



CONSTRUCTION PERMIT APPLICATION

C-20-000352

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

I. IDENTIFICATION

1. Proposed Work Site at: 844 Constitution Dr

2. Name of Owner in Fee: Forest Homes LLC

Tel. ([REDACTED]) e-mail [REDACTED]

Address 1430 Forest Ave Lakewood

Ownership in Fee: Public _____ Private _____

3. Principal Contractor: CAC Electric Co Tel. (732) 895-7550

Address 71 Day Ave. Piscataway NJ 08854 e-mail _____

License No. OR, if new home, Builder Reg. No. 11126 Exp. Date 03/21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-3656558 FAX: (_____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun David Sicker

Tel. (347) 598-0514 FAX: (_____) _____

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$ <u>150-</u>		
2. Electrical	\$ <u>150-</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>6-</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	\$ <u>309-</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____ ft.

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
							Approval	Rejection
☐ Building					<u>2-28-20</u>	<u>[Signature]</u>		
☐ Electrical		<u>CW</u>	<u>1/30/20</u>		<u>27-20</u>	<u>CO</u>		
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								
TOTAL COST								

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 | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |

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 _____

VIOLATION

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 David Sicker

Address 395 Rose Ct Lkwd N.J 08701

Telephone 347-598-0514

Signature David Sicker

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



CONSTRUCTION PERMIT

Date Issued 3/31/20
Control # C-20-000352
Permit # 20-0706

IDENTIFICATION Block: 1427.02 Lot: 10 Qualifier _____
Work Site Location: 844 CONSTITUTION DR. Brick Township, NJ Contractor CAC Electric Co.
Address 71 Day Ave. Piscataway NJ 08854
Owner in Fee FOREST HOMES LLC
1430 FOREST AVE LAKEWOOD NJ 08701 Telephone: (732) 895-7550
Lic. No. or Bldrs. Reg. No. 34EB01112600
Federal Employee No. 22-3656554

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:

ALTERATION - RESIDENTIAL ...REMOVE KITCHEN CLOSET, REPAIR GARAGE WALL FOR
FTO-13 COMPLIANCE, ELEC ALTS

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 \$4,800

D. Guerman
Construction Official

3/2/20
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	\$150
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$9
CO Fee	
Other	\$0
Total	\$309
Check No.	
Cash	\$0
Credit	\$0
Collected By	<u>CW</u>

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.



3/31/20

20-0706

Block 1427.02 Lot 10 Qualification Code _____
Work Site Location 844 Constitution Drive

Owner in Fee: Forest Homes LLC

Tel _____ e-mail _____

Address 1430 Forest Ave Lakewood 08101

Contractor: MCEC Construction Corp Tel. 732-369-0623

Address 496 E. County Line Rd e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Home Improvement-13VH07190100 FAX: 03/31/2020

JOB SUMMARY (Office Use Only)

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

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.

Volume of New Structure _____ cu. ft.

Max Live Load	2. Rehabilitation	\$	_____
	3. Total (1+ 2)	\$	_____

Max. Occupancy Load _____ U.S.G. 5112 (Rev. 11/82)

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

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: _____

Print name here: David Schwarzman

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Internal Alterations

Demo closet in kitchen

Repair Fire Wall Bet. Garage and F/R
as per plans

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

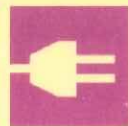
FEE (Office Use Only)

[illegible]

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

3/31/20
20-0706

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

Block 142902 Lot 10 Qualification Code _____
Work Site Location 544 Constitution Dr

Owner in Fee: Forest Homes LLC

Tel. (_____) _____ e-mail _____

Address 1430 Forest Ave Lakewood 08701
street municipality zip code

Contractor: CAC Electric CO Tel. (732) 8957550

Address 71 Day Ave. Piscataway e-mail _____
NJ 08854

Contractor License No. 11126 Exp. Date 03/21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-3656558 FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3,300

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough	_____	_____	_____
[] Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____
[] Electric Plans Approved <u>AS noted</u>		Temp. Serv.	_____	_____	_____
Date: <u>2-22-2020</u> Approved by: <u>[Signature]</u>		Constr. Serv.	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____
Date: <u>2-9-2020</u>		Final	_____	_____	_____
Approved by: <u>[Signature]</u>		Barrier-Free	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____		
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued	_____		
Date: _____		Annual Pool Inspection	_____		
Approved by: _____		Date of Grounding and Bonding Certification	_____		

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[] Licensed Elec. Contractor [] Certi'd Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Kitchen and Bath Renovation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>30</u>		Lighting Fixtures	
<u>4</u>		Receptacles	
<u>25</u>		Switches <u>(5)</u>	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ _____
		Pool Permit/with UW Lights	_____
		Storable Pool/Spa/Hot Tub	_____
		KW Elec. Range/Receptacle	_____
		KW Oven/Surface Unit	_____
		KW Elec. Water Heater	_____
		KW Elec. Dryer/Receptacle	_____
		KW Dishwasher	_____
		HP Garbage Disposal	_____
		KW Central A/C Unit	_____
		HP/KW Space Heater/Air Handler	_____
		KW Baseboard Heat	_____
		HP Motors 1/+ HP	_____
		KW Transformer/Generator	_____
		AMP Service	_____
		AMP Subpanels	_____
		AMP, Motor Control Center	_____
		KW Elec. Sign/Outline Light	_____

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