



CONSTRUCTION PERMIT
APPLICATION

Page 1

I. IDENTIFICATION

1. Proposed Work at: 56 Brower Dr
2. Owner Name: Ima J. HASZ Tel. (201) 531-9408
Address 701 FRANKLIN AVE INTERLAKEN NY 07712
3. Principal Contractor: CIEMNECKI MARINE CONSTRUCTION Tel. (201) 920 8215
Address 584 BEACH PLUM ROAD
Lic. No. or Builder Reg. No. BRICK, NEW JERSEY 08723 Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. () _____
Address _____
5. Responsible Person in Charge of Work P. E. CIEMNECKI Tel. () SAME

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: BULKHEAD

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST <u>\$5275</u>	

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Pieces of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☐ One-Family (R-3a)
If new construction, enter no. of dwelling units _____
If other than new construction, enter no. of dwelling units: _____
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmarys (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10101834

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

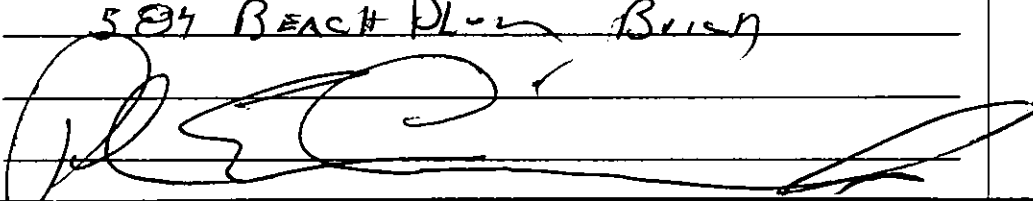
I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

AGENT NAME PAUL E CIEMNIECKI TEL. 1 920 821 5

ADDRESS 584 BEACH PL - BIRCH

SIGNATURE 

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other <i>e</i>			9/10/87	JIC	
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER <i>eng</i>	9/11/87	KS	9/21/87	JIC	O.K. Remove i REPAIR O.K. Removed DF 10/2

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER <i>BULKHEAD</i>		10-21-87	APPROVED DF 10/2

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy	_____
Date Expired _____	
☐ Temporary Certificate of Occupancy	_____
Date Expired _____	
☐ Certificate of Occupancy	_____
No. _____	
☐ Certificate of Continued Occupancy	_____
No. _____	
☐ Certificate of Approval	_____
No. _____	
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.) Date Posted to Log and Tickler

10-21-87	APPROVED DF

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 10.00
PLUMBING	
ELECTRICAL	
FIRE PROTECTION	
OTHER	
SUBTOTAL	\$ 10.00
- LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	=
CERTIFICATE OF OCCUPANCY	20.00
OTHER	
OTHER	
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 35.00
DATE 9-21-87 Collected By <i>Palo</i>	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY		
OTHER		
OTHER		
- LESS: Refunds		(
TOTAL COLLECTED AFTER PERMIT ISSUED		\$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$
COLLECTED AFTER PERMIT (VB)	
TOTAL	\$

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 922569
 DATE ISSUED 9-21-87
 REVISION DATE _____
 Block 1 Lot 4
 Subdivision Sandy Point

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner IRMA J. J. J. J. Contractor CNC
 Address 701 FERNWAY Address 581 Beach Pl.
INTAHAVEA NY 0712 Owner NY
 Tel. (201) 534-9408 Tel. () 920-8215
 Work Site Address 56 Brower Dr Lic. No. _____
 Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
 (Complete for Minor Work and Small Job Only)
 I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
 AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.
INSTALL Timber Bollards
To Brn code. 50' long
no dock

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other Bollards

Fee Basis	Fee
Minimum Building Fee (if applicable)	\$ _____
Total Building Fee (Greater of Minimum or Subtotal)	\$ _____
SUBTOTAL	\$ _____

☐ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area--All Floors _____ Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
 Area--Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK



**BUILDING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 12564
 DATE ISSUED 9-21-87
 REVISION DATE _____
 Block 88-1 Lot 9
 Subdivision Andy Reut

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner JKM JHASZ Contractor CNC
 Address 701 FERNWATER Address 581 BEACH PL
INTERLAKEN NY 0712 ONIC NY
 Tel. (201) 534-9408 Tel. () 920-8215
 Work Site Address 56 Brower Dr Lic. No. _____
 Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
 (Complete for Minor Work and Small Job Only)
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 AGENT SIGNATURE [Signature]

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 Give detail description including materials used, dimensions, etc.
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☐ See Plans

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No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
 Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
 Estimated Cost of Building Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

Approval Date

Type		Failure Dates			Approval Date
☐ Footing/Foundation					
☐ Slab					
☐ Frame					
☐ Architectural					
☐ Insulation					
☐ Finishes					
☐ Energy					
☐ Mechanical					
☐ TCO					
☐ Other					

☒ No Plans Required
☐ All
☐ Footing/Foundation
☐ Frame
☐ Architectural
☐ Other

Date 9-21-87
 Initials W

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 9-27-87

Inspected By: W

CHARTERED AIRCRAFT COMPANY
824 E. 10th Ave. DENVER, CO 80202
(303) 733-0830

Metabolic Area

RD 01

Reflex
old Bullhead

Approved
9/15/87
JPK

LOT 4
Block 1

House

Garage

Authorized
Signature

Prose

Dave

...the ... of the ...
...the ... of the ...
...the ... of the ...



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF COASTAL RESOURCES

CN 401
TRENTON, N.J. 08625

September 1, 1987

PLEASE ADDRESS REPLY TO
1433 HOOPER AVENUE
TOMS RIVER, N.J. 08753
201-341-3986

Mr. Paul Ciemnecki
Ciemnecki Marine Construction
584 Beach Plum Road
Brick, New Jersey 08723

Dear Mr. Ciemnecki:

Re: File #1506#87#87A # JUHASZ, Block 1
Lot 4, Brick Township # Ocean County

I am in receipt of your letter requesting permission for replacement of a bulkhead located at Block 1 # Lot 4 in the Township of Brick # Ocean County, New Jersey.

Please be advised that P.L. 1981, c.315, December 3, 1981 exempts the replacement of a bulkhead existing prior to January, 1981 provided the replacement does not increase the size or dimension of the structure. Since the proposed work is covered by this law, a Waterfront Development Permit will not be required from this Division for the replacement.

The Army Corps of Engineers and municipal government may also require authorization, and I suggest that you contact those agencies for a specific determination. The Army Corps of Engineers may be reached at (215) 597#3626. Should you have any further questions, or require additional information, please contact me at (201) 341#3977.

Very truly yours,

For Chief, Bureau of Coastal
Enforcement and Field Services

By: Tom MacConchie, Principal
Coastal Inspector

TLM:JJS:pab
c Kathleen M. Cann, Chief
John Sparmo, Region Supervisor
Municipal Construction Official
U. S. Army Corps of Engineers
Mrs. Juhasz