

CONSTRUCTION PERMIT APPLICATION *MAIL IN*

I. IDENTIFICATION

1. Proposed Work Site at: 30 Kettle Creek St
2. Name of Owner in Fee: Smith Tel. [REDACTED]
Address 24 Kettle Creek Dr.
street municipality zip code
3. Ownership in Fee: Public Private ☒
4. Principal Contractor: Robert Cakbone Co Tel. (732) 920-1200
Address 766 Marlborough Rd BRICK
License No. OR, if new home, Builder Reg. No. 13108237 Exp. Date 6/01
Federal Employee No. 222 822 593 FAX: ()
5. Architect or Engineer Tel. ()
Address
6. Responsible Person in Charge of Work BOB Cakbone
Tel. () 920-1200 FAX () 920-1270

Water Heater replacement in attic

		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. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

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. 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 _____

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

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)[illegible]

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:**

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- | | |
|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells |
| | 9. ☐ Underground Storage Tanks |

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 _____ 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. 5:32-2.15(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 Robert CARBONE JR
Address 766 MANFREDI ROAD
BUCLE HS 08723
Telephone (732) 920-1200
Signature Robert C

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	
Building _____	Energy _____	Barrier Free _____	Other _____
Electrical _____		Flood Hazard _____	
Plumbing _____		As Built Elevation Cert. _____	
Fire Protection _____		Other _____	
Mechanical _____			

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

DEC NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 03/08/2001
Control #
Permit # 01-0530

IDENTIFICATION Block 341 Lot 471

Work Site Location 30 KETLA CREEK DR
BRICK, NJ 08723-1200

Owner is Fee SHUT
Address SAME
BRICK, NJ 08723-1200

Telephone [REDACTED]

Contractor ROBERT CARROER
Address 766 HARTLOOKING RD
BRICK, NJ 08723-1200

Telephone 17321929-1200
Lic. No. or Bids. Reg. No. B10-9237
Federal Emp. No. 22-2922593

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACEMENT NEW IN ATTIC

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 \$ 150

[Signature]
Construction Official
03/08/2001
U.C.C. #170 (rev. 3/96)

Date

PAYMENTS (Office Use Only)

Building 0

Electrical 0

Plumbing 35

Fire Protection 0

Elevator Devices 0

Other 0

DCA Training Fee 0

Cert. of Occupancy 0

Other 0

Total 35

Check No. 1279

Cash

Collected By RMR

03/08/01 3:33PM 00000042133
XK02 SERV.002
#0530
PLUMBING
CHECK \$35.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

MCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/08/2001
Date Issued 3/8/01
Control # C8-71
Permit # 01-0530

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

Block 341 Lot 471 Qual
Work Site Location 30 KETTLE CREEK DR
HWM REPLACEMENT

Owner in Fee SMITH

Address SAME

BRICK, NJ 08723

Tel. [REDACTED] Fax [REDACTED]

Contractor ROBERT CARONE

Address 766 MANTOLOKING RD

BRICK, NJ 08723

Tele. (732) 920-1200

Lic. No. or Bldg's, Reg. No. B10-8237

Federal Emp. No. 22-2822593

B. PLUMBING CHARACTERISTICS

Use Group Present R-3

Building Sewer Size [] Public Sewer [] Private Septic

Water Sewer Size [] Public Water [] Private Well

Estimated Cost of Plumbing Work \$ 150

C. CERTIFICATION IN LIEU OF DATA

PLUMBING PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: 3-8-01

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By: 4-6-01

Date: [Signature]

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

0

Urinal / Bidet

0

Bath Tub

0

Lavatory

0

Shower

0

Floor Drain

0

Sink

0

Dishwasher

0

Drinking Fountain

0

Washing Machine

0

Hose Bib

0

Water Heater

1

Fuel Oil Piping

0

Gas Piping

0

Steam Boiler

0

Hot Water Boiler

0

Sewer Pump

0

Interceptor / Separator

0

Backflow Preventer

0

Greasetrap

0

Sewer Connection

0

Water Service Connection

0

Stacks

0

Other

0

Other

0

Other

0

Other

0

Other

0

Other

0

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

0

Urinal / Bidet

0

Bath Tub

0

Lavatory

0

Shower

0

Floor Drain

0

Sink

0

Dishwasher

0

Drinking Fountain

0

Washing Machine

0

Hose Bib

0

Water Heater

35

Fuel Oil Piping

0

Gas Piping

0

Steam Boiler

0

Hot Water Boiler

0

Sewer Pump

0

Interceptor / Separator

0

Backflow Preventer

0

Greasetrap

0

Sewer Connection

0

Water Service Connection

0

Stacks

0

Other

0

Other

0

Other

0

Other

0

Other

0

Other

0

Other

0

Paid [] Check #

Collected by:

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$

DCA Training Fee \$

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor



DEPARTMENT OF ADMINISTRATION & FINANCE

Township Council:

Kathy M. Russell - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.

DIVISION OF INSPECTIONS

Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
<http://www.twp.brick.nj.us>

February 22, 2001

Mr. and Mrs. Smith
24 Kettle Creek Rd.
Brick, NJ 08723
477-0372

property is #30 Kettle Creek Dr.

Re: Hot Water Heater Replacement @ 30 Kettle Creek

Dear Mr. and Mrs. Smith,

In March of 2000 you applied for a hot water heater to be replaced at 30 Kettle Creek Road. Your application was rejected and you were called and informed that you needed to have a licensed contractor conduct the work.

Your application has not been corrected and you are now subject to fines of up to \$500.

Please come in within the next seven days to rectify this situation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joseph Curiazza".

Joseph P. Curiazza
Construction Official

JPC/nmm (win97.word."30 Kettle")

Brick, NJ 08723

Brick. NJ 08723

[illegible]

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 30 Kettle Creek DR
 Block: 341 Lot: 471
 Owner's Name: Smith
 Owner's Mailing Address: 24 Kettle Creek Dr
Rum R NC 27222
 Phone: ([REDACTED])

BUILDING

Contractor: _____
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

Description of Work: _____

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: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Building: _____
 Volume of Structure: _____
 Total Land Disturbed: _____
 Cost of Alteration: _____
 Cost of New Building: _____
 Total Cost of Building Work: _____

Signature: _____
 Please Print Name _____

ELECTRICAL

Contractor: _____
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN _____

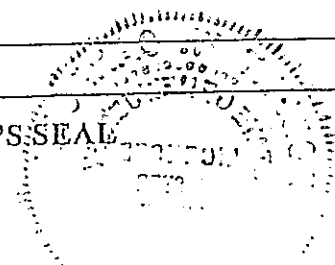
Technical Data

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	_____ KW
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



Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: ROBERT CARBONE CO INC
Address: 766 MANTOLOLING ROAD
BRICK NJ 08723
Phone #: 732-920-1200
Lis #: B108237
Federal Emp # or SSN 222 822 593

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Technical Data

Fixtures	Quantity
Water Closets	_____
Urinals/Bidets	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	<u>IN ATTIC Replacement 1</u>
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Water Cooled A/C or Refrig. Unit	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Other:	_____

Description of Work:

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating System is ☐ New ☐ Existing
Location of Furnace/Boiler: _____

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

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Plumbing Work 150.00
Signature: Robert Carbone
Please Print Name: Robert Carbone

CONTRACTOR'S SEAL

Estimated Cost of Fire Work _____

Signature: _____
Print Name: _____