Brick

BLOCK 260 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) 13 Paul Jones Dr. PERMIT NO. 13-0897

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-00 1119

I. IDENTIFICATION

1. Proposed Work Site at: 13 Paul Jones Dr, Brick, NJ
2. Name of Owner in Fee: France
   Tel [redacted] e-mail N/A
   Address 13 (street) Paul Jones Dr. (municipality) Brick NJ (zip code) 08723
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Brick Industries Tel. (732) 899-7499
   Address PO Box 915 e-mail N/A
   Brick, NJ.
   License No. OR, if new home, Builder Reg. No. NJDCA 21602 Exp. Date 7/13
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01434200
   Federal Emp. ID No. 22-3528216 FAX: (732) 899-7866
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Chris Plackis
   Tel. (732) 489-3217 FAX: (732) ~~899~~-7866

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

		(office use only)
1. Number of Stories	1	
2. Height of Structure	16' ft.	
3. Area — Largest Floor	1000 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	2000								

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 03/26/2013
Control Number C-13-001119
Permit Number 13-0897
Permit Issue Date 02/26/2013
Certificate Number 13-0897

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 13 PAUL JONES DR. Brick Township, NJ Block: 260 Lot: 9 Qual:

Owner in Fee: FRANCE, ELIZABETH T. & ROBERT K.

Owner Address: 13 PAUL JONES DR. BRICK NJ 08723

Telephone: [redacted]

Contractor BRICK INDUSTRIES

Address 145 Natick Trail Brick NJ 08724

Telephone: (732) 899-7499 Fax: (732) 899-2866

License Number or Builders Registration Number: 13VH01434200 Federal Emp. Number: 22-3528216

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: DEMOLITION SINGLE FAMILY DWELLING

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/26/2013 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 02/26/2013
Control # C-13-001119
Permit # 13-0897

IDENTIFICATION Block: 260 Lot: 9 Qualifier
Work Site Location: 13 PAUL JONES DR. Brick Township, NJ

Owner in Fee FRANCE, ELIZABETH T. & ROBERT K.
13 PAUL JONES DR. BRICK NJ 08723

Telephone: [redacted]

Contractor BRICK INDUSTRIES
Address 145 Natick Trail Brick NJ 08724

Telephone: (732) 899-7499
Lic. No. or Bldrs. Reg. No. 13VH01434200
Federal Employee. No. 22-3528216

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [x] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
DEMOLITION SINGLE FAMILY DWELLING

Note: If constuction 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 $2,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$75
Check No.	1013
Cash	$0
Credit	$0
Collected By	Christopher Romano

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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:

1. 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.
2. Foundations and all walls up to grade level prior to back filling.
3. 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.
4. 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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 13-0897

Date Issued
Permit # 2-26-13

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

Block 260 Lot 9 Qualification Code

Work Site Location 13 PAUL JONES DR
BRICK, NJ 08723

Owner [redacted]

Tel [redacted] e-mail N/A

Address 13 PAUL JONES Dr. BRICK, NJ 08723

Contractor: BRICK INDUSTRIES (street / municipality / zip code) Tel. (732) 899-7499

Address PO BOX 915 e-mail N/A
BRICK, NJ 08723

Contractor License No. or Builder Registration No. NJ DEP 21602 Exp. Date 7/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01434200

Federal Emp. ID No. 22-3528216 FAX: (732) 899-2866

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.

Sign here: [signature] VP

Print name here: CHRIS J. PLACKIS

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Demolition of 1 STORY Wood Framed Dwelling

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [X] CA
Date: 3/26/13
Approved by: N/A

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3-21-13	C.P.
Barrier-Free				

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 _____
[X] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 1
Height of Structure 16 ft.
Area — Largest Floor 1000 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 2000

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs

HAS REGISTERED

Brick Industries, Inc.
Eric Plackis
145 Natick Trail
Brick NJ 08724

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

12/24/2012 TO 12/31/2013
VALID

13VH01434200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Resources

January 4, 2013

Mr. Robert France
1210 Charleston St
Pt. Pleasant, NJ 08742

RE: 13 Paul Jones Dr-Brick
Gas Service Retired due to Hurricane Sandy
Faxed to: Brick Industries-Attn: Erica-1/4/13

Dear

Per your request, New Jersey Natural Gas Company has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently retired at the main, which may be in the road or behind the curb.

************IMPORTANT************

PLEASE READ CAREFULLY

SHOULD YOU REQUIRE GAS SERVICE RESTORED, PLEASE FOLLOW THE DIRECTIONS BELOW:

1. **Call 1-800-221-0051, a minimum of 6 weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.**

2. When you call, ask to speak to a MARKETING REPRESENTATIVE, who will assist you to have a new gas service line run.

3. Please be advised that the new service line must be installed according to the current company installation standards.

NEW JERSEY NATURAL GAS COMPANY
1420 Wyckoff Road
Wall, New Jersey 07719

c. NBPT
File

732-905-4317
Diane

Jersey Central Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

January 31, 2013

Brick Industrial
FAX: 732-899-2866

Ref: DR #328304226

Dear Customer:

This letter confirms that Jersey Central Power & Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

13 Paul Jones Dr
Brick NJ 08723

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Maureen Strittmatter
Distribution Specialist

MS/bmc

demoltr.pf1

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West * Brick, New Jersey 08724-2399
(732) 458-7000 * FAX (732) 458-5378
www.brickmua.com

JAMES F. LACEY, C.P.W.M.
Executive Director

February 19, 2013

FRANCE, ELIZABETH T. & ROBERT
13 PAUL JONES DR
BRICK, NJ 08723-7521

Account: 5784007-0
Service Location: 13 PAUL JONES DR
Block: 260_9
Subject: Building to Be Demolished and Reconstructed

Dear Customer,

This is to certify that the water and sewer service at the subject property has been terminated and the water metering system has been removed.

If further information is required, please contact the undersigned.

Respectfully yours,

Beverly

BEVERLY
Customer accounts representative

LTR115

TOWNSHIP OF BRICK
Debris form

Work Site Address: 13 Paul Jones Dr.

Block: 260 Lot: 9

Contractor: Brick Industries, inc

Contractor's Address: Po Box 915, Brick, NJ 08723

Type of Construction (minor, new home): Demolition

Type of Debris (shingles, siding, wood, etc.): C+D

Party responsible for removal: Brick Industries, inc.

Dumpster size: 10, 20, 30, or 40

Destination of debris: FCI, Freehold, NJ.

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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 of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature (VP) Date 2/7/13

Chris J. Plackis (VP)
Print Name

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.

(X) Check if contractor.

Agent Name BRICK Industries, INC.
Address PO BOX 915
BRICK NJ 08723
Telephone (732) 899-7499
Signature VP

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