BLOCK 499 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 443 Myrtle Ave PERMIT NO. 05-3344

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII CAS-137508

I. IDENTIFICATION

1. Proposed Work Site at: 443 Myrtle Ave
2. Name of Owner in Fee: Jo Anne Lambusta Te [redacted]
   Address 443 Myrtle Ave (street) Brick (municipality) _____ (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: homeowner #10 Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Self
   Tel. (___) _____ FAX: (___) _____

Shed Pre Fab on New Slab.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 65		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge	4		
10.	Subtotal	$		
11.	Cert. of Occupancy	NP no		
12.	Other			
13.	TOTAL	$ 69		

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	Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building		SMJ	8/16/05		8/19/05	KS	10/13/05		
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		SMJ	8/19/05		8/19/05	KS			
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

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-B 10326515

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. ( ) 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 8-4-2005

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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 Ad prelim 8/19/05 ltr

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

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☒ Zoning Application deemed complete Initialed: KBT Date: 8/16/05

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/22/2006
Tracking Number C-05-137508
Permit Number 05-3344
Permit Issue Date 08/19/2005

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 443 MYRTLE AVE. Brick Township, NJ Block: 499 Lot: 1 Qual:

Owner In Fee: LAMBUSTA, JO ANNE R

Owner Address: 443 MYRTLE AVE BRICK NJ 08723

Telephone:

Contractor LAMBUSTA, JO ANNE R

Address 443 MYRTLE AVE BRICK NJ 08723

Telephone: 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:
SHED

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: 981
Collected By: Ellen Privett

Date Printed: 06/22/2006

CONSTRUCTION PERMIT

Date Issued 08/19/2005
Control # C-05-137508
Permit # 05-3344

IDENTIFICATION Block: 499 Lot: 1 Qualifier

Work Site Location: 443 MYRTLE AVE. Brick Township, NJ

Owner in Fee LAMBUSTA, JO ANNE R
Address 443 MYRTLE AVE BRICK NJ 08723
Telephone:

Contractor LAMBUSTA, JO ANNE R
Address 443 MYRTLE AVE BRICK NJ 08723
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:

SHED

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 $2,719

Construction Official

08/19/2005
Date

PAYMENTS (Office Use Only)

Building	$65
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$30
Total	$99
Check No.	981
Cash	$0
Credit	$0
Collected By	Ellen Privett

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 8-19-05
Control #

Date Issued
Permit # 05-3344

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

Block 499 Lot 1 Qualification Code

Work Site Location 443 Myrtle Ave

Brick

Owner in Fee Jo Anne Lambusta

Address 443 Myrtle Ave

Te [redacted]

Contractor Homeowner

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

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

Shed - prefab
20X12
On new slab
As noted

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All prefab on New Slab	8/19/05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-13-06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			8/22/05	
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			06/12/06	
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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor 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. $ 2719.-
2. Rehabilitation $
3. Total (1+ 2) $

Township of Brick

Zoning Permit

Approved: Tuesday, August 16, 2005 **Number:** 1201

Block 499 **Lot** 1 **Zone:** R-7.5

Property Address: 443 Myrtle Avenue

Applicant: JoAnne Lambusta

Property Owner: JoAnne Lambusta

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Shed 12' x 20', 12' high.

Conditions: The shed must be set back at least 25 feet from the front property lines and 5 feet from the rear and side 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

RECEIVED
AUG 16 2005
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 499 LOT 1 QUALIFIER ____

PROPERTY ADDRESS 443 Myrtle Ave

PERSONAL NAME OF APPLICANT Jo Anne Lambusta

BUSINESS NAME OF APPLICANT ____

MAILING ADDRESS OF APPLICANT ~~Same~~ 443 Myrtle Ave Brick NJ 08723

PROPERTY OWNER'S FULL NAME ~~Same~~ JoAnne Lambusta

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 ~~13'4"~~ 12' per JoAnne Lambusta phone conv. 8/16/05 KMD
☐ 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 Jo Anne Lambusta Date 8-4-2005

Reviewed by Zoning Office JE Date 8/16/05 ( ) Approved ( ) Denied

JE 8/16/05

March 2003

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: 8-4-2005

Block: 499 Lot: 1

Property Address: 443 Myrtle Ave

I, Jo Anne Lambesis (name) of Same (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.

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: 8/19/05 Signed:

Rejected on: Signed:

Comments:

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

C05-137508

BLOCK 499 LOT 1 SITE ADDRESS 443 Myrtle Ave
TYPE OF SITE Residential / Commercial NAME OF BUSINESS Vacant
APPLICANT Lolina Barbiesta PHONE NUMBER ext. 1023
APPLICANT ADDRESS 443 Myrtle Ave CITY & STATE Belleville, NJ. 07109

INCLUSIONARY DEVELOPMENT

Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

X Residential is ~~.005~~ 1%

◊ Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 4300

Frederick R Millman — 8/19/05

Frederick R. Millman, CTA, Tax Assessor — Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

_____ _____

Frederick R. Millman, CTA, Tax Assessor — Date

Preliminary Fee +21.50 — Date _____
Check # _____ — Receipt # _____

Final Fee +43.00 — Date 8/19/05
Check# 980 — Reciept # _____

Total Fee Due/Paid +43.00
Balance Due 0

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

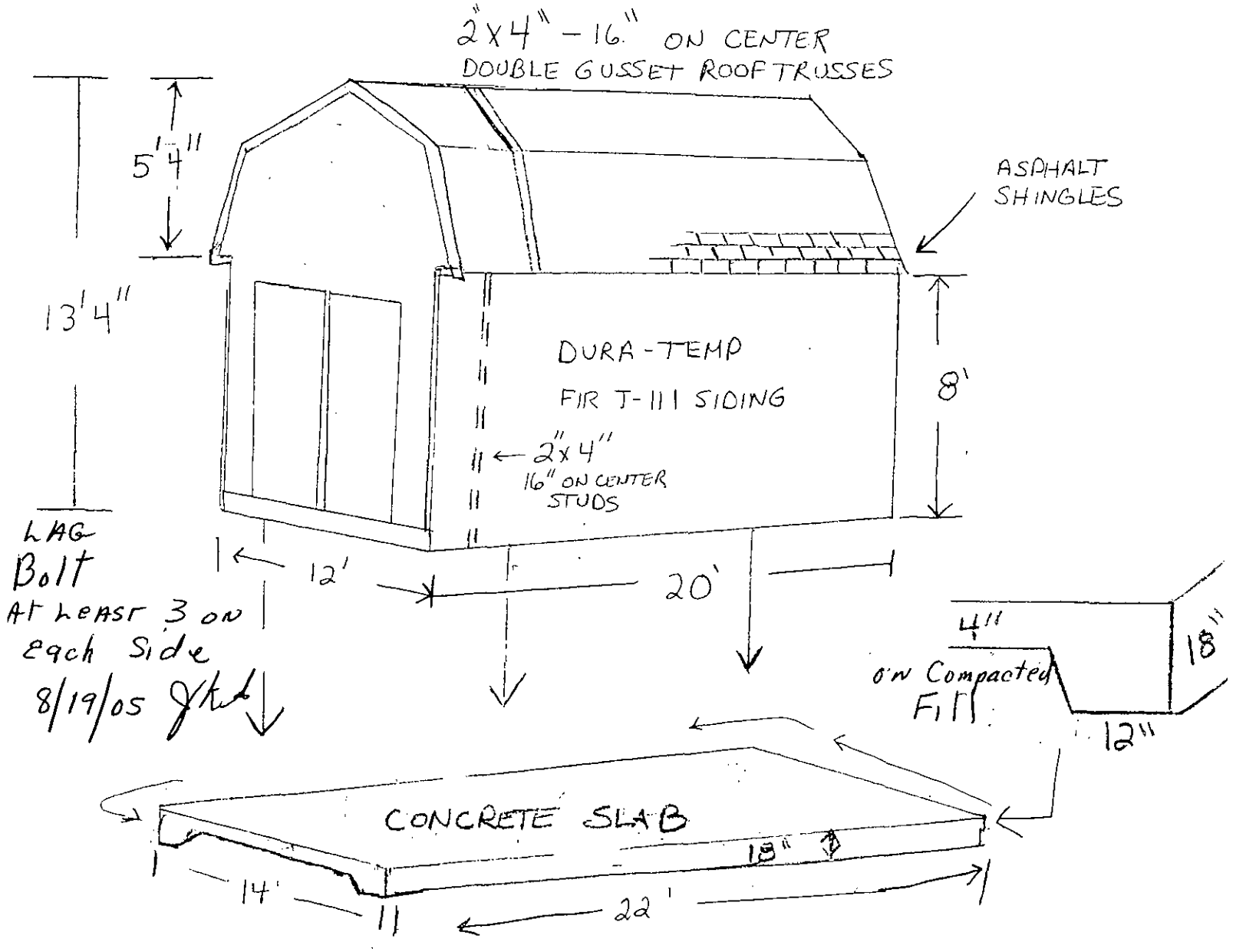
I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

8/19/05 - Ta prelem.
6/21/06 - Ta final

Lisa Kose Saulaccio
Office of Affordable Housing

Prefab Shed Similar to att'd But Barn Style Roof

TYPICAL SHED
NTS



8/19/05 gkd

ANCHORING METHOD: SHED IS ANCHORED TO EARTH AT ALL 4 CORNERS USING VERTICAL PRESSURE TREATED 2"x4" LAG BOLTED TO New Slab

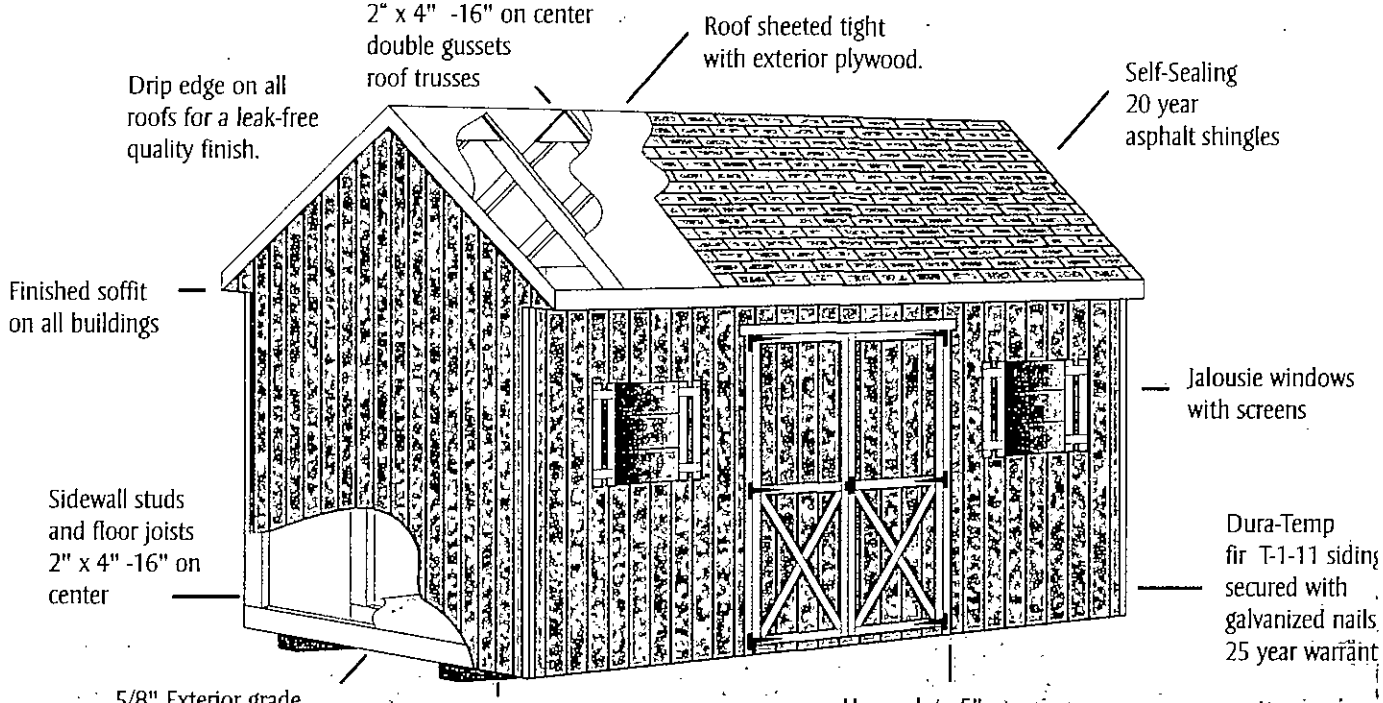
Specifications

Heavy Duty Barn Specifications

-Foundation	4" x 4" pressure treated lumber
-Floor Joists	2" x 4" - 16" on center
-Flooring	5/8" exterior grade plywood
-Sidewall Studs	2" x 4" - 16" on center
-Exterior Siding	5/8" Dura-Temp siding
-Rafters	2" x 4" -16" on center
-Roof Sheathing	1/2" 3-ply plywood
-Roofing	240 lb. self-sealing asphalt shingles
-Doors	Heavy duty and reinforced with 2" x 4" lumber

Economy Barn Specifications

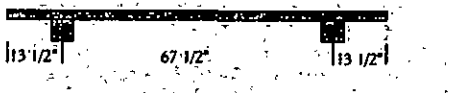
-Foundation	4" x 4" pressure
-Floor Joists	2" x 4" -16" or
-Flooring	1/2" C.D.X. plyw
-Side Wall Studs	2" x 3" -24" or
-Exterior Siding	Dura-Temp
-Rafters	2" x 4" -24" or
-Roof Sheathing	1/2" O.S.B
-Roofing	240 lb. self-sealin
-Doors	Heavy duty and r 2" x 4" lum



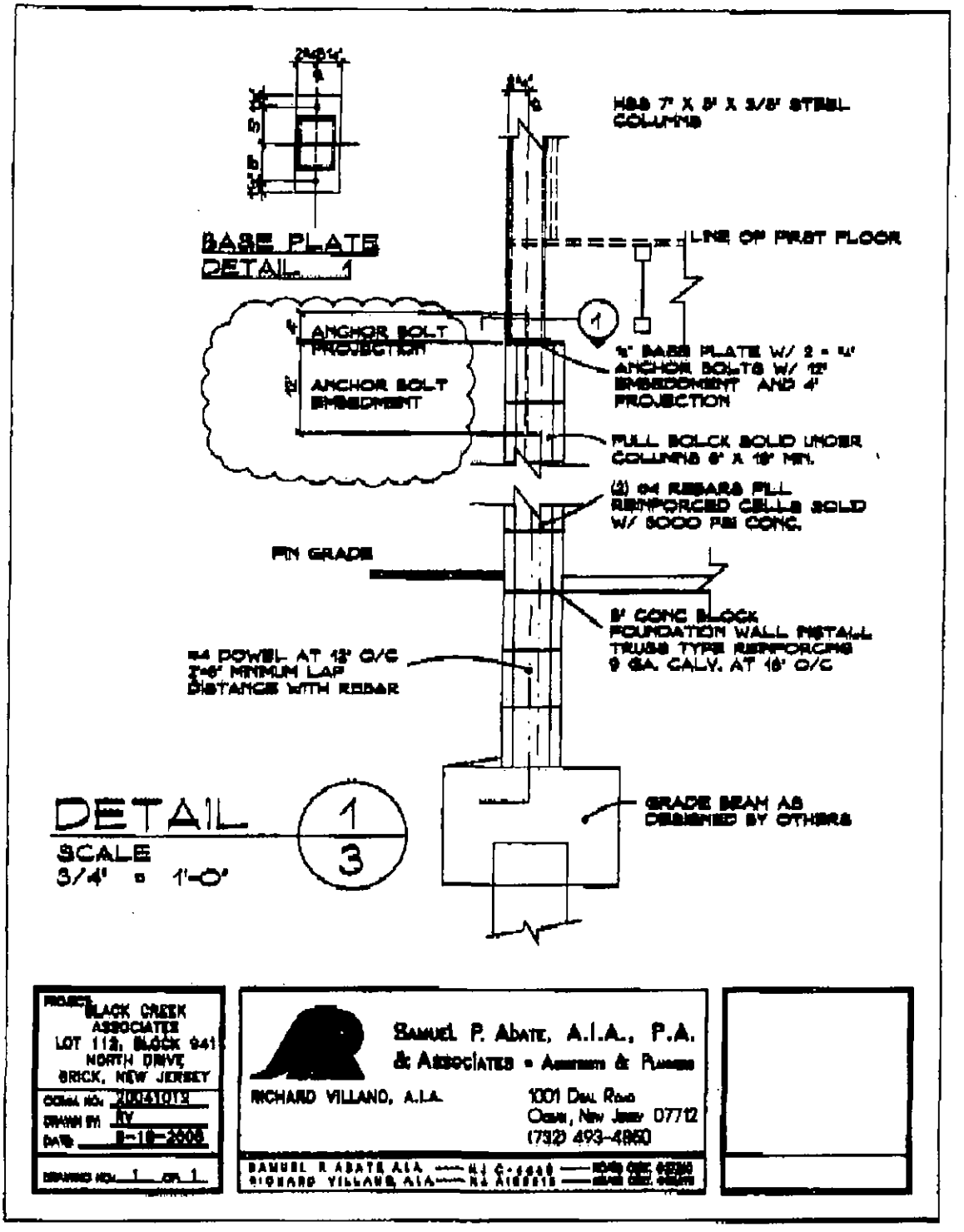
5/8" Dura Temp

2"x4" on 16" centers

Pressure Treated Skids



All buildings are assembled and de

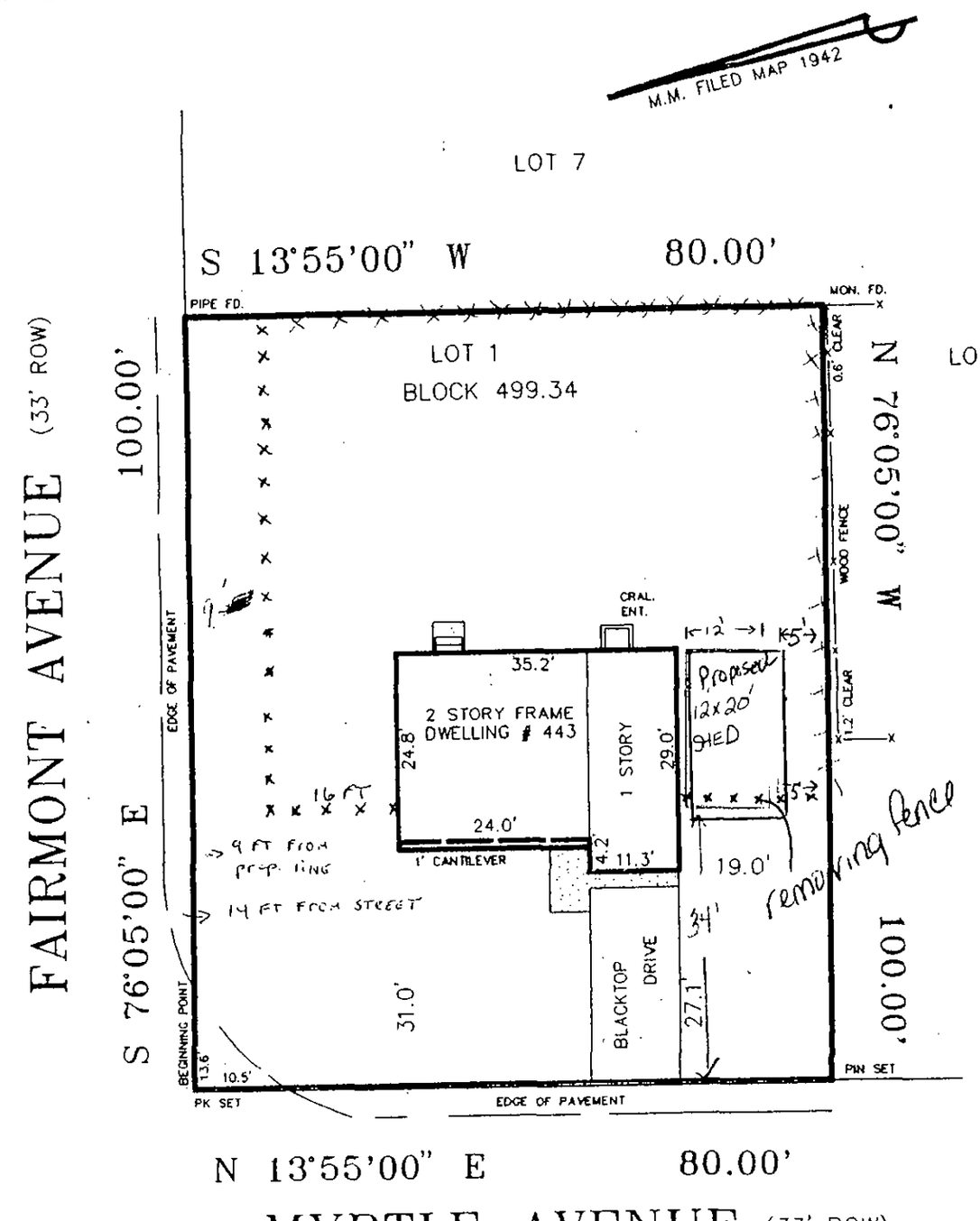


To Jim Sapio
From Rich Villano
DATE 8-18-05

Please Review and comment.

IF you need it Sealed, Let me know

NOTE: CORNERS NOT SET AS PER AGREEMENT
LOT & BLOCK AS PER TAX MAP



Known and designated as lot 1 block 499.34 on the Tax Map of Brick Township, Ocean County, New Jersey.
Also known as lot 1,2,3 & 4 Block 34 on a map entitled "Cedarwood Park, Subdivision C-Annex, Ocean County, New Jersey."
FILED IN THE OCEAN COUNTY CLERKS OFFICE ON APRIL 7, 1942 AS MAP NO. B-315

I certify this survey to Joanne Lambusta, single, American Mortgage Acceptance, its successors and assigns as their interest may appear, Lafayette General Title Agency, Inc., Mulvaney Coronato & Brady, Esqs. and all parties in interest.

APPROVED FOR ZONING ONLY
SCAN KILKENNY, ZONING OFFICER
DATE 8-16-05

This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. Environmentally sensitive areas, if any, are not located by this survey. No attempt was made to determine if any portion of this property is claimed by the State of New Jersey as tidelands. No liability is assumed by the certifying Surveyor for the use by any party not shown in the certifications. The certification of this survey on the date shown is made solely to the named parties herein.

WALTER T. TOTH N J L S NO.21761

SURVEY OF
LOT 1 BLOCK 499.34
SITUATED IN
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

DATE: AUGUST 10. 1993 SCALE: 1"=20' JOB NO. 935231

WALTER T. TOTH
WALTER T. TOTH & ASSOC., P.A.
PROFESSIONAL LAND SURVEYOR, PLANNERS & ENGINEERS
12 MADISON AVENUE, P.O. BOX 478, TOMS RIVER, NEW JERSEY 08754-0478
(201) 349-0090

8/16/05

TITLE NO. LG-8111

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: Jo Anne Lombusta

SIGNATURE: Jo Anne Lombusta DATE: 8-15-2005

BLOCK: 499 LOT: 1 ADDRESS: 443 Myrtle Ave