



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: _____
2. Name of Owner in Fee: John Bell Tel. _____
- Address 391 Tennessee Dr. Brick 08143
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒ _____
4. Principal Contractor: Homeowner 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 _____
- Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 155		
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			
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)

Re ROOF / Tear off

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

III. DO YOU WANT: (optional!)

1. ☐ Partial Releases
2. ☐ 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
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

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

John W. Bell

Date

9/10/01

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.

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	Other
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 CHESAERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/12/2001
Control #
Permit # 01-3364

UNION NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Date 2001.12 Lot 32

Work Site Location 321 TENNESSEE DR
FE 2005

Owner in Fee BELL, JOHN

Address SAME
BRICK NJ 08703

Telephone [REDACTED]
Lic. No. or Sig. No. [REDACTED]
Federal Emp. No. NO-

I hereby created permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD BASED ASBESTOS
 - ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
 - ☐ ELEVATOR SERVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
- (Subchapter C only)
- DESCRIPTION OF WORK:
TEAR OFF THE ROOF

NOTE: If construction does not commence within one (1) year of date of issuance,
or if construction ceases for a period of 90 days, this permit is void.

Estimated Cost of Work \$40

J. L. L. L.
Construction Official
09/12/2001

U.C.C. F170 (REV. 3-98)

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DCN Training Fee	0
Cert. of Occupancy	0
Total	35
Check No.	3476
Cash	0
Collected By	EMP

Date

09/12/01 7:43AM DD0CDD46764
X307 SERV.007

#013364
BUILDING
CHECK \$35.00
\$35.00

Addendum

Federal Emp. No. HO-

APPROVED BY: _____

Total Land Area Disturbed 0.58, Fct.

Signature

TEAR OFF/RE ROOF

_____ Officer _____

.....

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

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

Block 393.13 Lot 29 Dual
Work Site Location 391 TENNESSEE DR
CE ROOF

Owner is Fae BELL, JOHN

Address SAME

PRICK, MI 08723-

Tele [REDACTED]

Contractor

Address

Fae [REDACTED]

Lic. No. of Bldg. Reg. No.

Federal Emp. No. NO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure Approval	Initial
☐ No Plans Req.			Type			
☐ All			Footings			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Barrier-Free			
Joint Plan Review Required:			Insulation			
☐ Elect ☐ Plumb ☐ Fire			Finishes			
SUBCODE APPROVAL ☐ Elec			Energy			
☐ CO ☐ CCO ☐ CG			Mechanical			
Date:			TCO			
Approved By:			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed E-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 540
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 540
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	
New Bldg. Area All Floors	0 Sq. Ft.	0 Sq. Ft.	Industrialized Building:
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	☐ HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TEAR OFF/RE ROOF

FEE (Office Use Only)

TYPE OF WORK	Height (exceeds 48 ft.)	Sq. Ft.	FEE
☐ New Building			\$ 0
☐ Addition			0
☒ Alteration			10
☐ Roofing			0
☐ Siding			0
☐ Fence	0		0
☐ Sign	0		0
☐ Pool			0
☐ Asbestos Abatement Subchapter 8			0
☐ Lead Haz. Abatement NJAC 5:17			0
☐ Other			0
Other			0
☐ Demolition			0

Paid ☐ Check #	Administrative Surcharge	Minicron Fee	TOTAL FEE
Collected by:			35
	DCA Training Fee		0

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

1. IDENTIFICATION: PROJECT NAME, COMPLETE OR APPROXIMATE INFORMATION, BUILD CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY LINE NO. 1-800-272-1660

Block 322/25 Lot 20
West City Land Co. 201 THIRTIETH ST

PL PLUMB

Contract to Fee \$111,000

Address SAME

PERMIT NO. 01-3864

Telephone, Project No.

Contractor

Address

Telephone

License No. of Master, Journey, Helper

Federal Emp. No. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[] No Plan Rev. [] Yes

[] All [] Foundation

[] Foundation [] Slab

[] Slab [] Frame

[] Frame [] Carport

[] Carport [] Insulation

[] Insulation [] Finishes

[] Finishes [] Energy

[] Energy [] Mechanical

[] Mechanical [] HVAC

[] HVAC [] Other

[] Other [] Fund

[] Fund [] Service Fee

2. BUILDING CHARACTERISTICS

Use Group Present Proposed

Exhibit Class Present Proposed

No. of Stories

Height of Structure

Area Largest Floor

Area Bldg. Area All Floors

Volume of HAZ Structure

Total Land Area Disturbed

EST. COST OF BLDG. WORK

1. For Bldg. \$

2. Alterations \$

3. Total \$

Area Largest Floor

Area Bldg. Area All Floors

Volume of HAZ Structure

Total Land Area Disturbed

3. CERTIFICATION IN LIEU OF DATA

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

Signature

4. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TEAR OFF/DE ROOF

TYPE OF WORK

[] New Building

[] Addition

[] Alteration

[] Roofing

[] Siding

[] Fence

[] Sign

[] Pool

[] Asbestos Abatement Subchapter D

[] Lead Haz. Abatement NYS 517

[] Other

[] Termination

FEE (Office Use Only)

\$

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Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 391 Tennessee Dr.
Block: 383.13 Lot: 39, 40, 41
Owner's Name: John Bell
Owner's Mailing Address: 391 Tennessee Dr.
Brick N.J. 08723
Phone: [REDACTED]

BUILDING

Contractor: Homeowner
Address: Same as above
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Re ROOF
Tear off

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: _____

Cost of New Building: _____

Total Cost of Building Work: ✓ 540.00

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: John W. Bell

Please Print Name John W. Bell

ELECTRICAL

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

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	_____

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

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures	Quantity
Water Closets	_____
Urinals/Bidets	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Water Cooled A/C or Refrig. Unit	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Other:	_____

Estimated Cost of Plumbing 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

FIRE

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

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar
Heating System is _____ New _____ Existing
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____
Smoke Detectors	_____
Heat Detectors	_____
Total	_____
Stand Pipes	_____
Kitchen Hood Exhaust System	_____
Pre-Engineered Systems:	
CO2 Suppression	_____
Halon Suppression	_____
Foam Suppression	_____
Dry Chemical	_____
Wet Chemical	_____

Gas/ Oil Fired Appliances:

Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire 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: _____

Print Name: _____

Applicable to Ordinance 720-92

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

TOWNSHIP OF BRICK

391 Tennessee Dr.

383.13

39,40,41

Work Site Address

Block

Lot

John Bell 391 Tennessee Dr.

Owner's Name, Address, Phone

Home owner

Contractor's Name, Address, Phone

Construction Re Roof, Tear off

Describe type (Single-family home, etc.)

Demolition Roofing materials

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

Describe type and estimated quantity of material old Roofing material

+ New scrapes

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

Big n Little Carting

732-920-2800

Size of dumpster: 10 yd.

Destination of discarded debris:

Hauler's DEP Permit No.: 15855

**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.

John Bell

Printed/Typed Name

John W. Bell

Signature

Date

9/10/01

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