BLOCK 958.19 LOT 22&23 QUALIFICATION CODE _____ ADDRESS (SITE) 493 BELLA VISTA ROAD Brick, NJ PERMIT NO. 01-1544

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 493 BELLA VISTA ROAD Brick NJ
2. Name of Owner in Fee: FRANK HARTTEN JR Tel. [redacted]
   Address 493 BELLA VISTA ROAD, Brick, NJ 08724 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SELF (OWNER) Tel. ( ) _____
   Address _____
   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 FRANK P. HARTTEN JR
   Tel. ([redacted]) _____ FAX ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$ 1		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 51		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
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 _____	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☑ Minor Work	1600						4/13/01		
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									

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 10314544

U.C.C. F100-1 (rev. 3/98)

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 Frank P. Fuoco Jr Date 05/17/01

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									
☐ 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

Date Issued 05/17/2001
Control #
Permit # 01-1541

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 350.19 Lot 22 Qual

Work Site Location 453 BELLA VISTA RD
TEAR OFF/ROOF

Owner in Fee WARTTEN F
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor HOMEOWNER
Address
Telephone ( )
Lic. No. or Elders. Reg. No.
Federal Emp. No. NO

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
TEAR OFF/RE 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 $ 1,600

Construction Official 05/17/2001

Date

U.C., F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	50
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	51
Check No.	709
Cash	
Collected By	EDF

05/17/01 10:41AM 0000003741
XX07 SERV.007

#011541	
BUILDING	$50.00
DCA	$1.00
CHECK	$51.00

401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

BUILDING
SUBCODE
TECHNICAL SECTION

Date Issued 05/17/2001
Control #
Permit # 01-1541

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

Block 958.19 Lot 22 Qual
Work Site Location 493 BELLA VISTA RD
TEAR OFF/ROOF
Owner in Fee HARTIEN F
Address SAME
BRICK, NJ 08724-
Tele. [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TEAR OFF/RE ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 12-28-01
Approved By: FW

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12/27/2001	JRS
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	50
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

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 $ 1,600
3. Total (1+2)$ 1,600

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

C3E

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 958.19 Lot 22 + 23
Work Site Location 493 BELLA VISTA ROAD
Brick, NJ 08724
Owner in Fee FRANK P. HARTTEN JR
Address 493 Bella Vista Rd
Brick NJ 08724
Tele. ([redacted]
Contractor OWNER
Address
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ____ or Social Security No. ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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 ____ Proposed ____
Constr. Class 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.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 1600-
3. Total (1+2) $ 1600-

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.

Frank P. Hartten Jr
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVAL OF OLD ROOF SHINGLES
INSTALL NEW ROOF SHINGLES

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[✓] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ____
[ ] Other ____
[ ] Demolition

(Office Use Only)
FEE
$ ____

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

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

493 Bella Vista 01-1541
958.19/22

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 15188
Ticket #: 000460840
Date : 06/07/01

Customer :CASH
CASH

Gross 7340 lb Scale 1 08:06
Tare 5300 lb Scale 2 08:47
Net 2040 lb
1.0200 tn

Dept #: CASH3 Plate #: 3 CU YDS

Sof Load	Material	Location	Price/Unit	Total
132	BULKY - DEMO WOOD	BRICK TWP	63.37/tn	64.64

Current Account Balance: $ Total $ 64.64

DRIVER

Weigh Master: LM

REMARKS: MY-4738

Closure & Contingency:	$0.50/tn	Environmental Escrow- Type 10:	$14.92/tn
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow :	$1.00/tn	Post Closure Fund :	$ 0.62/tn
O.C. Health Dept. :	$0.29/tn	Host Community Fund :	$ 4.50/tn

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 1518B
Ticket #: 000461249
Date : 06/08/01

Customer : CASH
CASH

Gross 7100 lb Scale 1 07:37
Tare 5300 lb Scale 2 08:33

Net 1800 lb
0.9000 tn

Dep.#: CASH Plate #: 3 CU YDS

Tot	Load Material	Location	Price/Unit	Total
132	BULKY - DEMO WOOD	BRICK TWP	63.67/tn	57.03

Current Account Balance: $

Total $ 57.03

DRIVER

Weigh Master:

REMARKS: MY43/M

Closure & Contingency:	$0.50/tn	Environmental Escrow- Type 10:	$14.92/tn
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow :	$1.00/tn	Post Closure Fund :	$ 0.62/tn
O.C. Health Dept. :	$0.29/tn	Host Community Fund :	$ 4.50/tn

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 15158
Ticket #: 000461486
Date : 06/08/01

Customer :CASH
CASH

Gross 6640 lb Scale 1 12:41
Tare 6240 lb Scale 2 13:15
Net 1400 lb
0.7000 tn

Dep.#: CASH6 Plate #:

3 CU YDS

% of Load	Material	Location	Price/Unit	Total
132	BULKY - DEMO WOOD	BRICK TWP	63.37/tn	44.36

Current Account Balance: $

Total $ 44.36

DRIVER

Weigh Master: BS

REMARKS: MY437B

Closure & Contingency:	$0.50/tn	Environmental Escrow- Type 10:	$14.92/tn
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow :	$1.00/tn	Post Closure Fund :	$ 0.62/tn
O.C. Health Dept. :	$0.25/tn	Host Community Fund :	$ 4.50/tn

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 15188
Ticket #: 000468407
Date : 06/30/01

Customer :CASH
CASH

Gross 5580 lb Scale 1 10:22
Tare 4860 lb Scale 2 10:45

Net 720 lb
0.3600 tn

Dep.#: CASH3 Plate #:

3 CU YDS

%of Load	Material	Location	Price/Unit	Total
132	BULKY - DEMO WOOD	BRICK TWP	63.37/tn	22.81

Current Account Balance: $

Total $ 22.81

DRIVER

Weigh Master: LM

REMARKS: MY-437B

Closure & Contingency:	$0.60/tn	Environmental Escrow- Type 10:	$14.92/tn
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow :	$1.00/tn	Post Closure Fund :	$ 0.62/tn
D.C. Health Dept. :	$0.20/tn	Host Community Fund :	$ 4.50/tn

TOWNSHIP OF BRICK

493 Bella Vista Rd, Brick, NJ 0824 — 958.19 — 22 & 23
Work Site Address — Block — Lot

Frank & Christina Hartten Jr, 493 Bella Vista Rd, Brick NJ 0823[illegible] [redacted]
Owner's Name, Address, Phone

N/A (OWNER)
Contractor's Name, Address, Phone

Construction Install New Roof Shingles
Describe type (Single -family home, etc.)

Demolition Remove Existing Roof Shingles
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 22 Square Roofing Shingles

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

Frank Hartten, 493 Bella Vista Rd, Brick, N.J

Size of dumpster: By Pickup Truck

Destination of discarded debris: Ocean County Landfill, Rt 70, Manchester, NJ

Hauler's DEP Permit No.: N/A

**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 submissin 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.

Frank P. Hartten Jr — Frank P. Hartten Jr — 05/17/01
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

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

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

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

DESTRUCTION PROT