

Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Financial and
Identifiable Information of Township Employee(s).

***Public Release of this File is prohibited except
for Official Government Business and/or
pursuant to Court Order.***

This File is Exempt from release under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) as set forth in Executive Order Number 26 issued by Governor James E. McGreevey, August 13, 2002 which exempts the following types of information from release under the OPRA Law:

- Information in a personal income or other tax return
- Information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over the printed name.

Bryan J. Dickerson, CA, CMR
Township Archivist



CONSTRUCTION PERMIT APPLICATION

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

C21-002476

I. IDENTIFICATION

1. Proposed Work Site at: 24 Homestead Dr
 2. Name of Owner in Fee: Rocky Papuano
 Address 24 Homestead Dr Brick 08723
 Ownership in Fee: Public ☐ Private ☒ X
 4. Principal Contractor: Proficient Plumbing and Heating LLC Tel. (848) 448-3539
 Address 482 Jackson Ave e-mail proficientplumbinghtg@yahoo.com
 Brick, NJ 08723
 License No. OR, if new home, Builder Reg. No. 12513 Exp. Date 06/20/2003
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. 27-208906 FAX: _____
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____
 6. Responsible Person in Charge once Work has Begun Paul Wylam
 Tel. (848) 448-3539 FAX: _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review		
8. Subtotal		
9. State Permit Surcharge Fee		
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL		

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved	HUD
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands yes	no

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

TOTAL COST \$0

III. PLAN REVIEW (optional)

- DO YOU WANT:
 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/Standpipes
 8. ☐ Smoke Control Systems in Open Wells
 9. ☐ Underground Storage Tanks
 10. ☐ Swimming Pools, Spas and Hot Tubs
 11. ☐ LPGas Tanks
 12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE

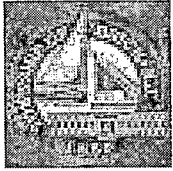
A. RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group, Proposed: Select Group
 3. Change in Use Group, Indicate Present: Select Group
 4. No. of dwelling units: Total Units Income-restricted
 Gained, Sale _____
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group, Proposed: Select Group
 3. Change in Use Group, Indicate Present: Select Group
 C. MIXED USE -List secondary use(s): _____
 D. Construct. Classification: Present _____
 Proposed _____

RECEIVED JUN 23 2004



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 09/09/2021
Control Number C-21-002476
Permit Number 21-1726
Permit Issue Date 06/25/2021
Certificate Number 21-1726

Identification

Work Site Location: 24 HOMESTEAD DR. Brick Township, NJ Block: 298 Lot: 13 Qual: _____
Owner in Fee: RAPUANO, ROCCO II
Owner Address: 24 HOMESTEAD DRIVE BRICK NJ 08723
Telephone: _____
Contractor Proficient Plumbing & Heating
Address 482 JACKSON AVE Brick NJ 08723
Telephone: (848) 448-3539 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT WATER HEATER

Certificate Comments:

☐ Certificate of Occupancy

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ Certificate of Continued Occupancy

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ Temporary Certificate of Compliance

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ Certificate of Compliance

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

David Newman Jr

Construction Official

Date Printed: 09/09/2021

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Paul Wylan

Address 482 Jackson Ave
Briar cl 08723

Telephone 848-448-3539

Signature [Signature]

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 298 Lot 13 Qualification Code _____
 Work Site Location 24 Homestead Dr
Briar 08723
 Owner in Fee: ROCKY RODRIGUEZ
 Address 24 Homestead Dr Briar 08723
 Contractor: Proficient Plumbing and Heating LLC Tel. (848) 448-3539
 Address 482 Jackson Ave e-mail proficientplumbinghtg@yahoo
 Brick, NJ 08723 06/30/2023
 Contractor License No. 12513 Exp. Date 06/20/2005
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. 27-208906 FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement
 Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 1400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	DATES
☐ No Plans Required	Type: _____	Failure _____
☐ Mechanical Plans Approved	Water Heater _____	Approval _____
Date: _____	Appliance _____	Initial _____
Joint Plan Review Required:	Chimney/Vent _____	
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.	Piping _____	
☐ Elev.	Tank _____	
SUBCODE APPROVAL for PERMIT	Cooling/AC _____	
Date: _____	Generator _____	
Approved by: _____	Fireplace _____	
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert. _____	
Date: <u>8-31-23</u>	Other _____	
Approved by: <u>NO</u>	Other _____	
	Final <u>8/31/23</u>	

Date Received 6/25/23
 Control # _____
 Date Issued 7-17-23
 Permit # _____

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.

Applicant sign/Contractor

sign and seal here: _____

Print name here: Paul Lydon

☒ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HWH Replacement
40 gallon
Atmosphere

NO. 1

FIXTURE/EQUIPMENT

Water Heater _____
 Fuel Oil Piping Connections _____
 Gas Piping Connections _____
 Steam Boiler _____
 Hot Water Boiler _____
 Hot Air Furnace _____
 Oil Tank _____
 LPG Tank _____
 Fireplace _____
 Generator _____
 Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 6/25/21
Control # C-21-002476
Permit # 21-1726

IDENTIFICATION Block: 298 Lot: 13 Qualifier _____
Work Site Location: 24 HOMESTEAD DR. Brick Township, NJ Contractor Proficient Plumbing & Heating
Owner in Fee RAPUANO, ROCCO II Address 482 JACKSON AVE Brick NJ 08723
24 HOMESTEAD DRIVE BRICK NJ 08723 Telephone: (848) 448-3539
Telephone: _____ Lic. No. or Bldrs. Reg. No. 12513
Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACEMENT WATER HEATER

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 \$1,400

Daniel Newman Jr
Construction Official

6/25/21
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$128
Check No.	
Cash	\$0
Credit	\$0
Collected By	<u>M. Fagan</u>

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 298 LOT 13 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 24 Homestead Dr Bridg
Owner in Fee Rocky Rapano
Verifying Individual Paul Lyka Company Pericent Plumbing
Address 482 Jackson Ave Bryn NO CR 222
Tel: (848) 448-3539 Fax: (____) _____
Street City State Zip Code

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☒ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster

Size 5"

- ☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type HWH Fuel Type _____ BTU Rating (input/hour) 40,000
Appliance 1: _____ Oil / Gas / Other: _____
Appliance 2: _____ Oil / Gas / Other: _____
Appliance 3: _____ Oil / Gas / Other: _____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____
Material of Liner: Stainless Steel _____ Aluminum _____
Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
Length of Connector: _____ Vent Connector Rise: _____
How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____

Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature _____

Date 6/20/21

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____

Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____

Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.