

CONSTRUCTION PERMIT DIV. OF INSPECTION APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 310 APACITE LN, BRICK N.J.

2. Owner Name: JAMES K. HARBURKE
Address: 310 APACITE LN BRICK NJ 08724

3. Principal Contractor: _____ Tel. (____) _____
Address: _____

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

4. Architect or Engineer: _____ Tel. (____) _____
Address: _____

5. Responsible Person in Charge of Work _____ Tel. (____) _____

II. PROPOSED WORK

A. TYPE OF WORK	
1. ☐	Minor Work (Single Trade)
2. ☐	Small Job (\$5,000 and no Prior Approvals)
Complete only I.I.B., III and IV.A. and Page 2	
3. ☐	New Building
4. ☐	Addition
5. ☒	Alteration
6. ☐	Repair, Replacement
7. ☐	Demolition
8. ☐	Other:

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☒ Building/ Structural	\$ _____
2. ☒ Plumbing	_____
3. ☒ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	\$ 4000

TOTAL COST

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a)

B. NON-RESIDENTIAL

☐ 5.	Theatres with Stage (A-1-A)	☐ 18.	Institutional Detention Center (I-1)
☐ 6.	Movie Theatres (A-1-B)	☐ 19.	Hospitals, Infirmaries (I-2)
☐ 7.	Night Clubs (A-2)	☐ 20.	Group Homes (I-3)
☐ 8.	Restaurants, Libraries, Museums (A-3)	☐ 21.	Mercantile (M)
☐ 9.	Religious Assembly (A-4)	☐ 22.	Moderate-Hazard Warehouse (S-1)
☐ 10.	Outdoor Assembly (A-5)	☐ 23.	Low-Hazard Warehouse (S-2)
☐ 11.	Business (B)		Temporary, Misc. (U)
☐ 12.	Educational (E)		Other
☐ 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

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)

2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	Gas
4.	☐	☐	Oil
5.	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10.	☒	Public or Private Company
11.	☐	Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____ Ft. _____
15. Height of Structure _____ Sq. Ft. _____
16. Area—Largest Floor _____ Sq. Ft. _____
17. Bldg. Area—All Fls. _____ Cu. Ft. _____
18. Volume of Structure _____ Sq. Ft. _____
19. Total Land Area Disturbed _____

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 _____

DATE _____

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

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO.

Plan Review Required	Type of Work	Plans Received By Date	Approval Date	Reviewer	Comments
☐	BUILDING Footings/Foundations Framing Architectural Other _____		4-15-88	KH	
☒	PLUMBING ELECTRICAL FIRE PROTECTION OTHER _____		4-18-88	[Signature]	

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

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

III. CERTIFICATES ISSUED

CERTIFICATES TO BE 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

On-going Inspections Required
(See Page 1, I.I.D.)

**Date Posted to
Log and Tickler**

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

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

	AMOUNT
BUILDING	50.00
PLUMBING	25.00
ELECTRICAL	
FIRE PROTECTION	
OTHER	
SUBTOTAL	55.00
- 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	
TOTAL COLLECTED WHEN PERMIT ISSUED	80.00
DATE	Collected By

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED	
1. Construction Fees	
2. Construction Fees	
3. Construction Fees	
4. Construction Fees	
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96. Construction Fees	
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98. Construction Fees	
99. Construction Fees	
100. Construction Fees	

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

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner James Porbuck

Contractor MARK HIBBARD

Address 310 APACHE LN

Address 1446 FAIRWOOD AVE

BRICK NJ. 07024

BT

Tel. () 458-2986

Lic.No./Bus. Permit 145968

Work Site Address LL

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

[Signature]

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	
<u>1</u>	Water Closet/Bidet/Urinal	<u>15.00</u>		Garbage Disposal		<u>COLLECT</u>
	Bathtub			Air Conditioner Unit		<u>COLLECT</u>
<u>1</u>	Lavatory/Sink	<u>5.00</u>		Indirect Connection		<u>10.00</u>
<u>1</u>	Shower/Floor Drain	<u>5.00</u>		Sewer Ejector		<u>SUBTOTAL</u>
	Washing Machine			Grease Trap		<u>Minimum Plumbing Fee</u>
	Dishwasher			Interceptor		<u>(if applicable)</u>
	Commercial Dishwasher			Backflow Device		<u>Total Plumbing Fee</u>
	Water Heater			Reduced Pressure		<u>(Greater of Minimum</u>
	Domestic Boiler/			Backflow Device		<u>or Subtotal)</u>
	Furnace			Vent Stack	<u>10.00</u>	<u>35.00</u>
	Steam Boiler			Solar System		
	Water Util. Connection			Other		
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1		<u>15.00</u>	COLUMN 2		<u>10.00</u>	

C. PLUMBING CHARACTERISTICS

USE GROUP: UAB Present _____ Proposed _____

Drainage — Material PVC Size 1 1/2 - 3"

Building Sewer — Material _____ Size _____

D. COMMENTS

JOB CONDITION/COMMENTS:[illegible]

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 4-18-89

Approved By:

INSPECTIONS FINAL

- ☐
- CO
- ☐
- CCO
- ☐
- CA

Date: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				5/3/89
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				

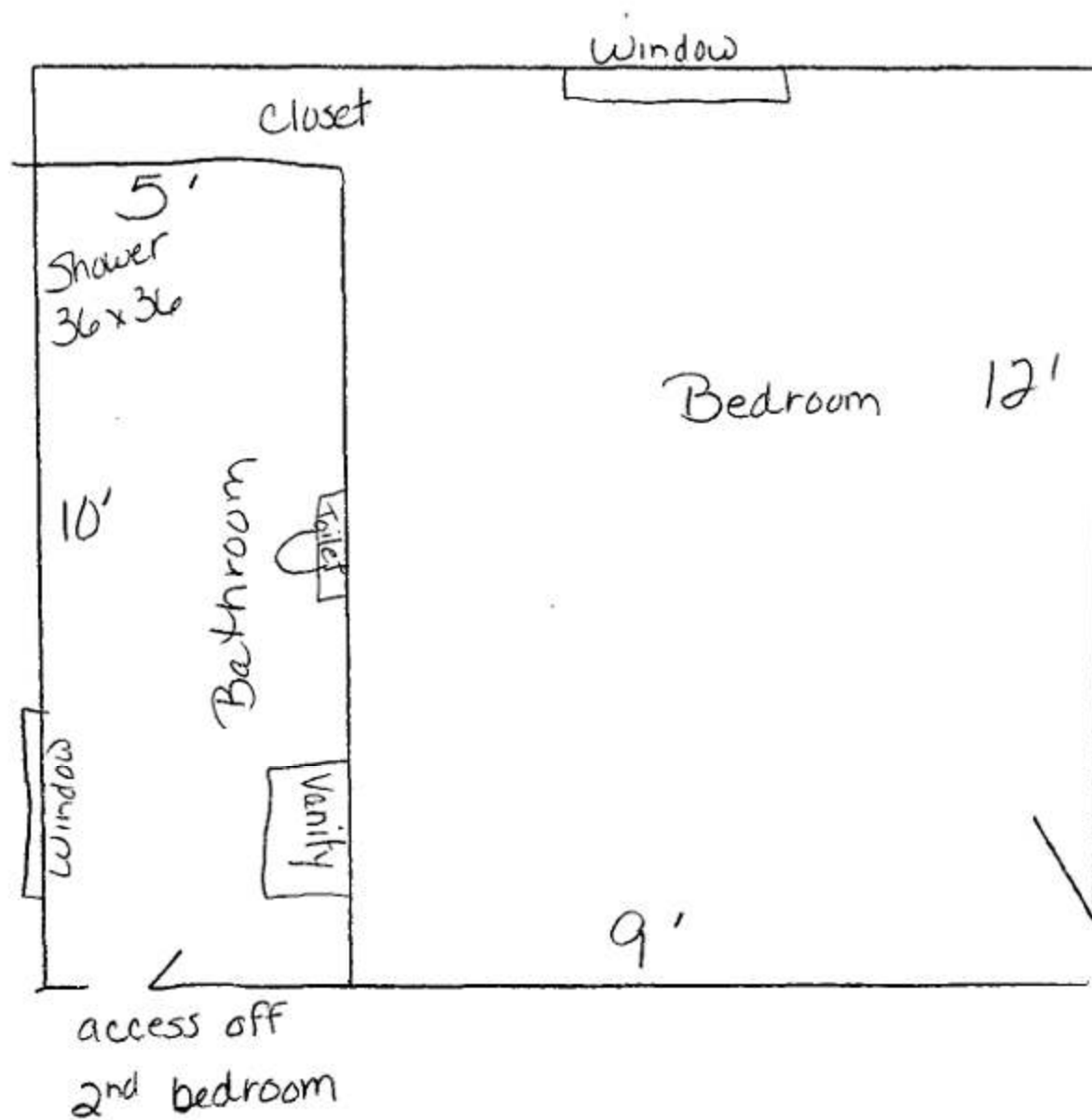


AGENT SIGNATURE _____

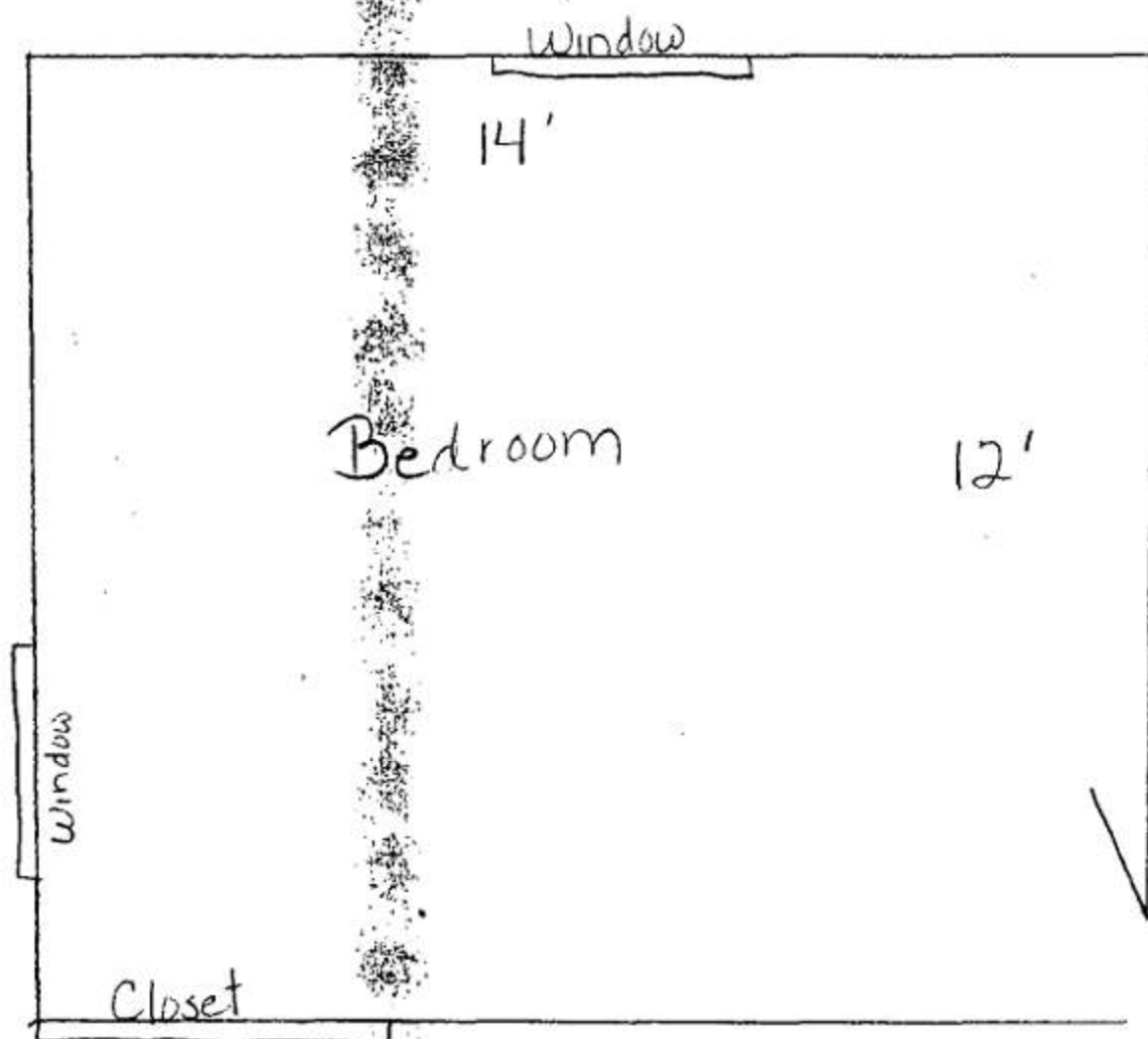
Federal Emp. No. _____

☒ See Plans

D. COMMENTS



4-14-94 16W



MARK HIBBARD
PLUMBING & HEATING
1446 Lakewood Ave.
BRICK, NEW JERSEY 08724
Phone 458-2986

JOB _____
SHEET NO. _____ OF _____
CALCULATED BY _____ DATE _____
CHECKED BY _____ DATE _____
SCALE _____

