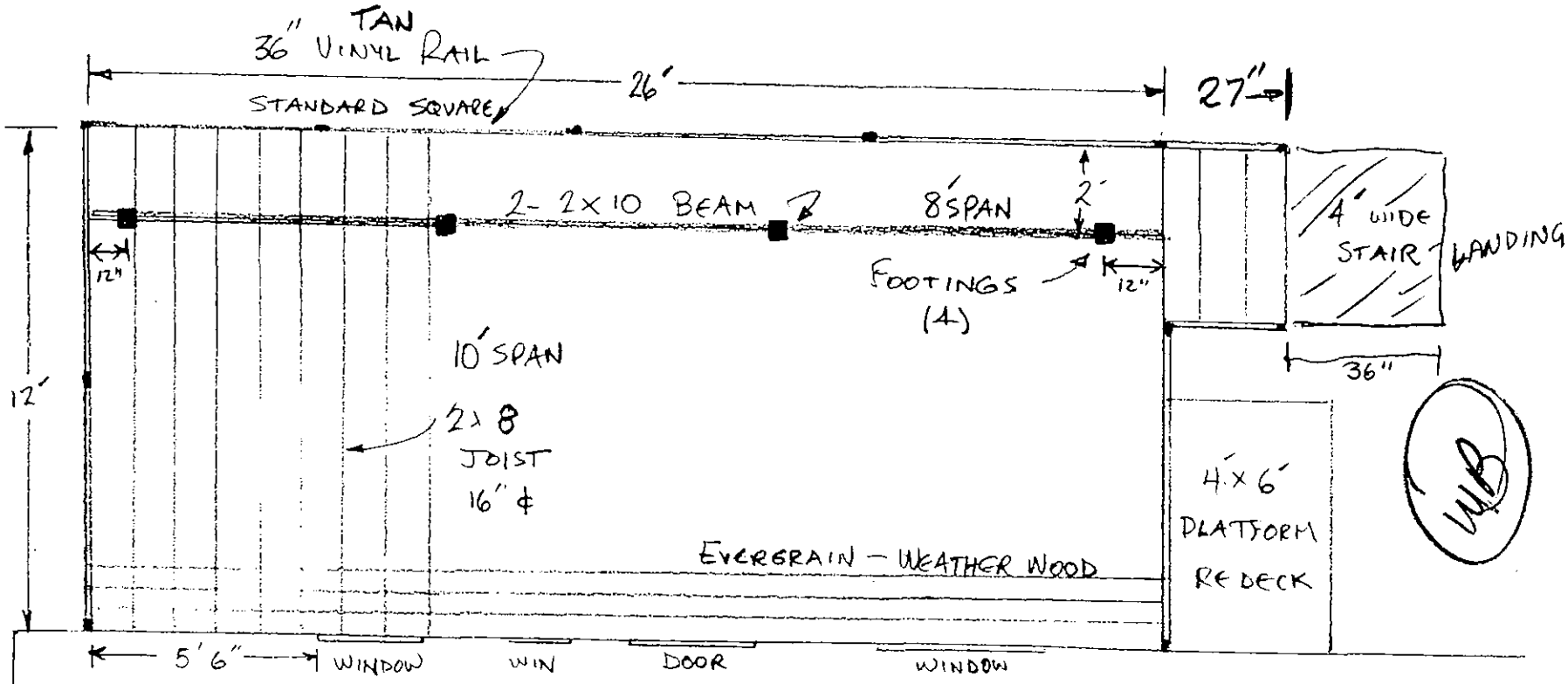
Division of Consumer Affairs
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

BANDURSKI RESIDENCE
511 JACKSON AVE
BRICK

LOTS: 1, 2, 3, 4 + 5
BLK: 532 - 15

DECK PLANS
SCALE 1/4" = 1'

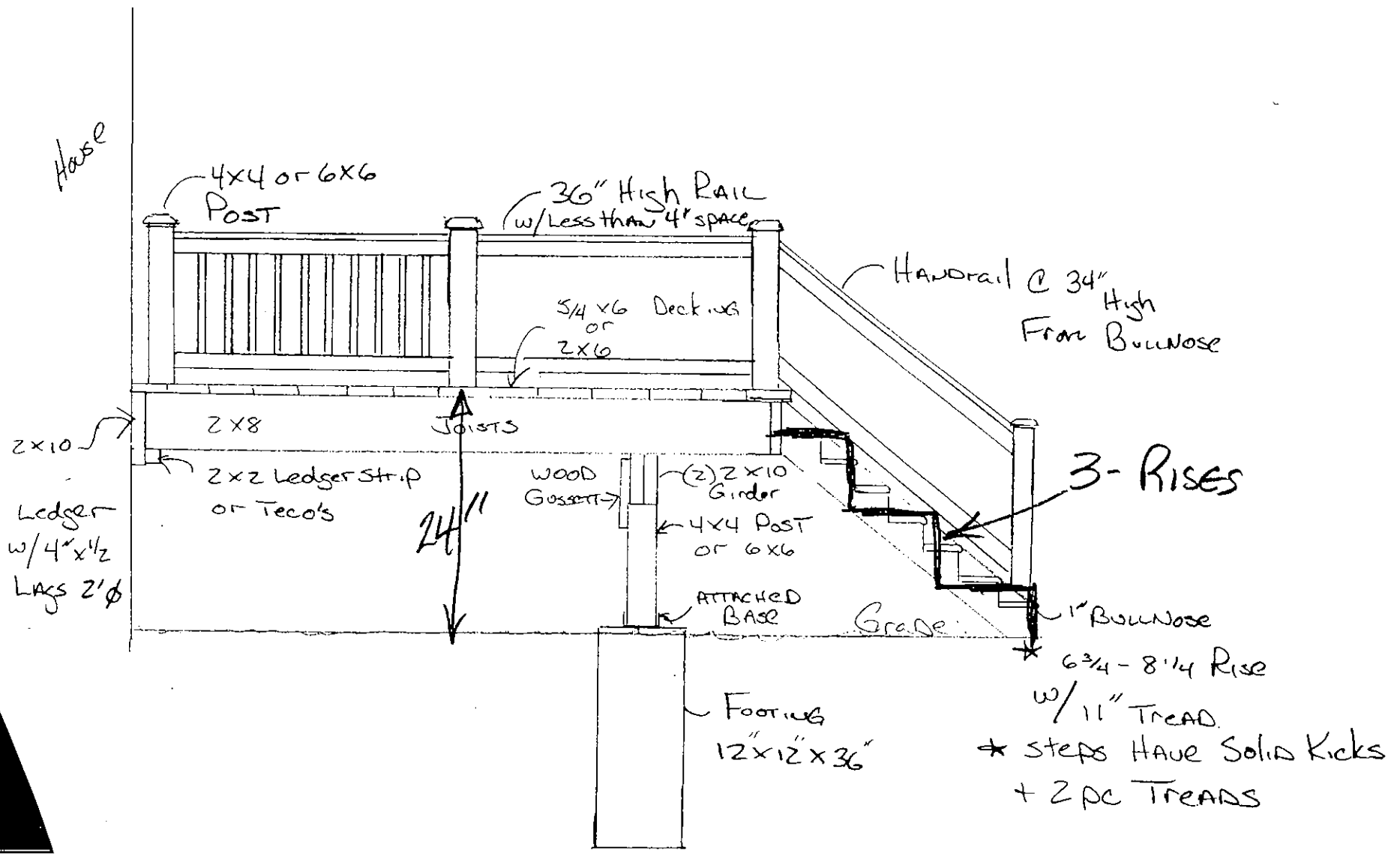



OFFICE COPY

Remove old deck

Brick Township

| Plan Review | Class | Date | By |
|---|---|---|---|
| Zoning | | | |
| Plumbing | | | |
| Building | | 10/07/05 | |
| Fire | | | |
| Electrical | | | |


House
4x4 or 6x6 Post
36" High Rail w/Less than 4" space
Handrail @ 34" High From Bullnose
5/4 x 6 Decking or 2x6
2x8
Joists
2x10
2x2 Ledger Strip or Teco's
Ledger w/ 4" x 1/2 Lags 2'ø
24"
Wood Gusset
(2) 2x10 Girder
4x4 Post or 6x6
3- Risers
Attached Base
Grade
1" Bullnose
6 3/4 - 8 1/4 Rise w/ 11" Tread
* Steps Have Solid Kicks + 2pc Treads
Footing 12"x12"x36"

Brick Township

| Plan Review | Class | Date | By |
| --- | --- | --- | --- |
| Zoning | | | |
| Plumbing | | | |
| Building | | 10/07/05 | |
| Fire | | | |
| Electrical | | | |

# TOWNSHIP OF BRICK

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



Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 9/27/05

Block: 532 Lot: 1

Property Address: 511 JACKSON AVE BRICK.

I, VINNY FGNATOWICZ of CARLS FENCING RT9 TOMS RIVER
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Vinny Ignatowicz
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.

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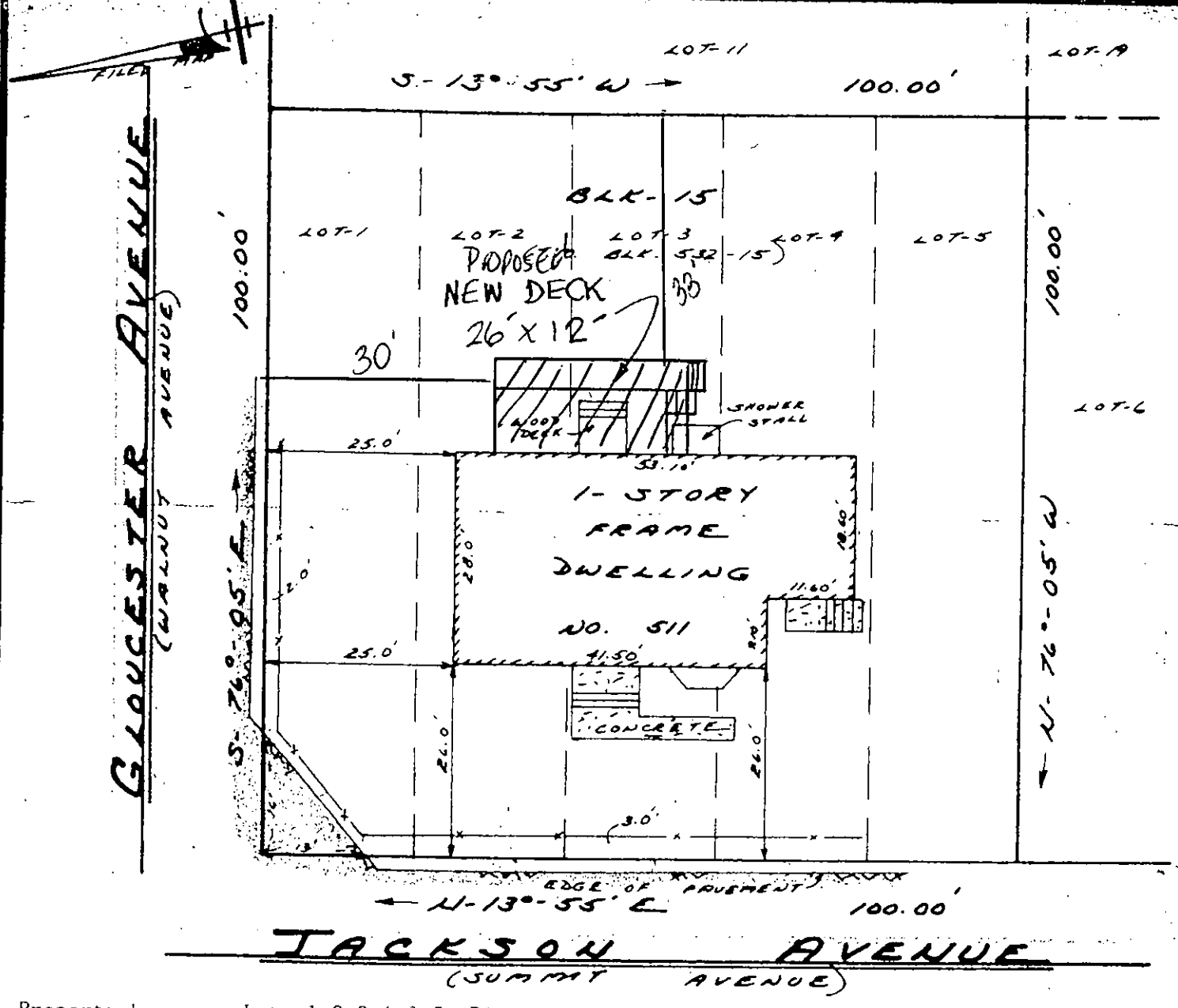
FOR OFFICE USE ONLY

Approved on: 10/4/05 Signed: [signature]

Rejected on: _____ Signed: _____

Comments:




Property known as Lots-1,2,3,4 & 5, Blk.- 15 as shown on a map entitled "Cedarwood Park" and filed in the Ocean County Clerk's office on April 7, 1942 as Map No. B-315, a/k/a Lots-1,2,3,4 & 5, Blk.- 532-15 on the Brick Township Tax Map.

NO MARKERS SET PER CONTRACTUAL AGREEMENT.

This survey is certified to:
Walter Bandurski & Stephanie Bandurski,h/w
Pulaski Savings & Loan Association;
Lawyers Title Insurance Corporation;
Michael Kosloski, Esq.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE 10-3-05

Robert S. YURO L.S. #19463

SURVEY OF PROPERTY
prepared for
WALTER BANDURSKI & STEPHANIE BANDURSKI h/w
situated in
BRICK TOWNSHIP, OCEAN COUNTY, N.J.

9/27/05

prepared by
**ROBERT S. YURO ASSOCIATES INC.**
Professional Land Surveyors
382 Hulse's Corner Rd., Howell Twp., N.J.
367-0447

dated: APRIL 11, 1985

scale: 1"=20'
File No. Y-6764