



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 524 PENNSYLVANIA AVE., BRICK, NJ 08724

2. Name of Owner in Fee: CHRISTOPHER M JAGIELSKI

Tel. _____ e-mail _____

Address 524 PENNSYLVANIA AVE. BRICK 08724

3. Ownership in Fee: Public _____ Private ☒ Municipality _____ zip code _____

4. Principal Contractor: Redline Ent., d.b.a. Fortified Roofing Tel. (732) 256-9741

Address 5144 W Hurley Pond Rd. e-mail joy@fortifiedroofing.com

Farmingdale, NJ 07727

License No. OR, if new home, Builder Reg. No. 13VH00087700 Exp. Date 03/31/2016

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223835102 FAX: (732) 256-9740

5. Architect or Engineer N/A Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun John Kabourakis

Tel. (732) 256-9741 FAX: (732) 256-9740

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>225</u>	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$ <u>11</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	

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

Est. Cost	FOR OFFICE USE ONLY (Optional)							
	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>Mark</u>							
TOTAL COST	\$0							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: Select Group _____

3. Change in Use Group, Indicate Present: Select Group _____

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: Select Group _____

3. Change in Use Group, Indicate Present: Select Group _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

3. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ High Pressure Boilers

7. ☐ Hazardous Uses/Places of Assembly

8. ☐ Pressure Vessels

9. ☐ Smoke Control Systems in Open Wells

10. ☐ Fire Alarm

11. ☐ Underground Storage Tanks

12. ☐ Swimming Pools, Spas and Hot Tubs

13. ☐ LPGas Tanks



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/20/2015
Control Number C-15-001918
Permit Number 15-1311
Permit Issue Date 5/4/2015
Certificate Number 15-1311

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 524 PENNSYLVANIA AVE. Brick Township, NJ Block: 1396.21 Lot: 71 Qual: _____
Owner in Fee: JAGIELSKI, CHRISTOPHER M
Owner Address: 524 PENNSYLVANIA AVE BRICK NJ 08724
Telephone: [REDACTED]
Contractor Redline Enterprises
Address 5144 W. Hurlery Pond Rd. Farmingdale NJ 07727
Telephone: (732) 256-9741 Fax: (732) 256-9740
License Number or Builders Registration Number: 13VH00087700 Federal Emp. Number: 22-3835102
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: ROOFING Tear Off and Replace

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

Fee: \$0.00

Check Number: _____

Collected By: _____

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X) Check if contractor.

Agent Name REDLINE ENTERPRISES, LLC d.b.a. FORTIFIED ROOFING

Address 5144 W HURLEY POND ROAD

FARMINGDALE, NJ 07727

Telephone (732) 256-9741

Signature Jay Cross

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



CONSTRUCTION PERMIT

Date Issued 5-4-15
Control # 15-001918
Permit # 15-4371

IDENTIFICATION Block: 1396.21 Lot: 71 Qualifier _____
Work Site Location: 524 PENNSYLVANIA AVE. Brick Township, NJ Contractor Redline Enterprises
Owner in Fee JAGIELSKI, CHRISTOPHER M Address 5144 W. Hurlery Pond Rd. Farmingdale NJ 07727
524 PENNSYLVANIA AVE. BRICK NJ 08724 Telephone: (732) 256-9741
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH00087700
Federal Employee No. 22-3835102

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:

ROOFING Tear Off and Replace

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 \$5,685

Daniel Newman Jr
Construction Official

4/30/15
Date

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	\$225
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$11
CO Fee	
Other	\$0
Total	<u>3024</u> \$236
Check No.	
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:

☒ 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.

BUILDING \$225.00
DCA \$11.00
TOTAL \$236.00

1396-21 71



**BUILDING
SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-900.

Block 1396-21 Lot 71
Work Site Location 524 PENNSYLVANIA AVE., BRICK, NJ 08724

Owner In Fee CHRISTOPHER M JAGIELSKI

Address 524 PENNSYLVANIA AVE.
BRICK, NJ 08724

Tel. [REDACTED]

Contractor ACQUILINE ENTERPRISES LLC, d.b.a. FORTIFIED ROOFING

Address 5144 W HURLEY POND ROAD
FARMINGDALE, NJ 07727

Tel. (732) 256-9741

FAX (732) 256-9740

Lic. No. or Bldgs. Reg. No. 13VH00087700 EXP 03/31/2016

Federal Emp. No. 22-3835102

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes				
SUBCODE APPROVAL			Energy				
☐ CO ☐ CCO ☒ CA			Mechanical				
Date:			TCO				
			Other				
Approved by:	08/19/15		Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ 5,685.00
3. Total (1+2) \$ 5,685.00



Date Received 5-4-15
Date Issued 15-1311
Control #
Permit #

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TEAR-OFF (T/O) REMOVE TWO (2) LAYERS OF SHINGLES DOWN TO WOOD DECK. INSTALLING GAF TIMBERLINE HD "LIFETIME" DIMENSIONAL SHINGLES (APPROX 20 SQ) TO HOME AND GARAGE.

ASTM-D3462-6 NAILS-WIND WARRANTY 110+ MPH

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration
☒ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____



**BUILDING
SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG. NO. 1-800- 000.

Block 1396.21 Lot 1A
Work Site Location 524 PENNSYLVANIA AVE., BRICK, NJ 08724

Owner in Fee CHRISTOPHER M JAGIELSKI
Address 524 PENNSYLVANIA AVE.
BRICK, NJ 08724

Tel.
Contractor KUDLINE ENTERPRISES LLC, d.b.a. FORTIFIED ROOFING
Address 5144 W HURLEY POND ROAD
FARMINGDALE, NJ 07727

Tel. (732) 256-9741 FAX (732) 256-9740
Lic. No. or Bldgs. Reg. No. 13VH00087700 EXP 03/31/2016
Federal Emp. No. 22-3835102

JOB SUMMARY (Office Use Only)		
PLAN REVIEW	INSPECTIONS	
Date	Initial	
☐ No Plans Required	Type: Failure Failure Approval Initial	
☐ All	Footings	
☐ Footing	Foundation	
☐ Foundation	Slab	
☐ Frame	Frame	
☐ Other	Barrier-Free	
Joint Plan Review Required:		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	Insulation	
SUBCODE APPROVAL		Finishes
☐ CO ☐ CCO ☐ CA	Energy	
Date:	Mechanical	
	TCO	
	Other	
Approved by:	Final	
	Barrier-Free	

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$
2. Alteration \$ 5,685.00
3. Total (1+ 2) \$ 5,685.00



Date Received 5-4-15
Date Issued 15-1311
Control #
Permit #

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 Jeff Cross

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TEAR-OFF (T/O) REMOVE TWO (2) LAYERS OF SHINGLES DOWN TO WOOD DECK. INSTALLING GAF TIMBERLINE HD "LIFETIME" DIMENSIONAL SHINGLES (APPROX 20 SQ) TO HOME AND GARAGE.
ASTM-D3462-6 NAILS-WIND WARRANTY 110+ MPH

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	\$ <u> </u>
☐ Addition	\$ <u> </u>
☐ Alteration	\$ <u> </u>
☒ Roofing	\$ <u> </u>
☐ Siding	\$ <u> </u>
☐ Fence	Height (exceeds 6') \$ <u> </u>
☐ Sign	Sq. Ft. \$ <u> </u>
☐ Pool	\$ <u> </u>
☐ Asbestos Abatement Subchapter 8	\$ <u> </u>
☐ Lead Haz. Abatement NJAC 5:17	\$ <u> </u>
☐ Other	\$ <u> </u>
☐ Demolition	\$ <u> </u>

Administrative Surcharge	\$ <u> </u>
Minimum Fee	\$ <u> </u>
DCA Training Fee	\$ <u> </u>
TOTAL FEE	\$ <u> </u>



5144 W. Hurley Pond Road
Farmingdale, NJ 07727
Telephone: 855-444-3678
Fax: 732-256-9740

DATE: 05/26/15
TO: INSPECTOR, BRICK TOWNSHIP # 732-262-2941
FROM: FORTIFIED ROOFING - JOY CROSS
PAGES: 2 (INCLUDING COVER SHEET)
RE: INSPECTION
PERMIT # 15-1311
524 PENNSYLVANIA AVE., BRICK, NJ 08724

Can you please put the above home on your schedule for Inspection?

Following, please find a copy of the Dumpster Receipt (From Freehold Cartage, Inc.) that you needed for this request.

Thank you,
Joy Cross

1396.21 71

INVOICE



FREEHOLD CARTAGE, INC.
POST OFFICE BOX 5010
FREEHOLD, NJ 07728-5010

732-462-1001

Bill To:

**RED LINE ENTERPRISE LLC D/B/A
FORTIFIED & GREAT AMERICAN ROOF
5144 W HURLEY POND ROAD
FARMINGDALE, NJ 07727**

Entered
5/18/15 (90)

Account Summary

Account Number	49726005
Invoice Date	5/13/15
Invoice Number	545341
Blanket PO:	0

545341

Pay This Amount

\$ 555.12

Amount Enclosed

\$

-----PLEASE DETACH HERE AND RETURN ABOVE PORTION WITH YOUR PAYMENT.-----

[illegible]