BLOCK 869.41 LOT 1 ADDRESS(site) 52 ROBBINS ST PERMIT NO. 98-0450

RECEIVED
MAR 0 6 1998
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 52 ROBBINS ST BRICK NJ 08723
2. Name of Owner BECHICCHIO T [redacted]
   Address 52 ROBBINS ST (street / municipality / zip code)
3. Ownership Public _____ Private X
4. Principal Contractor: John 1220 Inc P+H Tel. (732) 920-2684
   Address P.O. Box 4196 BRICK, N.J.
   License No. OR, if new home, Builder Reg. No. 9532 Exp. Date _____
   Federal Emp. No. ✓ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work John 1220 Inc P+H Tel. (732) 920-2684

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		15 ✓	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review		2.50	
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	15 ✓	

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 sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
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	250—
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates: Approval	Resubmission Dates: Rejection	Re-viewer
CAD	3/6/98						
			3-6-98		3/12/98		

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 10512000

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 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 John Izzo Sr

Address P.O. Box 4196

Brick, N.J. 08723

Telephone (732) 920-2684

Signature _____ Date 3/6/98

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									
☐ 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.									
☐									
☐									

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/06/98
Control #
Permit # 98-0450

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 869.41 Lot 1

Work Site Location 52 ROBBINS ST.
AUX METER
Owner in Fee BECHICCHIO
Address SAME
SAME, NJ 08723-
Telephone ( )

Contractor JOHN IZZO JR.
Address P.O. BOX 4196
BRICK,, NJ 08723-
Telephone (908)920-2684
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 14-5728350
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 $ 250

J. Cuzanza / CS
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	15
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	15
Check No.	2392
Cash	
Collected By:	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/06/98
Date Issued 03/06/98
Control #
Permit # 98-0450

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

Block 869.41 Lot 1
Work Site Location 52 ROBBINS ST.
AUX METER
Owner in Fee BECHICCHIO
Address SAME
SAME, NJ 08723-
Tele.( )
Contractor JOHN IZZO JR.
Address P.O. BOX 4196
BRICK,, NJ 08723-
Tele.(908)920-2684
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-5728350
or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-6-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CI
Approved By:
Date: 3-12-98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO			3/12/98	

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.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other AUX METER	15
	Other	0

Paid [X] Check # 2392
Collected by: CS

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 15
DCA Training Fee	$ 0

U.C.C. Form F-1308

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West, Brick, New Jersey 08724-2399
(908)458-7000 • FAX (908)458-7725

274 Rec
1/00

APPLICATION FOR AUXILIARY WATER METER

DATE: 3-5-98

Applicant's Name: Paul Bechicchio Telephone N [redacted]

Mailing Address: 52 Robbins St

Service Location: _____

Account Number: L 918403 Block: 869.41 Lot: 1

Size of Existing Service: 3/4" Size of Existing Meter: 3/4"

Paul Bechicchio — Applicant's Signature

Beverly O'Neill — Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application, the following steps must be taken:

1. Obtain special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke.
3. Call the Township of Brick Plumbing Department (262-1000) for inspection.
4. Call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the meter is installed and the permit was approved. Failure to do so may result in a tampering fee of $250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued.

CATION 52 ROBBINS ST BLOCK 869.41 LOT 1 DESCRIPTION OF WORK AUX WATER MOTOR
BOSCHICCHIO PHONE [redacted] ADDRESS 52 ROBBINS ST BRICK STATE

BUILDING INSPECTION

Phone (_____)

FEDERAL EMP. NO.(or SSN#) _____

CERTIFICATION IN LIEU OF OATH

RTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM
TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED
LICATION.

ESTIMATED COST OF BUILDING WORK

NG (1) $_____ ALTERATION (2) $_____
(3) $_____ TOTAL (1+2+3) $_____

BUILDING CHARACTERISTICS

	PRESENT	PROPOSED
ION CLASS	PRESENT	PROPOSED
IES	HT. OF STRUCTURE	FT.
GEST FLOOR		SQ. FT.
. AREA: ALL FLOORS		SQ. FT.
STRUCTURE		CU. FT.
AREA DISTURBED		SQ. FT.

FOR OFFICE USE ONLY

ORK	COST	MISC.	COST
		FENCE	
		SIGN	
N		POOL	
		ASBESTOS ABATEMENT	
		DCA	
N		TOTAL	

OFFICIAL: ☐ Approved ☐ Disapproved

S _____

PLUMBING INSPECTION

Contractor John 1220 JG P+H
Address PO Box 4196 BRICK Phone (732) 920-2184
LIC # 9532 FEDERAL EMP. NO. (or SSN#) [redacted]

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.

SIGNATURE (Contractor's Seal) _____

Estimated Cost of Plumbing Work: $ 250—

Sewer Size _____ Water Size 3/4 "

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater	1	Other AUX MOTOR
	Fuel Oil Piping		Other
	Gas Piping		Other

WATER CHECK

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved
3-6-98
COMMENTS _____

FIRE INSPEC

Contractor _____
Address _____ Ph
LIC # _____ FEDERAL EMP. N

CERTIFICATION IN LIE

I HEREBY CERTIFY THAT I AM THE (AGENT O
AUTHORIZED TO MAKE THIS APPLICATION AN
ON THIS APPLICATION.

SIGNATURE (Contractor's Seal) _____

Estimated Cost of Fire Prot. Work:
HEATING TYPE ( ) GAS ( ) OIL ( ) ELECTRIC
Location _____ HEATING SYSTE

TECHNICAL SITE DATA (Des

WATER SUPPLY SOURCE
METHOD OF VALVE SUPERVISION
LOCAL ALARM SUPERVISION
CENTRAL SUPERVISION
PROPRIETARY SUPERVISION
Flammable Liquid Storage Tanks ☐ Capaci
Combustible Liquid Storage Tanks ☐ Capaci
L.P.G. Storage Tanks ☐ Capaci
L.N.G. Storage Tanks ☐ Capaci

NO.	ITEM	NO.
	Wet Sprinkler Heads	
	Dry Sprinkler Heads	
	TOTAL	
	Smoke Detectors	
	Heat Detectors	
	TOTAL	
	Stand Pipes	
	Kitchen Hood Exhaust System	

SUBCODE OFFICIAL: ☐ Appr

COMMENTS _____