

BLOCK 210.33 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 14-3257



CONSTRUCTION PERMIT APPLICATION

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

C14-003843

I. IDENTIFICATION

1. Proposed Work Site at: 71 Pacific Ocean Drive
2. Name of Owner in Fee: Carol L. Baron
Tel. _____ e-mail _____
Address _____
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Steez Electric Tel. 732 9045757
Address 1224 County Road 1
Lakewood, NJ
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	\$ <u>175</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>1</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>76</u>		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)
1. Number of Stories _____
2. Height of Structure _____
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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
	<u>MJ</u>	<u>8/20/14</u>		<u>10-21-14</u>	<u>to</u>		

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present: _____
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. PLAN REVIEW (optional)

DO YOU WANT:

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/09/2014
Control Number C-14-003843
Permit Number 14-3257
Permit Issue Date 10/02/2014
Certificate Number 14-3257

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 71 PACIFIC OCEAN DR. Brick Township, NJ Block: 210.33 Lot: 9 Qual: _____
Owner in Fee: BARON, CAROL L
Owner Address: _____
Telephone: _____
Contractor SHELZ ELECTRIC
Address 1224 COUNTY LINE ROAD LAKEWOOD NJ 08721
Telephone: (732) 904-8751 Fax: _____
License Number or Builders Registration Number: 17508 Federal Emp. Number: _____

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: SERVICE

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

Date Printed: 10/09/2014

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



ELECTRICAL SUBCODE TECHNICAL SECTION



Dr # 331804200

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

Block 210.33 Lot 9 Qualification Code 9

Work Site Location 71 Pacific Ocean Dr

Owner in Fee: Carol L Baron

Te [redacted]

Address [redacted]

Contractor: Shel Electric Tel. (732) 908257

Address 1224 South Linn Road E-mail [redacted]

Contractor License No. 17508 Exp. Date 3/31/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [redacted]

Federal Emp. ID No. 46-1838587 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present [redacted] Proposed [redacted]

[] Pole/Pad # [redacted] [] Temporary [] Other [redacted]

Building Occupied as [redacted] Utility Co. [redacted]

Est. Cost of Elec. Work \$ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

[] Partial -Under-slab Utilities Approved

Date 10-2-14 Approved by [signature]

[] Electric Plans Approved

Date: [redacted] Approved by: [redacted]

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10-2-14

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 10-6-14

Approved by: [signature]

INSPECTIONS

Type: [redacted] Failure [redacted] Approval [redacted] Initial [redacted]

Rough [redacted]

Barrier-Free [redacted]

Trench [redacted]

Temp. Serv. [redacted]

Constr. Serv. [redacted]

TCO [redacted]

Other [redacted]

Service [redacted]

Barrier-Free [redacted]

Temp. Cut-in-Card Date Issued [redacted]

Final Cut-in-Card Date Issued 10/6/14

Annual Pool Inspection [redacted]

Date of Grounding and Bonding [redacted]

Certification [redacted]

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.

Applicant sign/Contractor

sign and seal here:

Print name here: Edward J. Baron

Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Service

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Service

Administrative Surcharge \$ [redacted]

Minimum Fee \$ [redacted]

State Permit Surcharge Fee \$ [redacted]

TOTAL FEE \$ [redacted]

Date Received 10/2/14
Control # 14-3257
Date Issued [redacted]
Permit # [redacted]

2906 0168 0000 0601 E102

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To Carol Baron

Street, Apt. No.,
or PO Box No.
City, State, ZIP+

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carol Baron

2. Article Number

(Transfer from service label)

Re: 71 Pacific Ocean

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John M. Baron

☒ Agent
☐ Addressee

B. Received by (Printed Name)

John M. Baron

C. Date of Delivery

9-12-2014

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Service Type

☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

7013 1090 0000 8910 9062



CUT-IN-CARD

MUNICIPALITY BRICK

LOCATION 71 PACIFIC OCEAN DR UTILITY CO

WR 331804200 BLK 210.33 LOT 9

OWNER L BARON OCCUPANT

"Installation in the above premises has been inspected and is
in accordance with N.E.C., utility and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after days

DESCRIPTION OF SERVICE 100 AMP 1" Meter Reset

INSTALLED BY Shiez Elec LICENSE NO. 17508

DATE 10-6-14 PERMIT 14-3257 INSPECTOR Thi

☐ CALLED IN 1/1 Lic. No: 5151



CONSTRUCTION PERMIT

Date Issued 10/2/14
Control # C-14-003843
Permit # 14-3257

IDENTIFICATION Block: 210.33 Lot: 9 Qualifier _____
Work Site Location: 71 PACIFIC OCEAN DR. Brick Township, NJ Contractor: SHELZ ELECTRIC
Owner in Fee: BARON, CAROL L Address: 1224 COUNTY LINE ROAD LAKEWOOD NJ 08721
Telephone: _____ Telephone: (732) 904-8751
Lic. No. or Bldrs. Reg. No. 17508
Federal Employee No. _____

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:

SERVICE

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

Construction Official

Date 10/2/14

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	\$0
Electrical	\$75
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$76
Check No. <u>1565</u>	
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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.

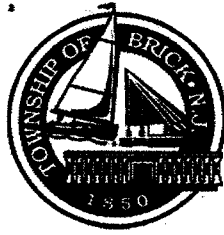
TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

John G. Ducey, Mayor

Township Council:

Susan Lydecker - President
Jim Fozman - Vice President
Heather deJong
Bob Moore
Paul Mummolo
Marianna Pontoriero
Andrea Zapcic



Department of Administration,
Finance & Public Affairs

Division of Engineering
Elissa C. Commins, PE, PP, CME, CPWM, CFM
Township Engineer & Floodplain Manager
ecommins@twp.brick.nj.us

732-262-1040
Fax: 732-262-2941
www.twp.brick.nj.us

09/17/2014

Mark Streiched c/o Carol Baron
71 Pacific Ocean Drive
Brick, NJ 08723

Re: Substantially Damaged Structure Determination
71 Pacific Ocean Drive
Block 210.33; Lot 9

Dear Mark Streiched c/o Carol Baron:

As a result of a substantial damage determination, the Township of Brick has determined that your structure received damages not exceeding 50% of its pre-damage, fair market value as a result of the flooding that occurred on October 29, 2012.

Your estimated cost of repair is \$6080, based upon the estimate we provided.

The fair market value of the structure is estimated to be \$96738.

In accordance with the Coded Ordinances of the Township of Brick, Section 196 and with FEMA regulations 44 CFR 60.0, the structure does not meet the definition of substantially damaged. As a result, you will not be required to retrofit the structure to be compliant in conjunction with your repairs.

The Township Flood Damage Prevention Ordinance can be found at <http://www.ecode360.com/6897191>.

If you should have any questions, comments or require any additional information, please do not hesitate to contact us. Please email Erin Bolger at ebolger@twp.brick.nj.us or via phone at 732.262.1040.

Sincerely,

A handwritten signature in cursive script that reads "Elissa C. Commins".

Elissa C. Commins, P.E., C.F.P.M.
Township Engineer, Flood Plain Manager

Cc: Daniel Newman, Construction Official



OFFICE USE ONLY

[illegible]

COMMENTS:

~~TRIALS:~~

8/22/14	Called Contractor - Used Service Size	GP
9/2/14	Called (732) 503-3091 + left message they need SD determination	GP

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 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. 5:23-2.15(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 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 _____

Address _____

Telephone (_____) _____

Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

10-6-14 Mezer REST only

@tech ↑