ENGINEERING PERMIT APPLICATION

RECEIVING CLERK CW

PERMIT # GCP-20-00366

BLOCK 211.5 **LOT** 3 **ADDRESS** 17 SEVILLE DRIVE

IDENTIFICATION:

1. WORK SITE ADDRESS 17 SEVILLE DRIVE
2. APPLICANT MARK + DONNA BARANOWSKI
3. NAME OF OWNER IN FEE MARK BARANOWSKI
   ADDRESS 17 SEVILLE DRIVE
   PHON[redacted] EMAIL[redacted]
4. PRINCIPAL CONTRACTOR EDWARDO PUEBLA
   ADDRESS 587 CASINO DRIVE HOWELL
   PHONE 732-666-2252 EMAIL ?
5. ARCHITECT OR ENGINEER
   ADDRESS
   PHONE EMAIL
6. RESPONSIBLE PERSON FOR WORK EDWARDO
   ADDRESS 587 CASINO DRIVE HOWELL
   PHONE 732-666-2252 EMAIL ?

FEE SUMMARY:

APPLICATION FEE	$	100.00
REVIEW FEE	$	
INSPECTION FEE	$	
OTHER	$	
BOND(S)	$	
1750 TOTAL	$	100.00

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS
DRAINAGE EASEMENTS
UTILITY EASEMENTS
CONSERVATION EASEMENTS
FEMA REQUIREMENTS
D.E.P. PERMITS

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER
APPROVED DATE

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL
☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING
☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE
☐ DESCRIPTION

ENGINEERING REVIEW:

DATE RECEIVED 9/23/20 DATE REJECTED DATE APPROVED 9-24-20 INITIALS m

Township of Brick

401 CHAMBERS BRIDGE ROAD
BRICK, NEW JERSEY 08723
(732) 262-1040, FAX (732) 262-2941
Division of Engineering

APPLICATION FOR TREE REMOVAL

(For Office Use Only)
Date of Application: _____ Permit No.: GCP-20-00365
(to be assigned by Engineer)

FEE: **$100.00** Paid on: _____ Check No. _____ Received by _____

Application is hereby made by: ✓ Owner ___ Tenant ___ Contractor

Property Owner/Applicant MARK + DONNA BARANOWSKI

Address 17 SEVILLE DRIVE

Phone number(s)/email [redacted]

Contractor PUEBLA TREE SERVICE

Address 587 CASINO DR. HOWELL NJ 07731

Phone number(s)/email 732-666-2252

Work Site Address: 17 SEVILLE DRIVE

Block / Lot number(s) of location of work: Block 211.15 Lot(s) 3

09/24/2020 2:53PM 000001#9182 0001
CHECK1 $100.00

Requirements:

☐ 1) Survey of property indicating location of trees to be removed and caliper size (diameter) measured one foot above the ground. Survey should also show all restricted use areas (i.e. easements, wetlands). In absence of a survey, use sketch on back of this application - OVER

FOR REPRINT ONLY

☑ 2) Written explanation of purpose of tree removal: TREE IS ROTTEN/DYING

Number 4

☐ 3) Number of ***healthy trees** over 9" in caliper to be removed (Note: 10 or more trees requires Planning Board Approval) ***dead trees do not require a permit.**

☒ 4) Start of work date: 9-28-2020

☐ 5) Approximate completion of work date: _____

☐ 6) Approximate date of tree replacement: _____

☐ 7) Permits obtained (where applicable)

- ☐ NJDEP _____ (Type of permit, permit number and date)
- ☐ County Soil District _____ (Permit number and date)
- ☐ Other _____

Signature of Applicant _____ Date 9-23-2020

Signature of Contractor _____ Date 9/23/2020