

JUL 15 1998



CONSTRUCTION PERMIT APPLICATION

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

1. Proposed Work Site at: 601 NEW JERSEY AVE
2. Name of Owner in Fee: MS. J. MONKS Tel. ()
Address SAME
street municipality zip code
3. Ownership in Fee: Public Private Y
4. Principal Contractor: AQUA-SPRAY, LAWN SPRINKLERS Tel. () 721-3490
Address 51 PHILLIPS DR OLD BRIDGE, NJ Call
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. 22-3301826 FAX: ()
5. Architect or Engineer Tel. ()
Address
6. Responsible Person in Charge of Work G. NIGRO
Tel. () 721-3490 FAX ()

1.	Building	\$			
2.	Electrical				
3.	Plumbing		79.		
4.	Fire Protection				
5.	Elevator Devices				
6.	Subtotal	\$			
7.	Less 20% for				
	State Plan Review				
	Subtotal	\$			
	CA Training Fee				
10.	Subtotal				
11.	Cert. of Occupancy				
12.	Other				
13.	TOTAL	\$	79.		

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 _____

(office use only)

TOTAL COSTS

OPTIONAL (for office use only)

viewer

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

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

- ☐ Partial Releases
- ☐ 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

LDS BR 10316542

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 GARY NIGRO

Address 51 PHILLIPS DR

OLD BRIDGE, NJ 08857

Telephone () 721-3496

Signature G. Nigro

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 _____

Other _____

Building _____	Energy _____	Barrier Free _____	Other _____
Electrical _____	Flood Hazard _____	As Built Elevation Cert. _____	
Plumbing _____	Fire Protection _____		
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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 06/15/98
Control #
Permit # 98-1906

IDENTIFICATION Block 1404.03 Lot 66

Work Site Location 607 NEW JERSEY AVE
SPRINKLER SYSTEM
Owner in Fee MONKS, JUDITH A
Address SAME
BRICK, NJ 08724-
Telephone

Contractor GABRIEL PLUMBING
Address P O BOX 76
CLARKSBURG, NJ 08510-
Telephone (609)259-9209
Lic. No. or Bldrs. Reg. No. 9732 Exp. Date / /
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:
☐ BUILDING ☒ 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 \$ 200

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	79
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	79
Check No.	2208
Cash	
Collected By:	AJP



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

Block 1404.03 Lot 66769
Work Site Location 607 NEW JERSEY AV.
Owner in Fee MS. J. HONKS
Address SAME
Tele. () [REDACTED]
Contractor Garriel Plumbing
Address PO Box 76 Clarksburg NJ 08510
Tele. (609) 859-9209 Fax () [REDACTED]
Lic. No. 9732
Federal Emp. No. [REDACTED]
B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
☒ No Plans Required	Joint Plan Review Required:	Type:	Dates (Month/Day)
☐ Building	☐ Electric	Slab	Failure Failure Approval Initial
☐ Fire	☐ Elevator	Rough	
☐ Plumbing Plans Approved		Water	
Date: <u>6-10-98</u>		Sewer	
Approved by: <u>[Signature]</u>		Fixtures	
		Gas Equipment	
		Gas Piping	
		Solar	
		TCO	
SUBCODE APPROVAL			
☐ CO	☐ CCO	☒ CA	
Date: <u>7-1-98</u>			
Approved by: <u>[Signature]</u>			

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's Seal [Signature]

☒ Licensed Plumbing Contractor ☐ Exempt Applicant



D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	DATE RECEIVED	DATE ISSUED	CONTROL #	PERMIT #
	Water Closet				
	Urinal/Bidet				
	Bath Tub				
	Lavatory				
	Shower				
	Floor Drain				
	Sink				
	Dishwasher				
	Drinking Fountain				
	Washing Machine				
	Hose Bibb				
	Water Heater				
	Fuel Oil Piping				
	Gas Piping				
	Steam Boiler				
	Hot Water Boiler				
	Sewer Pump				
	Interceptor/Separator				
	Backflow Preventer				
	Greasetrap				
	Sewer Connection				
	Water Service Connection				
	Stacks				
	Other				
	Other				
	Other				

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

4/15/98
98-1906