



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 247 SPRUCEWOOD DRIVE, BRICK, N.J. 08723

2. Name of Owner in Fee: KERRY O'KEEFE Tel. [REDACTED]
 Address 247 SPRUCEWOOD DRIVE BRICK, N.J. 08723
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: KERRY O'KEEFE Tel. [REDACTED]
 Address 247 SPRUCEWOOD DRIVE
 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 KERRY O'KEEFE
 Te [REDACTED] FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>98-</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	<u>3</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>101</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2

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 _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
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

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>AS</u>	<u>4.10.00</u>				<u>11/7/0</u>		

TOTAL COSTS

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:

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 ☒ 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

4-10-00

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

Address

Telephone ()

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.									
☐									
☐									

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 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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 04/10/2000
Control #
Permit # 00-1057

IDENTIFICATION Block 701.24 Lot 8 Qual

Work Site Location 247 SPRUCEWOOD DR ROOF AND SIDING

Owner in Fee O'KEEFE, KERRY

Address 247 SPRUCEWOOD DR BRICK NJ 08725-

Telephone

Contractor HOME OWNER
Address

Telephone ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HD-

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:

REMOVE OLD ROOF REPLACE WITH NEW NEW SIDING
ROOF HAS A HOLE FROM HOODBURNING STOVE TO BE REPAIRED
ASTM D-225 OR D 3462

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 \$ 3,500

Construction Official

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

04/10/2000
Date

PAYMENTS (Office Use Only)

Building 98
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCA Training Fee 3
Cert. of Occupancy 0
Other
Total 101
Check No. 211
Cash
Collected By CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/10/2000
Date Issued 04/10/2000
Control #
Permit # 00-1057

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

Block 701.24 Lot 8 Qual
Work Site Location 247 SPRUCEWOOD DR
ROOF AND SIDING

Owner in fee O'KEEFE, KERRY

Address 247 SPRUCEWOOD DR
BRYAN VT 05702

Te:

Contractor

Address

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 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

REMOVE OLD ROOF REPLACE WITH NEW NEW SIDING
ROOF HAS A HOLE FROM MODBURNING STOVE TO BE REPAIRED
ASTM D-225 OR D 3462

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
			Type	Failure failure Approval Initial
☐ No Plans Req.			Footings	
☐ All			Foundation	
☐ Footing			Slab	
☐ Foundation			Frame	
☐ Other			Barrierfree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date: <u>1-17-02</u>			TCO	
Approved By: <u>FM</u>			Other	
			Final	
			Barrierfree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	<u>Present</u>	<u>Proposed</u>	1. New Bldg. \$ <u>0</u>
No. of Stories	<u>0</u>	<u>0</u>	2. Alteration \$ <u>3,500</u>
Height of Structure	<u>0</u> Ft.	<u>0</u> Ft.	3. Total (1+2) \$ <u>3,500</u>
Area largest floor	<u>0</u> Sq. Ft.	<u>0</u> Sq. Ft.	
New Bldg. Area/All Floors	<u>0</u> Sq. Ft.	<u>0</u> Sq. Ft.	Industrialized Building:
Volume of New Structure	<u>0</u> Cu. Ft.	<u>0</u> Cu. Ft.	☐ State Approved
Total land Area Disturbed	<u>0</u> Sq. Ft.	<u>0</u> Sq. Ft.	☐ HUD

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ <u>0</u>
☐ Addition	\$ <u>0</u>
☒ Alteration	\$ <u>98</u>
☐ Roofing	\$ <u>0</u>
☐ Siding	\$ <u>0</u>
☐ Fence <u>0</u> Sq. Ft.	\$ <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>

Paid ☒ Check # <u>911</u>	Administrative Surcharge	\$ <u>0</u>
Collected by: <u>CS</u>	Minimum Fee	\$ <u>0</u>
	TOTAL FEE	\$ <u>98</u>
	DCA Training Fee	\$ <u>3</u>

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



Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 247 Sprucewood Dr
Block: 701-24 Lot: 8
Owner's Name: Kerry O'Leefe
Owner's Mailing Address: 247 Sprucewood Dr Brick, NJ-08723
Phon: [REDACTED]

BUILDING

Contractor: [initials]
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Roof & V-Siding.
Removing 2 Layers
Repairing Hole in Roof
From Wood Burning Stove
No Insp. marked to repair as
per job. *JK*

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: 2
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____
Cost of Alteration: \$3500.00 *JK*

Cost of New Building: _____

Total Cost of Building Work: \$3500.00 *JK*

Signature: [initials]

Please Print Name KERRY O'LEEFE

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	_____
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: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Applicable to Ordinance 728-92

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

TOWNSHIP OF BRICK

247 Sprucewood Drive 701.24 8
Work Site Address Block Lot

KERRY O'KEEFE 247 Sprucewood Drive Brick, N.J. 08723
Owner's Name, Address, Phone

Kenny O'Keefe 247 Sprucewood Drive Brick, N.J. 08723
Contractor's Name, Address, Phone

Construction Describe type (Single -family home, etc.)

Demolition Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material Plywood, Felt, Ice Barrier,
vents, shingles, gutters, soffits

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

EAST COAST CARTING, P.O. Box 1601 Lakewood, N.J. 08701 (732) 367-1444

Size of dumpster: 30 YARD DUMPSTER

Destination of discarded debris: OCEAN COUNTY LANDFILL

Hauler's DEP Permit No.: 18186

**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.

KERRY O'KEEFE
Printed/Typed Name

Kerry O'Keefe
Signature

4-10-00
Date

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
of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant