

PERMIT CONTROL

Page 4

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date	Reviewer	Comments
☐	BUILDING				
	Footings/Foundations				
	Framing				
	Architectural				
	Other				
☐	PLUMBING				
☐	ELECTRICAL				
☐	FIRE PROTECTION				
☐	OTHER				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy	_____
Date Expired _____	
☐ Temporary Certificate of Occupancy	_____
Date Expired _____	
☐ Certificate of Occupancy	_____
No. _____	
☐ Certificate of Continued Occupancy	_____
No. _____	
☐ Certificate of Approval	_____
No. _____	
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Ticker

V. FEE SUMMARY -

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ _____
PLUMBING	\$ _____
ELECTRICAL	\$ _____
FIRE PROTECTION	\$ _____
OTHER	\$ _____
SUBTOTAL	\$ _____
- LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	_____
CERTIFICATE OF OCCUPANCY	_____
OTHER	_____
OTHER	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ _____
DATE _____	Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY		_____
OTHER		_____
OTHER		_____
- LESS: Refunds		(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	\$ _____
TOTAL	\$ _____

BOROUGH OF UNION BEACH



CONSTRUCTION PERMIT APPLICATION

Page 1

I. IDENTIFICATION

1. Proposed Work at: 437 AUMACK AVE Union Beach N.J. 07735

2. Owner Name: Joseph + Lynn C. Nappi Tel. 201 739-0807
 Address 437 Aumack Ave. U.B.N.J.

3. Principal Contractor: GLEN COTTRELL CONST Tel. 739-0826
 Address 414 AUMACK AVE U.B.N.J. 07735
 Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

4. Architect or Engineer: _____ Tel. (_____) _____
 Address _____

5. Responsible Person in Charge of Work GLEN COTTRELL Tel. (_____) 739-0826

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☐ Minor Work (Single Trade)	Permit/Category Estimated	1. ☐ Elevators/Dumbwaiters
2. ☐ Small Job (\$5,000 and no Prior Approvals) Complete only II.B., III and IV.A. and Page 2	1. ☒ Building/Structural \$ _____	2. ☐ High-Pressure Boilers
3. ☐ New Building	2. ☐ Plumbing	3. ☐ Refrigeration Systems
4. ☒ Addition	3. ☒ Electrical	4. ☐ Pressure Vessels
5. ☐ Alteration	4. ☐ Fire Protection	5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Repair, Replacement	5. ☐ Other _____	6. ☐ Cross-connections/Backflow Preventors
7. ☐ Demolition	6. ☐ Other _____	7. ☐ Sprinklers
8. ☐ Other: _____	TOTAL COST \$ <u>6,000</u>	8. ☐ Smoke Control Systems in Open Walls
	C. DO YOU WANT:	
	1. ☐ Partial Releases 2. ☐ Prototype Processing	

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____

2. ☐ Multi-Family (R-2) HMD Reg. No.: _____

3. ☐ Two Family (R-3b) If other than new construction, enter no. of dwelling units: _____

4. ☒ One-Family (R-3a) Before Construction: _____
 After Construction: _____
 Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)

6. ☐ Movie Theatres (A-1-B)

7. ☐ Night Clubs (A-2)

8. ☐ Restaurants, Libraries, Museums (A-3)

9. ☐ Religious Assembly (A-4)

10. ☐ Outdoor Assembly (A-5)

11. ☐ Business (B)

12. ☐ Educational (E)

13. ☐ Moderate-Hazard Factory (F-1)

14. ☐ Low-Hazard Factory (F-2)

15. ☐ High-Hazard (H)

16. ☐ Institutional Detention Center (I-1)

17. ☐ Hospitals, Infirmeries (I-2)

18. ☐ Group Homes (I-3)

19. ☐ Mercantile (M)

20. ☐ Moderate-Hazard Warehouse (S-1)

21. ☐ Low-Hazard Warehouse (S-2)

22. ☐ Temporary, Misc. (U)

23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)

2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☒	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company

11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company

13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2

15. Height of Structure _____ Ft.

16. Area--Largest Floor _____ Sq. Ft.

17. Bldg. Area--All Fls. _____ Sq. Ft.

18. Volume of Structure _____ Cu. Ft.

19. Total Land Area Disturbed _____ Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☒ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
- B1. ☒ Building B2. ☒ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE

DATE _____

5/19/87

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.() _____

ADDRESS _____

SIGNATURE _____

PRIOR APPROVALS CHECKLIST

APPROVALS

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

EDITION OF CODE

EDITION OF CODE

☐ Flood Hazard

☐ **As Built
Elevation
Certification**

☐ Other

- ☐ One and Two Family Dwellings
- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection

☐ Mechanical

☐ Energy

☐ Barrier Free

☐ Other

U.C.C. Form F-100 (8/83)



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 7/25/05
Date Issued
Control #
Permit # 95-188

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

Block 164 Lot 3
Work Site Location 437 AUMACK AVE

Owner in Fee TOE NAPP
Address SAME

Tele. ()
Contractor SELF
Address

Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☐ All			Footings		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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

INSTALL VINYL SIDING
& REPAIR STEPS

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration
☒ Roofing
☒ Siding
☐ Fence _____ Height (6' or over)
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement
☐ Other _____
☐ Other _____
☐ Demolition

**(Office Use Only)
FEE**

\$ _____
_____ 43. _____

Administrative Surcharge \$ 0.
Paid ☒ Check # _____ Minimum Fee \$ _____
Collected by: Garvey DCA TRAINING FEE \$ _____
TOTAL FEE \$ 45.00



CONSTRUCTION PERMIT

Date Issued 7/25/95
Control # 95-188
Permit #

IDENTIFICATION Block 164 Lot 3

Work Site Location 437 AUMACK AVE

Contractor SELF

Address _____

Owner in Fee JOE NAPPI

Address SALE

Tele. (____) _____

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Tele. (908) _____

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:

INSTALL VINYL SIDING
REPAIR STEPS

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 \$ 2000.00

Vic Rhode (Tr)
CONSTRUCTION OFFICIAL

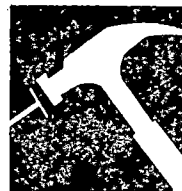
PAYMENTS (Office Use Only)	
Building	<u>43</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	<u>22</u>
Cert. of Occ.	
Other	
Total	<u>45.00</u>
Check No.	
Cash	
Collected By:	<u>Serry</u>

(see reverse side)

BOROUGH OF UNION BEACH



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 1226
DATE ISSUED 5/19/87
REVISION DATE _____
Block 164 Lot 3+4
Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner Joseph + Lynn Nappi

Contractor GLEN COTTRELL CONST

Address 437 AUMACK AVE

Address 414 AUMACK AVE

UNION BEACH N.J. 07735

UNION BEACH N.J. 07735

Tel. (201) 739-0807

Tel. (201) 739-0826

Work Site Address 437 AUMACK AVE

Lic. No. _____

UNION BEACH N.J.

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

ADDITION OF TWO BEDROOM
WITH TOTAL LENGTH OF 30FT
AND TOTAL WIDTH OF 15FT

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
 - ☐ Roofing
 - ☐ Siding
 - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
 - ☐ Fence
 - ☐ Sign
 - ☐ Pool
 - ☐ Elevator
 - ☐ Other _____

Fee Basis

Fees

	\$ <u>58.00</u>
<u>T.S.</u>	<u>4.00</u>
<u>%</u>	<u>10.00</u>

SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee
(Greater of Minimum or Subtotal)

\$	
\$	
\$	
\$	<u>72.00</u>

☒ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present

Proposed

No. of Stories 2

Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft.

Volume of Structure 5,760 Cu. Ft.

Area—Largest Floor _____ Sq. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ 6,800.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE

JOB CONDITION/COMMENTS

6/18/87 o.k. Framing E.N.B.

6/29/88 o.k. Final E.N.B.

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Frame	_____	_____
☐ Architectural	_____	_____
☐ Other _____	_____	_____

INSPECTIONS FINAL

☐ CO ☒ CC ☒ CA

Date: 6/29/88

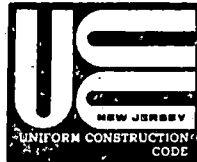
Inspected By: E.N.B.

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

BOROUGH OF UNION BEACH



CONSTRUCTION PERMIT

PERMIT NO. 1226
DATE ISSUED 5/19/87
Block 164 Lot 324
Subdivision _____

A. IDENTIFICATION

Owner Joseph + Lynn Nappi Agent _____
Address 437 AUMACK AVE Address _____
UNION BEACH N.J. 07735
Tel. (201) 739-0807 Tel. (____) _____
Work Site Address 437 AUMACK AVE Lic. No. _____
UNION BEACH N.J. 07735 Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 122.00
Fees Remitted \$ 122.00
☐ Check No. _____
☒ Cash _____
☐ Other _____
Collected By: EAB
Date: 5/19/87

is hereby granted permission
to perform the following work:

☒ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER _____

Description of work:

ADD TWO BEDROOM UPSTAIRS
TO EXISTING STRUCTURE

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: \$ 6,000.00

Eugene D. Batistone
CONSTRUCTION OFFICIAL