

7-2-1950



V. FEE SUMMARY (for office use only)

VI. BUILDING/SITE CHARACTERISTICS		(office use only)
1. Number of Stories	<u>1</u>	
2. Height of Structure	<u>8</u> ft.	
3. Area — Largest Floor	<u>200</u> sq. ft.	
4. New Building Area	<u>200</u> sq. ft.	
5. Volume of New Structure	<u>1500</u> 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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	FOR OFFICE USE ONLY (Optional)		Re- viewer
							Resubmission Dates Approval	Rejection	
☒ Building	16,000.-	CRS	2-13		05/24/13	KAN			
☒ Electrical	700.-				5-14-13	JS			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST		Eng	Exempt		5/13/13	ECC			

III. PLAN REVIEW (optional) IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

DO YOU WANT:	1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
1. ☐ Partial Releases	2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
2. ☐ Prototype Processing	3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
		7. ☐ Sprinklers/Standpipes	11. ☐ LP Gas Tanks	



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/7/2013
Control Number C-13-002709
Permit Number 13-2368
Permit Issue Date 6/5/2013
Certificate Number 13-2368

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 13 JEFFERY LN Brick Township, NJ Block: 1430.04 Lot: 7 Qual: _____
Owner in Fee: MOEN, ROBERT E. & VICKI E.HONG MOEN
Owner Address: 13 JEFFERY LANE BRICK NJ 08724
Telephone: [REDACTED]
Contractor SRA Home Products
Address 1041 Glassboro Road C1 Williamstown NJ 08094
Telephone: (856) 728-5900 Fax: (856) 728-1280
License Number or Builders Registration Number: 13VH00103700 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: SUNROOM ADDITION

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 NJACS: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

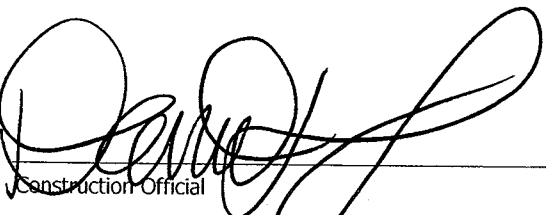
☐ **Certificate of Compliance**

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

Fee: \$75.00

Check Number: 23897

Collected By: Christopher Romano



APPLICATION FOR CERTIFICATE

Date Received 5/2/2013
Date Permit Issued 6/5/2013
Control # C-13-002709
Permit # 13-2368
Date Issued 10/7/2013

IDENTIFICATION

Block 1430.04 Lot 7 Qualifier _____
Work Site Location 13 JEFFERY LN Brick Township, NJ Contractor SRA Home Products
Address 1041 Glassboro Road C1 Williamstown NJ 08094
Owner in Fee MOEN, ROBERT E. & VICKI E. HONG MOEN
13 JEFFERY LANE BRICK NJ 08724 Telephone (856) 728-5900
Telephone _____ Lic. No. or Bldrs. Reg. No. 13VH00103700
Federal Employee No. _____

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ R-5 _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 17700

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Addition SUNROOM ADDITION

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Vickie H Moen

Owner/Agent

- ☒ OWNER
☐ AGENT



Receipt

Payment Date 9/26/2013

Transaction # PMT-13-07710

Receipt #

Issued To Sunrooms America Inc.

Description Final Affordable Housing
13 Jeffrey Lane
Block: 1430.04 Lot: 7

Date Printed 9/26/2013

Check Number 24416

Cash \$0.00

Check \$9.00

Charge \$0.00

Total Paid \$9.00

**Council on Affordable Housing (COAH) Fee**

Block: Lot:

General Fees Payments

General

Date: 05/10/2013

Application Type:

Residential

...

Application Number:

ZA-13-00554

Values

Sq. Ft.:

200

Cost / Sq. Ft.:

41

Estimated Assessed Value:

8,200

Actual Assessed Value:

Equalized Value:

5,000

Land Value:

☐ Use Cost / Sq. Ft. for Calculation☒ Use % of Assessed Value for Calculation

Contributions

Initial % Due:

0.5

% Required:

1

Estimated Contribution Fee:

82

Actual Contribution Fee:

0

☒ Use Estimated Fee for Payment Due☐ Use Actual Fee for Payment Due

Notes

PRELIM FEE IS \$41.00

*final due**\$9.00**called Barbara 9/24/13**md*

OK

Cancel