Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/9/2017
Control Number C-16-004933
Permit Number 16-3899
Permit Issue Date 11/7/2016
Certificate Number 16-3899

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: CEDAR SWAMP 1551 HWY 88 Brick Township, NJ Block: 840 Lot: 1 Qual:

Owner in Fee: BRICK TOWNSHIP MUN UTIL AUTHORITY

Owner Address: 1551 ROUTE 88 W BRICK NJ 08724

Telephone: (732) 458-7000

Contractor CARL'S FENCING AND DECKING

Address 1579 ROUTE 9 TOMS RIVER NJ 08755

Telephone: (732) 505-1749 Fax: (732) 505-1552

License Number or Builders Registration Number: 13VH04391000 Federal Emp. Number: 20-8919157

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: FENCE ...10' HIGH CHAIN LINK FENCE REPLACEMENT

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: 1/9/2017

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/7/16
Control #
Date Issued
Permit # 16-3899

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

Block 8440 Lot 1 Qualification Code

Work Site Location 1551 Hwy 88 west well-11

Owner in Fee: Brick MUA

Tel. (732 458 7000 e-mail JONeill@BrickMUA.com

Address 1551 Hwy 88 west
street municipality

Contractor: C & R's Fencing Tel. (732) 505 1749
zip code

Address Toms River NJ 08755 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 — 11/05/16 — MEK
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 11/05/16
Approved by: MEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/27/16
Approved by: MEK

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12-2016	
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 3950
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110
(rev. 11/09)

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.

Sign here: James O'Neill

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replac. Fence.
10' in height

COMMERCIAL

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

CONSTRUCTION PERMIT

Date Issued 11/07/2016
Control # C-16-004933
Permit # 16-3899

IDENTIFICATION Block: 840 Lot: 1 Qualifier
Work Site Location: CEDAR SWAMP 1551 HWY 88 Brick Township, NJ
Owner in Fee BRICK TOWNSHIP MUN UTIL AUTHORITY
1551 ROUTE 88 W BRICK NJ 08724
Telephone: (732) 458-7000

Contractor CARL'S FENCING AND DECKING
Address 1579 ROUTE 9 TOMS RIVER NJ 08755
Telephone: (732) 505-1749
Lic. No. or Bldrs. Reg. No. 13VH04391000 13VH04391000
Federal Employee. No. 20-8919157

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:
FENCE ...10' HIGH CHAIN LINK FENCE REPLACEMENT

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $3,950

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

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

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 16-3899

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

Block 8410 Lot 1 Qualification Code

Work Site Location 1551 Hwy 88 west well-11

Owner in Fee: Brick MUA

Tel. (732 458 7000 e-mail JONeill@BrickMUA.com

Address 1551 Hwy 88 west
street municipality

Contractor: C & R's Fencing Tel. (732) 505 1749
zip code

Address Toms River NJ 08755 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	11/05/16	MEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/05/16
Approved by: MEK

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

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

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 3950
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110
(rev. 11/09)

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.

Sign here: Jack O'Neill

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replac. Fence.
10' in height

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
10/14/16	SENT TO Chm	JG20

ECC

B

BLOCK 840 LOT 1 QUALIFICATION CODE ______ ADDRESS (SITE) 1551 Highway 88W PERMIT NO. 16-3899

CONSTRUCTION PERMIT APPLICATION

C16-004983

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

I. IDENTIFICATION

1. Proposed Work Site at: 1551 Highway 88 West, Brick, NJ [illegible]
2. Name of Owner in Fee: Brick M.U.A
   Tel. (732) 458-7000 ext 4310 e-mail joneill@brickmua.com
   Address 1551 Highway 88 West Brick, NJ 08724 (street, municipality, zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: Carl's Fencing Tel. (732) 505-1749
   Address 1579 Route 9 Toms River, NJ 08755 e-mail
   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 Maser Contact Susan Rosefield
   Address 331 Newman Springs Road Suite 203 Red Bank, NJ e-mail
   Tel. (732) 383-1950 FAX: ( )
6. Responsible Person in Charge once Work has Begun Jim O'Neill - Project Manager
   Tel. (732) 458-7000 ext 4310 FAX: (732) 836-0190

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)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	$3950.00	W			11/05/16	Ven			
☐ Electrical		10/14/16							
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			10/17/16	ECC			
TOTAL COST									

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

V. FEE SUMMARY (for office use only)

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

Exempt

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. 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 ______

COMMERCIAL

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 ______

U.C.C. F100-1 (rev. 6/08)

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(f)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 10-14-16

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.

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			X						
☐ Planning Board									
☐ Zoning Board			X						
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X						
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X		X		X				
☐ N.J. Department of Transportation	X		X		X				
☐ N.J. Department of Environmental Protection	X		X		X		X		
☐ Utility Dig No.	X		X		X		X		
☐	X		X		X		X		
☐	X		X		X		X		

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

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

X. CERTIFICATES ISSUED (office use only)

	No.	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.				

ZONING PERMIT APPLICATION

RECEIVING CLERK: CW
DATE REC'D: 10/4/16

PERMIT #: ZP-16-01592
DATE ISSUED: 11/7/16

BLOCK: 840 LOT: 1 QUALIFIER: ______ SITE ADDRESS: 1551 Highway 88 West

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Brick Utilities
   COMPLETE ADDRESS: 1551 Highway 88 West, Brick, NJ 08724
   PHONE # 732-458-7000 EMAIL: JONeill@brickmua.com
2. NAME OF APPLICANT: Jim O'Neill Project Manager
   APPLICANT ADDRESS: 1551 Highway 88 West, Brick, NJ 08724
   PHONE # 732-458-7000 EMAIL: JONeill@BrickMUA.com
3. RESPONSIBLE PERSON FOR WORK: Carl's Fencing; Kevin Widya
   PHONE# ~~732-458-7000~~ 732-684-8233 FAX# ~~732-836-9170~~ 732-505-1552
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 30-
OTHER: $
TOTAL: $ 30-

REQUIRED BY APPLICANT

RESIDENTIAL: ______
COMMERCIAL: X
EXISTING USE: MUA
PROPOSED USE: MUA

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: ______
APPROVAL DATE: ______

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: ______ *ADDITION ______ *ALTERATION ______ *PORCH ______ *DECK ______

POOL: ABOVE GROUND ______ IN GROUND ______ FENCE: HEIGHT 10 ft TYPE ______ MATERIAL chainlink

HEIGHT: ______ (*IF APPLICABLE)

OTHER ______

DESCRIPTION: 10' ft chainlink fence around MUA - replace existing

ZONING REVIEW:
DATE REVIEWED: 10-14-16 DATE DENIED: ______ DATE APPROVED: 10-14-16 INTLS: CW

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
OCT 14 2016
ZONING [initials]

ZONING REVIEW:

DATE REVIEWED: 10/14/16 DATE DENIED: — DATE APPROVED: 10/14/16 INTLS: [initials]

DATE:	COMMENTS:	INITIALS:
10/14/16	SENT TO Cmm	[initials]

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	69%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

[1] If adjacent to residential zone or use.
[2] The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
[3] For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

FOR REFERENCE ONLY

TOWNSHIP OF BRICK ZONING CHECKLIST

1) Four (4) copies of 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.

2) Two copies of the plans with dimensions and heights noted:

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) Plot plans and building plans must match for complete review

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1336

Date Issued: 11/7/16
Application Number: ZA-16-01513
Application Date: 10/07/2016
Project Number:
Permit Number: ZP-16-01592
Fee: $0.00

Zoning Permit

Worksite **CEDAR SWAMP**
Location: **Brick Township, NJ 08723**

Block: **840**
Lot: **1**
Qualifier:
Zone: **R-10**

Owner: **BRICK TOWNSHIP MUN UTIL AUTHORITY**
Address: **1551 ROUTE 88 W**
BRICK, NJ 08724

Applicant: **Jim O'neill / Project Manager**
Address: **1551 Highway 88 West**
Brick, NJ 08723

Application Approved Date: 10/14/2016

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Brick Township MUA Main Facility (B.T.M.U.A.- Well #11)
Nonconforming Use is:

Work Description:
Fence - Install a 10' chainlink fence around MUA well #11 replacing existing.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

☑ *Permitted by Ordinance*
☐ Permitted by Variance approved on:
☐ Valid Nonconforming Use is established by
☐ Zoning Board of Adjustment
☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 10/14/2016 Date

Sean Kinnevy, Zoning Officer — 10/14/16 **Date**

PROJECT LOCATION MAP

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

BRICK TOWNSHIP
OCEAN COUNTY, NEW JERSEY

FENCE REPLACEMENT
WELL # 11

INDEX	
sheet no.	description
1.	Title Sheet
2.	Site Survey
3.	Construction Plan
4.	Details

Zoning Review Approval
By: _____
Date: 10-19-15

INFORMATION OF FACT

1. THIS SURVEY AND PLAN IS BASED UPON THE FOLLOWING DATA AND/OR EXCEPTIONS:

	YES	NO	ITEM
a) DEED OF RECORD		X	N/A
b) FILED MAP		X	N/A
c) TITLE SEARCH/BINDER		X	N/A - SEE NOTE 5
d) TAX MAP	X		SHEET 45.02

2. CERTIFIED TO:

THIS IS TO CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS MAP OR PLAN IS THE RESULT OF A FIELD SURVEY PERFORMED ON SEPTEMBER 9, 2016 BY ME OR UNDER MY DIRECT SUPERVISION, IN ACCORDANCE WITH THE RULES AND REGULATIONS PROMULGATED BY THE "STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS". THE INFORMATION DEPICTED HEREON, CORRECTLY REPRESENTS THE CONDITIONS FOUND AT, AND AS OF THE DATE OF THE FIELD SURVEY, EXCEPT SUCH IMPROVEMENTS OR EASEMENTS, IF ANY BELOW THE SURFACE AND NOT VISIBLE. ACCORDINGLY THE UNDERSIGNED PROFESSIONAL IS NOT RESPONSIBLE FOR THE PRESENCE OF UNDERGROUND UTILITIES OR STRUCTURES, IF SAME ARE NOT VISIBLE OR OTHERWISE DISCLOSED BY ANY AFOREMENTIONED DATA LISTED ABOVE.

3. THIS PLAN IS MADE FOR AND CERTIFIED TO THE PARTIES NAMED HEREON FOR THE PURPOSE(S) STATED. NO OTHER PURPOSE IS INTENDED NOR IMPLIED. THE UNDERSIGNED PROFESSIONAL IS NEITHER RESPONSIBLE NOR LIABLE FOR THE USE OF THIS PLAN BEYOND ITS INTENDED PURPOSE.

4. THE USE OF THE WORD "CERTIFY" OR "CERTIFICATION" CONSTITUTES AN EXPRESSION OF PROFESSIONAL OPINION REGARDING THOSE FACTS OR FINDINGS WHICH ARE THE SUBJECT OF THE UNDERSIGNED PROFESSIONAL'S KNOWLEDGE, INFORMATION, AND BELIEF, AND IN ACCORDANCE WITH THE COMMONLY ACCEPTED PROCEDURE CONSISTENT WITH THE APPLICABLE STANDARDS OF PRACTICE, AND DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE EITHER EXPRESSED OR IMPLIED.

5. THIS PLAN OF SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT AND COMPLETE TITLE BINDER AND IS THEREFORE SUBJECT TO THE FACTS AND FINDINGS OF SAME. THE UNDERSIGNED PROFESSIONAL RESERVES THE RIGHT TO REVISE THIS PLAN UPON THE RECEIPT AND REVIEW OF A CURRENT AND COMPLETE TITLE BINDER FOR THE SUBJECT PREMISES.

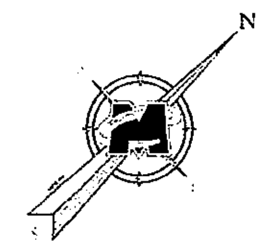
6. PROPERTY IDENTIFICATION:
BEING KNOWN AS BLOCK 840, LOTS 1 AS SHOWN SHEET No. 45.02 OF THE CURRENT OFFICIAL TAX MAP OF THE TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY.

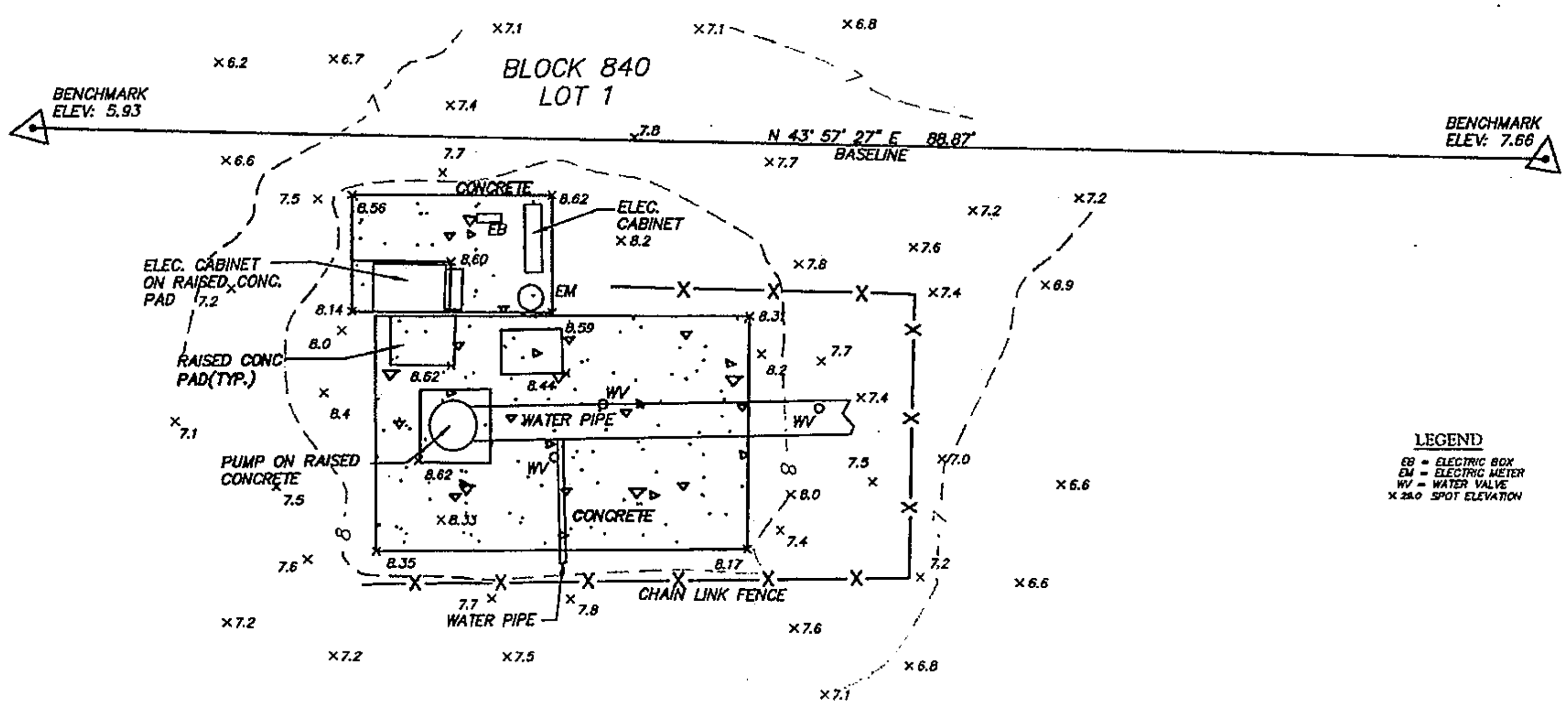
7. SPECIFIC TO THIS PROJECT: ALL RECORD DEED GEOMETRY HAS BEEN MAINTAINED BUT ROTATED INTO AND BASED UPON THE NEW JERSEY STATE PLANE COORDINATE SYSTEM, NAD 83 (NEAR SURFACE DERIVED COORDINATES UTILIZING KEYNET GPS)

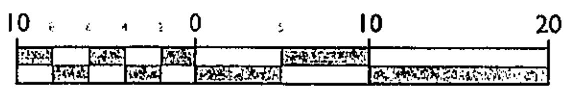
8. EXISTING SITE TOPOGRAPHIC INFORMATION AS SHOWN HEREON IS BASED UPON NAVD 88 (NORTH AMERICAN VERTICAL DATUM OF 1988) PER GPS OBSERVATION BY MASER CONSULTING P.A. UTILIZING KEYNET GPS. NGS MONUMENT #P69, ELEV=5.02'

9. WETLANDS AND TOXIC WASTES: THE UNDERSIGNED PROFESSIONAL IS NOT QUALIFIED TO DETERMINE THE EXISTENCE OR NON-EXISTENCE OF WETLANDS AND/OR TOXIC WASTES. THEREFORE, IT SHOULD NOT BE ASSUMED OR CONSTRUED THAT ANY STATEMENT IS BEING MADE BY THE FACT THAT NO EVIDENCE OF WETLANDS AND/OR TOXIC WASTES IS PORTRAYED HEREON. IT IS IN THE BEST INTEREST OF THE CLIENT TO PURSUE THESE MATTERS AS A SEPARATE CONCERN APART FROM THIS SURVEY.

10. CAUTION: IF THIS DOCUMENT DOES NOT CONTAIN A RAISED IMPRESSION SEAL OF THE UNDERSIGNED PROFESSIONAL, IT IS NOT AN AUTHORIZED ORIGINAL DOCUMENT AND MAY HAVE BEEN ALTERED.







SCALE : 1" = 10'

REDUCED DRAWING

Designed by: D.A.G.	Drawn by: D.A.G.
Checked by: S.T.S.	Approved by: S.T.S.

WELL #11 SITE SURVEY

ON SITE FENCE REPLACEMENT RT. 88 FACILITIES

2

BRICK UTILITIES
1551 Highway 88 West Brick, New Jersey 08724-2399

Scale:	Date:	Drawing No.:	Sheet No.:
1" = 10'	SEPT.2016		2 of 4

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REV	DATE	DRAWN BY	DESCRIPTION

JOHN ALEXANDER
NEW JERSEY PROFESSIONAL LAND SURVEYOR - LICENSE NUMBER: GS37160

PARTIAL TOPOGRAPHIC SURVEY FOR BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
PART OF BLOCK 840
LOT 1
BRICK TOWNSHIP
OCEAN COUNTY
NEW JERSEY

RED BANK OFFICE
Corporate Headquarters
331 Newman Springs Road
Red Bank, NJ 07701

SCALE	DATE	DRAWN BY	CHECKED BY
AS SHOWN	9/9/16	KN	JA

PROJECT NUMBER	DRAWING NAME
BKU0l3SU	V-WKST

SHEET TITLE: WELL # 11 SITE SURVEY

SHEET NUMBER: 2 OF 4