



CONSTRUCTION PERMIT
APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 127 Prospect Ave Union Beach, NJ 07735

2. Name of Owner in Fee: Annette Samaroo SAMAROO

Tel. (732) 325-8300 e-mail bikmstng@me.com

Address: _____

street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ Fax (_____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX (_____) _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
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			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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

FOR OFFICE USE ONLY (Optional)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Former: _____

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: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____

Proposed _____

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

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LP Gas Tanks

FOLD

FOLD

FOLD

DEMO



CONSTRUCTION PERMIT

Date Issued: 3/14/13

Permit # 13-00192

IDENTIFICATION Block ✓ 219
Work Site Location ✓ 121 Prospect Ave
Union Beach, NJ 07735
Owner in Fee ✓ Annette Samaroo
Address ✓ 1056 Central Ave Rahway
NJ 07065
Tel. (✓) 732-325-8300

Lot ✓ 5
Qualification Code _____
Contractor _____
Address _____
Tel. (_____) _____
Lic. No. or Bldrs. Reg. No. _____

is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☒ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

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 \$ 7500

Construction Official [Signature]

Date 3/14/13

PAYMENTS (Office Use Only)

Building	<u>75</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____

(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION



Date Received

Control #

Date Issued

Permit #

3/14/13
13-00192

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

Block ✓ 219 Lot ✓ 5 Qualification Code _____

Work Site Location ✓ 727 Prospect Ave

Union Beach, NJ 07135

Owner in Fee: Annette Samrao

Tel. (✓) 132-375-0300 e-mail ✓ bkms100@me.com

Address 1656 Central Ave RAYWAY, NJ 07065

street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____

_____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	_____	_____	Footing	_____	_____	_____	_____
☐ All	_____	_____	Footing Bonding	_____	_____	_____	_____
☐ Footing/Foundations	_____	_____	Foundation	_____	_____	_____	_____
☐ Structural/Framework	_____	_____	Slab	_____	_____	_____	_____
☐ Exterior	_____	_____	Frame	_____	_____	_____	_____
☐ Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer	_____	_____	_____	_____
Date: _____			Finishes-Final	_____	_____	_____	_____
Approved by: _____			Energy	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA			TCO	_____	_____	_____	_____
Date: _____			Other	_____	_____	_____	_____
Approved by: _____			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure	Ft.	State Approved	HUD
---------------------	-----	----------------	-----

Area — Largest Floor	Sq. Ft.	Est. Cost of Bldg. Work:
----------------------	---------	--------------------------

New Bldg	Area/All Floors	Sq Ft	1	New Bldg	\$
----------	-----------------	-------	---	----------	----

New Blg. Area/Air Floors	Sq. Ft.	1. New Blg.	\$
Volume of New Structure	cu. ft.	2. Rehabilitation	\$

Volume of New Structure _____ Cu. Ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total, (1+2) \$ _____

Max Occupancy Load _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here Wendell Samarin

Print name here: ✓ Annette Samaroo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMOLITION

TYPE OF WORK

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6')

☐ Sign _____ Sq. Ft.

☐ Pool

☐ Retaining Wall _____ Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☒ Demolition

FEE (Office Use Only)

10

UCC/F-110
(rev. 11/09)
Professional Printing
(856) 468-7933

Administrative Surcharge	\$	_____
Minimum Fee	\$	_____
State Permit Surcharge Fee	\$	_____
TOTAL FEE	\$	_____