

CONSTRUCTION PERMIT APPLICATION



TOWNSHIP OF BRICK

MAY 12 1989

DIV. OF INSPECTION

I. IDENTIFICATION

Proposed Work at: 117 ROOSEVELT DR. BRICK NJ
 Owner Name: Ed Cabrera
 Address: 117 ROOSEVELT DR BRICK NJ
 Principal Contractor: SAME AS ABOVE
 Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
 Architect or Engineer: _____ Tel. (____) _____
 Responsible Person in Charge of Work: _____ Tel. (____) _____

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	Estimated	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☐ Minor Work (Single Trade)	Permit/Category		1. ☐ Elevators/Dumbwaiters
2. ☐ Small Job (\$5,000 and no Prior Approvals)	1. ☐ Building/Structural	\$ <u>300.</u>	2. ☐ High-Pressure Boilers
Complete only I.L.B., III and IV.A. and Page 2	2. ☐ Plumbing		3. ☐ Refrigeration Systems
3. ☐ New Building	3. ☐ Electrical		4. ☐ Pressure Vessels
4. ☐ Addition	4. ☐ Fire Protection		5. ☐ Hazardous Uses/Places of Assembly
5. ☐ Alteration	5. ☐ Other		6. ☐ Cross-connections/Backflow Preventors
6. ☐ Repair, Replacement	6. ☐ Other		7. ☐ Sprinklers
7. ☐ Demolition	TOTAL COST \$ <u>300.</u>		8. ☐ Smoke Control Systems in Open Wells
8. ☒ Other: <u>Staircase repair</u>	C. DO YOU WANT:		
	1. ☐ Partial Releases		
	2. ☐ Prototype Processing		

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL	B. NON-RESIDENTIAL
1. ☐ Hotels (R-1)	5. ☐ Theatres with Stage (A-1-A)
2. ☐ Multi-Family (R-2)	6. ☐ Movie Theatres (A-1-B)
HMD Reg. No.: _____	7. ☐ Night Clubs (A-2)
3. ☐ Two Family (R-3b)	8. ☐ Restaurants, Libraries, Museums (A-3)
4. ☒ One-Family (R-3a)	9. ☐ Religious Assembly (A-4)
	10. ☐ Outdoor Assembly (A-5)
	11. ☐ Business (B)
	12. ☐ Educational (E)
	13. ☐ Moderate-Hazard Factory (F-1)
	14. ☐ Low-Hazard Factory (F-2)
	15. ☐ High-Hazard (H)

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP	B. HEATING FUEL	C. TYPE OF SEWAGE DISPOSAL	D. TYPE OF WATER SUPPLY	E. BUILDING CHARACTERISTICS
1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)	Principal Secondary Type	10. ☐ Public or Private Company	12. ☐ Public or Private Company	14. No. of Stories _____ Ft.
2. ☐ Public (State, County or Local Govt.)	3. ☐ Gas	11. ☐ Private (Septic Tank, Etc.)	13. ☐ Private (Well, Etc.)	15. Height of Structure _____ Ft.
	4. ☐ Oil			16. Area—Largest Floor _____ Sq. Ft.
	5. ☐ Electric			17. Bldg. Area—All Fls. _____ Sq. Ft.
	6. ☐ Solid (Wood, Coal, Etc.)			18. Volume of Structure _____ Cu. Ft.
	7. ☐ Propane			19. Total Land Area Disturbed _____ Sq. Ft.
	8. ☐ Solar			
	9. ☐ Other _____			

LDS BR 10412435

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☒ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE

Chen Dora

DATE

5-10-89

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

TEL. ()

ADDRESS

SIGNATURE

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings _____	☐ Mechanical _____	☐ Flood Hazard _____		
☐ Building _____	☐ Energy _____	☐ As Built Elevation Certification _____		
☐ Electrical _____	☐ Barrier Free _____	☐ Other _____		
☐ Plumbing _____	☐ Other _____			

I. PLAN REVIEW STATUS

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☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN -

Plan Review Required	Type of Work	Plans Received By Date	Approval Date	Reviewer	Comments
☐	BUILDING Footings/Foundations Framing Architectural Other <u>2</u>	5/2/19 <u>VP</u>	5/16/19	<u>KM</u>	
☐	PLUMBING				
☐	ELECTRICAL				
☐	FIRE PROTECTION				
☐	OTHER				

II. PERMIT/INSPECTION STATUS

Issue Date	Category	Revisions		Final Inspection	Comments
	ALL CONSTRUCTION				
	BUILDING				
	Footings/Foundations				
	Framing				
	Architectural				
	Other				
	PLUMBING				
	ELECTRICAL				
	FIRE PROTECTION				
	OTHER				

III. CERTIFICATES ISSUED

☐ Temporary Certificate of Occupancy
Date Expired _____

☐ Temporary Certificate of Occupancy
Date Expired _____

☐ Certificate of Occupancy
No. _____

☐ Certificate of Continued Occupancy
No. _____

☐ Certificate of Approval
No. _____

☐ None

IV. ON-GOING INSPECTIONS

[illegible]

V. FEE SUMMARY

**A. COLLECTED AT TIME OF CONSTRUCTION PERMIT
ISSUANCE**

	AMOUNT
BUILDING	\$ 7.50
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	.
OTHER	.
SUBTOTAL	\$ 7.50
- LESS: 20% of subtotal (when plan review performed by state agency).	
D.C.A. TRAINING FEE .0006 x	(5.00
CERTIFICATE OF OCCUPANCY	= 20.00
OTHER	.
OTHER	.
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 32.50
DATE	Collected By

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

CERTIFICATE OF OCCUPANCY	Date	Collected By	AMOUNT
OTHER			
OTHER			
- LESS: Refunds			
TOTAL COLLECTED AFTER PERMIT ISSUED			\$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$
COLLECTED AFTER PERMIT (VB)	\$
TOTAL	\$

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner Ed CABRERA
Address 117 ROOSEVELT DR
BAICK NJ 08724

Contractor Owner

Address 111 ROOSEVELT DR
BAICK NJ 08724

Address _____

T4 _____

Tel. () _____

Work Site Address SAME AS ABOVE

Lic. No. _____

Federal Emp. No. _____

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(Complete for Minor Work and Small Job Only)

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AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

1. TEAR DOWN DAMAGED FRONT STEPS
2. REPLACE STEPS WITH TREATED WOOD STEPS AND SMALL DECK 5' X 6'

3- Finish putting up vinyl siding

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
- ☐ Roofing
- ☐ Siding
- ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Elevator
- ☐ Other _____

Fee Basis

File**SUBTOTAL****Minimum Building
Fee (if applicable)**

Total Building Fee
(Greater of Minimum
or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____

Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft.

Volume of Structure _____ Cu. Ft.

D. COMMENTS

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Fed Corp. Inc.

Contractor DIN NEP

Address 111 N. 1st St. St. Paul, Minn.

Address _____

To _____

Tel. () _____

Work Site Address 21519 12th Ave SE

Lic. No. _____

Federal Emp. No. _____

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 ☐ Siding
 ☐ Other _____
☐ Demolition
☐ Miscellaneous
 ☐ Fence
 ☐ Sign
 ☐ Pool
 ☐ Elevator
 ☐ Other _____

Fee Basis

Fox

SUBTOTAL

**Minimum Building
Fee (if applicable)**

Total Building Fee
(Greater of Minimum
or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____

Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft.

Volume of Structure - _____ Cu. Ft.

D. COMMENTS

JOB SUMMARY

PLAN REVIEW

Date Initials

☐ No Plans Required

☒ All

☐ Footing/Foundation

☐ Frame

☐ Architectural

☐ Other

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

INSPECTIONS

Type

Failure Dates

Approval Date

☐ Footing/Foundation

☐ Slab

☐ Frame

☐ Architectural

☐ Insulation

☐ Finishes

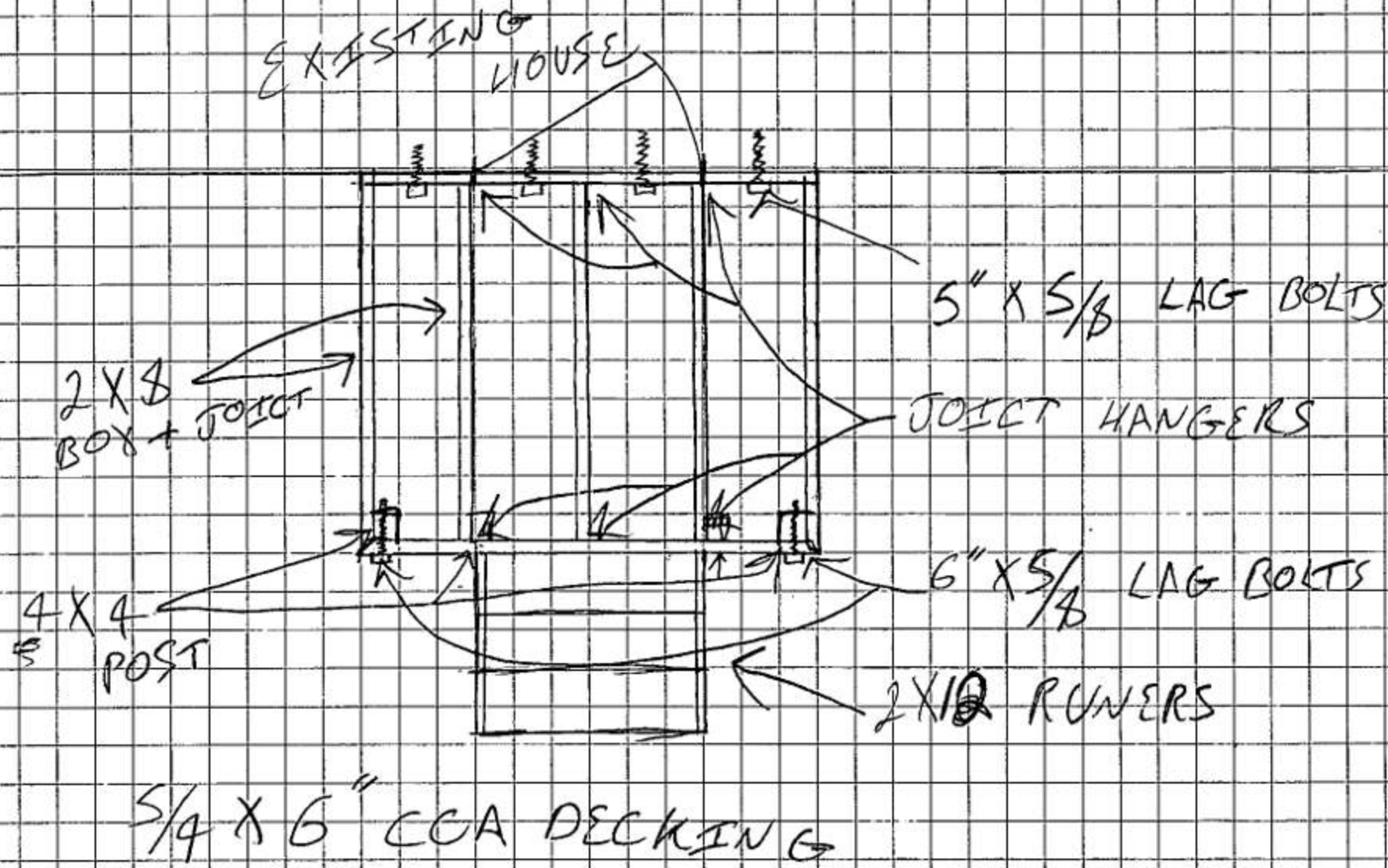
☐ Energy

☐ Mechanical

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:



TOP VIEW

5-16-89 164

EXISTING
HOUSE

