BLOCK 1413.11 LOT 70 QUALIFICATION CODE _____ ADDRESS (SITE) 574 ALABAMA DRICK PERMIT NO. 02-4743

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODES

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

## I. IDENTIFICATION

1. Propsed Work Site at: 574 ALABAMA
2. Name of Owner in Fee: M/M JONES Tel: [redacted]
   Address 574 ALABAMA (street) DRICK (municipality) ✓ [redacted] (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: TOTAL REMODELING Tel. ( 908 ) 6985433
   Address 1767 RT 22 W UNION NJ
   License No. OR, if new home, Builder Reg. No. L032132 Exp. Date 12-31-03
   Federal Employee No. 22-3140137 FAX: ( 908 ) 810 1636
5. Architect or Engineer NA Tel. ( _____ ) _____
   Address _____
6. Responsible Person in Charge of Work WAYNE WINTERMUTE
   Tel. (908) 688 5433 FAX (908) 810 1636

Re Roof / Reside over one

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

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ 260 | | |
| 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 | | |
| 10. | Subtotal | | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other | | | |
| 13. | TOTAL | $ 270 | | |

## 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

| | | 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 | 10,000 | | | | | | | | |
| 5. | ☐ Fire Protection | | | | | | | | | |
| 6. | ☐ Plumbing | | | | | | | | | |
| 7. | ☐ Electrical | | | | | | | | | |
| 8. | ☐ Elevator Devices | | | | | | | | | |
| 9. | ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. | ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. | ☐ Demolition | | | | | | | | | |
| | TOTAL COSTS | 10,000 | | | | | | | | |

**OPTIONAL** (for office use only)

## 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 10402962

**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 TOTAL REMODELING

Address 1767 RT 22 W
UNION NJ 07083

Telephone (908) 688 5433

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. | | | | |

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/16/2002
Control #
Permit # 02-4743

UCC NEW JERSEY

# CONSTRUCTION PERMITE

IDENTIFICATION Block 1413.11 Lot 70 Qual

Work Site Location 574 ALABAMA AVE
REROOF/RESIDE OVER
Owner in Fee JONES,
Address 574 ALABAMA AVE
BRICK, NJ 08724-
Telephone ( )

Contractor TOTAL REMODELING
Address 1767 RT 22 WEST
UNION, NJ 07083-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3140137

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
RESIDE/REROOF OVER EXISTING

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 $ 10,000

Construction Official 12/16/2002
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 260 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA State Permit Fee | 10 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 270 |
| Check No. | 1303 |
| Cash | |
| Collected By | MJR |

12/16/2002 02:19PM 0000006745
SX02 SERV.002

| | |
|---|---|
| #4743 | |
| BUILDING | $260.00 |
| DCA | $10.00 |
| CHECK | $270.00 |

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/16/2002
Date Issued 12/16/2002
Control #
Permit # 02-4743

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

Block 1413.11 Lot 70 Qual

Work Site Location 574 ALABAMA AVE
REROOF/RESIDE OVER

Owner in Fee JONES,

Address 574 ALABAMA AVE
BRICK, NJ 08724-

Tele.( )

Contractor TOTAL REMODELING

Address 1767 RT 22 WEST
UNION, NJ 07083-

Tele.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3140137

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

RESIDE/REROOF OVER EXISTING

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:

Approved By:

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

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 260 |
| [ ] 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 |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
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 $ 10,000
3. Total (1+2)$ 10,000

Industrialized Building:
[ ] State Approved
[ ] HUD

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Paid [ ] Check # Minimum Fee | $ 0 |
| Collected by: TOTAL FEE | $ 260 |
| DCA State Permit Fee | $ 10 |

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

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

Site Location 574 Alabama
Block 1413.11 Lot 70
Owner s Name m/m Jones
Owner's Mailing Address 574 Alabama
Brick N.J.
Pho[redacted]

## BUILDING

Contractor Total Remodeling
Address 1767 Rt 22 West
Union, NJ
Phone# 908-688-5433
Lis # L032132
Federal Emp # or SSN 22-3140137

### Technical Data

Description of Work

Re Roof

### 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 Structure _____
Volume of New Structure _____
Total Land Disturbed _____

Cost of Alteration $_____

Cost of New Building $_____

Total Cost of New Building Work $ 10,000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application

Signature Lori Parsons
Please Print Name Lori Parsons

## 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/TAC Panel | |
| Total | |
| Pool (Receptacles Switches Lights Motor HP) | |
| 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 _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application

Signature _____
Please Print Name _____

CONTRACTOR'S SEAL

# Counter Form
**PLEASE PRINT**

## PLUMBING

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

### Technical Data

| Fixtures | Quantity |
|---|---|
| Water Closets (Toilet) | |
| Urinals/Bidets | |
| Bath Tub (w/or w/out shower head) | |
| Lavatory (BR Sink) | |
| Shower | |
| Floor Drain | |
| Sink | |
| Dishwasher | |
| Drinking Fountain | |
| Washing Machine | |
| Hose Bib | |
| Gas Piping | |
| Fuel Oil Piping | |
| Water Heater | |
| Steam Boiler | |
| Hot Water Boiler | |
| Sewer Pump | |
| Interceptor/Separator | |
| Backflow Preventer | |
| Greasetrap | |
| Air Conditioner (Condensate Drain) | |
| Septic Tank Closure | |
| Sewer Service Connection | |
| Water Service Connection | |
| Active Solar System | |
| Auxiliary Meter | |
| Sprinkler Heads | |
| Sump Pump | |
| Pool Heater | |
| Other | |

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application

Signature _____

Please Print Name _____

**CONTRACTOR'S SEAL**

## FIRE

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

### Technical Data

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**

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application

Signature _____

Print Name _____