



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-0041172

I. IDENTIFICATION

1. Proposed Work Site at: 34 KETTLE CREEK ROAD

2. Name of Owner in Fee: DONNA MAHER

Tel. _____ e-mail _____

Ad _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: TRABO CONT. Tel. 973-575-8293

Address 12 HANDY LANE BRICK e-mail _____
N.J.

License No. OR, if new home, Builder Reg. No. 13U H05733400 Exp. Date 2014

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 27-1221068 FAX: _____

5. Architect or Engineer CAROL C. HEWITT Contact _____

Address 800 KIMBALL AVE WESTFIELD NJ e-mail _____

Tel. 908-451-3161 FAX: _____

6. Responsible Person in Charge once Work has Begun _____

Tel. ROBERT MORRISSEY FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>240</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$ <u>14</u>		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>254</u>		

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
	<u>CR</u>	<u>7-22-13</u>	<u>7/30/13</u>	<u>8/2/13</u>	<u>M</u>			

TOTAL COST 8,000

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
☐ Refrigeration Systems
☐ Smoke Control Systems in Open Wells
☐ Fire Alarm
☐ High Pressure Boilers
☐ Cross-Connections/Backflow Preventers
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ Pressure Vessels
☐ Hazardous Uses/Places of Assembly
☐ LPGas Tanks
☐ Sprinklers/Standpipes

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/19/2016
Control Number C-13-004172
Permit Number 13-3384
Permit Issue Date 08/12/2013
Certificate Number 13-3384

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 34 KETTLE CREEK DR. Brick Township, NJ Block: 341 Lot: 474 Qual: _____
Owner in Fee: MAHER, DONNA
Owner Address: 34 KETTLE CREEK DR. BRICK NJ 08723
Telephone: _____
Contractor Trabo Contracting
Address 112 Hillside Terrace West Hackettstown NJ 07840
Telephone: (973) 525-5293 Fax: _____
License Number or Builders Registration Number: 13VH05733400 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: Cribbing Only

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

Date Printed: 03/19/2016

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 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 TRABO CONTRACTING

Address 12. HENDRY LANE BECK NJ 08723

Telephone 973-525-5293

Signature [Signature]

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block 841 Lot 4704 Qualification Code N.J.

Work Site Location 34 KETTER CREEK DRIVE N.J.

Owner: NAME Tel. [REDACTED]

Address 57 KETTER CREEK DRIVE BECK NJ.

Contractor: THROCKMORTON Tel. [REDACTED]

Address 12 HAWKEY LANE BECK NJ.

Contractor License No. or Builder Registration No. 13UHO673540 Exp. Date 2014

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 27-1221006

Federal Emp. ID No. 27-1221006 FAX: [REDACTED]

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Type		Failure		Failure		Approval		Initial	
☒	All Plans Required	☐	No Plans Required	☐	Footings	☐	Footings	☐	Footings	☐	Footings	☐	Footings	☐	Footings	☐	Footings	☐	Footings
☒	Foundations/Foundations	☐	Foundations/Foundations	☐	Foundations	☐	Foundations	☐	Foundations	☐	Foundations	☐	Foundations	☐	Foundations	☐	Foundations	☐	Foundations
☐	Structural/Framework	☐	Structural/Framework	☐	Slab	☐	Slab	☐	Slab	☐	Slab	☐	Slab	☐	Slab	☐	Slab	☐	Slab
☐	Exterior	☐	Exterior	☐	Frame	☐	Frame	☐	Frame	☐	Frame	☐	Frame	☐	Frame	☐	Frame	☐	Frame
☐	Interior	☐	Interior	☐	Truss Sys./Bracing	☐	Truss Sys./Bracing	☐	Truss Sys./Bracing	☐	Truss Sys./Bracing	☐	Truss Sys./Bracing	☐	Truss Sys./Bracing	☐	Truss Sys./Bracing	☐	Truss Sys./Bracing
☐	Joint Plan Review Required:	☐	Joint Plan Review Required:	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free
☐	Elec. [] Plumb. [] Fire [] Elevator	☐	Elec. [] Plumb. [] Fire [] Elevator	☐	Insulation	☐	Insulation	☐	Insulation	☐	Insulation	☐	Insulation	☐	Insulation	☐	Insulation	☐	Insulation
☐	Subcode Approval for PERMIT	☐	Subcode Approval for PERMIT	☐	Finishes -Base Layer	☐	Finishes -Base Layer	☐	Finishes -Base Layer	☐	Finishes -Base Layer	☐	Finishes -Base Layer	☐	Finishes -Base Layer	☐	Finishes -Base Layer	☐	Finishes -Base Layer
☐	Date: <u>08/05/13</u>	☐	Date: <u>08/05/13</u>	☐	Finishes -Final	☐	Finishes -Final	☐	Finishes -Final	☐	Finishes -Final	☐	Finishes -Final	☐	Finishes -Final	☐	Finishes -Final	☐	Finishes -Final
☐	Approved by: <u>[Signature]</u>	☐	Approved by: <u>[Signature]</u>	☐	Energy	☐	Energy	☐	Energy	☐	Energy	☐	Energy	☐	Energy	☐	Energy	☐	Energy
☐	SUBCODE APPROVAL for CERTIFICATE	☐	SUBCODE APPROVAL for CERTIFICATE	☐	Mechanical	☐	Mechanical	☐	Mechanical	☐	Mechanical	☐	Mechanical	☐	Mechanical	☐	Mechanical	☐	Mechanical
☐	CO [] COO [] CA []	☐	CO [] COO [] CA []	☐	TCO	☐	TCO	☐	TCO	☐	TCO	☐	TCO	☐	TCO	☐	TCO	☐	TCO
☐	Date: <u>08/22/13</u>	☐	Date: <u>08/22/13</u>	☐	Other	☐	Other	☐	Other	☐	Other	☐	Other	☐	Other	☐	Other	☐	Other
☐	Approved by: <u>[Signature]</u>	☐	Approved by: <u>[Signature]</u>	☐	Final	☐	Final	☐	Final	☐	Final	☐	Final	☐	Final	☐	Final	☐	Final
☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free	☐	Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories 1

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load psf

Max. Occupancy Load psf

Const. Class Present Proposed

If Industrialized Building: State Approved HUD

Est. Cost of Bldg. Work:

- New Bldg. \$ 10,000
- Rehabilitation \$ 0
- Total (1+2) \$ 10,000

U.C.C. F110 (rev. 11/09)

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.

Sign here: [Signature]

Date Received 5/29/2013

Control # 8/12/13

Date Issued 13-3384

Permit # 13-3384

D. TECHNICAL SITE DATA

Print name here: Robert Moller

DESCRIPTION OF WORK: For Repair of house

AS FOR LIFT NEED TO HAVE NOTES ON

PER FOOTING DOWNS AND. 3'x9' PLANS.

PSC BEAM WITH. 2'x4' FLOOR JOIST

16'OC. WITH WALLS AND LEDGES

WERE NOTED ON PLAN.

FOOTING 30'x30' WITH CNU 16'x16 SOLID

ALSO CHANGE DATES REMOVED.

TYPE OF WORK:	DATE	FEE (Office Use Only)
☐ New Building	<u>4:470 BE</u>	<u>DOVE DATE</u>
☐ Addition	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Rehabilitation	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Roofing	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Siding	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Fence	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Sign	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Pool	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Retaining Wall	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Asbestos Abatement Subchapter 8	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Lead Haz. Abatement NJAC 5:17	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Radon Remediation	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Other <u>PER FOOTING</u>	<u>DOVE DATE</u>	<u>DOVE DATE</u>
☐ Demolition <u>FLOOR JOIST</u>	<u>DOVE DATE</u>	<u>DOVE DATE</u>

Administrative Surcharge \$ 0

Minimum Fee \$ 0

State Permit Surcharge Fee \$ 0

TOTAL FEE \$ 0

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy



CONSTRUCTION PERMIT

8/12/13
Date Issued
Control # C-13-004172
Permit # 13-3384

IDENTIFICATION Block: 341 Lot: 474 Qualifier
Work Site Location: 34 KETTLE CREEK DR. Brick Township, NJ Contractor: Trabo Contracting
Address: 112 Hillside Terrace West Hackettstown NJ 07840
Owner in Fee: MAHER, DONNA
34 KETTLE CREEK DR. BRICK NJ 08723 Telephone: (973) 525-5293
Lic. No. or Bldrs. Reg. No. 13VH05733400
Telephone: 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:

Cribbing Only

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 \$8,000

Daniel Newman Jr
Construction Official

Date

8/6/13

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	\$240
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$14
CO Fee	
Other	\$0
Total	\$254
Check No.	1515
Cash	\$0
Credit	-\$0
Collected By	

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:

This permit is for cribbing only. An update to this permit for the actual elevation of the structure must be submitted within 60 days otherwise structure must be anchored to withstand design wind uplift loads using approved method.

- ☒ 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.

called 8/7/13

284 21

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Township Council:

Bob Moore – President
Susan Lydecker – Vice President
Domenick Brando
John Ducey
Jim Fozman
Joseph Sangiovanni
Dan Toth



Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

At Risk Notice

I/We hereby expressly acknowledge that in proceeding to replace or substantially repair any flood or storm damaged equipment or structure on our property identified below, I/We proceeding at our own risk and that we have received no assurances from the Township of brick as to future local, state, or federal approvals of any kind of the work we are undertaking. I/We also hereby expressly knowledge that a determination may ultimately be made by the Flood Plain Administrator or other Local, State, or Federal agency or department which may require us to elevate said structure or relocate said equipment at a later date prior to receiving and final inspections or approvals.

Property Location:

34 KETTLE CREEK DRIVE

LOT #

474

BLOCK

341

Property Owner:

Dana Mayhew

Witness:

Rob M...

Date:

8/12/2013





Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, July 30, 2013

To: MAHER, DONNA
34 KETTLE CREEK DR.
BRICK, NJ 08723

RE: Building Subcode
Block: 341 Lot: 474 Qual:
34 KETTLE CREEK DR.
Permit Number: Control Number: C-13-004172
Last Submit Date: Wednesday, July 24, 2013

Pass it

Dear MAHER, DONNA,

Your request is hereby denied based upon the following infractions.

Can not review plans. Please use attached guide to indicate what items are required for review.

Sincerely,

Michael Vecchio,

CC:

This projects scope of work is not clearly identified-

- Garage Conversion / interior Alt
- House lift later?
- Prep For lift? - this would be done when the lift permit is applied for -
- Zoning Req'd -

This Req's -

Zoning -

Electric -

Plumbing -

Township Of Brick

The Department Of Community Development and Land Use

A Guide for Permits to Elevate Your Home

This guide is broken into two steps. The first section is for applications to raise your house on cribbing temporarily. The second is for the procedure to follow to raise your house permanently at a new elevation.

This list is for single-family houses that are being elevated on site without relocating the structure. Additional information is required if the house is to be moved off site or into a public right-of-way.

It is advisable that prior to elevation an evaluation of the soil conditions and foundation system be completed by a design professional to establish that the foundation is capable of supporting the additional loads created by the elevation. Failure to evaluate the capacity of the soils and foundation will lead to delays in the reconstruction process.

Step One: To raise a house on cribbing:

- Fill out a Construction Permit application including
 - Building Subcode Technical Section
 - Supply two copies of cribbing details showing a method of securing the structure from damage (i.e. strapping or anchoring)
 - Plumbing Subcode Technical Section
 - An application to disconnect your water, sewer, and gas lines is required
 - Exception: If releases are obtained from the utilities that provided service to the property, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed or plugged in a safe manner, a separate application is not required.
 - Electrical Utility release letter
 - A release must be provided from the electrical utility indicating the the service has been safely disconnected.
- Inspections
 - Five days prior to raising the house, the owner, or contractor must request an inspection to ensure that the utilities are disconnected in a safe manner.
 - Exception: if a release letter from the utility companies was provided, than no disconnect inspection from this office is required.

Step Two: To proceed with the permit to permanently place the home on the new elevated foundation

- Zoning permit application must be submitted
 - Four copies of a plot plan of the property must be submitted. The plot plans must be drawn to scale and include topography of the property, all existing and proposed structures including their dimensions and setbacks from property lines.
 - A plan indicating the heights of the build following elevation
- Engineering permit application must be included
 - A Flood elevation certificate must be submitted indicating the elevation being proposed
- A Construction permit update must be submitted
 - Building Subcode Technical Section
 - Two sets of plans, signed and sealed by a design professional, with all details of the new foundation system
 - Reconnect permit are required for Utilities including Plumbing and Electrical Subcodes.

This guidance is limited to existing houses with no increase in the habitable space. The increased height of the building may require additional considerations for wind load and fire protection. Raised structure may require roof connectors, smoke detector installation, and other measures for the protection of life and safety of the building occupants.

08-11-13 Called Contractor - left message on machine - building plan review failed - did not have fax or email address to send comment sheet. - Mailed copy of rejection sheet to

Contractor - ASB

8/7/13 called H/O