BLOCK 4613 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 448 CORNELL DR. PERMIT NO. 01-0194

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Propsed Work Site at: 448 CORNELL DR
2. Name of Owner in Fee: ANTHONY CANCRO Tel. [redacted]
   Address 448 CORNELL DRIVE BRICK TWP. NJ 08723
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SCHULER ROOFING Tel. (732) 899-4226
   Address Point Pleasant
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work ANTHONY RIC SCHULER
   Tel. (732) 899-4226 FAX

RECEIVED JAN 29 2001

## V. FEE SUMMARY (for office use only)

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ | 115 | |
| 2. | Electrical | | | |
| 3. | Plumbing | | | |
| 4. | Fire Protection | | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | $ | | |
| 7. | Less 20% for State Plan Review | | ✓ | |
| 8. | Subtotal | $ | 3 | |
| 9. | DCA Training Fee | | | |
| 10. | Subtotal | | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other | | | |
| 13. | TOTAL | $ | 118 | |

## 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. | 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

OPTIONAL (for office use only)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| 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 | 1200 | | | | | | | | |

## 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
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

## 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 10503734

## 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 Matthew Cortese Date 11/29/01

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 _____

Address _____

_____

Telephone ( _____ ) _____

Signature _____

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 | | Other | |
| Electrical | | Barrier Free | | | |
| Plumbing | | Flood Hazard | | | |
| Fire Protection | | As Built Elevation Cert. | | | |
| Mechanical | | Other | | | |

**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

Date Issued 01/29/2001
Control #
Permit # 01-0194

01/29/01 3:14PM 0000004511 $115.00
**01 SERV.001 $3.00
$118.00
01/29/01 3:14PM 0000004511 $118.00
***TOTAL $118.00

HCC NEW JERSEY

# CONSTRUCTION PERMIT

IDENTIFICATION Block 446.13 Lot 2 Qual

Work Site Location 448 CORNELL DR

Owner in Fee ANTHONY CANCRO
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor SCHULER ROOFING
Address UNKNOWN
POINT PLEASANT, NJ 08742-
Telephone (732)899-4226
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 73-2899426

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:
TEAR OFF/RE-ROOF

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 $ 4,200

Construction Official

01/29/2001
Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 115 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 3 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 118 |
| Check No. | |
| Cash | X |
| Collected By | DC |

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/29/2001
Date Issued 01/29/2001
Control #
Permit # 01-0194

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

Block 446.13 Lot 2 Qual

Work Site Location 448 CORNELL DR

Owner in Fee ANTHONY CANCRO
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor SCHULER ROOFING
Address UNKNOWN
POINT PLEASANT, NJ 08742-
Tele.(732)899-4226 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 73-2899426

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

TEAR OFF/RE-ROOF

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-6-02
Approved By: FM

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| BarrierFree | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| BarrierFree | | | | |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,200
3. Total (1+2) $ 4,200

Industrialized Building:
[ ] State Approved
[ ] HUD

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 115 |
| [ ] Roofing | 0 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Minimum Fee | $ 0 |
| TOTAL FEE | $ 115 |
| DCA Training Fee | $ 3 |

Paid [X] Check # Cash
Collected by: DC

U.C.C. F110 (rev. 3/96)

Applicable to Ordinance 728-92
This form must be Handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

448 CORVECC DRIVE 446.13 2
Work Site Address Block Lo[redacted]

ANTHONY CANCRO 448 CORVECC DR BRICK NJ 08723
Owner's Name, Address, Phone

Schuler Roofing Point Pleasant NJ (732) 899-4226
Contractor's Name, Address, Phone

Construction Single family
Describe type (Single -family home, etc.)

Demolition Roof
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material Roof 2 layers of Roofing

Name, address and phone of party responsible for removal of debris:
Schuler Roofing Point Pleasant (732) 899-4226

Size of dumpster:

Destination of discarded debris:

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

ANTHONY CANCRO Anthony Cancro 1/29/09
Printed/Typed Name Signature Date

**********

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISS

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

# Township of Brick
## Counter Form
**(PLEASE PRINT)**

Site Location: 448 CORNELL DR
Block: 446.13 Lot: 2
Owner's Name: ANTHONY CANCRO
Owner's Mailing Address: 448 CORNELL DR. UE
Phone: [redacted]

## BUILDING

Contractor: RIC SCHULER Roofing
Address: Point Pleasant
Phone#: (732) 899-4226
Lis #
Federal Emp # or SSN

### Technical Data

Description of Work:

roofing

### 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: 9200.00

Signature: Anthony Cancro

Please Print Name ANTHONY CANCRO

## 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
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**