BLOCK 833 LOT 36 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 08-3032

CONSTRUCTION PERMIT APPLICATION 08-004388

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

I. IDENTIFICATION

1. Proposed Work Site at: 1645 Tilford BLVD
2. Name of Owner in Fee: GENE APPLEGATE
   Tel. [redacted] e-mail _____
   Address 1645 Tilford BLVD (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: GENE APPLEGATE [redacted]
   Address 1645 Tilford BLVD (HOME OWNER)
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer GENE APPLEGATE Contact [redacted]
   Address 1645 Tilford BLVD e-mail _____
   Tel. [redacted] FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun SAME AS
   Tel. ( ) SAME FAX: ( ) SAME

called 9/29/08 CP

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1300 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 13		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 35		
11. Cert. of Occupancy	35		
12. Other ZNA CP	68		
13. TOTAL	$ 238-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	14' ft.	
3. Area — Largest Floor	1600 sq. ft.	
4. New Building Area	600 sq. ft.	
5. Volume of New Structure	4800 cu. ft.	
6. Max. Live Load	4000 P.S.T	
Max. Occupancy Load	N/A	
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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	60000.00	J	J		9/26/08	✓			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		GML	9/26/08		9/26/08				
TOTAL COST 60,000.00									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
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
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
11. ☐ LPGas Tanks

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/30/2016
Control Number C-08-004388
Permit Number 08-3032
Permit Issue Date 10/07/2008
Certificate Number 08-3032

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1645 TILFORD BLVD Brick Township, NJ Block: 833 Lot: 36 Qual:

Owner in Fee: APPLEGATE, GENE

Owner Address: 1645 TILFORD BLVD BRICK NJ 08724

Telephone: [redacted]

Contractor APPLEGATE, GENE

Address 1645 TILFORD BLVD BRICK NJ 08724

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: RESIDENTIAL ADDITION 20X30 GARAGE ADDITION

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: $35.00
Check Number: 1805
Collected By: Inspection Account

Date Printed: 11/30/2016

U.C.C. F260 (rev. 08/05)

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 _____ Date 9-3-08

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08 - 3032

Date Issued
Permit # 10/7/08

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

Block 833 Lot 36 Qualification Code

Work Site Location 1645 TILFORD BLVD

Owner in Fee: GENE APPLEGATE

Tel. ([redacted]) e-mail

Address 1645 TILFORD BLVD BRICK 08724
street municipality zip code

Contractor: homeowner Tel. ( )

Address SAME AS 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	Date	Initial
[ ] No Plans Required		
[X] All	9/26/08	KM
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 09/24/08
Approved by: KM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing			10/22/08	LCM
Footing Bonding				
Foundation			10/31/08	KM
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ Sh		12/19/08 KM	12/22/08	KM
Mechanical				
TCO				
Other				
Final			9-22-11	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed ✓
No. of Stories 1
Height of Structure 14' ft.
Area — Largest Floor 600 sq. ft.
New Bldg. Area/All Floors 600 sq. ft.
Volume of New Structure 4800 cu. ft.
Max. Live Load 4000 P.S.I
Max. Occupancy Load N/A

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 60000.00
2. Rehabilitation $
3. Total (1+ 2) $

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

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

20'x30' GARAGE
footings
Block
frame
sheath
siding
shingles

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 $

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

Additions Residential

Certificate requirements

print
reset defaults
check all
complete

Addditions

Final Construction Inspections

Final Building Inspection	comment	☑	☐
Final Plumbing Inspection	comment	☐	☑
Final Electrical Inspection	comment	☐	☑
Final Fire Inspection	comment	☐	☑

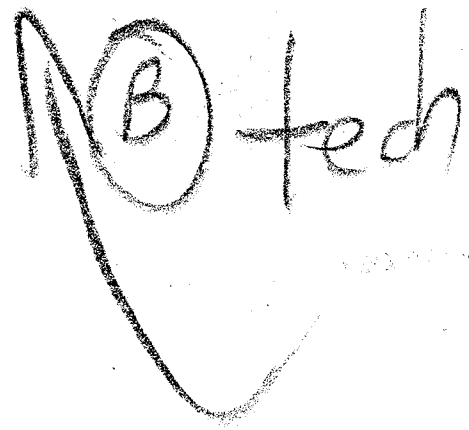
Additional information and Prior Aprovals

Final Affordable Housing Fee	**comment**	☑	☐
sent to AH with jacket 10/21/16 MFF Final AH Due $86 - spoke with Gene Applegate on 10/28/16 MFF PAID FINAL AFFORDABLE HOUSING 11/4/16 CW			
BTMUA Compliance (732) 458-7000 (If Applicable)	comment	☐	☑
Final Engineering Approval	**comment**	☑	☐
passed 10/20/16 rec'd in bldg. 10/21/16 MFF			
CO Application	comment	☐	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

12/19/08 ww- Sh- Reg—

1) Nail top + Bottom Plates every 6" O.C.



INSPECTOR: Russell Harris

DATE: Thurs. 10/20/16

JOB: Detached Garage

SECTION: Forge Pond

TYPE OF WORK: Final CO

WEATHER: Clear

LOCATION: 1645 Tilford Blvd.

TEMPERATURE: 70's

BLOCK: 833

LOT: 36

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	N/A	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER: Permit # 08-3032

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	*833.00*	**LOT:**	*36*
SITE ADDRESS:	*1645 Tilford Blvd.*		
CONTROL #:	*08-004388*	**WORK TYPE:**	*Detached garage*
APPLICANT:	*Gene Applegate*	**PHONE #**	[redacted]
APPLICANT ADDRESS:	*1645 Tilford Blvd.*	**CITY/STATE/ZIP:**	*Brick, NJ 08723*

MANDATORY DEVELOPER FEES

__X_ Residential is 1% **Business Name:**
___ Commercial is 2.5%
___ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value: **Residential** *$ 16,200.00*
Commercial

9/19/2008
Date

The final equalized assessed value at the above referenced site is: **Residential** *$16,700.00*
Commercial

Date

Prel. Fee (Res)	*$81.00*	**Final Fee (Res)**	*$86.00*
Prel. Fee (Comm)	*$0.00*	**Final Fee (Comm)**	$ -
Waiver Fee(Res. Only)			
Check #	*CASH/Jamie*	**Check #**	*1847*
Date Paid	*9/23/2008*	**Date Paid**	*11/4/2016*
Paid by	*H/O*	**Paid by**	*H/O*
Total Fee Paid (Res)	*$ 167.00*		
Total Fee Paid (Com)	$ -		

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Authorized Signature – Township of Brick

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	*833.00*	LOT:	*36*
SITE ADDRESS:	*1645 Tilford Blvd.*		
CONTROL #:	*08-004388*	WORK TYPE:	*Detached garage*
APPLICANT:	*Gene Applegate*	PHONE #	[redacted]
APPLICANT ADDRESS:	*1645 Tilford Blvd.*	CITY/STATE/ZIP:	*Brick, NJ 08723*

MANDATORY DEVELOPER FEES

__X_ Residential is 1% Business Name:
___ Commercial is 2.5%
___ Waiver Signed for estimated Mandatory Development Fee

The estimated equalized assessed value: Residential $ *16,200.00*
Commercial

09/19/2008
Date

The final equalized assessed value at the above referenced site is: Residential 16,700
Commercial

_____
Date

Prel. Fee (Res)	*$81.00*	Final Fee (Res)	*($81.00)* 86.00
Prel. Fee (Comm)	*$0.00*	Final Fee (Comm)	$ -
Waiver Fee(Res. Only)			
Check #	*CASH/Jamie*	Check #	
Date Paid	*09/23/2008*	Date Paid	
Paid by	*H/O*	Paid by	

Total Fee Paid (Res) $ -
Total Fee Paid (Com) $ -

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____
Authorized Signature – Township of Brick

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Division of Land Use & Planning

732-262-1039
732-262-1083

Fax: 732-262-8954
www.twp.brick.nj.us

September 19, 2008

Gene Applegate
1645 Tilford Blvd.
Brick, NJ 08723

RE: Mandatory Development Fees – Detached garage

Block	*Lot*	*Address*	*Assessment*	*Total Fee*	*½ Due*
833	*36*	*1645 Tilford Blvd.*	*$16,200.00*	*$162.00*	*$81.00*

Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February, 1993.

This Ordinance requires that residential development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit applications to be as listed above.

Therefore, you are required to submit one half of the estimated fees in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund, prior to the Construction Department review. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. so as to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me at 732-262-1046.

Sincerely,

Lisa Rose Tavalaiccio
Zoning Permit Clerk

311 ACCESS BRICK TOWNSHIP

1507 BLOCK 833 LOT 36 QUAL. UPDATED ON 060513

---------OWNER INFORMATION---------
APPLEGATE, GENE
1645 TILFORD BLVD
BRICK NJ 08724

DED AMT #OWN 01
BANK# 660 MORT# SS#

---------PROPERTY INFORMATION---------
PROP LOC: 1645 TILFORD BLVD
PROPERTY CLASS 2 ACCOUNT# 00414844
BLDG DESC 1SF 1008
LAND/ACRE 75X150 / .25
ADDITIONL LOTS
L37,38
ZONE R75 MAP 45.2 USER#1 #2
BULT 1956 UNITS 01 BCLASS 15
VCS LPA SFLA 01008

----------SALES INFORMATION----------

	DATE	BOOK	PAGE	PRICE	PCD	NU	4TYPE
CUR:	020703	11244	1829	165000	A		
-1:	110592	05021	00908	85050		Z	
-2:							

-----TENANT REBATE----

BASE YR	TAXES	FLAG
16	4721.61	Y

---VALUES---
LAND 118100
IMPR 97400
EXM1
EXM2
EXM3
EXM4
NET 215500

-------EXEMPT PROPERTY DATA-------
EPL CD STAT.
FACILITY
INIT FILE FUR FILE
ASMT CODE

--------TAXES--------

16	TOTAL	4721.61	
17	HALF1	2360.81	
17	TOTAL	.00	
18	HALF1	.00	

SPTAX CDS: F02
OLDID: 833.11 36

NEXT ACCESS: BLK LOT QUAL
EN=CHANGE F1=NO ACTION F3=ASSMT HISTORY F5=RECORD CARD F7=MORE

10/25/16

COAH

EQ VALUE : 16,700

GARAGE ADDN:

CONSTRUCTION PERMIT

Date Issued 10/7/2008
Control # C-08-004388
Permit # 08-3032

IDENTIFICATION Block: 833 Lot: 36 Qualifier
Work Site Location: 1645 TILFORD BLVD Brick Township, NJ

Owner in Fee APPLEGATE, GENE
1645 TILFORD BLVD BRICK NJ 08724

Telephone: [redacted]

Contractor APPLEGATE, GENE
Address 1645 TILFORD BLVD BRICK NJ 08724

Telephone: [redacted]
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:
RESIDENTIAL ADDITION 20X30 GARAGE ADDITION

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $6,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$130
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$13
CO Fee	$35.00
Other	$60
Total	$238
Check No.	1805
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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

9/26/08
1 set of plans given to H/O to revise.
Resubmit KB

Subcode Official Review

To: 1645 TILFORD BLVD BRICK, NJ 08724 CC:

RE: Building Subcode
Block: 833 Lot: 36 Qual:
1645 TILFORD BLVD
Permit Number: Control Number: C-08-004388
Last Submit Date: Friday, September 26, 2008

Date: Friday, September 26, 2008

Dear APPLEGATE, GENE,
Your request is hereby denied based upon the following infractions.
The following denial reason was made during the Plan Review process:

The following comments were made during the Plan Review process:

footing depth from grade not shown

distance from grade to untreated lumber?

ceiling joist overspanned

floor not noted as sloped to door

homeowner did not sign plans, or check required boxes on jacket

Sincerely,

Frank Mizer, Subcode Official

458-8622 Fax

**** Transmit Conf.Report ****

P.1 Sep 26 2008 8:51

Telephone Number	Mode	Start	Time	Page	Result	Note
7324588622	NORMAL	26, 8:50	0'24"	1	* O K	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1645 TILFORD BLVD BRICK, NJ 08724 CC:

RE: Building Subcode
Block: 833 Lot: 36 Qual:
1645 TILFORD BLVD
Permit Number: Control Number: C-08-004368
Last Submit Date: Friday, September 26, 2008

Date: Friday, September 26, 2008

Dear APPLEGATE, GENE,
Your request is hereby denied based upon the following infractions.
The following denial reason was made during the Plan Review process:

The following comments were made during the Plan Review process:

footing depth from grade not shown

distance from grade to untreated lumber?

ceiling joist overspanned

floor not noted as sloped to door

homeowner did not sign plans, or check required boxes on jacket

Sincerely,

Frank Mizer, Subcode Official

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use
Division of Engineering

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

Date: 9-3-08

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 833 Lot: 36

Property Address: 1645 TILFORD BLVD

I, GENE APPEGATE (name) of 1645 TILFORD BLVD (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.

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: 9/25/08 Signed:

Rejected on: Signed:

Comments:

Township of Brick
Zoning Permit

Approved: Friday, September 12, 2008 **Number:** 2008-987

Block 833 **Lot** 36 **Zone:** R-7.5

Property Address: 1645 Tilford Boulevard

Applicant: Gene Applegate

Property Owner: Gene Charles Applegate

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: One-story accessory garage building, 20' x 30', 14' high.

Conditions: The garage building must be set back at least five (5) feet from the side and rear 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
Administrative Officer

Sean Kinnevy
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.

RECEIVED
SEP 12 2008
ZONING

BLOCK 833 LOT 36 QUALIFIER

PROPERTY ADDRESS 1645 Tilford Blvd

PERSONAL NAME OF APPLICANT Gene Applegate

BUSINESS NAME OF APPLICANT Gene Applegate (homeowner)

MAILING ADDRESS OF APPLICANT ~~same~~ 1645 Tilford Blvd Brick 08724

PROPERTY OWNER'S FULL NAME Gene Charles Applegate

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) detached garage

PROPOSED CONSTRUCTION (check all that apply)

☑ New Building (please describe) detached garage Height 14'
☐ Addition - Height
☐ Alteration
☐ Porch or deck - Height
☐ 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 Gene Applegate Date 9-3-08

Reviewed by Zoning Office SC Date 9/12/08 (X) Approved ( ) Denied

March 2003

103
9/12/08

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: 16645 Tilford BLVD

Block: 833 Lot: 36

Contractor: Home Owner (GENE APPLEGATE)

Contractor's Address: SAME AS

Type of Construction (minor, new home): garage (detached)

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

Party responsible for removal: Camarato disposal

Dumpster size: 10 yd

Destination of debris: Ocean County Recycling

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.

Signature

9-3-08
Date

GENE APPLEGATE
Print Name

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☐ Zoning Application deemed complete Initialed: _____ Date: _____

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

A.H.B.T. - MANDATORY FILE - RESIDENTIAL

IMPORTANT