BLOCK 73 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 18 Spring Avenue PERMIT NO. 141-3940

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 18 Spring Avenue, Brick 08723
2. Name of Owner in Fee: Andrew & Kathleen Seemar
   Tel [redacted] e-mail [redacted]
   Address 18 Spring Avenue (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: SELF Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Andrew Seemar
   Tel. [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ ✓		
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	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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. 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/11/2015
Control Number C-14-005346
Permit Number 14-3940
Permit Issue Date 12/3/2014
Certificate Number 14-3940

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 18 SPRING AVE. Brick Township, NJ 08723 Block: 73 Lot: 6 Qual:

Owner in Fee: SEEMAR, ANDREW & KATHLEEN E

Owner Address: 18 SPRING AVE BRICK NJ 08723

Telephone: [redacted]

Contractor SEEMAR, ANDREW & KATHLEEN E

Address 18 SPRING AVE BRICK NJ 08723

Telephone: [redacted] Fax:

License Number or Builders Registration Number: 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: DEMOLITION SINGLE FAMILY DWELLING

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:

Date Printed: 12/11/2015

U.C.C. F260 (rev. 08/05)

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 12-2-14

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.

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 12/3/14

Date Issued / Permit # 14-3940

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

Block 73 Lot 6 Qualification Code

Work Site Location 18 SPRING AVENUE
BEACH, NJ 08723

Owner in Fee: Andrew + Kathleen Seeman

Tel. [redacted]

Address 18 SPRING AVE (street) BEACH (municipality) OCEAN CITY 08723 (zip code)

Contractor: HOME OWNER Tel. ( )

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

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.

Sign here:

Print name here: Andrew + Kathleen Seeman

TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demo of existing home

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/01/15
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final * 11-20-15 LW			11/25/15 DSA	
Barrier-Free				

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

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 6000.00
3. Total (1+ 2) $ 6000.00

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

* Bring Grade Back to its Natural State

SAKOUTIS BROS. DISPOSAL

P.O. Box 84
Colts Neck, N.J. 07722
Tel: (732) 683-0600 Fax: (732) 751-1755

No 233839

Date 10-26-15

Project/Job: 18 Spring Ave Brick

Customer

Name Andrew Seemar

Address _____

DROP

Tel # 732-814-1655

Truck # ~~58~~ 98

MATERIAL	LOADS	SIZE (cu. yd.)	CONTAINER #
Mixed Debris	1	30	300
Stumps/Brush			
Clean Wood			
Concrete			
Asphalt			
Cardboard			
Other			

Time Limit On Use Of Containers Is 4 Days

Weight Limit = 4 **tons**

Overweight Charge of $ 88 **per ton =** _____

Trucking Fee = 650.00

Tipping/Disposal Fee = tax

TOTAL = 695.50

SAKOUTIS BROS. NOT RESPONSIBLE FOR ANY DAMAGE DONE DURING DROPOFF / PICKUP

NO Contaminated or Hazardous Materials Accepted

NO Asbestos Of Any Kind Accepted / Do Not Load Container Over Top

Received by: _____ **Date** _____

14 3940

73 6

Del

SAKOUTIS BROS. DISPOSAL

P.O. Box 84
Colts Neck, N.J. 07722
Tel: (732) 683-0600 Fax: (732) 751-1755

No231005

Date 10/27/15

Project/Job:
18 Spring Ave
Brick

Customer

Name Seemar, Andrew

Address *same*
wife 732-814-8575

Tel # 732-814-1655

DROP 300

Truck # 76

MATERIAL	LOADS	SIZE (cu. yd.)	CONTAINER #
Mixed Debris	1	30yd	
Stumps/Brush			
Clean Wood			
Concrete		Auth# 020120	
Asphalt			
Cardboard			
Other			

Time Limit On Use Of Containers Is 4 Days

Weight Limit = 4 **tons**

Overweight Charge of $ 88 **per ton =** _____

Trucking Fee = $ 650

Tipping/Disposal Fee = NJ sales tax

TOTAL = $695.50

SAKOUTIS BROS. NOT RESPONSIBLE FOR ANY DAMAGE DONE DURING DROPOFF / PICKUP

NO Contaminated or Hazardous Materials Accepted
NO Asbestos Of Any Kind Accepted / Do Not Load Container Over Top

Received by: _____ **Date** _____

Invoice 335427

SAKOUTIS BROTHERS DISPOSAL
PO BOX 84
COLTS NECK, NJ 07722
732-683-0600

DATE Tue Oct 27, 2015
ACCOUNT NUMBER 32217

LOCATION: Page 1

SEEMAR, ANDREW-BRICK
ANDREW SEEMAR
18 SPRING AVENUE
BRICK, NJ 08723

SEEMAR, ANDREW-BRICK

18 SPRING AVENUE
BRICK, NJ

DO NOT PAY THIS BILL
Automatically charged to your
Credit Card ending in 2645

AMOUNT ENCLOSED $ _____

Terms: DUE ON RECEIPT
SAKOUTIS BROTHERS DISPOSAL

RETURN THIS PORTION WITH PAYMENT
Acct# 32217 Location: 18 SPRING AVENUE, BRICK, NJ

DATE	CHARGES AND CREDITS		AMOUNT
	30YD MIXED DEBRIS,		
10/26/15	MIXED DEBRIS	300 30 Tkt: 233839	$650.00
10/26/15	NJ RECYCLING TAX	7.35 @ $3.00/TON 300 30 Tkt: 233839	$22.05
0/26/15	TONS DISPOSAL	3.35 @ $88.00/ 300 30 Tkt: 233839	$294.80
	Sales Tax:		$66.14
		Invoice 335427 Amt:	**$1,032.99**

up to 30	31 to 60	61 to 90	Over 90	Total
$337.49	$0.00	$0.00	$0.00	$337.49

DO NOT PAY THIS BILL Automatically charged to your Credit Card ending in 2645

PAY LAST AMOUN
IN THIS COLUMN

1st Dumpster

N.J. DEP 15855

Big-n-Little Carting

PO Box 4343 . Brick Township, NJ 08723
(732) 920-2800 (941) 234-8888
Ocean/Monmouth, NJ Sarasota/Charlotte, FL
www.NEEDADUMPSTER.com

Container # #404
Richey
Driver's initials

Ticket No. 51269
Drop Date 10-24-15
Per Ton (if over)
Days Allowed
Extra Per Day Charge $20.00

Name Kathleen F Seeman
Address SAME
City
Phone Andy [redacted]
Kathle

Job Site
18 Spring Ave
Balch twp N.J. 08727

BOX SIZE

#147635

PRICE

lbs.
lbs.
lbs.
lbs. #404

$995.00

BIG N LITTLE CARTING
182 MANTOLOKING RD
BRICK NJ 08723
732-920-2800

Terminal ID: 01344583 3115
10/24/15 10:14 AM

AMERICAN EXPRESS - MANUAL
ACCT #: **********1011

CREDIT SALE
UID: 529744530724 REF #: 0924
BATCH #: 161 AUTH #: 113790

AMOUNT $995.00

APPROVED

CUSTOMER COPY

ible for damage on inside curb deliveries.
Conditions)
eight charges

VISA MasterCard AMERICAN EXPRESS DISCOVER
(circle one)

Cash or Check No.
App. 113790
six 3955

71011 Exp. Date 07-17

K E Seeman

Overweight Charge
Extra Days Charge
Total $995.00
Deposit $995.00 (AD)
Balance Due -0-

PAID

C/C IN Full 10-24-15

ients.
aste Materials, Paints or Thinners
ner, it will be returned and you will be charged $500.00

Thank You

Ref. No: G 439103349

Big-n-Little Carting

PO Box 4343 Brick Township, NJ 08723
(732) 920-2800 (941) 234-8888
Ocean/Monmouth, NJ Sarasota/Charlotte, FL
www.NEEDADUMPSTER.com

Container # #1501

Richey
Driver's initials

Ticket No. 51273
Drop Date 10-27-15
Per Ton (if over) _____
Days Allowed _____
Extra Per Day Charge $20.00

Name Kathleen E. Seeman
Address _____
City SAME
Phone Andy CELL [redacted] Kathleen CELL [redacted]

Job Site
18 Spring Ave
~~Brick Twp~~ N.J. 08723

BOX SIZE #518330 **PRICE**

ALLOWED WEIGHT		
~~10~~	2 Tons - 4000 lbs.	
~~(5)~~	~~3 Tons - 6000 lbs.~~ if Mix $95.00) #501 Clean Concrete only	# 450.00
	s.	
	bs.	
	bs.	

ible for damage on inside curb deliveries.
Conditions)
ight charges

Overweight Charge _____
Extra Days Charge _____
Total 450.01
Deposit # 450.01 RB

VISA MasterCard AMERICAN EXPRESS DISCOVER
(circle one)

Cash or Check No. Ck#: 102628

3955

7014 Exp. Date 07-17

Balance Due -0-

PAID

ents.
Thank You
aste Materials, Paints or Thinners
ner, it will be returned and you will be charged $500.00

C/CIN Full
10-30-15

No. G 433103349

Terminal ID: 01344583 3115
10/28/15 11:40 AM
AMERICAN EXPRESS - MANUAL
ACCT #: **********1011
CREDIT SALE
UID: 530116888760 REF #: 0933
BATCH #: 165 AUTH #: 102628
AMOUNT $450.01
APPROVED
CUSTOMER COPY

Big-n-Little Carting

PO Box 4343 Brick Township, NJ 08723
(732) 920-2800 (941) 234-8888
Ocean/Monmouth, NJ Sarasota/Charlotte, FL
www.NEEDADUMPSTER.com

Container # #1505
Driver's initials Richey

Ticket No. 51272
Drop Date 10-26-15
Per Ton (if over)
Days Allowed
Extra Per Day Charge $20.00

Name Kathleen E. Seeman
Address SAME
City
Phone Andy at [redacted]

Job Site
18 Spring Ave
Brick Twp NJ, 08723

BOX SIZE Kathleen #518205 PRICE

ALLOWED WEIGHT

s.
s. #1505, 1 Mix $95.00 (Flat Rate Clean Concrete only) : #450.00
s.
bs.
bs.

BIG N LITTLE CARTING
182 MANTOLOKING RD
BRICK NJ 08723
732-920-2800

Terminal ID: 01344583 3115
10/27/15 7:58 AM
AMERICAN EXPRESS - MANUAL
ACCT #: **********1011
CREDIT SALE
UID: 530048982448 REF #: 0929
BATCH #: 164 AUTH #: 139520
AMOUNT $450.00
APPROVED

CUSTOMER COPY

ible for damage on inside curb deliveries.
Conditions)
ight charges

VISA MasterCard AMERICAN EXPRESS DISCOVER (circle one)

Cash or Check No. Auth 139520

Overweight Charge
Extra Days Charge
Total 450.00
Deposit # 450.00 (RB)
3955
Balance Due -0-

1011 Exp. Date 07-17

ents.
Thank You
iste Materials, Paints or Thinners
ner, it will be returned and you will be charged $500.00

PAID C/C In Full
Ref. No: @ 439103349
10-30-15

2nd Dumpster

Big-n-Little Carting

PO Box 4343 Brick Township, NJ 08723
(732) 920-2800 (941) 234-8888
Ocean/Monmouth, NJ Sarasota/Charlotte, FL
www.NEEDADUMPSTER.com

Container # #401
Richey
Driver's initials

Ticket No. 51271
Drop Date Oct. 24th 2015
Per Ton (if over)
Days Allowed
Extra Per Day Charge $20.00

Name Kathleen SEEMAR
Address SAME
City
Phone Andy CELL
Kathleen CELL [redacted]

Job Site
18 Spring Ave
Brick Twp N.J. 08723

#148317

BOX SIZE PRICE

s.
s.
s.
bs.
bs. # 401

#995.01

BIG N LITTLE CARTING
182 MANTOLOKING RD
BRICK NJ 08723
732-920-2800

Terminal ID: 01344583 3115
10/25/15 10:04 AM

AMERICAN EXPRESS - MANUAL
ACCT #: **********1011

CREDIT SALE
UID: 529846350845 REF #: 0926
BATCH #: 162 AUTH #: 109184

AMOUNT $995.01

APPROVED

CUSTOMER COPY

ible for damage on inside curb deliveries.
Conditions)
ight charges

C/C
VISA MasterCard AMERICAN EXPRESS DISCOVER
(circle one)
Cash or Check No.
Amt. 109184
3955
71011 Exp. Date 07-17

Overweight Charge
Extra Days Charge
Total $ 995.01
Deposit $ 995.01
Balance Due -0-

CC IN FULL
PAID
10-28-15

ents.
Thank You
ste Materials, Paints or Thinners
ner, it will be returned and you will be charged $500.00

Ref. No: G 133103349

CONSTRUCTION PERMIT

Date Issued 12/03/2014
Control # C-14-005346
Permit # 14-3940

IDENTIFICATION Block: 73 Lot: 6 Qualifier
Work Site Location: 18 SPRING AVE. Brick Township, NJ 08723
Owner in Fee SEEMAR, ANDREW & KATHLEEN E
18 SPRING AVE BRICK NJ 08723
Telephone: [redacted]

Contractor SEEMAR, ANDREW & KATHLEEN E
Address 18 SPRING AVE BRICK NJ 08723
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
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:
DEMOLITION SINGLE FAMILY DWELLING

Note: If constuction 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

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$100
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$100
Check No.	
Cash	$100
Credit	$0
Collected By	Lauren Helmstetter

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West * Brick, New Jersey 08724-2399
(732) 458-7000 * FAX (732) 458-5378
www.brickmua.com

JAMES F. LACEY, C.P.W.M.
Executive Director

November 06, 2013

SEEMAR, ANDREW & KATHY
18 SPRING AVE
BRICK, NJ 08723-5842

Account: 3065601-0
Service Location: 18 SPRING AVE
Block: 73_6
Subject: Building to Be Demolished and Reconstructed

Dear Customer,

This is to certify that the water and sewer service at the subject property has been terminated and the water metering system has been removed.

If further information is required, please contact the undersigned.

Respectfully yours,

Beverley

BEVERLY
Customer accounts representative

Jersey Central Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

October 30, 2013

Andrew Seemar
18 Spring Ave
Brick NJ 08723

Ref: DR #329983786

Dear Customer:

This letter confirms that Jersey Central Power & Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

18 Spring Ave
Brick NJ 08723

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Danielle M. Larsen
Distribution Specialist

DML/bmc

demoltr.pf1

18 Spring Avenue
Brick, NJ 08723
December 3, 2014

Dear Division of Inspections;

Please be advised that this letter serves to notify you our home at 18 Spring Avenue will be demolished and it does not contain friable material. The home is entirely cedar-sided with asphalt shingles and a cinder block foundation. The home's interior has already been removed and disposed of due to Superstorm Sandy.

Sincerely,

Andrew & Kathleen Seemar

TOWNSHIP OF BRICK
Debris form

Work Site Address: 18 Spring Avenue Brick NJ 08723

Block: 73 Lot: 6

Contractor: Self, Andrew+Kathleen Seeman

Contractor's Address: 18 Spring Avenue, Brick

Type of Construction (minor, new home): DEMO

Type of Debris (shingles, siding, wood, etc.): shingles, cedar siding, wood, Cement blocks

Party responsible for removal: Sakoutis Brothers Disposal

Dumpster size: 40 yard

Destination of debris: Mazza Tinton Falls, NJ

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.

Seeman 12-2-14

Signature Date

Andrew Kathleen Seeman

Print Name