

BLOCK

1069.89 LOT

ADDRESS (SITE)

PERMIT NO.

401-91



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 300 PROSPECT AVE.

2. Name of Owner in Fee: CAROLE A. JOBLONSKY Tel. [REDACTED]

Address 210 SUNNYSIDE DR. WASHINGTON, NC
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: SELF Tel. ()

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. ()

Address _____

6. Responsible Person In Charge of Work _____ Tel. ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 7.50		
2. Electrical			
3. Plumbing			
4. Fire Protection			20.5
5. Other			
6. Subtotal	\$ 7.50		
7. Less 20% for State Plan Review	\$ 5.00		
8. Subtotal			
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	\$ 32.50		

PR 5-15-91

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area—Largest Floor	sq. ft.
4. Building Area—All Floors	sq. ft.
5. Volume of 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 ☐ sq. ft.
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☒ Fire Protection
7. ☐ Plumbing
8. ☒ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

900-

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<i>[Signature]</i>			4/24/91	RE	5/15/91		RE
					5/15/91		JE
					5-13-91		bk

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 | 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly |
| 2. ☐ High Pressure Boilers | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| | 5. ☐ Cross-Connections/Backflow Preventers | 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:

LDS BR 10314125

20K

MAR 27 1991

BUILDING

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 N. Minfield 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 New Jersey 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 _____ Date _____

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other <i>Zoning</i>	<i>SK</i>	<i>3/22/91</i>	<i>alt.</i>						
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☒ Certificate of Approval	No. <i>1401</i>
	<i>5-15-91</i>



CERTIFICATE

Date Issued 5/15/91
Control #
Permit # 401-91

IDENTIFICATION

Block 1069.89 Lot 1
Work Site Location 300 Prospect Ave
Brick, N.J.
Owner in Fee Carole A. Jablonsky
Address same
Tele. ()
Contractor Self
Address
Tele. ()
Lic. No. or Bids. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group
Maximum Live Load
Description of Work/Use:
Alteration / attached garage conversion
Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

☐ 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 OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than , 19 or the owner will be subject to a fine or order to vacate:

Fee \$
Paid [] Check No.
Collected by:

CONSTRUCTION OFFICIAL

Arthur J. Celis



CONSTRUCTION PERMIT

Date Issued 4/2/91

Control #

Permit # 401-91IDENTIFICATION Block 1069.89 Lot 1Work Site Location 300 Prospect Ave Contractor SelfOwner in Fee E. Jablonski Address _____Address 217 Chambers St. Tele. (____) _____Tele. (____) _____ Lic. No. or Bldrs. Reg. No. _____ Exp. Date 0001xxFederal Emp. No. 401xx

or Social Security No. _____ BLOCK _____ 0.00

is hereby granted permission to perform the following work:

[4] BUILDING [] PLUMBING [] OTHER _____
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

Garage
Conversion
attention

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 \$ 900

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		1069 #
Building	<u>7.50</u>	0.00
Plumbing	<u>1 #</u>	
Electrical	<u>BUILDING</u>	7.50
Fire Protection	<u>PLAN RVW</u>	5.00
Other	<u>HP 50.00</u>	20.00
Other	<u>TOTAL</u>	32.50
DCA Training Fee	<u>CASH</u>	32.50
Cert. of Occ.	<u>CHANGE</u>	0.00
Other	<u>02/91 NO. 5 0002A005</u>	13:13
Total	<u>32.50</u>	
Check No.	_____	
Cash	<u>X</u>	
Collected By	<u>Self</u>	



PERMIT UPDATE

Date Update Issued 5-15-91
Control #
Permit # 401-91
Date Permit Issued 4-2-91

IDENTIFICATION Block 1069-89 Lot 1
Work Site Location 300 Prospect Dr Contractor self
Address _____
Owner in Fee Carole A. Oshinsky
Address 212 Sunnyside Dr Tele. () _____
Washington, DC Lic. No. or Bldrs. Reg. No. 401**
Tele. () _____ Federal Emp. No. LUI 0.00
or Social Security No. 1 #

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ Other _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Estimated Cost of Work \$ _____

A. J. Pizarro
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	FIRE	20.00
Building	CASH	20.00
Plumbing	CASH	20.00
Electrical	CHARGE	0.00
Fire Protection	NO. 5 0015A005	13:10
Other	20.00	
Other		
DCA Training Fee		
Cert. of Occ.		
Other		
Total		
Check No.		
Cash		
Collected By:		



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

7/12/11
401-91

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

Block 1069.89 Lot 1
Work Site Location 300 PROSPECT AVE
Owner in Fee BRICK, NJ
Address CAROL A. JABLONSKY
210 SUNNYSIDE DRIVE
WASHINGTON, NJ
Tele. ()
Contractor SELF
Address _____
Tele. ()
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security 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 N. Manigault

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

General Contractor
attached copy

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date Initial	INSPECTIONS	Dates (Month/Day)
			Failure Failure Approval Initial
☐ No Plans Req.	4/29/11	Type: Footing	
☐ All		Footing	
☐ Footing		Foundation	
☐ Foundation		Slab	
☐ Frame		Frame	
☐ Other		Insulation	
Joint Plan Review Required:		Finishes:	
☐ Elec. ☐ Plumb. ☐ Fire		Energy	
SUBCODE APPROVAL		Mechanical	
☐ CO ☐ CCO ☐ CA		TCO	
Date: 4/15/11		Other	
Approved By: [Signature]		Final	

B. BUILDING CHARACTERISTICS

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

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

TYPE OF WORK:		(Office Use Only)
		FEE
☐ New Building		\$ _____
☐ Addition		\$ _____
☐ Alteration		\$ _____
☐ Roofing		\$ _____
☐ Siding		\$ _____
☐ Other		\$ _____
☐ Demolition		\$ _____
☐ Miscellaneous		\$ _____
☐ Fence _____	Height	\$ _____
☐ Sign _____	Sq. Ft.	\$ _____
☐ Pool		\$ _____
☐ Elevator		\$ _____
☐ Asbestos Abatement		\$ _____
☐ Other _____		\$ _____

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 5-15-77
Date Issued 5-15-77
Control # 401-71
Permit # 401-71

Update

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

Block 1067.87 Lot dr.
Work Site Location 300 PROSPECT DR.
Owner in Fee BRICK N.S. O&G 28724
Address 300 PROSPECT DR.
BRICK N.S. O&G 28724
Tele. ██████████
Contractor SEEL-
Address SAME
Tele. () SAME
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:		
[] Bldg. [] Plumb. [] Elec.	Suppression Test	
<u>1st</u> Fire Plans Approved	Fire Alarm Test	
Date: <u>5/13/77</u>	Smoke Test	<u>5/14/77</u>
Approved by: <u>[Signature]</u>	Mechanical	
SUBCODE APPROVAL:	TCO	
<u>1st</u> CO [] CCQ [] CA	Other <u>Fund</u>	<u>5/14/77</u>
Date: <u>5/13/77</u>	Other	
Approved by: <u>[Signature]</u>	Other	

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

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems

CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

Number _____ **FEE (Office Use Only)**

Paid [] Check # _____ Administrative Surcharge \$ 20.00
Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ _____

Buick



Date Received
Date Issued
Control #
Permit # 401.91 02297

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

Block 1069-89 Lot 1
Work Site Location 300 Prospect Dr.
Brick N.Y.
Owner in Fee CHARLES DABKOVSKY 206.0344
Address 1124 Clinton N.E.
Tel [REDACTED]
Contractor Robert E. Harris & Son,
Address 166 Monmouth Blvd.
Oceanport N.Y.
Tele. (908) 288-2082
Lic. No. 1583
Federal Emp. No. 02-1815364 Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # _____ ☐ Temporary ☒ Other garage conversion
Building Occupied as DwG Utility Co. N/A
Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:	
Type:	Dates (Month/Day)	Initial	Final
☐ No Plans Required			
Joint Plan Review Required:			
☐ Bldg. ☐ Plumb. ☐ Fire			
☐ Elec. Plans Approved			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL:			
☒ CO ☐ CCO ☐ CA			
Date: <u>5-13-91</u>			
Approved by: <u>[Signature]</u>			

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 and perform the work listed on this application.
John Q. Harris
☒ Licensed Electrical Contractor ☐ Exempt Applicant Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
<u>4</u>		Fixtures (1)	
<u>5</u>		Receptacles (2)	
<u>18</u>		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Ovens(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pumps(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge \$
Paid ☒ Check # Cash Minimum Fee \$
Collected by: _____ TOTAL FEE \$ 46.00

