

BLOCK 324.38 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 64 JIB LN. BRICK PERMIT NO. 13-0874



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-000982

I. IDENTIFICATION

1. Proposed Work Site at: 64 JIB LN, BRICK NJ 08723

2. Name of Owner in Fee: RITA MITCHELL

Tel. _____ e-mail _____

Address 64 BASER LN BRICK NJ 08724

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: MASSARO CONSTRUCTION, INC. Tel. (732) 870-9496

Address 1311 ALLAIRE AVE OCEAN, NJ 07712 e-mail _____

License No. OR, if new home, Builder Reg. No. 18553 Exp. Date 4/30/14

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13YH00610200

Federal Emp. ID No. 222-857-095 FAX: (732) 531-5828

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun HOWARD WASS

Tel. (732) 496-2089 FAX: (732) 531-5828

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical	\$ <u>45</u>	
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>2</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>47</u>	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	<u>1</u>	
2. Height of Structure	<u>16</u>	ft.
3. Area — Largest Floor	<u>1000</u>	sq. ft.
4. New Building Area	<u>0</u>	sq. ft.
5. Volume of New Structure	<u>0</u>	cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed	<u>0</u>	sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

(office use only)

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 Approval	Rejection	Re-viewer
1,200	<u>CR2</u>	<u>19-13</u>						
<u>1,200</u>				<u>2-21-13</u>	<u>JS</u>			

TOTAL COST 1,200

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: RS

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 5B Proposed 5B

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	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
	7. ☐ Sprinklers/Standpipes	11. ☐ LPGas Tanks	



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/12/2013
Control Number C-13-000982
Permit Number 13-0874
Permit Issue Date 02/22/2013
Certificate Number 13-0874

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 64 JIB LANE Brick Township, NJ Block: 324.38 Lot: 6 Qual: _____
Owner in Fee: MITCHELL, RITA A
Owner Address: 64 JIB LN BRICK NJ 08723
Telephone: [REDACTED]
Contractor Massaro Construction, Inc.
Address 1311 Allaire Ave. Ocean NJ 07712
Telephone: (732) 870-9496 Fax: _____
License Number or Builders Registration Number: 13VH00610200 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: REWIRE

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**

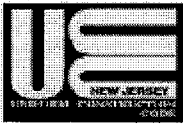
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **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: _____



CONSTRUCTION PERMIT

Date Issued _____
Control # C-13-000982
Permit # 13-0874

IDENTIFICATION Block: 324.38 Lot: 6 Qualifier _____
Work Site Location: 64 JIB LANE Brick Township, NJ Contractor Massaro Construction, Inc.
Address 1311 Allaire Ave. Ocean NJ 07712
Owner in Fee MITCHELL, RITA A
64 JIB LN BRICK NJ 08723 Telephone: (732) 870-9496
Telephone _____ Lic. No. or Bldrs. Reg. No. 13VH00610200
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:

REWIRE

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 \$1,200

Daniel Newman Jr
Construction Official

Date 2/8/13

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	_____	\$45
Plumbing	_____	\$0
Fire Protection	_____	\$0
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$2
CO Fee	_____	
Other	_____	\$0
Total	<u>2523</u>	\$47
Check No.	<u>2523</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:

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.



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 324.38 Lot 6 Qualification Code _____
Work Site Location 64 JIB LN BRICK NJ 08723

Owner in Fee: RITA MITCHELL

Tel. _____ e-mail _____

Address 22 BASER LN BRICK NJ 08724

street

municipality

zip code

Contractor: _____ Tel. (____) _____
Address _____ e-mail _____
SOLE ELECTRIC INC.

201 HILLSIDE AVE.

PISCATAWAY, NJ 08854

Contractor License No. (732) 236-0062 (732) 236-0190 Exp. Date _____
LIC. NO. 15642

Home Improvement **FEDERAL EMP NO. 228663093** Reason (if applicable): _____
FAX: (____) _____

Federal Emp. ID No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1,200.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[x] No Plans Required

[] Partial - Under/Over Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 2-21-13

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 2/21/13

Approved by: JS

INSPECTIONS

TYPE: _____

Failure _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Const. Serv. _____

Dates (Month/Day)

Failure _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Const. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Serv. _____

Const. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Serv. _____

Const. Serv. _____

TCO _____

Other _____

Service _____

Approval _____

Initial _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Const. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Serv. _____

Const. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Serv. _____

Const. Serv. _____

TCO _____

Other _____

Service _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE ALL WIRES IN CRAWL AND REPLACE
REPLACE WIRE & DISCONNECT TO A/C
RIP 3 OUTLETS

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 1/4 HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

FEE (Office Use Only)

Remove

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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

Applicant's Signature/Contractor's Seal and Signature

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application and perform the work listed on this application.

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

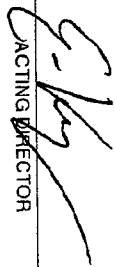
Massaro Construction, Inc.
Joseph Massaro Jr.
1311 Allaire Ave
Ocean NJ 07712

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

12/10/2012 TO 12/31/2013
VALID

13VH00610200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

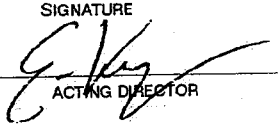

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Massaro Construction, Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
12/10/2012 TO 12/31/2013
VALID

13VH00610200
License/Registration/Certificate #

SIGNATURE


ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program

This is to certify that

MASSARO CONSTRUCTION INC

is a registered builder under
the New Home Warranty and
Builder Registration Act,
(N.J.S.A. 46:38.1 et. seq.)

(This registration expires on the date stamped.)




Director

010553 APR 30

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 MASSARD CONSTRUCTION, INC

Address 1311 ALLAIN AVE

OCEAN NJ 07712

Telephone (732) 870-8496

Signature [Signature]

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