



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 147 Bretonian Drive, Brick, NJ 08723
2. Name of Owner in Fee: Charles Dilkes Tel. [REDACTED]
Address Same as above
street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Self Tel. () _____
Address Same as above
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: () _____
5. Architect or Engineer _____ Tel. () _____
Address _____
6. Responsible Person in Charge of Work Self
Tel. [REDACTED]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 43		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	1		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____ /

(office use only)

II. PROPOSED WORK

1. ☒ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

1300

OPTIONAL (for office use only)[illegible]

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:

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

Charles Dilkes

Date

May 3, 2002

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. 5:32-2.15(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 _____

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

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	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation			X	X	X	X	X	X	
☐ N.J. Department of Community Affairs			X	X	X	X	X	X	
☐ N.J. Department of Transportation			X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection			X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/07/2002
Control #
Permit # 02-1479

UNION NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 114 Lot 39.01

Work Site Location 147 DETROIT DR
SIDING

Owner In Fee DIKES

Address SAME
DRIK, NJ 08723-

Telephone [REDACTED]

Contractor HOME OWNERS

Address

Telephone ()

Lic. No. or Dirs. Reg. No.

Federal Emp. No. 00-

I hereby granted permission to perform the following work:

(X) BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter B only)

DESCRIPTION OF WORK:

TEAR OFF/RE SIDE

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 \$ 1,300

[Signature] 05/07/2002
Construction Official

U.C.C. F170 (rev. 3/85)

Date

PAYMENTS (Office Use Only)

Building 43

Electrical 0

Plumbing 0

Fire Protection 0

Elevator Devices 0

Other

DCR Training Fee 1

Cert. of Occupancy 0

Other

Total 44

Check No.

Cash

Collected By EMP

05/07/02 1479 0000001472
BUILDING 007 00000007
NO21479
DCR \$43.00
BUILDING \$1.00
TOTAL \$44.00
CASH \$44.00
CHANGE \$0.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2002
Date Issued 05/07/2002
Control #
Permit # 02-1479

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

Block 114 Lot 34.01
Work Site Location 147 BRETONIAN DR
SIDING

Owner in Fee DIKES

Address SAME

DATE NY 00720-

Tel

Con

Address

Tele. ()

Fax ()

Lic. No. or Bids. Reg. No.

Federal Exp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

INSPECTIONS

Dates (Month/Day)

☐ No Plans Req.

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

Final

BarrierFree

B. BUILDING CHARACTERISTICS

Use Group Present

Proposed R-3

Constr. Class Present

Proposed

No. of Stories

0

Height of Structure

0 Ft.

Area Largest Floor

0 Sq. Ft.

New Bldg. Area/All Floors

0 Sq. Ft.

Volume of New Structure

0 Cu. Ft.

Total Land Area Disturbed

0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 1,300

3. Total (1+2) \$ 1,300

Industrialized Building:

☐ State Approved

☐ 1 min

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 /RE SIDE

FEE (Office Use Only)

\$

\$

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TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2002
Date Issued 05/07/2002
Control #
Permit # 02-1479

2/9/11
20
(2)

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG RD: 1-800-272-1000

Block 114 Lot 34.01 Sublot
Work Site Location 147 BREIDENBACH DR
SIDING

Owner in Fee DIKES

Address SAME

BRICK, NJ 08723-

To

Contractor

Address

Tele. ()

Fax ()

Lic. No. or Bldg. Reg. No.

Federal Esp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

INSPECTIONS

Dates (Month/Day)

☐ No Plans Req.

Type

Failure Failure Approval Initial

☐ All

Footings

11/1/02

☐ Footings

Foundation

11/1/02

☐ Foundation

Slab

11/1/02

☐ Frame

Frame

11/1/02

☐ Other

Barrierfree

11/1/02

Joint Plan Review Required:

Insulation

11/1/02

☐ Elect ☐ Plumb ☐ Fire

Finishes

11/1/02

SUBCODE APPROVAL

Energy

11/1/02

☐ CD ☐ CD ☐ CA

Mechanical

11/1/02

Date: 11-4-02

TCU

11/1/02

Approved By: FW

Other

11/1/02

Final
Carrierfree

B. BUILDING CHARACTERISTICS

Use Group Present

Proposed R-3

Est. Cost of Bldg. Work:

Constr. Class Present

Proposed

1. New Bldg. \$ 0

No. of Stories

0

2. Alteration \$ 1,300

Height of Structure

0 Ft.

3. Total (1+2) \$ 1,300

Area Largest Floor

0 Sq. Ft.

New Bldg. Area/All Floors

0 Sq. Ft.

Volume of New Structure

0 Cu. Ft.

Industrialized Building:

Total Land Area Disturbed

0 Sq. Ft.

☐ State Approved

Signature

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I as the (agent of) owner of record and as authorized to make this application.

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TEAR OFF/RE SIDE

TYPE OF WORK

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Other

☐ Deed/Title

FEE (Office Use Only)

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Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 147 Bretonian Drive, Brick, NJ
 Block: 114 Lot: 34.01
 Owner's Name: Charles Dilkes
 Owner's Mailing Address: 147 Bretonian Drive
Brick, NJ 08723
 Phone: [REDACTED]

BUILDING

Contractor: Self
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN: _____

ELECTRICAL

Contractor: _____
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN: _____

Technical Data

Description of Work:

Residing

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Type of Work

☐ New Building ☒ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Building: _____
 Volume of Structure: _____
 Total Land Disturbed: _____

Cost of Alteration: \$1300

Cost of New Building: _____

Total Cost of Building Work: \$1300

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

Signature: Charles Dilkes
 Please Print Name: Charles Dilkes

Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit - Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: _____

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

Signature: _____
 Please Print Name: _____

CONTRACTOR'S SEAL

Applicable to Ordinance 720-92

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

TOWNSHIP OF BRICK

147 Bretonian Dr, Brick

114
Block

34.01
Lot

Charles Dilkes, 147 Bretonian Dr, Brick, NJ 08723

Self - Same

Contractor's Name, Address, Phone

Construction: Single-family Home

Describe type (Single-family home, etc.)

Demolition: Siding

Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material: About 1000 square feet of vinyl siding and about 9 cubic yards of asbestos siding

Name, address and phone of party responsible for removal of debris:

Same as above

Size of dumpster: None

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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

Charles Dilkes

Charles Dilkes

May 3, 2002

Printed/Typed Name

Signature

Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant