

BLOCK 1052 LOT 17 QUALIFICATION CODE _____ ADDRESS (SITE) 117 Roosevelt Drive, Brick PERMIT NO. 08724 18-0087



CONSTRUCTION PERMIT APPLICATION

0-18-000010

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

I. IDENTIFICATION

1. Proposed Work Site at: 117 Roosevelt Drive, Brick, NJ 08724

2. Name of Owner: Carolyn Roszkowski

Tel. [redacted] e-mail [redacted]

Address 117 Roosevelt Drive, Brick, NJ 08724

3. Ownership in Fee: Public ☒ Private ☐ municipality ☐ zip code _____

4. Principal Contractor: H/O Tel. () _____

Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. 1/6 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

5. Architect or Engineer: 1/6 Contact _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun: Carolyn J. Roszkowski

Te [redacted] 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	\$ <u>185</u>		
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ <u>6</u>		
Subtotal	\$ _____		
Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>431</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2

2. Height of Structure 20 ft.

3. Area — Largest Floor 1080 sq. ft.

4. New Building Area N/A sq. ft.

5. Volume of New Structure N/A cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed N/A sq. ft.

10. Flood Hazard Zone X

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no ☒

(office use only)

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
☐ Building								
☒ Electrical	<u>2,000</u>	<u>CW</u>	<u>12/27/17</u>		<u>1/8/18</u>	<u>PE</u>		
☒ Plumbing	<u>1,000</u>				<u>1-3-18</u>	<u>AB</u>		
☐ Fire Protection								
☐ Elevator								
TOTAL COST								

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

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 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 *Christopher Hunter*

Date

12/20/2017

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 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.



CONSTRUCTION PERMIT

Date Issued 1/16/18
Control # C-18-000010
Permit # 18-0087

IDENTIFICATION Block: 1052 Lot: 17 Qualifier _____
Work Site Location: 117 ROOSEVELT DR. Brick Township, NJ Contractor ROSZKOWSKI, CAROLYN
Address 117 ROOSEVELT DR BRICK NJ 08724
Owner in Fee ROSZKOWSKI, CAROLYN
117 ROOSEVELT DR BRICK NJ 08724 Telephone _____
Lic. No. or Bids. Reg. No. _____
Telephone: _____ 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:

ALTERATION - RESIDENTIAL ... KITCHEN

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 \$3,100

[Signature]
Construction Official

1/9/18
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	\$0
Electrical	\$150
Plumbing	\$150
Fire Protection	\$0
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$6
CO Fee	
Other	\$0
Total	\$431
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 10.52 Lot 17 Qualification Code _____

Work Site Location 117 Roosevelt Drive

Brick, N.J.

Carolyn Rozkowski

[Redacted] Email _____

Address 117 Roosevelt Dr. Brick 08724

Contractor: BT Kelly Electric LLC Tel. 908-812-7050

Address 16 Marc Drive e-mail _____
Howell, N.J. 07731

Contractor License No. 12283 Exp. Date 03/18

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 47-5449-76 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
[] Partial -Underslab Utilities Approved	Rough				
Date: _____ Approved by: _____	Barrier-Free				
[] Electric Plans Approved	Trench				
Date: <u>1/8/18</u> Approved by: <u>PJC</u>	Temp. Serv.				
Joint Plan Review Required:	Constr. Serv.				
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO				
SUBCODE APPROVAL for PERMIT	Other				
Date: _____	Service				
Approved by: _____	Final				
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free				
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued				
Date: _____	Final Cut-in-Card Date Issued				
Approved by: _____	Annual Pool Inspection				
	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: Bruce T. Kelly

Print name here: Bruce T. Kelly

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: KITCHEN RENOV.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>5</u>		Lighting Fixtures	
<u>6</u>		Receptacles	
<u>4</u>		Switches	
		Detectors	
		Light Poles	
<u>1</u>		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	
<u>1</u>	<u>15</u>	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 \$ _____



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

1/16/18
18-0087

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

Block 1052 Lot 17 Qualification Code _____

Work Site Location 117 Roosevelt Drive

Brick NJ 08724

Owner in Fee: Carolyn Roszkowski

e-mail: _____

Address 117 Roosevelt Drive Brick NJ 08724

street municipality zip code

Contractor: self Tel. _____

Address 117 Roosevelt Drive, Brick NJ 08724 e-mail SAA

Contractor License No. N/A Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed _____

Building Sewer Size 4" Public Sewer ✓ Private Septic _____

Water Service Size 3/4" Public Water ✓ Private Well _____

#400

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ No Plans Required	Type: _____
☐ Partial Underslab Utilities Approved	Slab _____
Date: _____ Approved by: _____	Rough _____
☐ Plumbing Plans Approved	Water _____
Date: _____ Approved by: _____	Sewer _____
Joint Plan Review Required:	Fixtures _____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Equipment _____
SUBCODE APPROVAL for PERMIT	Gas Piping _____
Date: _____	LPGas Tank _____
Approved by: _____	Fuel Oil Piping _____
SUBCODE APPROVAL for CERTIFICATE	Solar _____
☐ CO ☐ CCO ☐ CA	TCO _____
Date: _____	Final _____
Approved by: _____	_____

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: Carolyn Roszkowski

Print name here: Carolyn Roszkowski

[] Licensed Plumbing Contractor [] Exempt Applicant

TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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



MECHANICAL INSPECTION TECHNICAL SECTION



Date Received
Control #

1/16/18

Date Issued
Permit #

18-0087

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

Block 1052 Lot 17 Qualification Code _____
Work Site Location 117 Roosevelt Drive Brick NJ 08724

Owner in Fee: Carden J Roszkowski

e-mail: _____

Address 117 Roosevelt Drive Brick NJ 08724
street municipality zip code

Contractor: Carden J Roszkowski Tel. 732 529-6357

Address SAA e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3, R-4, or R-5 (circle one) Proposed: R-3, R-4, or R-5 (circle one)

Heating System work: ☐ New OR ☒ Modification to Existing OR ☐ Conversion OR ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-3-18

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: _____

Approved by: _____

INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other _____

DATES

Failure

Failure

Approval

Initial

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: Carden J Roszkowski

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

moving range 2 feet
gas range

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Heater

\$ _____

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____