

RECEIVED



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 117 ROOSEVELT AVE.
 2. Name of Owner in Fee: CAROLINE ROSKOWSKI
 Address 117 ROOSEVELT AVE. BRICK N.J. 08724
 3. Ownership in Fee: Public _____ Private X
 4. Principal Contractor: ISLAND CONSTRUCTION & PAINTING Tel. (732) 282-0813
 Address 1203 OCEAN RD. SP. LK. HTS. N.J. 07762
 License No. OR, if new home, Builder Reg. No. 22-3334228 Exp. Date 12/31
 Federal Employee No. _____ FAX: (_____) _____
 5. Architect or Engineer _____ Tel. (_____) _____
 Address _____
 6. Responsible Person in Charge of Work
 Tel. (732) 282-0813 FAX (732) 282-0814

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>60</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review	(K) 1753		
8. Subtotal	\$ <u>21</u>		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>60</u>		

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

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>OK</u>	<u>7/15/98</u>				<u>8/28/98</u>	<u>OK</u>

TOTAL COSTS

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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 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 ISLAND CONSTRUCTION & RENOVATION

Address 1203 ocean Rd. SP. U.K. HTS. N.J. 07762

Telephone (732) 282-0813

Signature Charles P. Augustine

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.									
☐									
☐									

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)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/15/98
Control #
Permit # 98-2386

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1052 Lot 17 Qual _____

Work Site Location 117 ROOSEVELT DR

Contractor ISLAND CONSTRUCTION & RENO

Address 1203 OCEAN RD

SPRING LAKE HTS. NJ 07762-

Telephone (732)282-0813

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. 22-3334228

Owner in Fee ROSZKOWSKI

Address SAME

BRICK, NJ

Telephone _____

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF REPAIR AND SHEET ROCK AND SHEATHING INSIDE AND PAINT

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 \$ 2,000

J. Curran/as
Construction Official

07/15/98
Date

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

PAYMENTS (Office Use Only)

Building 60
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other _____
OCA Training Fee 2
Cert. of Occupancy 0
Other _____
Total 62
Check No. 1753
Cash _____
Collected By CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/15/98
Date Issued 07/15/98
Control #
Permit # 98-2386

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

Block 1052 Lot 17 Qual _____
Work Site Location 117 ROOSEVELT DR

Owner in Fee ROSZKOWSKI
Address SAME
BRICK, NJ
Tele. (732)295-0687
Contractor ISLAND CONSTRUCTION & REMO
Address 1203 OCEAN RD
SPRING LAKE HTS, NJ 07762-
Tele. (732)282-0813 Fax ()
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3334228

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

ROOF REPAIR AND SHEET ROCK AND SHEATHING INSIDE AND PAINT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.	_____	_____	Type	Failure Failure Approval Initial
☐ All	_____	_____	Footing	_____
☐ Footing	_____	_____	Foundation	_____
☐ Foundation	_____	_____	Slab	_____
☐ Frame	_____	_____	Frame	_____
☐ Other	_____	_____	BarrierFree	_____
Joint Plan Review Required:				
☐ Elect	☐ Plumb	☐ Fire	Insulation	_____
SUBCODE APPROVAL			Finishes	_____
☐ Elev	☐ CD	☐ CCO	Energy	_____
☐ CA	Date: _____		Mechanical	_____
Approved By: _____		TCO	Other	_____
		Final	BarrierFree	_____

TYPE OF WORK

☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Denolition

FEE (Office Use Only)

\$ _____
_____ 0
_____ 0
_____ 60
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3 Est. Cost of Bldg. Work:
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.

1. New Bldg. \$ _____ 0
2. Alteration \$ _____ 2,000
3. Total (1+2) \$ _____ 2,000

Industrialized Building:
☐ State Approved
☐ HUD

Administrative Surcharge \$ _____ 0
Paid [X] Check # 1753 Minimum Fee \$ _____ 0
Collected by: CS TOTAL FEE \$ _____ 60
DCA Training Fee \$ _____ 2

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/15/98
Date Issued 07/15/98
Control #
Permit # 98-2386

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

Block 1052 Lot 17 Qual _____
Work Site Location 117 ROOSEVELT DR

Owner in Fee ROSZKOWSKI
Address SAME
BRICK, NJ
Tel [REDACTED]
Contractor ISLHAM CONSTRUCTION & RENO
Address 1203 OCEAN RD
SPRING LAKE HTS. NJ 07762-
Tele. (732)282-0813 Fax ()
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3334228

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Req.			Type	Failure Failure Approval Initial
[] All			Footing	
[] Footing			Foundation	
[] Foundation			Slab	
[] Frame			Frame	
[] Other			BarrierFree	
Joint Plan Review Required:			Insulation	
[] Elect	[] Plumb	[] Fire	Finishes	
SUBCODE APPROVAL [] Elev			Energy	
[] CO	[] CCO	[] CA	Mechanical	
Date: _____			TCO	
Approved By: _____			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Present <u>R-3</u>	Proposed <u>R-3</u>	1. New Bldg. \$ <u>0</u>	
Constr. Class Present _____	Proposed _____	2. Alteration \$ <u>2,000</u>	
No. of Stories <u>0</u>		3. Total (1+2) \$ <u>2,000</u>	
Height of Structure <u>0</u> Ft.			
Area Largest Floor <u>0</u> Sq. Ft.		Industrialized Building:	
New Bldg. Area/All Floors <u>0</u> Sq. Ft.		[] State Approved	
Volume of New Structure <u>0</u> Cu. Ft.		[] HUD	
Total Land Area Disturbed <u>0</u> 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

ROOF REPAIR AND SHEET ROCK AND SHEATHING INSIDE AND PAINT

TYPE OF WORK	FEE (Office Use Only)
[] New Building	\$ <u>0</u>
[] Addition	<u>0</u>
[X] Alteration	<u>60</u>
[] Roofing	<u>0</u>
[] Siding	<u>0</u>
[] Fence <u>0</u> Height (exceeds 6')	<u>0</u>
[] Sign <u>0</u> Sq. Ft.	<u>0</u>
[] Pool	<u>0</u>
[] Asbestos Abatement Subchapter 8	<u>0</u>
[] Lead Haz. Abatement NJAC 5:17	<u>0</u>
[] Other	<u>0</u>
Other	<u>0</u>
[] Demolition	<u>0</u>

	Administrative Surcharge	Minimum Fee	TOTAL FEE
Paid [X] Check # <u>1753</u>			<u>0</u>
Collected by: <u>CS</u>			<u>60</u>
	DCA Training Fee		<u>2</u>

1052 #17

OCEAN COUNTY LANDFILL
LAKESHORE N3 08738

FACILITY ID NO. 18108
TICKET #: 000193630

Date: 07/17/98

CUSTOMER: CASH

Gross	7230 lb	Scale	01 10:08
Tare	6060 lb <td>Scale</td> <td>02 10:20</td>	Scale	02 10:20

Net 1220 lb
0.6100 TON

Dep #: CASH2 Plate #:

3 CH VOS

Ref Load Material
100.00 001

QUARRY - DEMO WOOD

LOCATION
BRICK TWP

Price/Unit
\$63.220 TON

Total
\$8.56

Current Account Balance: \$100.00
PAID BY: [Signature]
Amount Received: \$0.00

117 Roosevelt
Roszkowski

Total: \$ 38.56

Permit # 98-2386
Inspector's Initials

S.K.G.

REMARKS: NONE

OCEAN COUNTY LANDFILL
FAKEDURS NO 08733

FACILITY ID NO. 15186
Ticket # 000124061
Date: 07/20/98

Customer: CASH
CASH

Gross 6900 lb Scale 01 07:51
Tare 6220 lb Scale 02 08:06

Net 680 lb
0.3400 LN

Dep. #: CASH6 Plate #:

3 CU YDS

Ref Load Material

100.00 132

BULKY - DEMO WOOD

Location

BRICK LWR

Price/Unit

\$53.220 LN

Total
21.49

CURRENT ACCOUNT BALANCE:

TOTAL \$ 21.49

DRIVER

Weight Master: LM

117 Roosevelt DR
1177 Augs Roszkowsk.

Permit # 98-2386
Inspector's Initials

REFERENCE: X14H21

J.K.G.

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF 'BRICK

117 Roosevelt Ave Brick 1052 17
 Work Site Address Block Lot

Carolyn Roszowski
 Owner's Name Address, Phone

Island Construction & Renovation 1203 ocean
 Contractor's Name Address, Phone
 Rd. Sp. Uk. Hts. N.J. 07762

Construction Single Family

Describe type (Single-family home, etc.)

SHEET ROCK

Demolition Remove 3 1/2 square and 2 sheets of sheathing
 Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material GAF 25 yr. 3 TAB

Shingles, Home Depot 1/2 Ply wood exterior grade

Name, address and phone of party responsible for removal of debris:

CHARLES P. AUGUSTINE P.O. Box 276. Belle N.J.
 1203 ocean Rd. Sp. Uk. Hts. N.J.
 Size of dumpster:

Destination of discarded debris: Monmouth county Reclamation

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

CHARLES P. AUGUSTINE
 Printed/Typed Name

Signature

Date

7/15/98

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address