BLOCK 825 LOT 25 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 09-07664

CONSTRUCTION PERMIT APPLICATION 09-006974

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

I. IDENTIFICATION

1. Proposed Work Site at: 1618 Forge Pond Rd. Brick NJ. 08724
2. Name of Owner in Fee: William R. Nelson
   Tel. [redacted] e-mail _____
   Address 1618 Forge Pond Rd (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   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 _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun William R Nelson
   Tel [redacted] FAX: ( ) _____

Called 4/21/09

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 42 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	7		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZP + EP	60	105	
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
2. Height of Structure 10' ft.
3. Area — Largest Floor 160 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 X

IIa. PROPOSED WORK

- ☐ Minor Work — Shed
- ☒ 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	1500.00	KD	4/7/09		4/7/09	KK	5/8/09		
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	4/14/09		4/14/09	MSP			
TOTAL COST									

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

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. (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 William R. Nelson Date 4-6-09

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.

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

IMPORTANT

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

CONSTRUCTION PERMIT

Date Issued
Control # C-09-000974
Permit #

IDENTIFICATION Block: 825 Lot: 25 Qualifier
Work Site Location: 1618 FORGE POND RD, Brick Township, NJ
Owner in Fee NELSON, WILLIAM R. & LUCINDA J.
1618 FORGE POND RD, BRICK NJ 08724
Telephone: [redacted]

Contractor NELSON, WILLIAM R. & LUCINDA J.
Address 1618 FORGE POND RD, BRICK NJ 08724
Telephone: [redacted]
Lic. No. or Blders. 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:
SHED 10X16 WOOD SHED <RESIDENTIAL>

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 $1,750

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$42
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$60
Total	$105
Check No.	
Cash	$0
Credit	$0
Collected By	

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

Date Issued 6/8/2009
Control Number C-09-000974
Permit Number 09-0766
Permit Issue Date 4/22/2009
Certificate Number 09-0766

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1618 FORGE POND RD. Brick Township, NJ Block: 825 Lot: 25 Qual:

Owner in Fee: NELSON, WILLIAM R. & LUCINDA J.

Owner Address: 1618 FORGE POND RD. BRICK NJ 08724

Telephone: [redacted]

Contractor NELSON, WILLIAM R. & LUCINDA J.

Address 1618 FORGE POND RD. 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: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SHED 10X16 WOOD SHED <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:

Date Printed: 6/8/2009

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

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	*825.00*	**LOT:**	*25*
SITE ADDRESS:	*1618 Forge Pond Rd.*		
CONTROL #:	*09-000974*	**WORK TYPE:**	*10'X16' Shed*
APPLICANT:	*William Wilson*	**PHONE #**	[redacted]
APPLICANT ADDRESS:	*1618 Forge Pond Rd.*	**CITY/STATE/ZIP:**	*Brick, NJ 08724*

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** *$ 2,080.00*
Commercial

04/10/2009
Date

The final equalized assessed value at the above referenced site is: **Residential** *$3,600.00*
Commercial

05/19/2009
Date

Prel. Fee (Res)	*$10.40*	**Final Fee (Res)**	*$25.60*
Prel. Fee (Comm)	*$0.00*	**Final Fee (Comm)**	$ -
Waiver Fee(Res. Only)			
Check #	*1852*	**Check #**	*1888*
Date Paid	*04/13/2009*	**Date Paid**	*06/05/2009*
Paid by	*H/O*	**Paid by**	*H/O*

Total Fee Paid (Res) *$ 36.00*
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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0764

Date Issued
Permit # 4-22-09

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

Block 825 Lot 25 Qualification Code

Work Site Location 1618 Forge Pond Rd. Brick NJ 08724

Owner in Fee: William R. Nelson

Tel. ([redacted]) e-mail

Address 1618 Forge Pond Rd (street) Brick (municipality) 08724 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] ~~Interior~~	4/17/09	BA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] Other
Date: 5/6/09
Approved by: BA

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5-6-09	JL
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure 10' ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors 160 sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 1750
3. Total (1+ 2) $

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.

William R. Nelson
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct 10'x16' WOOD SHED

TYPE OF WORK:
- [X] 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 $

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 09-0766
Control #

Date Issued 4-22-09
Permit #

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

Block 825 Lot 25 Qualification Code

Work Site Location 1618 Forge Pond Rd. Brick NJ 08724

Owner in Fee: William R. Nelson

[redacted] e-mail

Address 1618 Forge Pond Rd (street) Brick (municipality) 08724 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	4/17/09	

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:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			4/17/09	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
No. of Stories
Height of Structure 10 ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors 160 sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 1750
3. Total (1+ 2) $

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.

William R. Nelson
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct 10'x 16' WOOD SHED

TYPE OF WORK:
[X] 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 $

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 09-0912766
Control #

Date Issued 4-22-09
Permit #

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

Block 825 Lot 25 Qualification Code

Work Site Location 1618 Forge Pond Rd. Brick NJ 08724

Owner in Fee: William R. NELSON

Tel. [redacted] e-mail

Address 1618 Forge Pond Rd (street) Brick (municipality) 08724 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	4/17/09	RA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			4/17/09	RA
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3

No. of Stories

Height of Structure 10 ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors 160 sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 1750
3. Total (1+ 2) $

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.

William R. Nelson
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct 10'x16' WOOD SHED

TYPE OF WORK:
- [X] 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 $

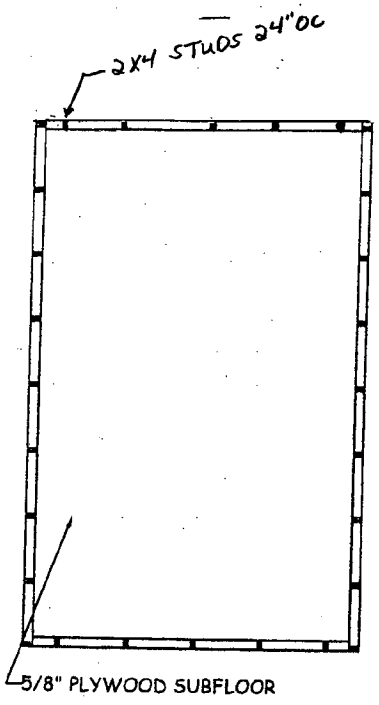
U.C.C. F110
(rev. 12/07)

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

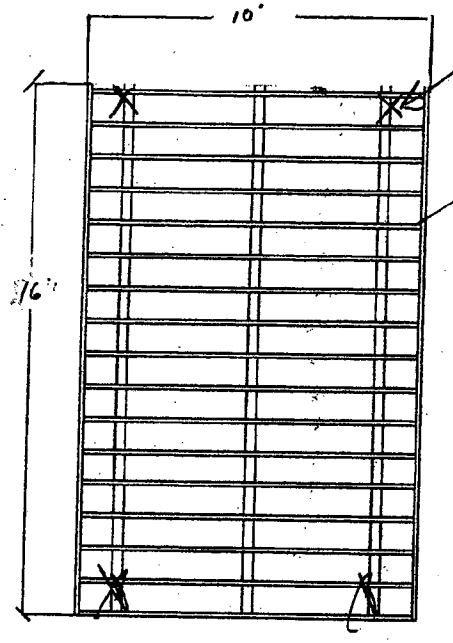
STONE BASE REQUIRED.
SEE ATTACHED.

RELEASED FOR
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

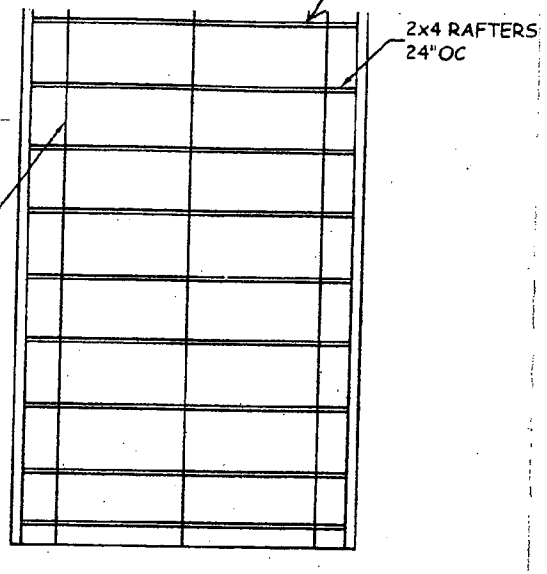
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 08 2009



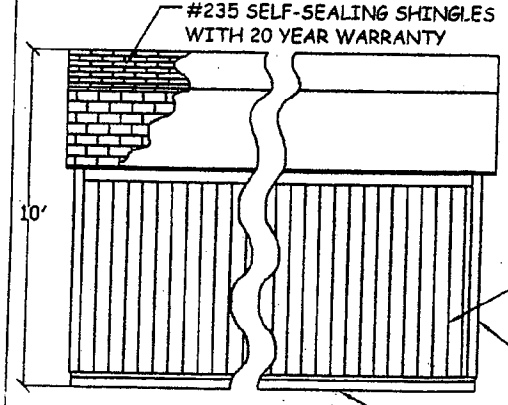
FLOOR PLAN



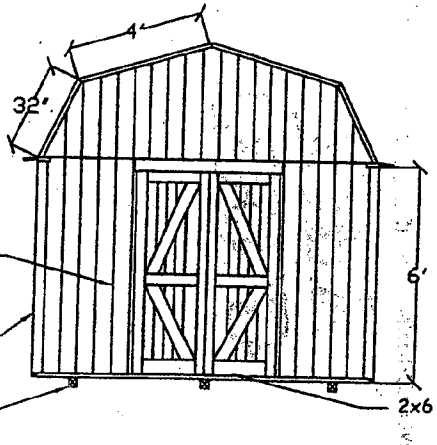
FLOOR FRAMING



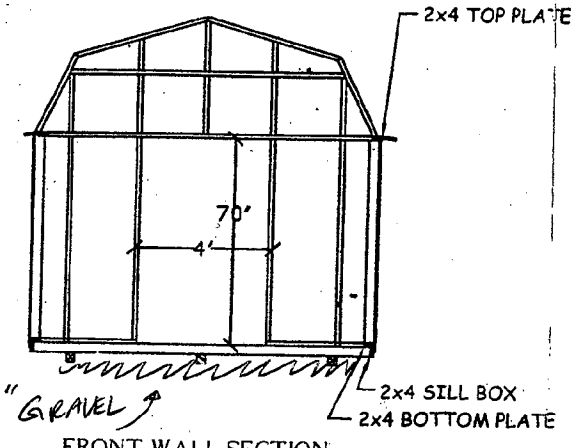
ROOF FRAMING



LEFT SIDE ELEVATION



FRONT ELEVATION



FRONT WALL SECTION

§ 5:23-9.9 Foundation systems for garden type utility sheds and similar structures

(a) Garden-type utility sheds and similar structures that are 100 square feet or less in area, 10 feet or less in height and accessory to structures of Group R-2, R-3, R-4, or R-5 shall not be required to have a foundation system that extends below the frost line. These structures shall be of sufficient weight to remain in place or shall be anchored to the ground.

(b) Garden-type utility sheds and similar structures that are greater than 100 square feet, but not more than 200 square feet in area, 10 feet or less in height, and accessory to structures of Group R-2, R-3, R-4, or R-5 are not required to be provided with a foundation system that extends below the frost line provided the shed is dimensionally stable without the foundation system. A shed shall be considered dimensionally stable if it is provided with a floor system that is tied to the walls of the structure such that it reacts to loads as a unit. These sheds shall be placed on a bed of gravel not less than four inches in depth or shall have other frost protected design. These structures shall be of sufficient weight to remain in place or shall be anchored to the ground.

HISTORY:

New Rule, R.2000 d.166, effective April 17, 2000.

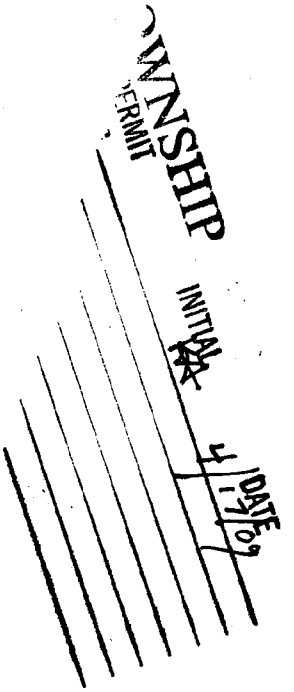
See: 31 New Jersey Register 4151(a), 32 New Jersey Register 1376(a).

Amended by R.2004 d.67, effective February 17, 2004.

See: 35 New Jersey Register 4627(a), 36 New Jersey Register 949(b).

Inserted references to structures of Group R-2, R-3, R-4 or R-5 for references to Use Groups R-2, R-3 or R-4 throughout.

Chapter Notes



Township of Brick
Zoning Permit

Approved: Wednesday, April 08, 2009 **Number:** 2009-187

Block 825 **Lot** 25 **Zone:** R-10

Property Address: 1618 Forge Pond Road

Applicant: William R. Nelson

Property Owner: William R. Nelson

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Storage shed, 10' x 16', 10' high.

Conditions: The shed 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 Officer
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

RECEIVED
APR 8 2009

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

BLOCK 825 LOT 25 QUALIFIER

PROPERTY ADDRESS 1618 Forge Pond Rd. Brick NJ 08724

PERSONAL NAME OF APPLICANT William R. Nelson

BUSINESS NAME OF APPLICANT N/A

MAILING ADDRESS OF APPLICANT 1618 Forge Pond Rd. Brick NJ 08724

PROPERTY OWNER'S FULL NAME William R. Nelson

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Height
☐ Addition - Height
☐ Alteration
☐ Porch or deck - Height
☒ Shed - Height 10'
☐ 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.

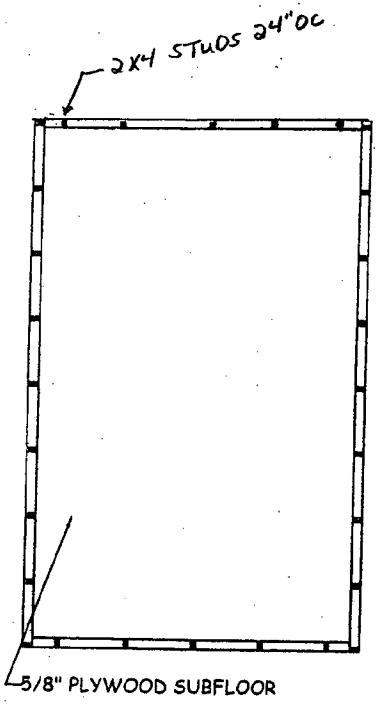
SIGNATURE OF APPLICANT William R. Nelson Date 4-6-09

Reviewed by Zoning Office SK Date 4/8/9 (X) Approved ( ) Denied

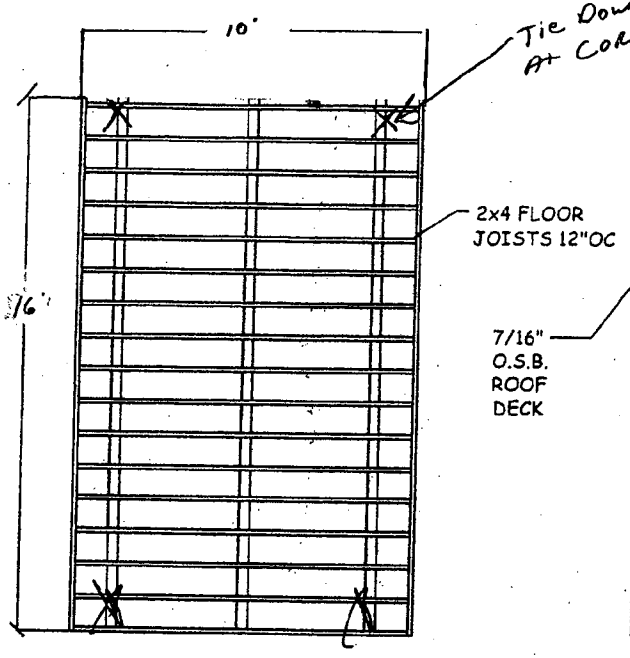
KB 4-7-09

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

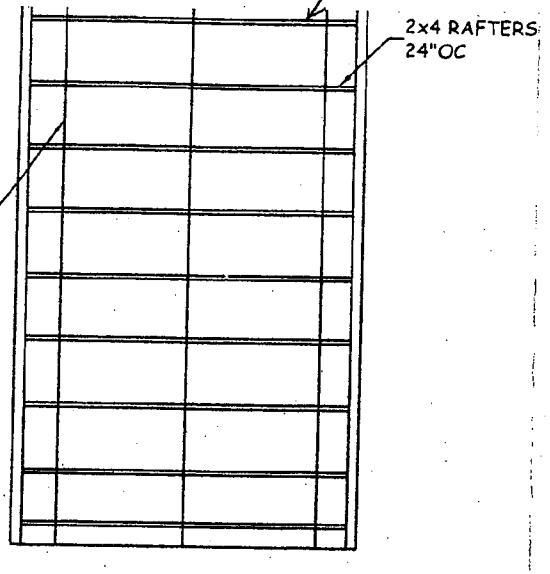
APR 08 2009



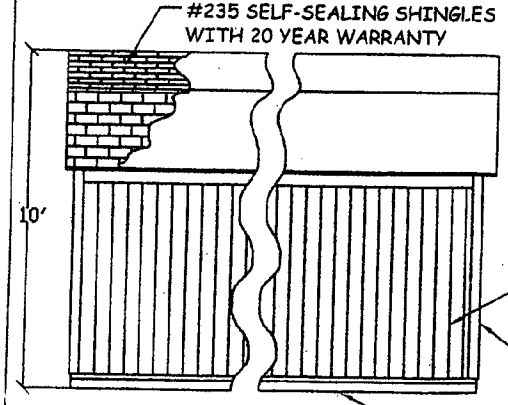
FLOOR PLAN



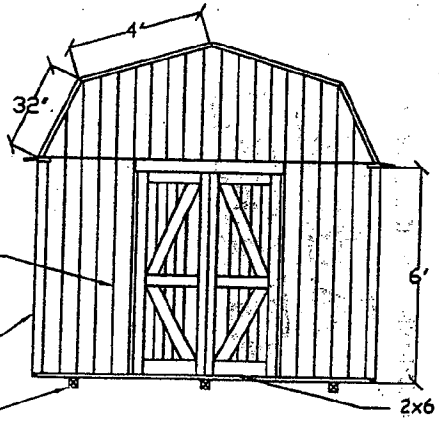
FLOOR FRAMING



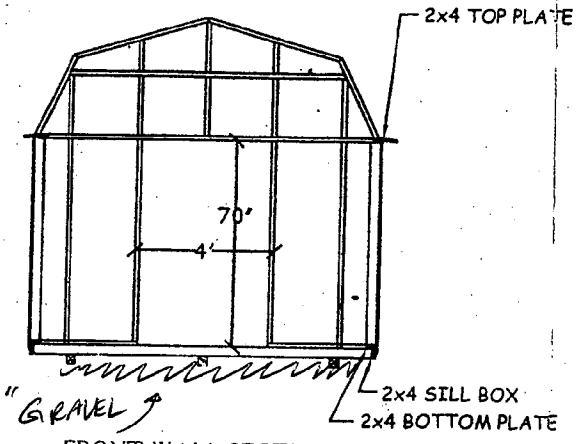
ROOF FRAMING



LEFT SIDE ELEVATION



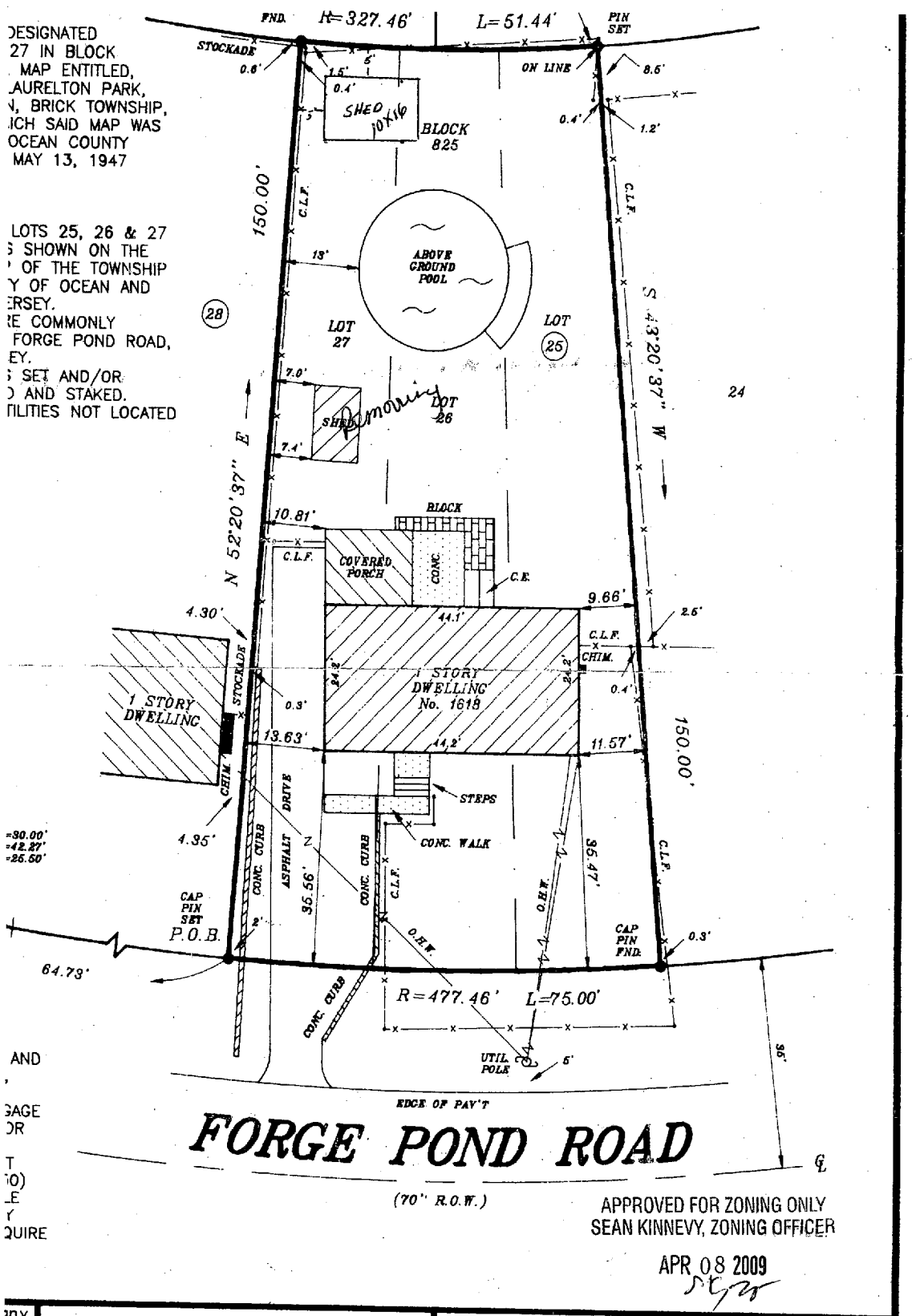
FRONT ELEVATION



FRONT WALL SECTION

DESIGNATED
27 IN BLOCK
MAP ENTITLED,
AURELTON PARK,
N, BRICK TOWNSHIP,
ICH SAID MAP WAS
OCEAN COUNTY
MAY 13, 1947

LOTS 25, 26 & 27
S SHOWN ON THE
OF THE TOWNSHIP
Y OF OCEAN AND
ERSEY.
E COMMONLY
FORGE POND ROAD,
EY.
S SET AND/OR
D AND STAKED.
TILITIES NOT LOCATED



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 08 2009

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RONALD W. POST SURVEYING INC.
R.W.P.
1027 HOOPER AVENUE
TOMS RIVER, N.J. 08753
TELEPHONE: 908-244-7744
TELEFAX: 908-244-7410

Ronald W. Post
Prof. Land Surveyor – N.J. Lic. 28534
Prof. Planner N.J. Lic. 02940

3-27-91
Date

SURVEY OF PROPERTY

LOTS (25), 26 & 27 BLOCK 825

BRICK TOWNSHIP

OCEAN COUNTY, NEW JERSEY

SCALE	DR.	CH.	DATE	JOB NO.
1"=20'	S.E.M.	R.W.P.	3-27-91	91-5887

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:_____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 825 Lot: 25

Property Address: 1618 Forge Pond Rd Brick N.J. 08724

I,_____ of _____
(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.

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: 4/14/09 Signed: _____

Rejected on:_____ Signed:_____

Comments:

311 ACCESS BRICK TOWNSHIP