BLOCK 1429.02 LOT 22 C0508 C508 QUALIFICATION CODE C10-42 ADDRESS (SITE) 508 Linda Ct PERMIT NO. 02-4754

NEW JERSEY UNIFORM CONSTRUCTION CODE — CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 508 Linda CT
2. Name of Owner in Fee: PATRICK J OBRIEN Te [redacted]
   Address 508 Linda Ct (street) Brick (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private Y
4. Principal Contractor: JOSEPH RIEF Tel. (908) 310-9330
   Address 24 SPYROS DR. SO. AMBOY NJ 08879
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work JOSEPH RIEF
   Tel. (908) 310 9330 FAX (____) _____

Called 12/5

Det. Deck

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 110	35	
2.	Electrical			
3.	Plumbing			
4.	*Fire Protection*			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 4		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 15 / 120	15/50	

Cash

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

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☒ Minor Work	4,000	MF	12/9/02		12-12-02	KP	6/17/03		
2.	☐ *New Building*									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ *Electrical*									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Em	12/12/02		12/12/02				
	TOTAL COSTS	4,000								

OPTIONAL (for office use only)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☒ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

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:

LDS BR 10302905

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 Patrick J O'Brien Date 12-9-02

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 JOSEPH KRIEG

Address 24 SERIOS DR.
SO. AMBOY NJ. 08879

Telephone (908) 310-9330

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.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/16/2002
Control #
Permit # 02-4754

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1429.02 Lot 2 Qual C0508

Work Site Location 508 LINDA CT
DETACHED DECK

Owner in Fee O'BRIEN, PATRICK J
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor JOSEPH KRIEG
Address 24 SPYROS DR
SOUTH AMBOY, NJ 08879-
Telephone (908)310-9330
Lic. No. or Bldrs. Reg. No.
Federal Emp. 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:
DETACHED DECK

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 $ 4,000

Construction Official 12/16/2002 Date

PAYMENTS (Office Use Only)

Building	110
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other ZP	15
Total	129
Check No.	
Cash	X
Collected By	MJR

12/16/02 4:10PM 000000#6762
XX02 SERV.002

#4754	
BUILDING	$110.00
DCA	$4.00
ZPA	$15.00
XXXTOTAL	$129.00
CASH	$129.00
CHANGE	$0.00

12/16/02 4:10PM 000000#6762 XX02
XXXTOTAL $129.00

U.C.C. F170 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 05/07/2003
Control #
Permit # 02-4754+A
Permit Issued 12/16/2002

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 1420.05 Lot 2 Qual C0500

Work Site Location 930 LINDA CT
DECK

Owner on Tax GIBRICH, PATRICK J
Address SAME
BRICK, NJ 0723[illegible]
Telephone [illegible]

Contractor JOSEPH FRIES
Address 84 SPRUCE DR
SO AMBOY, NJ 08879-
Telephone [illegible]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-2707898

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] INSPECTION WAIVER [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
CHANGE LOCATION OF FOOTINGS , FRAMING TO INSTALL DECKING DUE TO C UNIT
[illegible] REMOVABLE ACCESS PANEL MADE FROM DECKING MATERIAL

Estimated Cost of Work $ [illegible]

[signature] 05/07/2003
Construction Official Date

U.C.C. F170 (rev. 2/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other 21	15
Total	35
Check No.	
Cash	
Collected By	CRP

05/07/03 7:52AM 000000#9793
XX07 SERV.007

#024754	
BUILDING	$35.00
ZPA	$15.00
XXXTOTAL	$50.00
CASH	$50.00
CHANGE	$0.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/2003
Date Issued ~~01/01/1954~~ 5/7/03
Control #
Permit # 02-4754+A

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

Block 1429.02 Lot 2 Qual C0508
Work Site Location 508 LINDA CT
DECK
Owner in Fee O'BRIEN, PATRICK J
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor JOSEPH KOIEG
Address 24 SPYRES DR
SO AMBOY, NJ 08879-
Tele.(908)380-9450 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

CHANGE LOCATION OF FOOTINGS & FRAMING; TO INSTALL DECKING OVER A/C UNIT W/ REMOVABLE ACCESS PANEL MADE FROM DECKING MATERIAL

only 1 plan

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-5-03	PMM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-17-03
Approved By: FY

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing			5/13/03	RKS
Foundation				
Slab				
Frame OPEN DECK			5/22/03	RKS
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			6/16/03	RKS
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	4
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 100
3. Total (1+2)$ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 31
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/09/2002
Date Issued 12/16/02
Control # C10-42
Permit # 02-4754

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

Block 1429.02 Lot 2 Qual C0508
Work Site Location 508 LINDA CT
DETACHED DECK
Owner in Fee O'BRIEN, PATRICK J
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor JOSEPH KRIEG
Address 24 SPYROS DR
SOUTH AMBOY, NJ 08879-
Tele.(908)310-9330 Fax (__)
Lic. No. or Bldrs. Reg. 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

DETACHED DECK

See Notes in Red.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-12-02	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,000
3. Total (1+2)$ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	110
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 110
DCA State Permit Fee	$ 4

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/2003
Date Issued ~~01/01/1954~~ 5/7/03
Control #
Permit # 02-4754+A

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

Block 1429.02 Lot 2 Qual C0508
Work Site Location 508 LINDA CT
DECK
Owner in Fee O'BRIEN, PATRICK J
Address SAME
BRICK NJ 08724-
Tele. [redacted]
Contractor JOSEPH KRIEG
Address 24 SPYRES DR
SO AMBOY, NJ 08879-
Tele.(908)380-9450 Fax ( )
Lic. No. or Bldrs Reg No.
Federal Emp. No. [redacted]

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

CHANGE LOCATION OF FOOTINGS & FRAMING; TO INSTALL DECKING OVER A/C UNIT W/ REMOVABLE ACCESS PANEL MADE FROM DECKING MATERIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5.5.03	KMW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	4
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 100
3. Total (1+2)$ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 31
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

Only 1 plan

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/2003
Date Issued ~~01/01/1954~~ 3/7/03
Control #
Permit # 02-4754+A

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

Block 1429.02 Lot 2 Qual C0508
Work Site Location 508 LINDA CT
DECK
Owner in Fee O'BRIEN, PATRICK J
Address SAME
BRICK, NJ 08724-
Tele. [redacted]
Contractor JOSEPH KRIEG
Address 24 SPYRES DR
SO AMBOY, NJ 08879-
Tele.(908)380-9450 Fax (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

CHANGE LOCATION OF FOOTINGS & FRAMING; TO INSTALL DECKING OVER A/C UNIT W/ REMOVABLE ACCESS PANEL MADE FROM DECKING MATERIAL

ONLY 1 plan

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5.5.03	EMM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	4
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 100
3. Total (1+2)$ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 31
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/09/2002
Date Issued 12/16/02
Control # C10-42
Permit # 02-4754

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

Block 1429.02 Lot 2 Qual C0508
Work Site Location 508 LINDA CT
DETACHED DECK
Owner in Fee O'BRIEN, PATRICK J
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor JOSEPH KRIEG
Address 24 SPYROS DR
SOUTH AMBOY, NJ 08879-
Tele.(908)310-9330 Fax ( )
Lic. No. or Bldrs. Reg. 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

DETACHED DECK

See Notes in Red.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-12-02	FD
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

Dates (Month/Day)

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	110
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,000
3. Total (1+2)$ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 110
DCA State Permit Fee	$ 4

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/09/2002
Date Issued 12/16/02
Control # C10-42
Permit # 02-4754

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

Block 1429.02 Lot 2 Qual C0508
Work Site Location 508 LINDA CT
DETACHED DECK
Owner in Fee O'BRIEN, PATRICK J
Address SAME
BRICK, NJ 08724-
Tele. [redacted]
Contractor JOSEPH KRIEG
Address 24 SPYROS DR
SOUTH AMBOY, NJ 08879-
Tele.(908)310-9330 Fax (___)
Lic. No. or Bldrs. Reg. 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

DETACHED DECK

See Notes in Red.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[X] All 12-12-02 FD
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,000
3. Total (1+2)$ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	110
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 110
DCA State Permit Fee	$ 4

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: December 11, 2002 No. 2.1937

Block: 1429.02 Lot: 2 Qualifier: C0508 Zone: R-M

Property Address: 508 Linda Court

Applicant: Patrick J. O'Brien

Property Owner: Patrick and Ruth O'Brien

Existing Use: Residential Condominium

Proposed Use: Residential Condominium

Proposed Construction: 14' x 17' 24" high detached deck.

Conditions: Crawford Community Management Services letter of approval dated December 9, 2002.

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
Municipal Planner

Sean Kinnevy
Zoning Officer

Township of Brick
Zoning Permit

Approved: Monday, April 28, 2003 **Number:** 600

Block 1429.02 **Lot** 2 C0508 **Zone:** R-M

Property Address: 508 Linda Court

Applicant: Joseph Krieg, Joseph Krieg Carpentry

Property Owner: Ruth O'Brien

Existing Use: Residential Condominium

Proposed Use: Residential Condominium

Proposed Construction: Detached deck, 14' x 15' 6", 1' 8" high.

Conditions: Evergreen Woods Park Association letter of approval dated April 22, 2003.
Zoning Permit No: 2.1937 approved December 11, 2002.

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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
APR 2 5 2003

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 1429.02 LOT 2 QUALIFIER C0508

PROPERTY ADDRESS 507 LINDA CT. BRICK NJ.

PERSONAL NAME OF APPLICANT JOSEPH KRIEG

BUSINESS NAME OF APPLICANT JOSEPH KRIEG CARPENTRY

MAILING ADDRESS OF APPLICANT 24 SPYROS DR SO. AMBOY NJ. 08879

PROPERTY OWNER'S FULL NAME RUTH O'BRIEN

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 1'8"
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

☐ 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.

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 Date 4-21-03

Reviewed by Zoning Office Date 4/28/03 ☒ Approved ( ) Denied

RECEIVED
DEC 11 02
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 1429.02 Lot 2 C0508 Qualifier _____

PROPERTY ADDRESS 508 Linda Ct

PERSONAL NAME OF APPLICANT Patrick J. O'Brien

BUSINESS NAME OF APPLICANT —

PROPERTY OWNER Patrick & Ruth O'Brien

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) _____
☐ Addition
☐ Alteration
☑ Porch or deck (state heights) 24"
☐ Shed (state height) _____
☐ Fence (state 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 X Patrick J O'Brien Date 11/22/02

Reviewed by Zoning Office _____ Date 12/11/02 (X) Approved ( ) Denied

CCMS

Crawford Community Management Services

December 9, 2002

Township of Brick
401 Chambersbridge Road
Brick, NJ 08724

Re: Mr. /Mrs. Patrick O'Brien
508 Linda Court
Brick, NJ 08724

Dear Sir/Madame:

Please be advised that plans for a deck have been approved on the above referenced unit. Our main stipulation is that the following be adhered to:

1. Deck cannot be attached to building
2. Deck should be one foot in from each end of the unit and not interfere with the gutters.
3. Railings not to exceed 36" height from top of deck to top of railing cap.

I have placed a seal on each of the pages.

If you have any questions concerning the above, please do not hesitate to contact us at the above number.

Very truly yours,

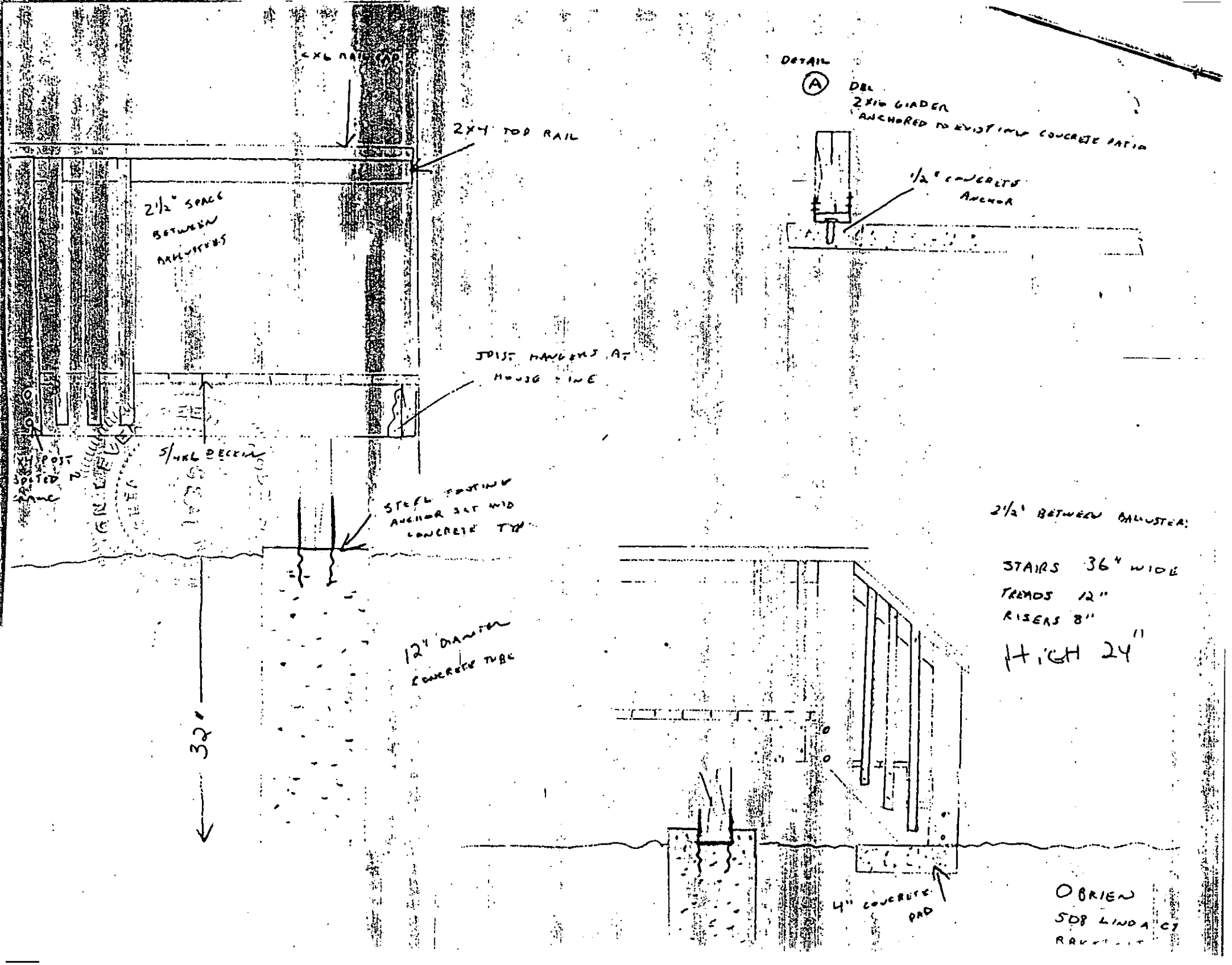
CRAWFORD COMMUNITY
MANAGEMENT SERVICES, LLC

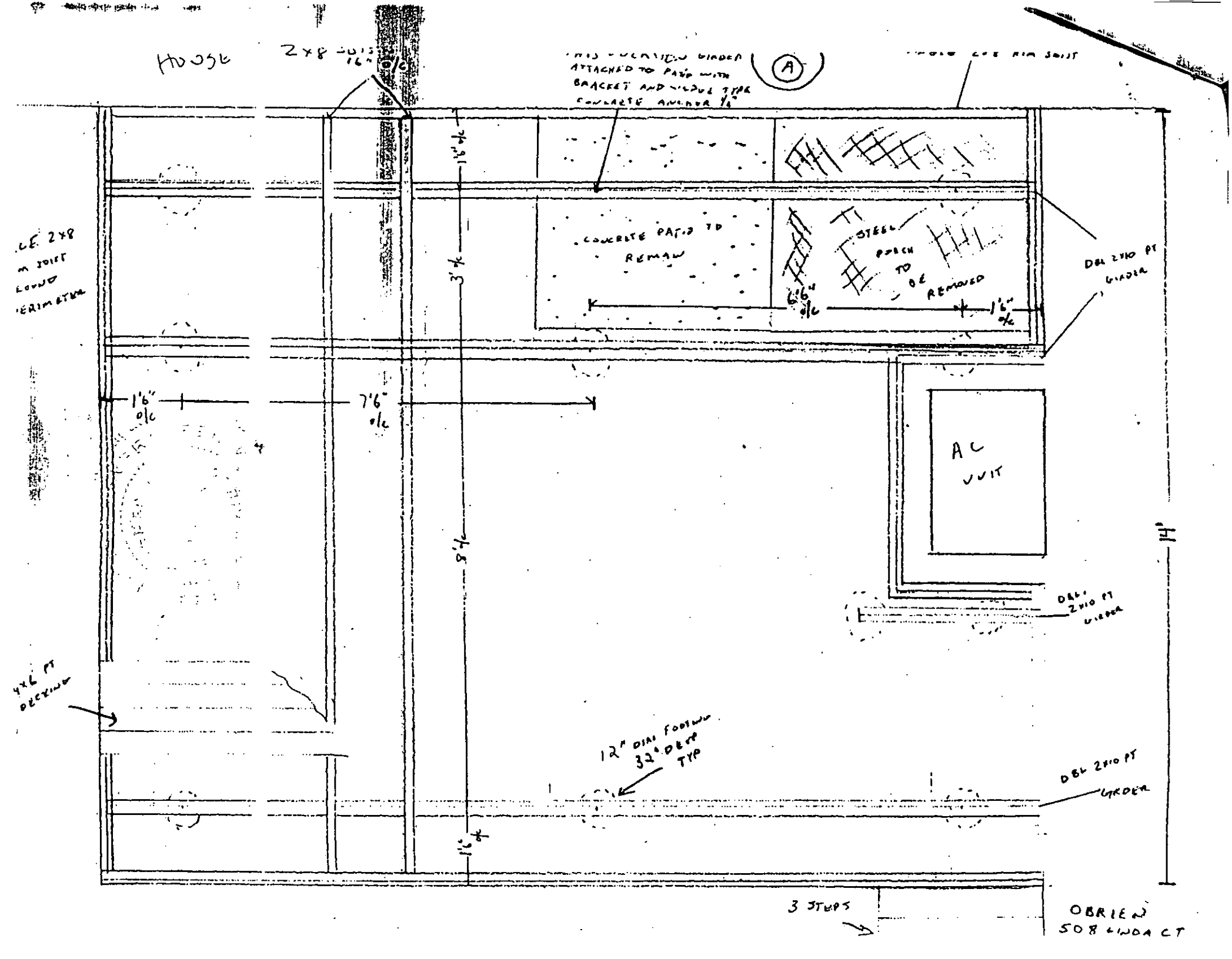
Erik Morales
Property Manager
For Evergreen Woods Park Association

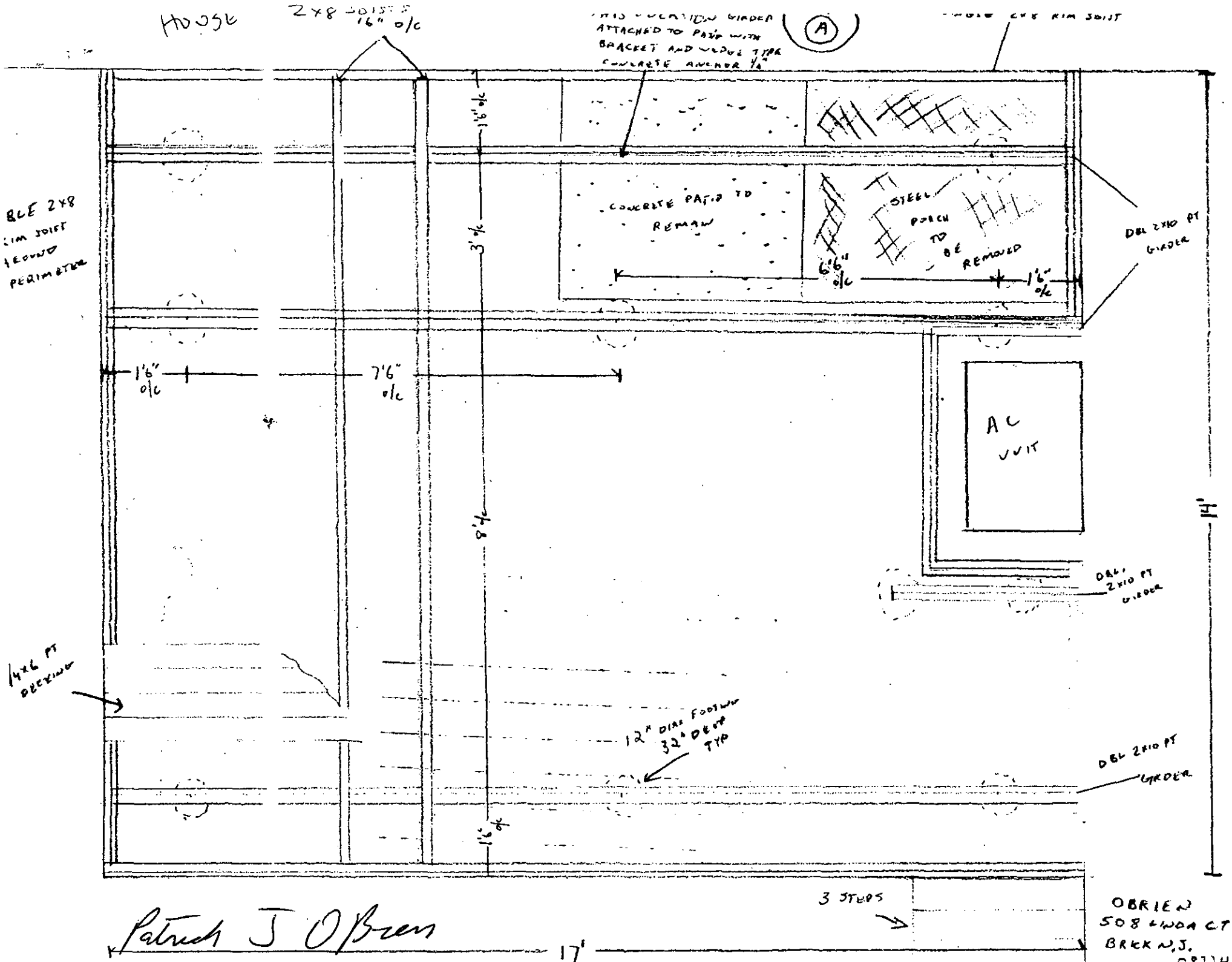
Cc: Homeowner
Homeowner File

Site Office: 107 Miranda Court, Brick, NJ 08724
732-458-1784 • Fax 732-458-8405

8 Fairview Avenue, Little Silver, NJ 07739-1515
732-576-8720 • Fax 732-576-8725 • E-mail Alcrawfrd@comcast.net

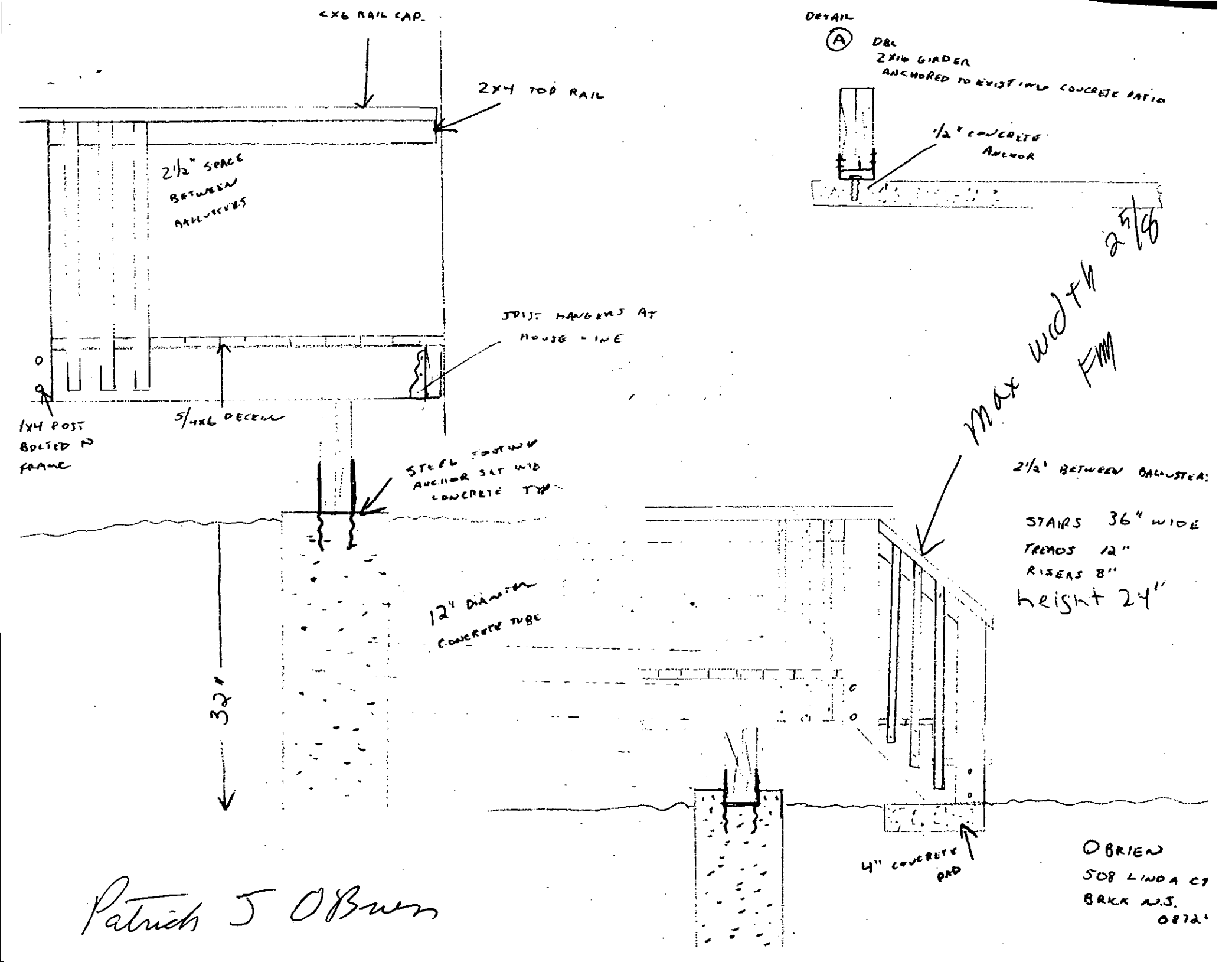

2x6 RAIL CAP
2x4 TOP RAIL
2½" SPACE BETWEEN BALUSTERS
JOIST HANGERS AT HOUSE LINE
5/4x6 DECKING
4x4 POST
BOLTED
STEEL FOOTING ANCHOR SET INTO CONCRETE TYP
12" DIAMETER CONCRETE TUBE
32"
DETAIL
(A)
DBL 2x10 GIRDER ANCHORED TO EXISTING CONCRETE PATIO
½" CONCRETE ANCHOR
2½" BETWEEN BALUSTERS
STAIRS 36" WIDE
TREADS 12"
RISERS 8"
HIGH 24"
4" CONCRETE PAD
O'BRIEN
508 LINDA


HOUSE
2x8 JOIST 16" O/C
(A)
CONCRETE PAD TO REMAIN
STEEL PORCH TO BE REMOVED
DBL 2x10 PT GIRDER
6'6" o/c
1'6" o/c
3'-4"
1'-6"
7'6" o/c
AC UNIT
14'
DBL 2x10 PT GIRDER
4x6 PT DECKING
12" DIA FOOTING 32" DEEP TYP
DBL 2x10 PT GIRDER
3 STEPS
OBRIEN
508 LINDA CT


HOUSE
2x8 JOISTS 16" o/c
THIS LOCATION GIRDER ATTACHED TO PAIR WITH BRACKET AND WEDGE TYPE CONCRETE ANCHOR 1/2"
(A)
DBL 2x10 PT GIRDER
BLE 2x8 RIM JOIST AROUND PERIMETER
CONCRETE PATIO TO REMAIN
STEEL PORCH TO BE REMOVED
6'6" o/c
1'6" o/c
1'6" o/c
3' o/c
7'6" o/c
8'4"
1'6" o/c
AC UNIT
14'
DBL 2x10 PT GIRDER
1x6 PT DECKING
12" DIA FOOTING 32" DEEP TYP
DBL 2x10 PT GIRDER
3 STEPS
17'
Patrick J O'Brien
O'BRIEN
508 LINDA CT
BRICK N.J.

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		12-12-02	FM
Fire			
Energy			
Electrical			



Patrick J OBrien

OBRIEN
508 LINDA CT
BRICK N.J.
08724

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		12-12-02	FM
Fire			
Energy			
Electrical			

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK , NJ 08723

Department of Engineering

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

Date: 11/22/02

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

Re: Block: 1429.02 Lot(s): 2 C0508

Property Address: 508 Linda Ct

I, Patrick O'Brien (Name) of 508 Linda Ct (Address)

request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

X Patrick J O'Brien
(Applicant's Signature)

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of 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: 12/12/02 (Date) Signature: _____

Rejected: _____ (Date) Signature: _____

EVERGREEN WOODS PARK ASSOCIATION

107 MIRANDA COURT BRICK, NJ 08724
(732) 458-1784 Fax (732) 458-8405

April 22, 2003

Mr. and Mrs. O'Brien
508 Linda Court
Brick, N.J. 08724

RE: Unit Modification – Deck Re-Approval

Dear Mr. and Mrs. O'Brien:

Please be advised that your application for modification has been approved as submitted. Please contact our office upon completion so that a final inspection may be performed. Failure to notify the office may result in a fine being assessed.

If you have any comments, questions or concerns, please feel free to contact me at any time.

Sincerely,

CRAWFORD COMMUNITY
MANAGEMENT SERVICES, LLC

Erik Morales
Property Manager
For Evergreen Woods Park Association

CC: Homeowner File

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Department of Engineering

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

Date: 4-21-03

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

Re: Block: 1429.02 Lot(s): 2

Property Address: 507 LINDA CT. BRICK NJ.

I, JOSEPH KRIEG of JOSEPH KRIEG CARPENTRY
(Name) (Address)

request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

(Applicant's Signature)

The following shall be submitted with this request:

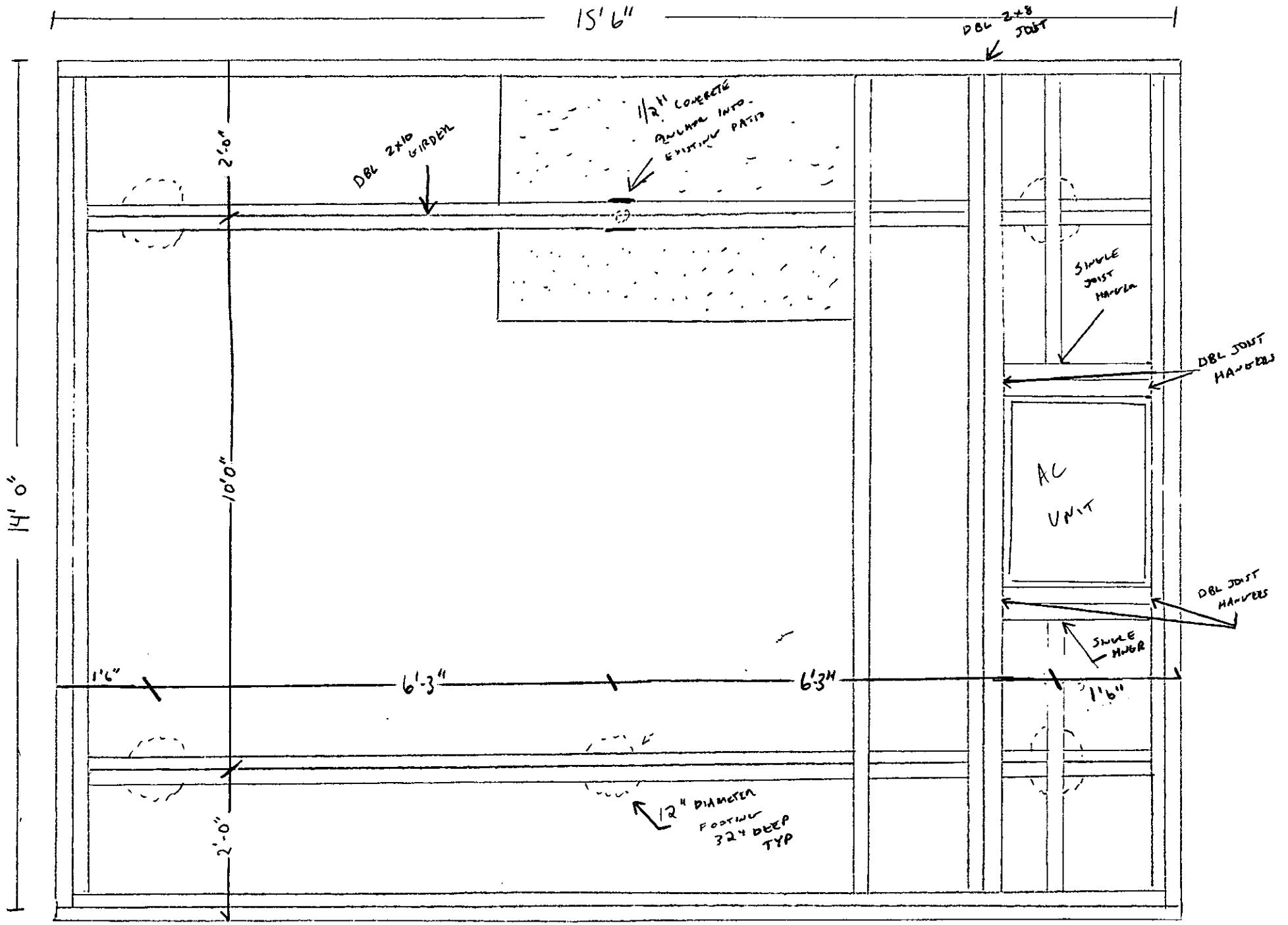
1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

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: 4/30/03 Signature:
(Date)

Rejected: Signature:
(Date)



JOSEPH KRIEG
908-380-9450 CELL

OBRIEN
508 LINDA CT
BRICK N.J.

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 508 Linda Ct
Block: 1429.02 Lot: 2 C 0508
Owner's Name: PATRICIC J. O'Brien
Owner's Mailing Address: 508 Linda Ct
BRICK, NJ 08724
Phone: (____)_____

BUILDING

Contractor: JOSEPH KAIER
Address: 24 SPYROS DR.
SO. AMBOY NJ 08879
Phone#: 908 310-9330
Lis.#_____
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Det. Deck

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Total Cost of New Building Work: $4,000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: X Patrick J O'Brien
Please Print Name PATRICK JO'BRIEN

ELECTRICAL

Contractor:_____
Address:_____
Phone#:_____
Lis.#:_____
Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____
Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____

update 02-4754

UPDATE 02-4754+A
DATE 4-22-03
INITIALED BY
FOR DECK

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location:
Block: 1429.02 Lot: 2 C0508
Owner's Name: RUTH OBRIEN
Owner's Mailing Address: 507 LINDA CT. BRICK NJ 08724
Phone: [redacted]

BUILDING

Contractor: JOSEPH KRIEG
Address: 24 SPYROS DR. SOMERSET N.J. 08879
Phone#: 908 380-9450
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

CHANGE LOCATION OF FOOTINGS + FRAMING SO AS TO INSTALL DECKING OVER A/C UNITS W/ REMOVABLE ACESS PANEL MADE FROM DECKING MATERIAL

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure: DECK HGT. 1'8"
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $ 0

Cost of New Building: $

Total Cost of New Building Work: $ 0

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name JOSEPH KRIEG

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____