



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 516 Nicholas Rd.
2. Name of Owner in Fee: Harold Handchen Tel. ()
- Address same
- street municipality zip code
3. Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: Whitman Construction Tel. () 895-0875
- Address 2511 Lakewood Rd., Ft. Pierce, FL 34942
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Employee No. _____ FAX: () _____
5. Architect or Engineer _____ Tel. () _____
- Address _____
6. Responsible Person in Charge of Work _____
- Tel. () _____ FAX () _____

V. FEE SUMMARY (for office use only)

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

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. 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)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

[illegible]

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | |
|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| 4. ☐ Refrigeration Systems | 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:**

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

Carolyn Handchen

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

Address

Telephone ()

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 _____
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
☐ 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 09/07/2000
Control #
Permit # 00-3604

IDENTIFICATION Block 964 Lot 59

Qual

Work Site Location 516 NICHOLAS RD

REMOVE & REPLACE ROOF

Owner in Fee HANDCHEN, HAROLD

Address SAME

INDIC MT 08722

Telephone

Contractor STEVE WILTMAN

Address 2511 LAKESWOOD RD

POF PLASANT, NJ 08742-

Telephone (732)295-0875

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2936551

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:

REMOVE & REPLACE ROOF

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 \$ 4,120

Construction Official

09/07/2000
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	113
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Total	116
Check No.	406
Cash	
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/07/2000
Date Issued 09/07/2000
Control #
Permit # 00-3604

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

Block 964 Lot 59 Qual
Work Site Location 516 NICHOLAS RD
REMOVE & REPLACE ROOF

Owner in Fee HANDCHEN, HAROLD
Address SAME
Phone nr 98723-

Contractor STEVE WHITMAN
Address 2511 LAKEWOOD RD
POT PLEASANT, NJ 08742-

Tele: (732) 295-0875 Fax ()
Lic. No. or Bids. Reg. No.
Federal Emp. No. 22-2936551

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial

☐ No Plans Req. Type Failure Failure Approval Initial
☐ All Footing
☐ Footing Foundation
☐ Foundation Slab
☐ Frame Frame
☐ Other BarrierFree
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev
☐ CO ☐ CCO ☐ CA
Date: 7-13-00
Approved By: [Signature]
Other
Final
BarrierFree

Dates (Month/Day)

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0
2. Alteration \$ 4,120
3. Total (1+2) \$ 4,120

Industrialized Building:
☐ State Approved
☐ HUD

B. BUILDING CHARACTERISTICS

Use Group Present Proposed E-3
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.

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
REMOVE & REPLACE ROOF

TYPE OF WORK

☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
Other
Demolition

Height (exceeds 6')

Sq. Ft.

Height (exceeds 6')

Sq. Ft.

Other

Demolition

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

U.C.C. #110 (rev. 3/96)

10/11/2011
County of Essex
Counter Form
(PLEASE PRINT)

Site Location: 516 Nicholas Rd
Block: 964 Lot: 59
Owner's Name: Harold Handchen
Owner's Mailing Address: 516 Nicholas Rd
Brick, N.J. 08724
Pho: [REDACTED]

BUILDING

Contractor: Whitman Construction LLC
Address: 2511 Lakewood Rd
Pt Pleasant NJ 08772
Phone#: 732-295-0875
Lic # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

*Remove & Replace
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 Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Cost of Alteration: _____
Cost of New Building: 4180. -
Total Cost of Building Work: X

Signature: Evelyn Handchen
Please Print Name: EVELYN HANDCHEN

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lic #: _____
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/FAC Panel	_____
Total	_____

Pool _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____
Oven/Surface Unit _____
Electric Water Heater _____
Electric Dryer _____
Dishwasher _____
Garbage Disposal _____
A/C Unit - Central Air _____
Space Heater/Air Handler _____
Baseboard Heating _____
Motors 1+ HP _____
Transformer/Generator _____
Light Stander _____
Service _____
Subpanel _____
Motor Control Center _____
Sign/Outline Light _____
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Applicable to Ordinance 728-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

516 Nicholas Rd
Work Site Address

964
Block

59
Lot

Harold Handchen, 516 Nicholas Rd, Brick
Owner's Name, Address, Phone

Whitman Construction LLC
Contractor's Name, Address, Phone

Construction Single family
Describe type (Single-family home, etc.)

Demolition NEW ROOF
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material

Name, address and phone of party responsible for removal of debris:

Whitman Construction

Size of dumpster:

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.:

****Note:** Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Evelyn Handchen
Printed/Typed Name

Evelyn Handchen
Signature

9/7/00
Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

****Note:** Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant