BLOCK 253.15 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 40 Halsey PERMIT NO. 98-0869

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 40 Halsey Dr
2. Name of Owner in Fee: Lisa Nemeroff Tel. [redacted]
   Address 1000 Lake Shore Plaza (street) Chicago (municipality) Ill. 60611 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Alpine Construction Tel. (732) 364-1246
   Address 99 Salem Hill Rd. Howell N.J. 07731
   License No. OR, if new home Builder Reg. No _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Julio Valencia
   Tel. (732) 364-1246 FAX (_____) _____

(Re-Roof) + Necessary Repairs.

V. FEE SUMMARY (for office use only)

Penalty $500

		Update	Update
1. Building	$ 48		
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	1		
10. Subtotal			
11. Cert. of Occupancy			
12 Other			
13. TOTAL	$ 549		

NL 3/7/14

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. 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
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	1500

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
W	3/31/98				6/11/99		OK

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 10405091

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 Julio Valencia

Address 99 Salem Hill R.D

Howell N.J. 07731

Telephone (732) 364-1246

Signature Julio C. Valencia

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 06/02/99
Control #
Permit # 98-0869

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 253.15 Lot 6 Qual
Work Site Location 40 HALSEY DR
REROOF/NECESSARY REPAIRS
Owner in Fee/Occupant NEMEROFF, LISA
Address 1000 LAKE SHORE PLAZA
CHICAGO ILLINOIS, IL 60611-
Telephone [redacted]
Contractor ALPINE CONSTRUCTION
Address 99 SALEM HILL RE
HOWELL, NJ 07731-
Telephone (732)364-1246 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-8569945

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

RE-ROOF AND NECESSARY REPAIRS

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

J. Cirazza
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 3719
Collected by: CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/07/98
Control #
Permit # 98-0869

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 253.15 Lot 6

Work Site Location 40 HALSEY DR
REROOF/NECESSARY REPAIRS
Owner in Fee NEMEROFF, LISA
Address 1000 LAKE SHORE PLAZA
CHICAGO ILLINOIS, IL 60611-
Telephone [redacted]

Contractor ALPINE CONSTRUCTION
Address 99 SALEM HILL RE
HOWELL, NJ 07731-
Telephone (732)364-1246
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 14-8569945
or Social Security No. _____

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [X] OTHER Penalty
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
RE-ROOF AND NECESSARY REPAIRS

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 $ 1,500

J Carangga / CS
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	48
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other Penalty	500
DCA Training Fee	1
Cert. of Occ.	0
Other	
Total	549
Check No.	3719
Cash	
Collected By:	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/07/98
Date Issued 04/07/98
Control #
Permit # 98-0869

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

Block 253.15 Lot 6
Work Site Location 40 HALSEY DR
REROOF/NECESSARY REPAIRS
Owner in Fee NEWEROFF, LISA
Address 1000 LAKE SHORE PLAZA
CHICAGO ILLINOIS, IL 60611-
Tel [redacted]
Contractor ALPINE CONSTRUCTION
Address 99 SALEM HILL RE
HOWELL, NJ 07731-
Tele.(732)364-1246
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-8569945
or Social Security No.

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

RE-ROOF AND NECESSARY REPAIRS

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:		
Approved By:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			6-1-98	

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		48
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 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 $ 1,500
3. Total (1+2)$ 1,500

Industrialized Building:
[ ] State Approved
[ ] HUD

	Administrative Surcharge	$ 0
Paid [X] Check # 3719	Minimum Fee	$ 0
Collected by: CS	TOTAL FEE	$ 48
	DCA Training Fee	$ 1

U.C.C. Form F-1108

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/07/98
Date Issued 04/07/98
Control #
Permit # 98-0869

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

Block 253.15 Lot 6
Work Site Location 40 HALSEY DR
REROOF/NECESSARY REPAIRS
Owner in Fee NEMEROFF, LISA
Address 1000 LAKE SHORE PLAZA
CHICAGO ILLINOIS, IL 60611-
Tele. [redacted]
Contractor ALPINE CONSTRUCTION
Address 99 SALEM HILL RE
HOWELL, NJ 07731-
Tele.(732)364-1246
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-8569945
or Social Security No.

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

RE-ROOF AND NECESSARY REPAIRS

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:
Approved By:

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

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		48
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 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 $ 1,500
3. Total (1+2)$ 1,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # 3719 Minimum Fee	$ 0
Collected by: CS TOTAL FEE	$ 48
DCA Training Fee	$ 1

U.C.C. Form F-1108

Detach and Bring this Portion of Card with You

Location ..... 40 Halsey .....

Block ..... Lot .....

OFFICE OF BUILDING INSPECTOR

BRICK TOWNSHIP NEW JERSEY

☐ .....

INSPECTOR

Location ..... 40 Halsey Drive .....

Block ..... 253.15 / Lot ..... 6 .....

Date .....

TOWNSHIP OF BRICK

~~NOTICE OF VIOLATION AND~~ ORDER TO TERMINATE

[X] NOTICE AND ORDER TO PAY PENALTY

PERMIT NO.

DATE ISSUED

Block 253.15 Lot 6

Subdivision

Notice No.

IDENTIFICATION

OWNER:	AGENT:
Name Lisa Nemeroff	Name
Address 40 Halsey Drive	Address
Town/State/Zip Brick, NJ	Town/State/Zip
Work Site Address 40 Halsey Drive	

ACTION

DATE OF NOTICE: 04-02-98 COMPLIANCE DUE DATE: May 01, 1998 DATE OF INSPECTION:

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

N.J.A.C.5:23-2.14

1-Building 5:23-2.14 Failure to obtain permit
2-Plumbing 5:23-2.14 Failure to obtain permit

You are hereby ordered to terminate the said violations on or before May 01, 1998. The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☐ Failure to comply with this Order will subject you to a penalty of $ _____ per _____.

☒ You are hereby ordered to pay a penalty in the amount of $ 500.00 for each violation for a total penalty of $ 500.00. Each week that any of the said violations remain outstanding after receipt shall result in an additional penalty of $ 500.00 per week.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the County of Ocean, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if neccessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 100.00 to be forwarded with your application to the Board of Appeals office at 2 Mott Place, Toms River, NJ 08753.

If you have questions concerning this matter, please call: 732-262-1030

NOTICE OF VIOLATION AND ORDER TO TERMINATE: Frank Mizer SCO DATE: 04-02-98

NOTICE AND ORDER OF PENALTY: Joseph Curiazza CO DATE: 04-02-98

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "*Return Receipt Requested*" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ms Lisa Nemeroff
40 Halsey Dive
Brick, NJ

4a. Article Number
Z255-907-976

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811,** December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Z 255 907 976

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	Ms Lisa Nemeroff
Street & Number	40 Halsey Drive
Post Office, State, & ZIP Code	Brick, NJ
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800,** April 1995

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 255 907 976

MAIL

Inspections 4150-

NJ | MISC PAYMENT/ADJUSTMENT | UCCARS

Permit/Certif Number: 98-0869

Block: 253.15
Lot: 6
Qual:

Adjustment (Y/N)? N

Fee Type:
Penalty
Elevator
X Other: REINST

Check Number: 4216
Check Amount Paid: 35
Cash Amount Paid: 0

Received - By: CS
Date: 05/27/99

Receipt Number: 98-0869

<F10> when done

05/27/99 NO. 9 CHANGE 0025A005/ 10:31

0008
980869*#

BLOCK 0.00
LOT 0.00
6 # -35.00
MISCLNS 35.00
TOTAL 35.00
CHECK 0.00

3.15 LOT 6 SITE LOCATION 40 Halsey Dr. Brick NJ 08723

BUILDING INSPECTION

CONSTRUCTION
Hill Rd. Phone (732) 364-1246
State NJ Zip 07731
FEDERAL EMP. NO.(or SSN#) [redacted]

ESTIMATED COST OF BUILDING WORK

ALTERATION (2) $ 1500 -
TOTAL (1+2+3) $

BUILDING CHARACTERISTICS

FAMILY DWELLING

	PRESENT	PROPOSED
	PRESENT	PROPOSED
HT. OF STRUCTURE		FT.
LOOR		SQ. FT.
: ALL FLOORS		SQ. FT.
TURE		CU. FT.
A DISTURBED		SQ. FT.

TYPE OF WORK

COST	MISC.		COST
	FENCE Ht.		
	SIGN Sq. Ft.		
	POOL		
1500.00	ASBESTOS ABATEMENT		
	DCA		
	TOTAL		

DESCRIPTION OF WORK

- Roof over 1 layer

CERTIFICATION IN LIEU OF OATH

THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AKE THIS APPLICATION AND PERFORM THE WORK LISTED ON.

C. Valencia

PLUMBING INSPECTION

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

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			Hot Water Boiler	
	Bath Tub			Sewer Pump	
	Lavatory			Interceptor/Separator	
	Shower			Backflow Preventer	
	Floor Drain			Grease Trap	
	Sink			Water Cooled A/C	
	Dishwasher			or Refrigeration Unit	
	Drinking Fountain			Sewer Connection	
	Washing Machine			Water Service Connection	
	Hose Bibb			Active Solar System	
	Water Heater			Other	
	Fuel Oil Piping			Other	
	Gas Piping			Other	

DESCRIPTION OF WORK

COMMENTS

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.
SEAL &
SIGNATURE (Contractor's Seal)

FIRE INSPECT

Contractor
Address Pho
Town State
LIC # FEDERAL EMP. NO

ESTIMATED COST OF FIRE PROT. WORK:
Heating Type: ☐ Gas ☐ Oil ☐ Electrical
Heating System: ☐ New ☐ Existing
Location of Furnace / Boiler

TECHNICAL SITE DATA (Descr

WATER SUPPLY SOURCE
METHOD OF VALVE SUPERVISION
LOCAL ALARM SUPERVISION
CENTRAL SUPERVISION
PROPRIETARY SUPERVISION

Flammable Liquid Storage Tanks		☐ Capacity
Combustible Liquid Storage Tanks		☐ Capacity
L.P.G. Storage Tanks		☐ Capacity
L.N.G. Storage Tanks		☐ Capacity

NO.	ITEM	NO.
	Wet Sprinkler Heads	
	Dry Sprinkler Heads	
	TOTAL	
	Smoke Detectors	
	Heat Detectors	
	TOTAL	
	Stand Pipes	
	Kitchen Hood Exhaust System	

DESCRIPTION OF W

COMMENTS

CERTIFICATION IN LIEU

I HEREBY CERTIFY THAT I AM THE (AGENT OF) AUTHORIZED TO MAKE THIS APPLICATION AN ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal)