

BLOCK 21101 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 08-3473



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 21 Rochester Drive
2. Name of Owner: Linda Chris / Katherine Harlow
Tel: [REDACTED] e-mail: [REDACTED]
Address: 21 Rochester Drive BRICK 08724
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: A. MAZZONI HOME IMP. LLC Tel: (609) 693-3116
Address: 1214 Tamarack Lane e-mail: amazoni@verizon
Forked River NJ 08731
License No. OR, if new home, Builder Reg. No. 13VH03116400 Exp. Date 12/31/08
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03116400
Federal Emp. ID No. 20-5419730 FAX: (609) 693-3116
5. Architect or Engineer _____ Contact ANTHONY MAZZONI
Address _____ e-mail _____
Tel. () _____ FAX: () _____
6. Responsible Person in Charge once Work has Begun Anthony mazzoni
Tel. (609) 693-3116 FAX: (609) 693-3116

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>50</u>		
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	\$ <u>51</u>		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>2</u>	
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. 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)

- ☐ 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

TOTAL COST

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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.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.

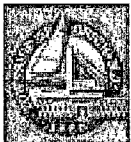
Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/16/2008
Control Number C-08-005350
Permit Number 08-3473
Permit Issue Date 11/17/2008
Certificate Number 08-3473

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 21 ROCHESTER DR. , NJ Block: 211.01 Lot: 8 Qual: _____
Owner in Fee: Linda Chris/Katherine Hanlon
Owner Address: 21 ROCHESTER DR. Brick NJ 08723
Telephone: [REDACTED]
Contractor A. Mazzoni Home Improvement LLC
Address 1214 Tamarack Lane Forked River NJ 08731
Telephone: (609) 693-3116 Fax: _____
License Number or Builders Registration Number: 13VH03116400 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: NEW ROOF

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 11/17/2008
Control # C-08-005350
Permit # 08-3473

IDENTIFICATION Block: 211.01 Lot: 8 Qualifier _____
Work Site Location: 21 ROCHESTER DR. NJ Contractor A. Mazzoni Home Improvement LLC
Address 1214 Tamarack Lane Forked River NJ 08731
Owner in Fee Linda Chris/Katherine Hanlon
21 ROCHESTER DR. Brick NJ 08723 Telephone: (609) 693-3116
Lic. No. or Bldrs. Reg. No. 13VH03116400
Telephone: _____ 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:

NEW 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 \$3,000

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$54
Check No.	402
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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.



211-018
BUILDING 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 211-01 Lot 8 Qualification Code _____

Work Site Location 21 Rochester Drive

Owner In Fee Linda Chris/Katherine Hanlon

Tel. _____ e-mail _____

Address 21 Rochester Drive Beick 88723

Contractor: B. Mazza have improvements 11c Tel. 609-693-311c

Address 2114 Tamarack Lane NS 08731 e-mail _____

Contractor License No. or Builder Registration No. 13VH03116400 Exp. Date 12/31/08

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH03116400

Federal Emp. ID No. 20-5419730 FAX: 609-693-311c

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			☐ All	Footings				
☐ Footings/Foundations			☐ Structural/Framework	Foundation				
☐ Exterior			☐ Interior	Slab				
☐ Joint Plan Review Required:			☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	Frame				
			☐ Insulation	Truss Sys/Bracing				
			☐ Finishes -Base Layer	Barrier-Free				
			☐ Finishes -Final	Energy				
			☐ Mechanical	TCO				
			☐ Other	Barrier-Free				
			☐ Final					
			☐ Approved by: <u>12-28-08</u>					

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories 2 If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+2) \$ 3000.00

Max. Occupancy Load _____

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

tear off one layer roof
shingles and replace
with 30 year Timberline
shingles.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft. _____
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received
Control #
Date Issued
Permit #

68-3473
11/17/08



BUILDING 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 211 Lot 1 Qualification Code 1
Work Site Location 1

Owner in Fee: 1

Tel. (1) 1 1 e-mail 1

Address 1 street 1 municipality 1 zip code 1

Contractor: 1 Tel. (1) 1 e-mail 1

Address 1 e-mail 1

Contractor License No. or Builder Registration No. 1 Exp. Date 1

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 1

Federal Emp. ID No. 1 FAX: (1) 1

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Type	Failure	Approval	Initial
☐ No Plans Required		Footings			
☐ All		Footings Bonding			
☐ Footings/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☐ Interior		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation			
SUBCODE APPROVAL for PERMIT		Finishes -Base Layer			
Date:		Finishes -Final			
Approved by:		Energy			
SUBCODE APPROVAL for CERTIFICATE		Mechanical			
☐ CO ☐ CCO ☐ CA		TCO			
Date:		Other			
Approved by:		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	Constr. Class Present	Proposed
No. of Stories		If Industrialized Building:	
Height of Structure	ft.	State Approved	HUD
Area — Largest Floor	sq. ft.	Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors	sq. ft.	1. New Bldg.	\$
Volume of New Structure	cu. ft.	2. Rehabilitation	\$
Max. Live Load		3. Total (1+2)	\$
Max. Occupancy Load			

U.C.C. F110
(rev. 12/07)

Date Received
Control #
Date Issued
Permit #

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

FEE (Office Use Only)

☐ New Building	
☐ Addition	
☐ Rehabilitation	
☒ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Retaining Wall	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other	
☐ Demolition	

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

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

A. Mazzone Home Improvements LLC
Angela Mazzone
1214 Tamarack Road
Forked River NJ 08731

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

12/12/2007 TO 12/31/2008
VALID

13VH03116400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Laurence DeMaio
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
A. Mazzone Home Improvements LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
12/12/2007 TO 12/31/2008

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

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

Applicable to Ordinance 720-92

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

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 21 Rochester Drive

Block: 211.1 Lot: 8

Contractor: A. MARZONI HOME IMPROVEMENTS LLC

Contractor's Address: 1214 Tamarack Lane, Forked River, NJ 08731

Type of Construction (minor, new home): tear off 1 layer roof & replace

Type of Debris (shingles, siding, wood, etc.): Shingles

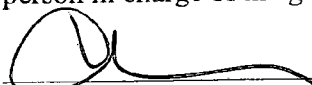
Party responsible for removal: Absolute Disposal

Dumpster size: 20 yd.

Destination of debris: _____

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

11/17/08
Date

Angela Mazzoni
Print Name