

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT APPLICATION

RECEIVED
Page 1
JUL 3 1988
DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: 957 MIDVALE AVE.
2. Owner Name: BOB & MARILYN PUGLIESE Tel. [REDACTED]
Address 957 MIDVALE AVE., BRICK TOWN, N.J. 08723
3. Principal Contractor: _____ Tel. (____) _____
Address _____
Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (____) _____
Address _____
5. Responsible Person in Charge of Work _____ Tel. (____) _____

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
1. ☐ Minor Work (Single Trade) 2. ☐ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i> 3. ☐ New Building 4. ☐ Addition 5. ☐ Alteration 6. ☐ Repair, Replacement 7. ☐ Demolition 8. ☒ Other: <u>Deck</u> <u>& fence</u>	<table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. ☐ Building/Structural</td> <td>\$ _____</td> </tr> <tr> <td>2. ☐ Plumbing</td> <td>_____</td> </tr> <tr> <td>3. ☐ Electrical</td> <td>_____</td> </tr> <tr> <td>4. ☐ Fire Protection</td> <td>_____</td> </tr> <tr> <td>5. ☐ Other _____</td> <td>_____</td> </tr> <tr> <td>6. ☐ Other _____</td> <td>_____</td> </tr> <tr> <td colspan="2">TOTAL COST \$ <u>500-</u></td> </tr> </tbody> </table>	Permit/Category	Estimated	1. ☐ Building/Structural	\$ _____	2. ☐ Plumbing	_____	3. ☐ Electrical	_____	4. ☐ Fire Protection	_____	5. ☐ Other _____	_____	6. ☐ Other _____	_____	TOTAL COST \$ <u>500-</u>		1. ☐ Elevators/Dumbwaiters 2. ☐ High-Pressure Boilers 3. ☐ Refrigeration Systems 4. ☐ Pressure Vessels 5. ☐ Hazardous Uses/Places of Assembly 6. ☐ Cross-connections/Backflow Preventors 7. ☐ Sprinklers 8. ☐ Smoke Control Systems in Open Wells
Permit/Category	Estimated																	
1. ☐ Building/Structural	\$ _____																	
2. ☐ Plumbing	_____																	
3. ☐ Electrical	_____																	
4. ☐ Fire Protection	_____																	
5. ☐ Other _____	_____																	
6. ☐ Other _____	_____																	
TOTAL COST \$ <u>500-</u>																		
C. DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing																		

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a) If other than new construction, enter no. of dwelling units: _____
- Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

- | | |
|---|---|
| 5. ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmeries (I-2) |
| 7. ☐ Night Clubs (A-2) | 18. ☐ Group Homes (I-3) |
| 8. ☐ Restaurants, Libraries, Museums (A-3) | 19. ☐ Mercantile (M) |
| 9. ☐ Religious Assembly (A-4) | 20. ☐ Moderate-Hazard Warehouse (S-1) |
| 10. ☐ Outdoor Assembly (A-5) | 21. ☐ Low-Hazard Warehouse (S-2) |
| 11. ☐ Business (B) | 22. ☐ Temporary, Misc. (U) |
| 12. ☐ Educational (E) | 23. ☐ Other _____ |
| 13. ☐ Moderate-Hazard Factory (F-1) | |
| 14. ☐ Low-Hazard Factory (F-2) | |
| 15. ☐ High-Hazard (H) | |

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10511539

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE Marilyn Pugliese DATE 7/7/88

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL. () _____

ADDRESS _____

SIGNATURE _____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	7/6/88	7/6/88	gc	
	Footings/Foundations				
	Framing				
	Architectural				
	Other				
☐	PLUMBING				
☐	ELECTRICAL				
☐	FIRE PROTECTION				
☐	OTHER				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION		7/6/88	gc
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy	_____
Date Expired _____	
☐ Temporary Certificate of Occupancy	_____
Date Expired _____	
☐ Certificate of Occupancy	_____
No. _____	
☐ Certificate of Continued Occupancy	_____
No. _____	
☐ Certificate of Approval	_____
No. _____	
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 7.50
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER	_____
SUBTOTAL	\$ 7.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	_____
CERTIFICATE OF OCCUPANCY	20.00
OTHER	_____
OTHER	7.50
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 40.00
DATE _____	Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____
OTHER	_____	_____
OTHER	_____	_____
– LESS: Refunds	_____	(0.00)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ 0.00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ 0.00
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ 0.00

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 _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 ACE GAS CO

Address 1111 RT. 37 W.

TOMS RIVER, N.J. 08755

Telephone () 349-1586

Signature Guy Roe

Date 5-10-93

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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 _____

X. CERTIFICATES ISSUED (office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____



CONSTRUCTION PERMIT

Date Issued 5-13-93
Control # 880-93
Permit # 880-93

IDENTIFICATION Block 524 Lot 4
Work Site Location 449 Central Ave. Contractor ACE Gas Co.
Owner in Fee Richard Conquest Address _____
Address same Tele. (____) _____
Tele. (____) _____ Lic. No. or Bids. Reg. No. _____ Exp. Date 0000
Federal Emp. No. _____ or Social Security No. _____ BLOCK _____ 0.00

Is hereby granted permission to perform the following work:

[] BUILDING ☒ PLUMBING [] OTHER _____
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

gas piping

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.

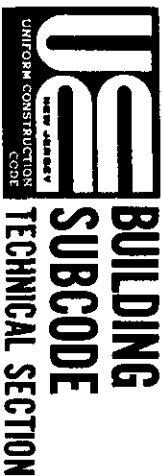
Estimated Cost of Work \$ 100.-

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

A. Rizzo

PAYMENTS (Office Use Only) 524 B	
Building	LOT 0.00
Plumbing	15.- 4 B
Electrical	PLUMBING 5.00
Fire Protection	C / D 0.00
Other	TOTAL 5.00
Other	CASH 5.00
DCA Training Fee	CHANGE 0.00
Cert. of Occ.	05/13/93 880.5- 0021A005 4.45
Other	
Total	
Check No.	
Cash	☒
Collected By:	



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 1856
 DATE ISSUED 7-6-88
 REVISION DATE _____
 Block 524-30 Lot 20-23
 Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner Bob + Marilyn Pugliese

Contractor _____

Address 957 MIDVALE AVE.

Address _____

BRICK TOWN N.J.

Tel. _____

Tel. (____) _____

Work Site Address _____

Lic. No. _____

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:(Complete for Minor Work and
Small Job Only)

I hereby certify that the proposed work
 is authorized by the owner of record
 and I have been authorized by the
 owner to make this application as his
 agent.

Marilyn Pugliese
 AGENT SIGNATURE

B. TECHNICAL SITE DATA**DESCRIPTION OF WORK**Give detail description including materials used,
dimensions, etc.

4x12 front deck
 20x24 deck
 fence

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis

Fee

SUBTOTAL \$ _____

Minimum Building
Fee (if applicable) \$ _____Total Building Fee
(Greater of Minimum
or Subtotal) \$ _____**C. BUILDING CHARACTERISTICS**

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ _____

D. COMMENTS
☐ Partial Releases ☐ Prototype Processing



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued 5-13-93
Control #
Permit # 880-93

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

Block 584 Lot 4
Work Site Location 449 Central Ave
Quick, MA 08723
Owner in Fee Valarie & Richard Englebert
Address Same as above
Tele. () [REDACTED]
Contractor Joe Battaglia's Plumb Co
Address 1111 Rt 37 West
Town River 28 08755
Tele. () 908 349-1586
Lic. No. 22-2264584 or Social Security No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work \$ 100.00

JOB SUMMARY (Office Use Only)	
PLAN REVIEW:	INSPECTIONS:
☐ No Plans Required	Type: <u> </u>
Joint Plan Review Required:	Failure Failure Approval Initial
☐ Bldg. ☐ Elec. ☐ Fire	Slab <u> </u>
☐ Plumb. Plans Approved	Rough <u> </u>
Date: <u>5/13/93</u>	Water <u> </u>
Approved by: <u>Steve Hagg</u>	Sewer <u> </u>
	Fixtures <u> </u>
	Gas <u> </u>
	Gas Final <u> </u>
	Solar <u> </u>
	TCO <u> </u>
SUBCODE APPROVAL:	
☐ CO ☐ CCO ☒ CA	
Approved by: <u>Joe</u>	
Date: <u>5-13-93</u>	

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
and perform the work listed on this application.

Joe Hagg
Signature-Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrapp	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Paid ☐ Check # <u> </u> Minimum Fee \$ <u> </u>	Administrative Surcharge \$ <u> </u>
Collected by: <u> </u> TOTAL \$ <u>15.00</u>	



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued **5-13-92**
Control #
Permit # **880-93**

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

Block 534 Lot 4
Work Site Location 4119 N. Tualo Ave
Block 711 68723
Owner in Fee Block of 200 ft x 100 ft
Address Commercial
Tele. [redacted]
Contractor [redacted]
Address 1111 N. 27th St
Tele. (202) 49-1586
Lic. No. [redacted]
Federal Emp. No. 27-2264584 or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 100.-

JOB SUMMARY (Office Use Only)	
PLAN REVIEW:	INSPECTIONS:
☐ No Plans Required	Type: _____
Joint Plan Review Required:	Failure Failure Approval Initial
☐ Bldg. ☐ Elec. ☐ Fire	Slab _____
☐ Plumb. Plans Approved	Rough _____
Date: <u>5/11/92</u>	Water _____
Approved by: <u>[Signature]</u>	Sewer _____
	Fixtures _____
	Gas Equipment _____
	Gas Final _____
	Solar _____
	TCO _____
SUBCODE APPROVAL:	
☐ CO ☐ CCO ☐ CA	
Approved by: _____	
Date: _____	

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 and perform the work listed on this application.

[Signature]
Signature-Contractor Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrapp	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Paid ☐ Check # _____ Minimum Fee \$ _____	Administrative Surcharge \$ _____
Collected by: _____ TOTAL \$ <u>15.</u>	

U.C.C. Form F-130A

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

House

CCA
2x8 ATTACHED
TO BUILDING

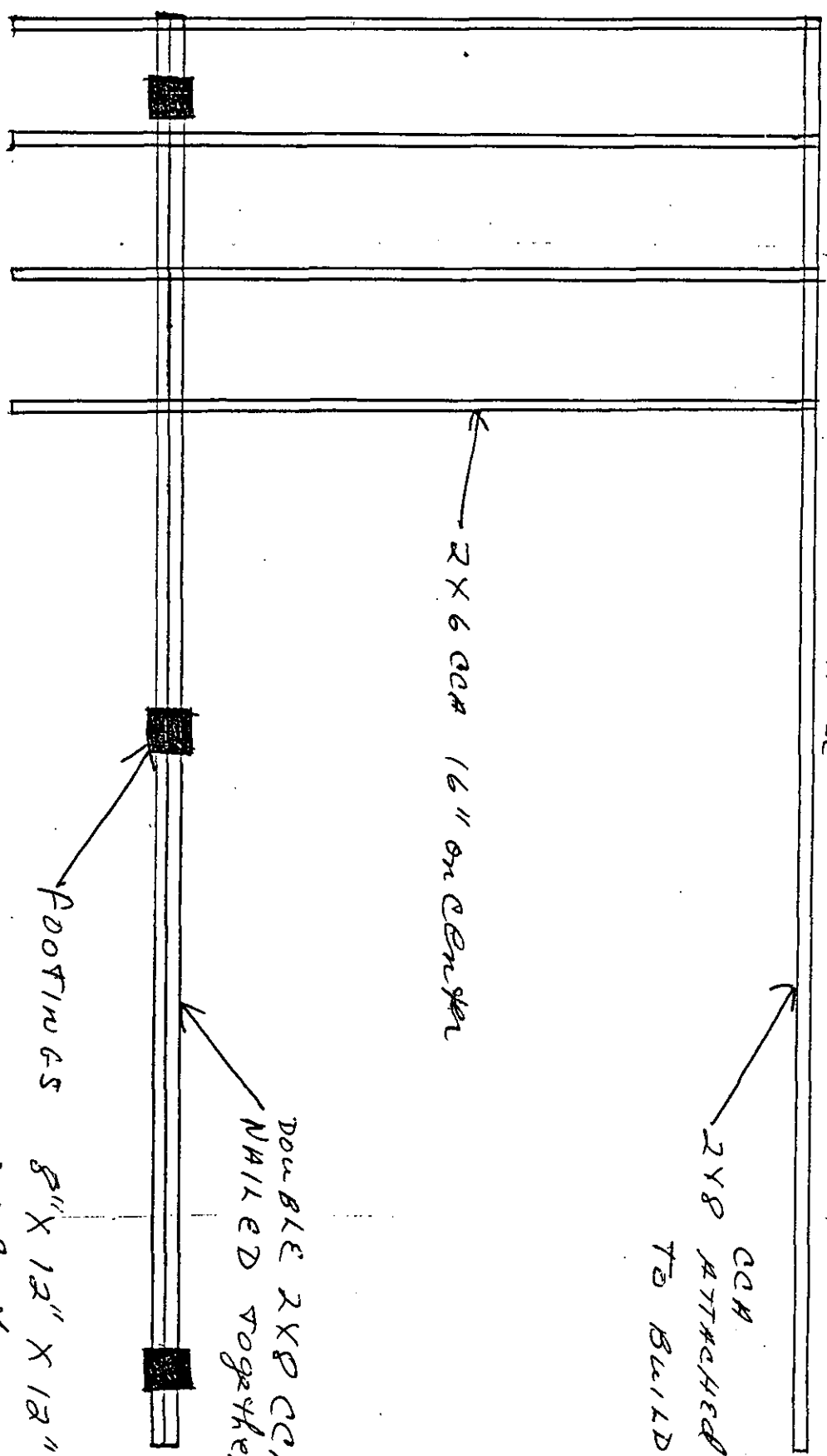
2x6 CCA 16" on Center

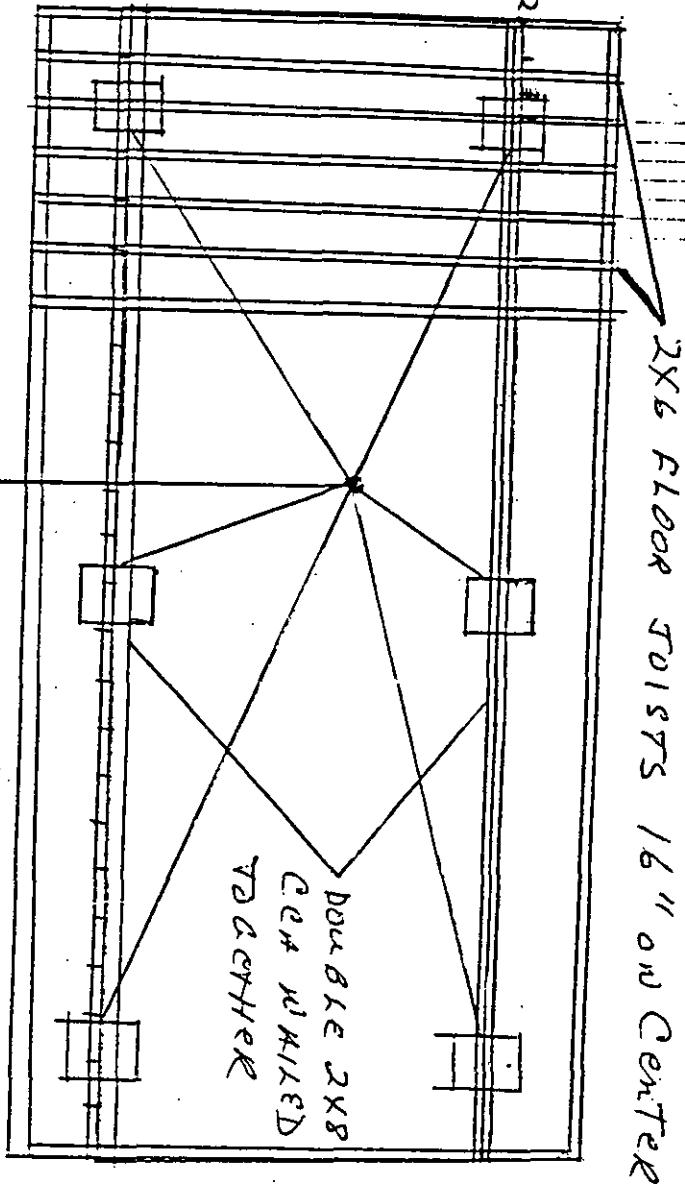
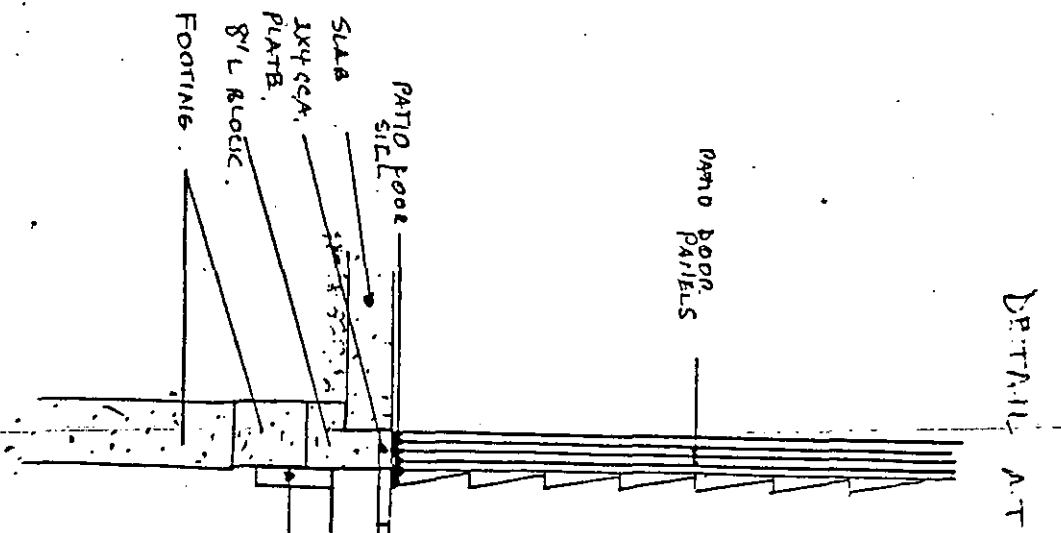
DOUBLE 2x8 CCA
NAILED TOGETHER

FOOTINGS 8" X 12" X 12"

ON CENTER
8' on Center

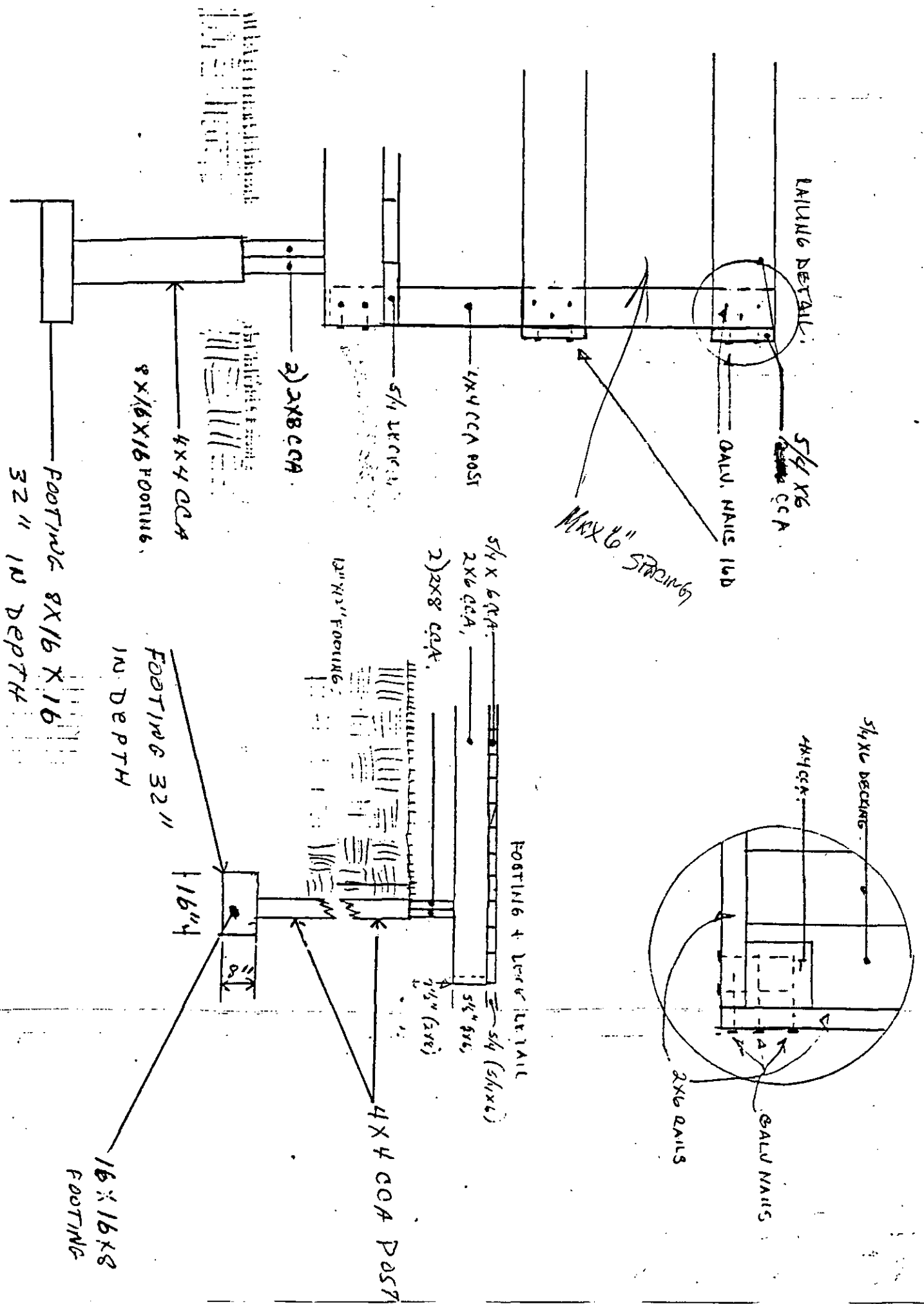
TYPICAL DECK
ATTACHED TO HOUSE





FOOTINGS 8" x 16" x 16" 8' on Center
TYPICAL DECK FREE
STANDING DECK

5/4
2x6 FLOOR JOISTS
2x8



1856

BRICK TOWNSHIP			
Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire	7/6/58		
Energy			
Electrical			



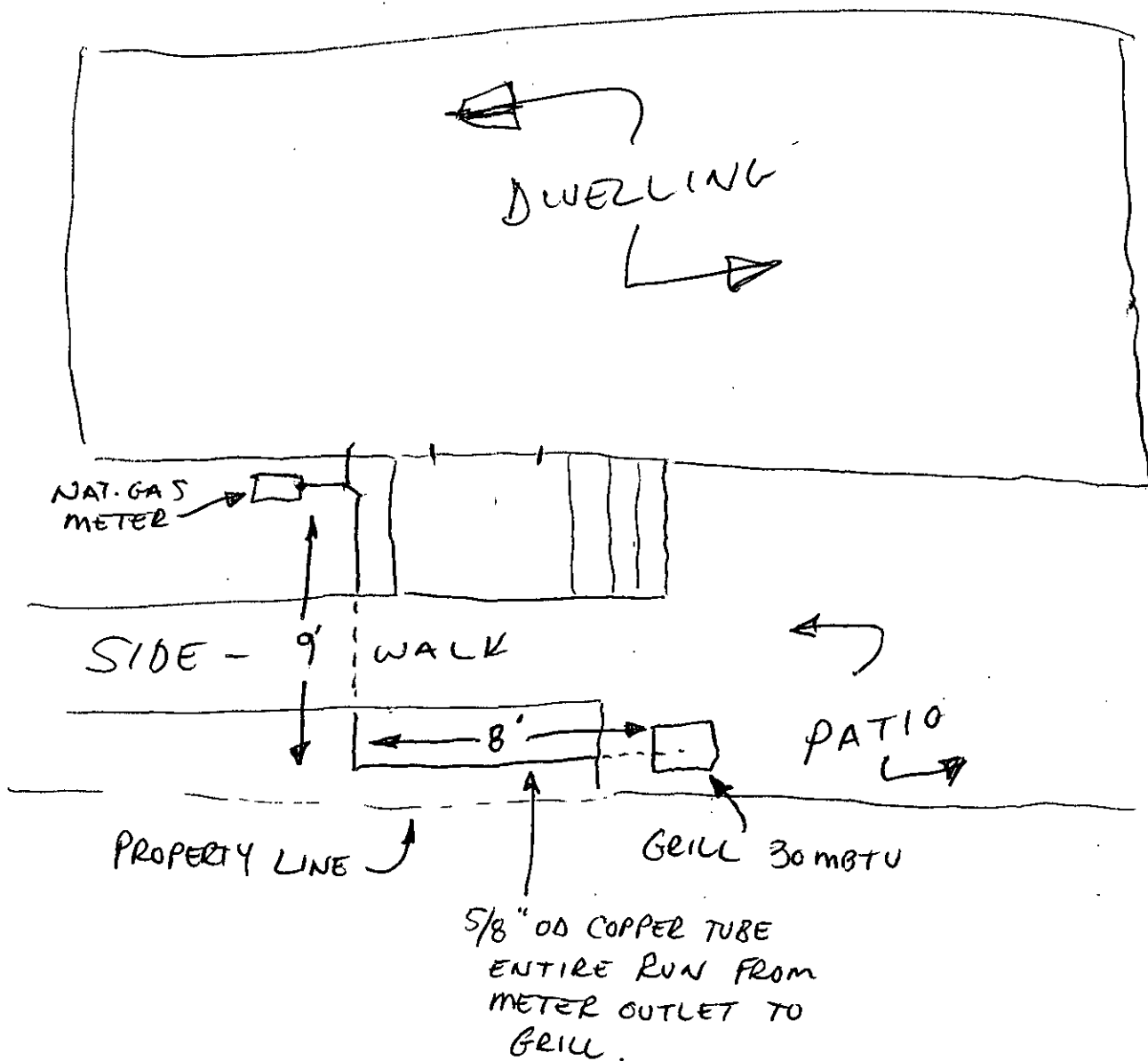
CENTRAL JERSEY PROPANE, INC.

T/A ACE BOTTLED GAS COMPANY

1111 ROUTE 37 WEST • TOMS RIVER, NEW JERSEY 08755 • (201) 349-1586

GAS PIPE SCHEMATIC

TOTAL RUN 20'



deck
LOT 39 2 1/2 hi

Approved 7/6/88 J. K. + J. L.

CERTIFIED TO: THOMAS G. JOHNSON,
AND JOYCE C. JOHNSON, HIS WIFE,
LARSON MORTGAGE CO., PIONEER
NATIONAL TITLE INSURANCE CO., &
DRAZIN, WAKSHAW, AUERBACH, &
RUDNICK, ESQS.

hereon 
Licensed Land Surveyor

BRUCE A. SHEPHERD, P.E. No. 13841
D. ERNEST HEDGES, L.S. No. 18256

DATE	REVISION	BY
SURVEY MAP LOTS 20 THRU 23 BLOCK 30 AS SHOWN ON MAP OF CEDARWOOD PARK-ANNEX-C BRICK TOWNSHIP OCEAN COUNTY, N.J. FILE MAP # B-315 FILED: APRIL 7, 1942		
SCALE: 1" = 20'	DATE: JUNE 28, 1973	
DRAWN CH	CHECKED <i>[Signature]</i>	JOB NO. 1804-009
FIELD BOOK 1804	DRAWING NO. 20792	



□ = Footings

ALL Footings no more than 8' on Center

5/4 Decking



5/4 Decking →



1856

BRICK TOWNSHIP			
Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		7/6/58	J.C.
Fire			
Energy			
Electrical			