

rick  
PERMIT NO. 506-93

RECEIVED

MAR 31 1993

DIV. OF INSPECTIONS



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 110 Roosevelt Drive, Brick

2. Name of Owner in Fee: Michael & Judith Howerton Te

Address 110 Roosevelt Drive Brick  
street municipality

3. Ownership in Fee: Public \_\_\_\_\_ Private ✓

4. Principal Contractor: self Tel. ( )

Address \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

6. Responsible Person  
In Charge of Work Michael Howerton T

## II. PROPOSED WORK

1. ☐ Minor Work  
(single trade)
2. ☐ Small Job (\$5,000  
and no prior  
approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

Est. Cost

1508

**OPTIONAL (for office use only)**

| Plans<br>Rec'd By | Date<br>Rec'd | Rejection<br>Date | Approval<br>Date | Re-<br>viewer | Resubmission Dates |           | Re-<br>viewer |
|-------------------|---------------|-------------------|------------------|---------------|--------------------|-----------|---------------|
|                   |               |                   |                  |               | Approval           | Rejection |               |
|                   |               |                   | 4/11/93          | R/C           |                    |           |               |
|                   |               |                   |                  |               |                    |           |               |
|                   |               |                   |                  |               |                    |           |               |
|                   |               |                   |                  |               |                    |           |               |
|                   |               |                   |                  |               |                    |           |               |
|                   |               |                   |                  |               |                    |           |               |
|                   |               |                   |                  |               |                    |           |               |
|                   |               |                   |                  |               |                    |           |               |
|                   |               |                   |                  |               |                    |           |               |
| PM                | 3/1/93        | EVA               |                  |               |                    |           |               |

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

**V. FEE SUMMARY (for office use only)**

|                                      |        | Update | Update |
|--------------------------------------|--------|--------|--------|
| 1. Building                          | \$ 8 — |        |        |
| 2. Electrical                        |        |        |        |
| 3. Plumbing                          |        |        |        |
| 4. Fire Protection                   |        |        |        |
| 5. Other                             |        |        |        |
| 6. Subtotal                          | \$ 8 — |        |        |
| 7. Less 20% for<br>State Plan Review |        |        |        |
| 8. Subtotal                          | \$     |        |        |
| 9. DCA Training Fee                  |        |        |        |
| 10. Subtotal                         | \$     |        |        |
| 11. Cert. of Occupancy               |        |        |        |
| 12. Other                            |        |        |        |
| 13. TOTAL                            | \$ 8 — |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories \_\_\_\_\_
2. Height of Structure \_\_\_\_\_ ft.
3. Area—Largest Floor \_\_\_\_\_ sq. ft.
4. Building Area—All Floors \_\_\_\_\_ sq. ft.
5. Volume of 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 \_\_\_\_\_ sq. ft.  
                    no \_\_\_\_\_
11. Fire Grading \_\_\_\_\_
12. Max. Live Load \_\_\_\_\_
13. Max. Occupancy Load \_\_\_\_\_

(office use only)

## 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 10306941

20K

## 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 Judith A. Overton Date 3/31/93

### 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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)          | LOCAL APPROVAL    |                | COUNTY APPROVAL   |            | REGIONAL APPROVAL |            | STATE APPROVAL    |            |
|---------------------------------------------------------------|-------------------|----------------|-------------------|------------|-------------------|------------|-------------------|------------|
|                                                               | Prelimin. Initial | Final Date     | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date |
| <input type="checkbox"/> Planning Board                       |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Zoning Board                         |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Sewer Authority                      |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Water Authority                      |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Fire Department                      |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Police Department                    |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Health Department                    |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Soil Conservation                    |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> N.J. Dept. of Community Affairs      |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> N.J. Department of Transportation    |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> N.J. Dept. of Environmental Protect. |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/> Utility Dig No.                      |                   |                |                   |            |                   |            |                   |            |
| <input checked="" type="checkbox"/> Other <i>zoning</i>       | <i>SE</i>         | <i>3/31/93</i> | <i>none</i>       |            |                   |            |                   |            |
| <input type="checkbox"/>                                      |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/>                                      |                   |                |                   |            |                   |            |                   |            |
| <input type="checkbox"/>                                      |                   |                |                   |            |                   |            |                   |            |

COMMENTS

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

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

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

|                                                             |           |       |
|-------------------------------------------------------------|-----------|-------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____ | _____ |
| <input type="checkbox"/> Certificate of Approval            | No. _____ | _____ |
| <input type="checkbox"/> None                               |           |       |



# CONSTRUCTION PERMIT

Date Issued 4-2-93  
Control #  
Permit # 506-93

IDENTIFICATION Block 1053 Lot 10  
Work Site Location 110 Passenault Dr. Contractor Same  
Address \_\_\_\_\_  
Owner in Fee Michael & Judith Hamilton  
Address same Tele. (\_\_\_\_) \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_  
or Social Security No. \_\_\_\_\_

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER \_\_\_\_\_  
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

same

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 \$ 150. -

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

R. A. Cizner

## PAYMENTS (Office Use Only)

|                  |                       |                 |             |
|------------------|-----------------------|-----------------|-------------|
| Building         | <u>81 -</u>           | ##0007##        |             |
| Plumbing         |                       | 506##           |             |
| Electrical       | BLOCK                 |                 | 1.00        |
| Fire Protection  | 1053 #                |                 |             |
| Other            | LOT                   |                 | 1.00        |
| Other            | 10 #                  |                 |             |
| DCA Training Fee | BUILDING              |                 | 1.00        |
| Cert. of Occ.    | TOTAL                 |                 | 1.00        |
| Other            | CASH                  |                 | 1.00        |
| Total            | CHANGE                |                 | 1.00        |
| Check No.        | <u>04/02/93 NO. 5</u> | <u>0021A005</u> | <u>1.55</u> |
| Cash             | <u>81 -</u>           |                 |             |
| Collected By:    | <u>T. Z.</u>          |                 |             |

# **BUILDING SUBCODE TECHNICAL SECTION**



Date Received **4-2-93**  
 Date Issued  
 Control #  
 Permit # **506-93**

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

Block **1053** Lot **10**  
 Work Site Location **110 Roosevelt Dr. Brick, NJ**

Owner in Fee **Michael & Judith Howerton**  
 Address **110 Roosevelt Dr. Brick, NJ 08724**

Tel. **[REDACTED]**  
 Contractor **SCIT**  
 Address \_\_\_\_\_

Tele (\_\_\_\_\_) \_\_\_\_\_  
 Lic. No. or Bids. Reg. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

### **JOB SUMMARY (Office Use Only)**

| PLAN/REVIEW                                                                                  | Date  | Initial | INSPECTIONS | Dates (Month/Day) | Initial |
|----------------------------------------------------------------------------------------------|-------|---------|-------------|-------------------|---------|
| No Plans Req.                                                                                | Type  | Failure | Failure     | Approval          |         |
| <input checked="" type="checkbox"/> All                                                      | _____ | _____   | _____       | _____             | _____   |
| <input type="checkbox"/> Footing                                                             | _____ | _____   | _____       | _____             | _____   |
| <input type="checkbox"/> Foundation                                                          | _____ | _____   | _____       | _____             | _____   |
| <input type="checkbox"/> Frame                                                               | _____ | _____   | _____       | _____             | _____   |
| <input type="checkbox"/> Other                                                               | _____ | _____   | _____       | _____             | _____   |
| Joint Plan Review Required:                                                                  | _____ | _____   | _____       | _____             | _____   |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire | _____ | _____   | _____       | _____             | _____   |
| SUBCODE APPROVAL                                                                             | _____ | _____   | _____       | _____             | _____   |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         | _____ | _____   | _____       | _____             | _____   |
| Date: _____                                                                                  | _____ | _____   | _____       | _____             | _____   |
| Approved By: _____                                                                           | _____ | _____   | _____       | _____             | _____   |

### **B. BUILDING CHARACTERISTICS**

Use Group **Present** **R-3** Proposed \_\_\_\_\_  
 Constr. Class **Present** \_\_\_\_\_ Proposed \_\_\_\_\_  
 No. of Stories \_\_\_\_\_ Ft. \_\_\_\_\_  
 Height of Structure \_\_\_\_\_  
 Area—Largest Floor \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
 Total Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
 Volume of Structure \_\_\_\_\_ Cu. Ft. \_\_\_\_\_  
 Total Land Area Disturbed \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

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

## **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 **Michael Howerton**

### **D. TECHNICAL SITE DATA** DESCRIPTION OF WORK

**6' Stackable fence**

#### **TYPE OF WORK:**

|                                                            |                   |
|------------------------------------------------------------|-------------------|
| <input type="checkbox"/> New Building                      | (Office Use Only) |
| <input type="checkbox"/> Addition                          | FEE               |
| <input type="checkbox"/> Alteration                        | _____             |
| <input type="checkbox"/> Roofing                           | _____             |
| <input type="checkbox"/> Siding                            | _____             |
| <input type="checkbox"/> Other                             | _____             |
| <input type="checkbox"/> Demolition                        | _____             |
| <input type="checkbox"/> Miscellaneous                     | _____             |
| <input checked="" type="checkbox"/> Fence <b>6'</b> Height | _____             |
| <input type="checkbox"/> Sign _____ Sq. Ft.                | _____             |
| <input type="checkbox"/> Pool                              | _____             |
| <input type="checkbox"/> Elevator                          | _____             |
| <input type="checkbox"/> Asbestos Abatement                | _____             |
| <input type="checkbox"/> Other                             | _____             |

|                                             |                          |          |
|---------------------------------------------|--------------------------|----------|
| Paid <input type="checkbox"/> Check # _____ | Administrative Surcharge | \$ _____ |
| Collected by: _____                         | Minimum Fee              | \$ _____ |
|                                             | TOTAL FEE                | \$ _____ |



Date Received 4-2-93  
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Block 1053 Lot 10  
Work Site Location 110 Roosevelt Dr. Brick NJ

Owner in Fee Michael & Judith Howerton  
Address 110 Roosevelt Dr. Brick NJ 08724

Tele. [redacted]

Contractor Self  
Address

Telex [redacted]

Lic. No. or Bids. Reg. No.  
Federal Emp. No. or Social Security No.

| JOB SUMMARY (Office Use Only)                                                                |                  |
|----------------------------------------------------------------------------------------------|------------------|
| PLAN REVIEW                                                                                  | INSPECTIONS      |
| Date                                                                                         | Initial          |
| <input type="checkbox"/> No Plans Req.                                                       | Type: _____      |
| <input type="checkbox"/> All                                                                 | Footings _____   |
| <input type="checkbox"/> Footing                                                             | Foundation _____ |
| <input type="checkbox"/> Foundation                                                          | Slab _____       |
| <input type="checkbox"/> Frame                                                               | Frame _____      |
| <input type="checkbox"/> Other _____                                                         | Insulation _____ |
| Joint Plan Review Required:                                                                  | Finishes: _____  |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire | Energy _____     |
| SUBCODE APPROVAL                                                                             | Mechanical _____ |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         | TCO _____        |
| Date: _____                                                                                  | Other _____      |
| Approved By: _____                                                                           | Final _____      |

B. BUILDING CHARACTERISTICS

|                             |         |          |                          |
|-----------------------------|---------|----------|--------------------------|
| Use Group                   | Present | Proposed | Est. Cost of Bldg. Work: |
| Constr. Class               | Present | Proposed | 1. New Bldg. \$          |
| No. of Stories              |         |          | 2. Alteration \$         |
| Height of Structure         |         |          | 3. Total (1+2) \$        |
| Area—Largest Floor          |         |          | Sq. Ft.                  |
| Total Bldg. Area/All Floors |         |          | Sq. Ft.                  |
| Volume of Structure         |         |          | Cu. Ft.                  |
| Total Land Area Disturbed   |         |          | Sq. Ft.                  |

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

6' Stackable  
General

| TYPE OF WORK:                               | (Office Use Only) |
|---------------------------------------------|-------------------|
|                                             | FEE               |
| <input type="checkbox"/> New Building       | \$                |
| <input type="checkbox"/> Addition           |                   |
| <input type="checkbox"/> Alteration         |                   |
| <input type="checkbox"/> Roofing            |                   |
| <input type="checkbox"/> Siding             |                   |
| <input type="checkbox"/> Other              |                   |
| <input type="checkbox"/> Demolition         |                   |
| <input type="checkbox"/> Miscellaneous      |                   |
| <input checked="" type="checkbox"/> Fence   | Height            |
| <input checked="" type="checkbox"/> Sign    | Sq. Ft.           |
| <input type="checkbox"/> Pool               |                   |
| <input type="checkbox"/> Elevator           |                   |
| <input type="checkbox"/> Asbestos Abatement |                   |
| <input type="checkbox"/> Other              |                   |

|                                       |                             |
|---------------------------------------|-----------------------------|
| Paid <input type="checkbox"/> Check # | Administrative Surcharge \$ |
| Collected by: TOTAL FEE \$            | Minimum Fee \$              |

APPROVED FOR ZONING ONLY  
 STAN KIMNEY, ZONING OFFICER  
 DATE 3/31/93  
*Free*  
*Stan Kimney*

**ROOSEVELT DRIVE**

