



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

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- Personnel and pension records (N.J.S.A. 47:1A-10)
- Social Security Numbers
- Medical Records
- Personal financial records including income, and taxation

Consult with the Human Resources Director and/or Business Administrator before releasing the contents of this file.

Bryan J. Dickerson, CA, CMR
Township Archivist

BLOCK

338

LOT

4/34

QUALIFICATION CODE

ADDRESS (SITE)

170 Cherry Quay

PERMIT NO.

15-1382



CONSTRUCTION PERMIT APPLICATION

C-15-00089

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

I. IDENTIFICATION

1. Proposed Work Site at: 170 Cherry Quay Rd

2. Name of Owner in Fee: JANICE Kelly

Tel. [REDACTED] e-mail [REDACTED]

Address 170 Cherry Quay Rd Brick NJ 08723

3. Ownership in Fee: Public ☒ Private ☒

4. Principal Contractor: self - home owner Tel. ()

Address [REDACTED] e-mail [REDACTED]

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 [REDACTED] e-mail [REDACTED]

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun Tom Kelly

Te [REDACTED] FAX: ()

V. FEE SUMMARY (for office use only)

	225	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	\$ 5		
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)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)								
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
2500								

TOTAL COST @ 12500

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

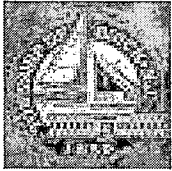
III. PLAN REVIEW (optional)

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 08/13/2021
Control Number C-15-002089
Permit Number 15-1382
Permit Issue Date 05/07/2015
Certificate Number 15-1382

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 170 CHERRY QUAY RD. Brick Township, NJ Block: 338 Lot: 434 Qual: _____
Owner in Fee: KELLY, JANICE
Owner Address: 170 CHERRY QUAY ROAD BRICK NJ 08723
Telephone: [REDACTED]
Contractor KELLY, JANICE
Address 170 CHERRY QUAY ROAD BRICK NJ 08723
Telephone: [REDACTED] Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration 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: ROOFING

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:

Daniel F. Newman Jr.

Construction Official

Date Printed: 08/13/2021

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

Fee: \$0.00

Check Number: _____

Collected By: _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

5/7/15
15-1382

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

Block 338 Lot 434 Qualification Code _____
Work Site Location 170 Cherry Quay Rd
Brick NJ 08723
Owner in Fee: SANICE Kelly
Tel. _____ e-mail _____
Address _____ street _____ municipality _____ zip code _____
Contractor: H-O 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: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	_____	_____	Type: _____	Failure _____ Approval _____ Initial _____
☐ All	_____	_____	Footings	Failure _____ Approval _____ Initial _____
☐ Footings/Foundations	_____	_____	Footings Bonding	Failure _____ Approval _____ Initial _____
☐ Structural/Framework	_____	_____	Foundation	Failure _____ Approval _____ Initial _____
☐ Exterior	_____	_____	Slab	Failure _____ Approval _____ Initial _____
☐ Interior	_____	_____	Frame	Failure _____ Approval _____ Initial _____
Joint Plan Review Required:	_____	_____	Truss Sys./Bracing	Failure _____ Approval _____ Initial _____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Barrier-Free	Failure _____ Approval _____ Initial _____
SUBCODE APPROVAL for PERMIT	_____	_____	Insulation	Failure _____ Approval _____ Initial _____
Date: _____	_____	_____	Finishes -Base Layer	Failure _____ Approval _____ Initial _____
Approved by: _____	_____	_____	Finishes -Final	Failure _____ Approval _____ Initial _____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Energy	Failure _____ Approval _____ Initial _____
☐ CO ☐ CCO ☒ CA	_____	_____	Mechanical	Failure _____ Approval _____ Initial _____
Date: <u>08/05/21</u>	_____	_____	TCO	Failure _____ Approval _____ Initial _____
Approved by: <u>KKL</u>	_____	_____	Other	Failure _____ Approval _____ Initial _____
	_____	_____	Final	Failure _____ Approval _____ Initial _____
	_____	_____	Barrier-Free	Failure _____ Approval _____ Initial _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
No. of Stories _____ If Industrialized Building:
Height of Structure _____ ft. State Approved _____ HUD _____
Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:
New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____
Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____
Max. Live Load _____ 3. Total (1+2) \$ 12560
Max. Occupancy Load _____

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: Thomas S Kelly

Print name here: Thomas Kelly

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

reshingle roof, replace
any damaged plywood

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 _____
☐ Demolition

FEE (Office Use Only)

\$ _____

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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



CONSTRUCTION PERMIT

Date Issued 05/07/2015
Control # C-15-002089
Permit # 15-1382

IDENTIFICATION Block: 338 Lot: 434 Qualifier _____
Work Site Location: 170 CHERRY QUAY RD. Brick Township, NJ Contractor KELLY, JANICE
Address 170 CHERRY QUAY ROAD BRICK NJ 08723
Owner in Fee KELLY, JANICE
170 CHERRY QUAY ROAD BRICK NJ 08723 Telephone: _____
Telephone: _____ Lic. No. or Bids. 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:

ROOFING Tear Off and Replace Roof Shingles

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 \$2,500

Daniel Newman Jr
Construction Official

5/7/15
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$225
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$0
Total	\$230
Check No.	
Cash	\$230
Credit	\$0
Collected By	Matthew Fagen

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.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 170 Cherry Quay Rd

BLOCK: 338 LOT: 434

CONTRACTOR: Home owner

CONTRACTOR'S ADDRESS: 182 Royal Maholiking Rd

Type of Construction (minor, new home): re-roof

Type of Debris (shingles, siding, wood, etc.): shingles, plywood, fascia

Party responsible for removal: Mazzia & Sons Tinton Falls, NJ
BIG & LITTLE, BRICK, NJ

Dumpster Size: 10 yd

Destination of Debris: Mazzia & Sons 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-recyclables.

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Thomas S. Kelly
Signature

5/2/15
Date

Thomas S. Kelly
Print Name