

NOV 3 1988

DIV. OF INSPECTION

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT
APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 269 LESWING DR
2. Owner Name: MR + MRS J CELLI Tel. (201) 920-7166
Address 269 LESWING DR BRICK NJ 08723
3. Principal Contractor: SELF (SON) Tel. (201) 920 7166
Address 269 LESWING DR. BRICK NJ 08723
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. () _____
Address _____
5. Responsible Person in Charge of Work _____ Tel. () _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: Siding

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other	_____
6. ☒ Other <u>SIDING</u>	_____
TOTAL COST \$ <u>7,500.00</u>	

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units: _____

Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmeries (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10108073

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE

Ma Jerry Cella

DATE

11/3/88

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

TEL. ()

ADDRESS

SIGNATURE

BLOCK NO. 321.6 LOT NO. 3 SUBDIVISION _____ PERMIT NO. 3014

PRIOR APPROVALS CHECKLIST

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

EDITION OF CODE		EDITION OF CODE	
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____
☐ Building	_____	☐ Energy	_____
☐ Electrical	_____	☐ Barrier Free	_____
☐ Plumbing	_____	☐ Other	_____
		☐ Flood Hazard	_____
		☐ As Built Elevation Certification	_____
		☐ Other	_____

PERMIT CONTROL

1. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By		Approval Date	Reviewer	Comments
		Date	Receiver			
☐	BUILDING			11-3-88	1066	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
	ALL CONSTRUCTION					
	BUILDING				11-3-88	16m
	Footings/Foundations					
	Framing					
	Architectural					
	Other					
	PLUMBING					
	ELECTRICAL					
	FIRE PROTECTION					
	OTHER					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
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- ☐ Temporary Certificate of Occupancy _____
Date Expired _____
- ☐ Temporary Certificate of Occupancy _____
Date Expired _____
- ☐ Certificate of Occupancy _____
No. _____
- ☐ Certificate of Continued Occupancy _____
No. _____
- ☐ Certificate of Approval _____
No. _____
- ☐ None _____

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
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[illegible]

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

**A. COLLECTED AT TIME OF CONSTRUCTION PERMIT
ISSUANCE**

	AMOUNT
BUILDING	\$ 7.50
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	\$ 7.50
— LESS: 20% of subtotal (when plan review performed by state agency).	
	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 27.50
DATE 11/3/88	Collected By D. L.

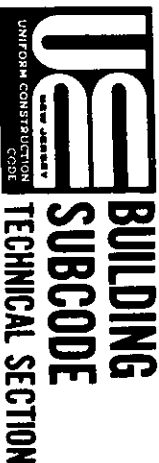
B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
- LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$ •

C. TOTAL CONSTRUCTION FEES COLLECTED	
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	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____

TOWNSHIP OF BRICK



PERMIT NO. 3014
 DATE ISSUED 11-3-85
 REVISION DATE _____
 Block 321-G Lot 3
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner JEFFY C. KELLY Contractor SELF (SON)
 Address 269 LESLIE DR. Address _____
BRICK NJ 08723
 Tel. (201) 920-7166 Tel. () _____
 Work Site Address SAME Lic. No. _____
 Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
 (Complete for Minor Work and Small Job Only)
 I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
 AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.

RESIDING.
Thru 1 Deck

☐ See Plans

TYPE OF WORK:	Fee Basis	Fee
☐ New Building		
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☒ Siding		
☐ Other _____		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other _____		
SUBTOTAL		\$
Minimum Building Fee (if applicable)		\$
Total Building Fee (Greater of Minimum or Subtotal)		\$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
 Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
 Estimated Cost of Building Work: \$ 750.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

