RECEIVED
APR 19 1990
BUILDING

BLOCK 944 LOT 47 ADDRESS (SITE) 850 SOUTH DR BRICK N.J. 08723 PERMIT NO. 558-90

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 850 SOUTH DR BRICK N.J.
2. Name of Owner in Fee: THOMAS A SCHIRMER Te[redacted]
   Address 850 SOUTH DR (street) BRICK N.J. (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 25		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	25		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 20 ft.	
3. Area—Largest Floor 30 sq. ft.	
4. Building Area—All Floors 1800 sq. ft.	
5. Volume of Structure _____ cu. ft.	
6. Construction Classification FRAME	
7. Total Land Area Disturbed 13826 sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____ sq. ft. / no X	
11. Fire Grading _____	
12. Max. Live Load _____	
13. Max. Occupancy Load _____	

II. PROPOSED WORK

Demolition - House

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☒ Demolition	
TOTAL COSTS	3000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			7/19/90	RC	9/2/93		

III. DO YOU WANT: (optional) 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
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:

LDS BR 10111436

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 Thomas A Schirmer 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 New Jersey 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 _____ Date _____

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/19/90
Control #
Permit # 558-90

IDENTIFICATION Block 944 Lot 47

Work Site Location 250 Scott Dr

Owner in Fee T Schirmer

Address Same

Tele. ( )

Contractor Same

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. **0004** Exp. Date

Federal Emp. No. 558**

or Social Security No. BLOCK 944 # 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Demolition - house

PAYMENTS (Office Use Only)	0.00
Building 25 — 47 #	
Plumbing BUILDING	25.00
Electrical TOTAL	25.00
Fire Protection CASH	25.00
Other CHANGE	0.00
Other 4/19/90 NO 5 0017A005	16:06
DCA Training Fee	
Cert. of Occ.	
Other	
Total 25 —	
Check No.	
Cash X	
Collected By: CL	

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 $ 3000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #
P.

555-90
NO GAS

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

Block 944 Lot 47
Work Site Location 850 SOUTH DR
BRICK N.J.
Owner in Fee TOM SCHIRMER
Address 383 CATBURD LANE
[redacted]
Tele. [redacted]
Contractor ARVID EXCAVATING
Address LINDEN N.J.
Tele. (201)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security N [redacted]

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 Thomas J. Schirmer

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

demolition one story dwelling

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	4/14/90	JPK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-24-90
Approved By: J. Schneider

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 20 Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors 1800 Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[X] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)

$ 25 FEE

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

STATE OF NEW JERSEY

THOMAS H. KEAN
GOVERNOR

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT

ANTHONY M. VILLANE JR., D.D.S.
COMMISSIONER

3131 PRINCETON PIKE
CN 816
TRENTON, N. J. 08625-0816

Re: Your variation request for ----------
---------- Our Ref.#----------

Dear :

A preliminary review of your request for a variation for the subject project has been completed. The following omissions/nonconformances/ discrepancies have been noted:

A. PLANS

3 sets of plans.
Location(s) of negative air filtration unit(s).
The location(s) of the decontamination chamber(s).
The location(s) of occupants and abatement work areas.
The exits to be used by workers and occupants.
The location of the waste container.
The route of travel for waste removal.
The route of workers to exit the building.
Separation barriers and critical barriers.

B. SPECIFICATIONS

3 sets of specifications.
Specific work proceedures (not a copy of Sub-8).
Method(s) of removal.

C. OCCUPANTS.

The number of intended occupants.
Their purpose for being in the building.
Their location within the building.
The time of day they will be in the building.

ASBESTOS ABATEMENT NOTIFICATION

DATE:

(PRINT OR TYPE) (If applicable variance#)

Project:

Street: 850 SOUTH DR

Town: BRICK N.J. 08723

Contractor: Lic No:
Address:

A.S.C.M.: Lic No:
Address:

OSHA Air Monitor:
Address:

Building Owner: THOMAS A SCHIRMER

Street: 850 SOUTH DR
Town: BRICK N.J. 08723
Phone: [redacted] County: Zip:

Engineer/Architect:

Street:
Town:
Phone: ( ) - County: Zip:

Waste Hauler: RUSSEL ECKHART
Address: Pear. Lic. No.: ?

Land Fill:
Town:

Job Size: (Circle One) Minor (Small) Large

Quantity of Waste Generated: CU. Yds.:
(All Applicable) Linear Footage:
Sq. Footage: 1800

Proposed Start Date: / / Proposed Finish Date: / /

Cost of work: $ 3000

(To be filled in by the Construction Official)

Construction Permit No.: Date Issued: / /

I am certifying there is no asbestos or gas on this property.

0843A
1/19/89 Thomas A Schirmer 4-19-90

Permit
Review Check List

Project: _____

Address: _____

Municipality: _____

ASCM Firm: _____

Date received: _____ Date reviewed: _____

Reviewed by: _____

( ) 1. UCC Form (F-100) Applications for a permit

( ) 2. UCC Form (F-110) Building Subcode

( ) 3. Health Waiver or Assessment

( ) 4. Notification form for Asbestos Abatement

( ) 5. Plans
- ( ) a. Separation Barriers
- ( ) b. Critical Barriers
- ( ) c. Scope of Work
- ( ) d. Route of travel to waste container
- ( ) e. Copy of site plan
- ( ) f. Copy of floor plan and/or plans if a multi-story

( ) 6. Specifications
- ( ) a. Scope of Work
- ( ) b. Type of removal (Glove bag, full containment)
  - ( ) 1. Where (specific locations; Re. plans)
  - ( ) 2. Quantity (Ln ft) (Sq. ft)

( ) 7. Documentation of non-occupancy or copy of variance

( ) 8. Release of plans and specifications by the ASCM

( ) 9. Permit Fee

Comments: _____

_____

_____

_____

_____

1256A
3/15/88

ASBESTOS JOBS

Under D.C.A. Subchapter 8

	LARGE	SMALL	MINOR
Square Feet	≥ 160	< 160 to > 25	≤ 25
Linear Feet	≥ 260	< 260 to > 10	≤ 10
Worker Training	5 day (W)	5 day (W)	2 day (M&C)
DOL Permit	Yes	Yes	No
Contractor License	Yes	Yes	No
Construction Permit	Yes	Yes	No
Notice to Adm. Authority	Yes	Yes	No
Completion Report to Adm. Av.	Yes	Yes	Yes
Contractor Daily Log	Yes	No[1,2]	N/A
Contractor Written Emerg. Plan	Yes	No[1,2]	N/A
Decon. Unit	Yes	No[2]	No
Work Area Enclosure	Yes	Yes	General Isolation[3]
Neg. Air Filtration	Yes	No[2]	No
Daily Air Monitoring	Yes	No[2]	No
Smoke Test[4]	Yes	No[2]	No
Final Air Sample	Yes	Yes	Yes(glovebag)
Pre-commencement Inspection	Yes	Yes	No
Progress Inspection	Yes	Yes	No
Re-Sealent Inspection	Yes	No[1,2]	No
Clean-Up Inspection	Yes	Yes	No
Approved Landfill	Yes	Yes	Yes

Footnotes

1. Highly recommended.
2. ASCM may request variance.
3. Ground cover, local vents sealed, etc.
4. Smoke test is required for all glovebag type removals.

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

PHONE: (201) 458-7000

March 30, 1990

TO WHOM IT MAY CONCERN:

RE: ACCOUNT # N442406
BLOCK: 944-E LOT: 47
850 SOUTH DRIVE

Please be advised that the water service has been terminated at the above referenced property and the meter servicing system has been removed.

It is the responsibility of the homeowner to guarantee that the sewer line is properly capped,so that foreign debris does not enter our sewer system.

Joann Mostyn
Customer Account Division

/jm

New Jersey Bell

March 6, 1990

Mr. Thomas A. Schirmer
P.O. BOX 5960
Parsippany, New Jersey 07054

Dear Mr. Schrimer:

This letter is verification that all New Jersey Bell Telephone wires have been removed as of March 6, 1990 from the following address:

850 South Drive
Brick, New Jersey

F.T. Mauer
Assistant Manager M.C.

Jersey Central Power & Light Company
417 New Jersey Avenue
Point Pleasant Beach, New Jersey 08742
(201) 892-8585

April 5, 1990

Thomas Schirmer
PO Box 5960
Parsippany, N.J. 07054

Re: 850 South Street, Brick

Dear Mr. Schirmer:

In response to your request, we have removed the electric meter(s) and service(s) from the above referenced location.

Very truly yours,

F. L. Walker/ES
F. L. Walker
General Supervisor Line
Pt. Pleasant Operating

cc: File
0383D