

98-2931

RECEIVED



CONSTRUCTION PERMIT APPLICATION

AUG 26 1998

IV. OF INSPECTION completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. IDENTIFICATION
1. Proposed Work Site at: 103 Dennis Dr., Brick, NJ 08724
2. Name of Owner in Fee: Brindley Tel. [REDACTED]
- Address 103 Dennis Dr., Brick, NJ 08724
street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: Deefa-Plex, Inc. Tel. (732) 458-4061
- Address 1681 Rt. 98 E., Brick, NJ 08724
- License No. OR, if new home, Builder Reg. No. Exp. Date
- Federal Employee No. 22-3082396 FAX: (732) 458-5019
5. Architect or Engineer Tel. ()
- Address
6. Responsible Person in Charge of Work Deefa-Plex, Inc.
- Tel. (732) 458-4061 FAX (732) 458-5019

Vinyl Siding

V. FEE SUMMARY (for office use only)

- | | | Update | Update |
|--------------------------------------|--------|--------|--------|
| 1. Building | \$ 160 | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | \$ | | |
| 7. Less 20% for
State Plan Review | | | |
| 8. Subtotal | \$ 5 | | |
| 9. DCA Training Fee | | | |
| 10. Subtotal | | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | 1105 | | |
| 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

fb00 to

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

OPTIONAL (for office use only)

[illegible]

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | |
|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| 4. ☐ Refrigeration Systems | 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 10513721

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 _____ 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. 5:32-2.15(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 Deera - Alex, Inc.

Address 1681 Rt. 88 NW.

Brick, NJ 08724

Telephone (732) 458-4061

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

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 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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 08/26/98
Control #
Permit # 98-2931

IDENTIFICATION Block 1026.04 Lot 2 Qual _____

Work Site Location 102 DENNIS DR
VINYL SIDING

Owner in Fee BRINDLEY
SAME

Address BRICK, NJ 08724-

Telephone _____

Contractor DURA PLEX INC
Address 1681 W 88
BRICK, NJ 08724-

Telephone ()
Lic. No. or Bldg. Reg. No.
Federal Emp. No. 22-3082296

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____

(Subchapter 8 only)

DESCRIPTION OF WORK:
VINYL SIDING

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 \$ 6,000

J. Curran
Construction Official

08/26/98
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	160
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other	
Total	165
Check No.	3180
Cash	
Collected By	AJP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/26/98
Date Issued 8/26/98
Control # C28-1026
Permit # 982931

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

Block 1026.04 Lot 2 Qual
Work Site Location 102 DENNIS DR
VINYL SIDING

Owner in Fee BRINDLEY
Address SAMB
BRICK, NJ 08724-

Tele. [redacted]
Contractor DURA PLY INC
Address 1681 W 88
BRICK, NJ 08724-

Tele. [redacted] Fax [redacted]
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-3082296

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)
☐ No Plans Req.			Type	Failure	Approval Initial
☐ All			Footings		
☐ Footings			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			BarrierFree		
Joint Plan Review Required:			Insulation		
☐ Elect ☐ Plumb ☐ Fire			Finishes		
SUBCODE APPROVAL ☐ Elec			Energy		
☐ CO ☐ GCO ☒ CA			Mechanical		
Date:			TCO		
Approved By: [Signature]			Other		
			BarrierFree		

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0		2. Alteration \$ 6,000
Height of Structure	0 Ft.		3. Total (1+2) \$ 6,000
Area Largest Floor	0 Sq. Ft.		
New Bldg. Area/All Floors	0 Sq. Ft.		Industrialized Building:
Volume of New Structure	0 Cu. Ft.		☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.		☐ HUD

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

VINYL SIDING

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	0
☒ Alteration	160
☐ Roofing	0
☐ Siding	0
☐ Fence	0
☐ Sign	0
☐ Pool	0
☐ Asbestos Abatement Subchapter 8	0
☐ Lead Haz. Abatement NJAC 5:17	0
☐ Other	0
☐ Demolition	0

Paid ☐ Check #	Administrative Surcharge	\$ 0
Collected by:	Minimum Fee	\$ 0
	TOTAL FEE	\$ 160
	DCA Training Fee	\$ 5

SITE LOCATION 1083 Dennis Dr. Brick BLOCK 1086 04 LOT 2 DESCRIPTION OF WORK 1/19/1 siding
OWNER Brindley PHONE 732.875.5738 ADDRESS 1083 Dennis Dr. Brick STATE NJ ZIP 08734

BUILDING INSPECTION

Contractor Deke-Dee, Inc. Phone (732) 453-4061
Address 1681 Rt. 8820, Brick N
LIC # 22-388276 FEDERAL EMP. NO. (or SSN#) 22-388276

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

SIGNATURE Deke-Dee ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) \$ ALTERATION (2) \$
ADDITION (3) \$ TOTAL (1+2+3) \$ 6000.00

BUILDING CHARACTERISTICS

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR	SO. FT.	
TOTAL BLDG. AREA: ALL FLOORS	SO. FT.	
VOLUME OF STRUCTURE	CU. FT.	
TOTAL LAND AREA DISTURBED	SO. FT.	
FOR OFFICE USE ONLY		
TYPE OF WORK	MISC.	COST
NEW BLDG.	FENCE	
ADDITION	SIGN	
ALTERATION	POOL	
ROOFING	ASBESTOS ABATEMENT	
SIDING	DCA	
DEMOLITION	TOTAL	

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS

PLUMBING INSPECTION

Contractor Phone ()
Address FEDERAL EMP. NO. (or SSN#)
LIC #

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

SIGNATURE (Contractor's Seal)

Estimated Cost of Plumbing Work: \$

Sewer Size Water Size

TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hol. Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C or Refrigeration Unit
	Dishwasher		Sewer Connection
	Drinking Fountain		Water Service Connection
	Washing Machine		Active Solar System
	Hose Bibb		Other
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS

FIRE INSPECTION

Contractor Phone ()
Address FEDERAL EMP. NO. (or SSN#)
LIC #

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

SIGNATURE (Contractor's Seal)

Estimated Cost of Fire Prot. Work: \$

Location of Furnace / Boiler

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE			
METHOD OF VALVE SUPERVISION			
LOCAL ALARM SUPERVISION			
CENTRAL SUPERVISION			
PROPRIETARY SUPERVISION			
Flammable Liquid Storage Tanks	☐ Capacity		Fuel
Combustible Liquid Storage Tanks	☐ Capacity		Fuel
L.P.G. Storage Tanks	☐ Capacity		Fuel
L.N.G. Storage Tanks	☐ Capacity		Fuel
NO. ITEM	NO.	ITEM	
		Pre-Engineered System	
		CO ₂ Suppression	
		Halon Suppression	
		Foam Suppression	
		Dry Chemical	
		Wet Chemical	
		Gas or Oil Fired Appliance	
		Other	
		Stand Pipes	
		Kitchen Hood Exhaust System	
		Wet Sprinkler Heads	
		Dry Sprinkler Heads	
		TOTAL	
		Smoke Detectors	
		Heat Detectors	
		TOTAL	

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS