BLOCK 1355-34 LOT 33 QUALIFICATION CODE _____ ADDRESS (SITE) 266 23rd Ave Brick PERMIT NO. 07-3470

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 266 23rd AVE Brick N.J. 08733
2. Name of Owner in Fee: Esmelin Feliz
   Tel. (201) 323-2824 e-mail _____
   Address 259 Vernon Ave (street) Clifton N.J. (municipality) 07011 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: E.P. Quality Cont. LLC Tel. (201) 323-2824
   Address 259 Vernon Ave Clifton N.J. e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03980400
   Federal Emp. ID No. 203-595-419/000 FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50		
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	8		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 58		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
2. Height of Structure 13 ft.
3. Area — Largest Floor 1344 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 _____

IIa. PROPOSED WORK

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

Medium

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ / _____
   After Construction _____ / _____
   Net Gain or Loss _____ / _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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.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 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. 5:23-2.15(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 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 Esmelin Feliz

Address 259 Vernon Ave Clifton N.J. 07011

Telephone (201) 323-2824

Signature Esmelin Feliz

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/09/2009
Control Number C-07-005372
Permit Number 07-3470
Permit Issue Date 11/07/2007
Certificate Number 07-3470

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 266 23RD AVE Brick Township, NJ Block: 1355.34 Lot: 33 Qual:

Owner in Fee: WELLS FARGO HOME MORTGAGE

Owner Address: 3476 STATEVIEW BLVD FORT MILL SC 29715

Telephone:

Contractor E. P. Quality Construction

Address 259 VERNON AVENUE Clifton NJ 07011

Telephone: (201) 323-2824 Fax:

License Number or Builders Registration Number: 13VH03980400 Federal Emp. 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: SIDING

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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/09/2009 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 11/7/2007
Control # C-07-005372
Permit # 07-3470

IDENTIFICATION Block: 1355.34 Lot: 33 Qualifier
Work Site Location: 266 23RD AVE Brick Township, NJ
Owner in Fee WELLS FARGO HOME MORTGAGE
3476 STATEVIEW BLVD FORT MILL SC 29715
Telephone:

Contractor E. P. Quality Construction
Address 259 VERNON AVENUE Clifton NJ 07011
Telephone: (201) 323-2824
Lic. No. or Bldrs. Reg. No. 13VH03980400
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
SIDING

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $6,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$50
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$58
Check No.	106
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-3470

Date Issued
Permit # 11-7-07

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

Block 1355-34 Lot 33 Qualification Code
Work Site Location 266 23RD AVE BRICK N.J. 08733

Owner in Fee Esmelin Feliz
Address 259 VERNON AVE CLIFTON, N.J. 07011

Tel. (201) 323-2824
Contractor C.P. QUALITY CONSTRUCTION LLC
Address 259 VERNON AVE CLIFTON, NJ. 07011

Tel. (201) 323-2824 FAX ( )
Contractor License No. or Builder Registration No. 13VH03980400
Federal Emp. No 203-595-419/000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
- [ ] No Plans Required
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/4/09
Approved by: KA

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11-2-09	JH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 13 Ft.
Area — Largest Floor 1344 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 6000.00

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.
Esmelin Feliz
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Siding

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [X] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____
- [X] Demolition

FEE (Office Use Only)

$	
Administrative Surcharge $	50
Minimum Fee $	8
State Permit Surcharge Fee $	2
TOTAL FEE $	58

U.C.C. F110 (rev. 07/03)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

STOP CONSTRUCTION ORDER

Permit Number 07-3470
Date Issued 11/13/2007
Violation Number V-07-01081

IDENTIFICATION

Work Site Location: 266 23RD AVE Brick Township, NJ

Block: 1355.3 Lot: 33 Qualification Code: _____
4

Owner in Fee: WELLS FARGO HOME MORTGAGE

Owner Address: 3476 STATEVIEW BLVD FORT MILL SC 29715

Agent/Contractor _____

Address _____

To: ☒ Owner ☐ Other:

☐ Agent/Contractor

DATE OF INSPECTION: 11/13/2007 DATE OF THIS NOTICE: 11/13/2007

ACTION

You are hereby ***ORDERED*** to ***STOP***

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Mechanical ☐ Elevator ☑ All Construction

at the above Location as of 11/13/2007 until further notice from this enforcing agency.

This ***ORDER*** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of NJAC 5:23-2.16(J)2 Work Exceeds Scope of Permit which provides:

This dwelling is in unsafe condition, the work required to make necessary repairs must be dictated by architects plans to be submitted by homeowner.

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $2,000.00 per day per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrenty seek the Order of a court of competent jurisdiction restraining further work at the above location.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
2 Mott Place
Toms River, NJ 08753

If you have any questions concerning this matter, please call: (732) 262-1027

By ***Order*** of Frank Mizera Date: 11-13-07
SubCode Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 266 23RD AVE Brick Township, NJ
Block: 1355.34
Lot: 33
Owner: WELLS FARGO HOME MORTGAGE
Owner Address: 3476 STATEVIEW BLVD FORT MILL SC 29715
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Administrative
Issuing Officer: Frank Mizer
Issue Date: 11/13/2007
Infraction: Stop Construction Order
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.16(J)2 Work Exceeds Scope of Permit
Infraction Summary: This dwelling is in unsafe condition, the work required to make necessary repairs must be dictated by architects plans to be submitted by homeowner.
Certified Mail Number:

Enforcement Details

Inspection Date: 11/13/2007
Notice Date: 11/13/2007
Compliance Date: 12/13/2007
Compliance Inspection Date:
Compliance Summary:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-3470

Date Issued
Permit # 11-7-07

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

Block 1355-34 Lot 33 Qualification Code _____
Work Site Location 266 23RD AVE Brick N.J. 08723

Owner in Fee Esmelia Feliz
Address 259 Vernon Ave Clifton N.J. 07011

Tel. (201) 323-2824
Contractor E.P. Quality Construction LLC
Address 259 Vernon Ave Clifton N.J. 07011

Tel. (201) 323-2824 FAX (____) _____
Contractor License No. or Builder Registration No. 13VH03980400
Federal Emp. No 203-595-419/000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 13 Ft.
Area — Largest Floor 1344 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 6000 00

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.
Esmelia Feliz
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Siding

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[X] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[X] Demolition

FEE (Office Use Only)

$	
Administrative Surcharge $	50
Minimum Fee $	X
State Permit Surcharge Fee $	
TOTAL FEE $	58

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 07-3410

Date Issued Permit # 11-7-07

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

Block 1355-34 Lot 33 Qualification Code

Work Site Location 266 2ND AVE BELLMAWR N.J. 08031

Owner in Fee ESMERALDA TOLZ

Address 359 VIRGINIA AVE CLIFTON N.J. 07011

Tel. (201) 303-2804

Contractor E.N. CLIFTON CONSTRUCTION LLC

Address 359 VIRGINIA AVE CLIFTON NJ 07011

Tel. (201) 303-2804 FAX ( )

Contractor License No. or Builder Registration No. 13VH03980400

Federal Emp. No 203-545-419/000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

Constr. Class Present ____ Proposed ____

No. of Stories 1

Height of Structure 13 Ft.

Area — Largest Floor 1344 Sq. Ft.

New Bldg. Area/All Floors ____ Sq. Ft.

Volume of New Structure ____ Cu. Ft.

Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Rehabilitation $ ____
3. Total (1+ 2) $ 6000.00

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.

ESMERALDA TOLZ
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

siding

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [X] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other ____
- [X] Demolition

FEE (Office Use Only)

$	
Administrative Surcharge $	50
Minimum Fee $	X
State Permit Surcharge Fee $	
TOTAL FEE $	50

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 766 23rd Ave Brick, N.J. 08733

Block: 1355-34 Lot: 33

Contractor: E+P Quality Construction LLC

Contractor's Address: 259 Vernon Ave, Clifton, N.J. 07011

Type of Construction (minor, new home): Minor

Type of Debris (shingles, siding, wood, etc.): Siding

Party responsible for removal: E.P. Quality Construction LLC

Dumpster size: 30 yd

Destination of debris:

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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 of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Esmelin Feliz
Signature

11/07/07
Date

Esmelin Feliz
Print Name

HOME IMPROVEMENT CONTRACTORS REGISTRATION

If you are using a contactor to do this project please make sure you include in the permit jacket a copy of a current Home Improvement Contractors Registration card that matches the Agent/Contractors information in section II on the inside of the jacket. Thank you


New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
E & P Quality Construction LLC
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
09/13/2007 TO 12/31/2007
VALID AT
SIGNATURE
13VH03980400
License/Registration/Certificate #
ACTING DIRECTOR