

BLOCK 36 LOT 13 QUALIFICATION CODE COULC ADDRESS (SITE) 24 Shell Rd PERMIT NO. 05-4172



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 24 Shell Rd, Brick
2. Name of Owner in Fee: Arthur Morgan
Address 468 Patton St North Brunswick, NJ 08902
3. Ownership in fee: Public ☐ Private ☐
4. Principal Contractor: H/O Tel. ()
Address
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. FAX: ()
5. Architect or Engineer Tel. ()
Address Contact
6. Responsible Person in Charge once Work has Begun
Tel. () FAX: ()

V. FEE SUMMARY (for office use only)

1. Building	3000	\$ 50	Update 50	Update 40
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal		\$		
7. Less 20% for State Plan Review				
8. Subtotal		\$		
9. State Permit Fee Surcharge				
10. Subtotal		\$		
11. Cert. of Occupancy				
12. Other				
13. TOTAL		\$	51	53 40

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories
- Height of Structure ft.
- Area — Largest Floor sq. ft.
- New Building Area sq. ft.
- Volume of New Structure cu. ft.
- Construction Classification
- Total Land Area Disturbed sq. ft.
- Flood Hazard Zone
- Base Flood Elevation ft.
- Wetlands yes
no
- Max. Live Load
- Max. Occupancy Load

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair ☐ b. Alteration ☐ c. Renovation ☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:
- No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

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(e)1.vii:

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:

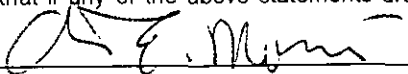
C.3. ☐ Electrical C.4. ☐ Plumbing

- 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.

X Signature



Date

7-10/18/05

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. 5:32-2.15(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.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building _____	Energy _____	Other _____	
Electrical _____	Barrier Free _____		
Plumbing _____	Flood Hazard _____		
Fire Protection _____	As Built Elevation Cert. _____		
Mechanical _____	Other _____		

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Temporary Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Continued Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Approval	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Lead Abatement Clearance Certificate	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____

Constituent Contact Report

[illegible]

Date: _____

Date: _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/3/2007
Tracking Number C-05-138994
Permit Number 05-4172
Permit Issue Date 10/18/2005
Certificate Number 05-4172

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 24 SHELL RD Brick Township, NJ Block: 36 Lot: 13 Qual: C0042
Owner in Fee: MORRIS, ARTHUR & ALICE
Owner Address: 968 PATTON ST NO BRUNSWICK NJ 08902
Telephone: _____
Contractor MORRIS, ARTHUR & ALICE
Address 968 PATTON ST NO BRUNSWICK NJ 08902
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. 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:

SIDING

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:

Construction Official

Date Printed: 7/3/2007

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued 10/18/2005
Control # C-05-138994
Permit # 05-4172

IDENTIFICATION Block: 36 Lot: 13 Qualifier _____
Work Site Location: 22 SHELL RD Brick Township, NJ Contractor: MORRIS, ARTHUR & ALICE
Address: 968 PATTON ST NO. BRUNSWICK NJ 08902
Owner in Fee: MORRIS, ARTHUR & ALICE
Address: 968 PATTON ST NO. BRUNSWICK NJ 08902 Telephone: _____
Telephone: _____ Lic. No. or Bldrs. 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:

SIDING

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 \$1,000

Construction Official _____ Date 10/18/2005

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$51
Check No.	3022
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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.



PERMIT UPDATE

Date Update Issued 11/07/2005
Control # C-05-139464
Permit # 05-4172+A

IDENTIFICATION Block: 36 Lot: 13 Qualifier C0042
Work Site Location: 24 SHELL RD Brick Township, NJ Contractor MORRIS, ARTHUR & ALICE
Address 968 PATTON ST NO BRUNSWICK NJ 08902
Owner in Fee MORRIS, ARTHUR & ALICE
Address 968 PATTON ST NO BRUNSWICK NJ 08902 Telephone:
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:

NEW ROOF

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 \$2,000

Construction Official 11/07/2005
Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$53
Check No.	3041
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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.



PERMIT UPDATE

Date Update Issued 5/14/2007
Control # C-07-002198
Permit # 05-4172+C

IDENTIFICATION Block: 36 Lot: 13 Qualifier C0042
Work Site Location: 24 SHELL RD Brick Township, NJ Contractor MORRIS, ARTHUR & ALICE
Address 968 PATTON ST NO BRUNSWICK NJ 08902
Owner in Fee MORRIS, ARTHUR & ALICE
Address 968 PATTON ST NO BRUNSWICK NJ 08902 Telephone: _____
Telephone: _____ Lic. No. or Bldrs. 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:

ALTERATION

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 \$6,000

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$144
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$152
Check No.	3281
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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.



PERMIT UPDATE

Date Update Issued 03/13/2007
Control # C-07-000893
Permit # 05-4172+B

IDENTIFICATION Block: 36 Lot: 13 Qualifier C0042
Work Site Location: 24 SHELL RD Brick Township, NJ Contractor MORRIS, ARTHUR & ALICE
Address 968 PATTON ST NO BRUNSWICK NJ 08902
Owner in Fee MORRIS, ARTHUR & ALICE
Address 968 PATTON ST NO BRUNSWICK NJ 08902
Telephone: Telephone:
Lic. No. or Bldrs. 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:

REINSTATE EXPIRED PERMIT
NEW ROOF

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 \$0

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$40
Check No.	3263
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

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.



**BUILDING SUBCODE
TECHNICAL SECTION**



Uate Received 10/18/2005
Control # C-05-138994
Date Issued 10/18/2005
Permit # 05-4172

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

Block 36 Lot 13 Qualification Code C0042

Work Site Location: 24 SHELL RD Brick Township, NJ

Owner in Fee: MORRIS, ARTHUR & ALICE

Address 968 PATTON ST NO BRUNSWICK NJ

Tel. _____

Contractor: MORRIS, ARTHUR & ALICE

Address 968 PATTON ST NO. BRUNSWICK NJ

Tel. _____ Fax _____

Contractor License No. or, if new home, Bldrs Reg. No. _____

Federal Employee No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plan Required			Type: Footing	Failure	Approval
☐ All			Footing Bonding		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Truss Sys./Bracing		
☐ Joint Plan Review Required			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
			Finishes-Base Layer		
			Finishes-Final		
			Energy		
			Mechanical		
			TCO		
			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present 0	Proposed R-5	Est. Cost of Bldg. Work:
Constr. Class	Present 0	Proposed 0	1. New Bldg. \$0
Number of Stories			2. Rehabilitation \$1,000
Height of Structure			3. Total (1+2) \$1,000
Area - Largest Floor			Sq. Ft.
New Bldg. Area / All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	FEE (Office Use Only)
SIDING.	

TYPE OF WORK

☐ New Building	\$0
☐ Addition	\$0
☐ Rehabilitation	\$0
☐ Roofing	\$0
☒ Siding	\$50
☐ Fence	\$0
☐ Sign	\$0
☐ Pool	\$0
☐ Asbestos Abatement Subchapter 8	\$0
☐ Lead Haz Abatement NJAC 5:17	\$0
☐ Other	\$0
☐ Demolition	\$0

Administrative Surcharge	\$0
Minimum Fee	\$0
State Permit Surcharge Fee	\$1
TOTAL FEE	\$51



BUILDING 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 36 Lot 13 Qualification Code
Work Site Location 245 Bell Road, Newark, N.J. 08902

Owner in Fee Arthur Morris

Address 968 9th St North Brunswick, N.J. 08902

Tel. [redacted]

Contractor [redacted]

Address [redacted]

Tel. () FAX ()

Contractor License No. or Builder Registration No. [redacted]

Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
						Failure	Approval
☐ No Plans Required				Footings			
☐ All				Footings Bonding			
☐ Footing				Foundation			
☐ Foundation				Slab			
☐ Frame				Frame			
☐ Other				Truss Sys./Bracing			
				Barrier-Free			
Joint Plan Review Required:							
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator	Insulation			
				Finishes - Base Layer			
SUBCODE APPROVAL							
☐ CO	☐ GCO			Energy			
Date:	<u>10-10-06</u>			Mechanical			
Approved by:	<u>[signature]</u>			TCO			
				Other			
				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ <u>1,000</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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.

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace siding that is
aged with same siding
T111

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	\$
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

Administrative Surcharge \$	<u>50</u>
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>51</u>

Date Received
Control #
Date Issued
Permit #

OST 4173
10-18-05



BUILDING 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 26 Lot 13 Qualification Code 24
Work Site Location 24 Steel Road, 1511

Owner in Fee Arthur Morris

Address 968 Patton St.
North Brunswick, N.J. 08902

Tel. [REDACTED]

Contractor [REDACTED]

Address [REDACTED]

Tel. () FAX ()

Contractor License No. or Builder Registration No. [REDACTED]

Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ <u>1,000</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace siding that is
bad with same siding
T111

TYPE OF WORK:	Height (exceeds 6') Sq. Ft.	FEE (Office Use Only)
☐ New Building		
☐ Addition		
☐ Rehabilitation		
☐ Roofing		
☐ Siding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Other		
☐ Demolition		

Administrative Surcharge \$	<u>50</u>
Minimum Fee \$	<u>54</u>
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>54</u>

Date Received 05/11/73
Control # 10-18-05
Date Issued
Permit #



BUILDING SUBCODE TECHNICAL SECTION



Date Received 10/18/2005
Control # C-05-138994
Date Issued 10/18/2005
Permit # 05-4172

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

Block 36 Lot 13 Qualification Code C0042

Work Site Location: 24 SHELL RD Brick Township, NJ

Owner in Fee: MORRIS, ARTHUR & ALICE

Address: 968 PATTON ST NO BRUNSWICK NJ

Tel: _____

Contractor: MORRIS, ARTHUR & ALICE

Address: 968 PATTON ST NO BRUNSWICK NJ

Tel: _____ Fax: _____

Contractor License No. or, if new home, Bldgs Reg. No. _____

Federal Employee No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plan Required			Type: _____	Failure _____ Approval _____ Initial _____
☐ All			Footings	
☐ Footing			Footings Bonding	
☐ Foundation			Foundation	
☐ Frame			Slab	
☐ Other			Frame	
☐ Joint Plan Review Required			Truss Sys./Bracing	
☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator			Barrier-Free	
SUBCODE APPROVAL			Insulation	
☐ CO ☐ CCO ☐ CA			Finishes-Base Layer	
Date: 12-13			Finishes-Final	
Approved by: 16-10-06			Energy	
			Mechanical	
			TCO	
			Other	
			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group	Present 0	Proposed R-5	Est. Cost of Bldg. Work:
Constr. Class	Present 0	Proposed 0	1. New Bldg. \$0
Number of Stories			2. Rehabilitation \$1,000
Height of Structure			3. Total (1+2) \$1,000
Area - Largest Floor			
New Bldg. Area / All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	FEE (Office Use Only)
SIDING	

TYPE OF WORK

☐ New Building	\$0
☐ Addition	\$0
☐ Rehabilitation	\$0
☐ Roofing	\$0
☒ Siding	\$50
☐ Fence	\$0
☐ Sign	\$0
☐ Pool	\$0
☐ Asbestos Abatement Subchapter 8	\$0
☐ Lead Haz Abatement NJAC 5:17	\$0
☐ Other	\$0
☐ Demolition	\$0

Administrative Surcharge	\$0
Minimum Fee	\$0
State Permit Surcharge Fee	\$1
TOTAL FEE	\$51



BUILDING SUBCODE TECHNICAL SECTION



Date Received 11/07/2005
Control # C-05-139464
Date Issued 11/07/2005
Permit # 05-4172-A

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

Block 36 Lot 13 Qualification Code C0042
Work Site Location: 24 SHELL RD Brick Township, NJ

Owner in Fee: MORRIS, ARTHUR & ALICE

Address 968 PATTON ST NO BRUNSWICK NJ

Tel. _____

Contractor: MORRIS, ARTHUR & ALICE

Address 968 PATTON ST NO BRUNSWICK NJ

Tel. _____ Fax. _____

Contractor License No. or, if new home, Bldg Reg. No. _____

Federal Employee No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		
☐ Joint Plan Review Required		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		
SUBCODE APPROVAL		
☐ CO ☐ CCO ☐ CA		
Date:		
Approved by:		

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present 0	Proposed R-5	Est. Cost of Bldg. Work:
Constr. Class	Present 0	Proposed 0	1. New Bldg. \$0
Number of Stories			2. Rehabilitation \$2,000
Height of Structure			3. Total (1+2) \$2,000
Area - Largest Floor			
New Bldg. Area / All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW ROOF.

TYPE OF WORK

☐ New Building	
☐ Addition	
☐ Rehabilitation	
☒ Roofing	\$50
☐ Siding	\$0
☐ Fence	Height (exceeds 6') \$0
☐ Sign	Sq. Ft. \$0
☐ Pool	\$0
☐ Asbestos Abatement Subchapter 8	\$0
☐ Lead Haz Abatement NJAC 5:17	\$0
☐ Other	\$0
☐ Demolition	\$0

FEE (Office Use Only)

Administrative Surcharge	\$0
Minimum Fee	\$0
State Permit Surcharge Fee	\$3
TOTAL FEE	\$53



BUILDING 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 236 Lot 13 Qualification Code C0042
Work Site Location 24 Shell Rd, Brick Twp NJ

Owner in Care Arthur & Alice Morris

Tel. [REDACTED] e-mail [REDACTED]

Address 24 Shell Rd, Brick, NJ 08723

Contractor: Arthur & Alice Municipality [REDACTED]

Address [REDACTED] e-mail [REDACTED]

Contractor License No. or Builder Registration No. [REDACTED] Exp. Date [REDACTED]

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [REDACTED]

Federal Emp. ID No. [REDACTED] FAX: ([REDACTED]) [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footing			Footings Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Approved by: [Signature]

Date: 06-18-07

SUBCODE APPROVAL CO-18807

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Roof

Reinstate expired permit

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') Sq. Ft.
- ☐ 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 \$	



BUILDING SUBCODE TECHNICAL SECTION



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.

Signature _____

Date Received
Control #
Date Issued
Permit #

2/13/17
15-41721B

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Look

Rehabilitated

Address _____ e-mail _____
Contractor: H. Thayer Hille Tel. _____
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	Failure	Dates (Month/Day)	Initial
			Type:		Failure	Approval
☐ No Plans Required			Footings			
☐ All			Footings Bonding			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL			Finishes -Base Layer			
☐ CO ☐ CCO ☐ CA			Finishes -Final			
Date:			Energy			
			Mechanical			
Approved by:			TCO			
			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ 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 \$	



BUILDING 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 36 Lot 13 Qualification Code 13
Work Site Location 24 Nell Rd, Brick

Owner in Fee Arthur E. Morris & Alice Morris
Address 968 Patton St, N.J. 08802

Tel. [REDACTED]
Contractor H-1441 Morris
Address Same as above

Tel. () () FAX () ()
Contractor License No. or Builder Registration No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☒ No Plans Required						
☒ All	<u>5-14-07</u>		Footings			
☐ Footing			Footings Bonding			
☐ Foundation			Foundation			
☐ Frame			Slab			
☐ Other			Frame			
			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
			Finishes - Base Layer			
			Finishes - Final			
SUBCODE APPROVAL			Energy			
☐ CO ☐ CCO ☐ CA			Mechanical			
Date:			TCO			
Approved by:			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and authorized to make this application.

Signature Art Morris

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Repair damage wood
(2x4) sheathing from roof
Replace kitchen cabinets
New rafters @ 1/2 spaced
from existing

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

Administrative Surcharge \$	<u>144</u>
Minimum Fee \$	<u>8</u>
State Permit Surcharge Fee \$	<u>150</u>
TOTAL FEE \$	<u>302</u>

Date Received update
Control # 05-4172-EC
Date Issued 5-14-07
Permit #



BUILDING 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 36 Lot 13 Qualification Code 05-4172
Work Site Location 24 STELL ROAD, BRIDGEVIEW

Owner in Fee ARTHUR MORRIS

Address 968 9TH ST, NORTH BRIDGEVIEW, N.J. 08902

Tel. (232) [REDACTED]

Contractor [REDACTED]

Address [REDACTED]

Tel. () FAX ()

Contractor License No. or Builder Registration No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Mc)
☐ No Plans Required			Type: Footing		
☐ All			Footing Bonding		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec.	☐ Plumb.	☐ Fire	Insulation		
			Finishes - Base Layer		
SUBCODE APPROVAL			Finishes - Final		
☐ CO	☐ GCO	☐ CA	Energy		
Date:	<u>10-10-06</u>	<u>PA</u>	Mechanical		
Approved by:	<u>PA</u>		TCO		
			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class		
No. of Stories		
Height of Structure		
Area — Largest Floor		
New Bldg. Area/All Floors		
Volume of New Structure		
Total Land Area Disturbed		

Est. Cost of Bldg. Work:

1. New Bldg. \$
2. Rehabilitation \$
3. Total (1+2) \$ 1000

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.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
<u>add new siding that is</u>
<u>05-4172 sid.</u>
<u>no wrap</u>
<u>+A new roof</u>
<u>no wrap.</u>

☐ Fence	Height (exceeds 6')
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

Administrative Surcharge \$	<u>50</u>
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>54</u>

**Osborn Sea-Bay Condominium Association
P.O. box 927
Normandy Beach, NJ 08739**

October 14, 2005

Mr. Arthur Morris
968 Patton Steet
North Brunswick, New Jersey 08902

Re: 24 Shell Road
Normandy Beach, NJ
Unit # 42

Dear Artie:

The Board of Directors of the Osborn Sea-Bay Condominium Association has received your request for authorization for construction replacement of your siding on your home. Based on the information submitted to us, including the description of the change, this type of like-kind replacement does not need the approval of the Board of Directors of the Association, however, at the request of Brick Township for an approval letter, we approve your need and request to replace the existing siding with identical siding.

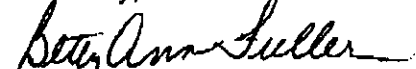
If any additional changes are made, the Board of Directors must approve those changes before work can progress in a secondary request.

Additionally, this approval is subject to the approval and granting of necessary permits by the Township of Brick.

Finally, as a reminder, construction can only take place after Labor Day and before Memorial Day.

Please feel free to contact any Board member about this decision.

Sincerely,



Betty Ann Fuller
Secretary

On behalf of the Board
W: 609-945-1258
H: 732-701-0344
Cell: 908-216-2120



NOTICE AND ORDER OF PENALTY

Permit Number 05-4172
Date Issued 3/8/2007
Violation Number V-07-00606

IDENTIFICATION

Work Site Location: 24 SHELL RD Brick Township, NJ
Block: 36 Lot: 13 Qualification Code: _____
Owner in Fee: MORRIS, ARTHUR & ALICE
Owner Address: 968 PATTON ST NO BRUNSWICK NJ 08902
Agent/Contractor _____
Address _____
To: ☒ Owner ☐ Other:
☐ Agent/Contractor

ACTION

- ☐ On _____ you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A ☐ **Notice of Violation and Order to Terminate**, ☐ **Notice of Unsafe Structure**, ☐ **Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:
- ☒ On _____ you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you ☐ **made a false or misleading written statement, or omitted required required information in an application or request for approval; or** ☐ **failed to obtain a construction permit; or** ☒ **failed to request required inspections; or** ☐ **allowed occupancy prior to receiving a certificate of occupancy.**
- ☐ On _____ you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order**.

PENALTY

Therefore, you are hereby **ORDERED** to pay a penalty in the amount of \$2,000.00 for each violation for a total penalty of \$2,000.00.

Further, take **NOTICE** that for each ☒ week ☐ day that any of the said violations remain outstanding after 3/15/2007 an additional penalty of \$2,000.00 per ☒ week ☐ day shall result

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals of the _____ County of Ocean within 15 days of receipt of this **ORDER** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

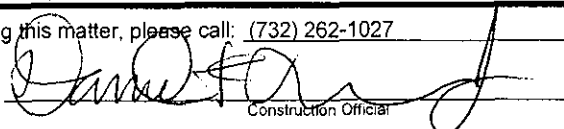
Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is \$100.00 and should be forwarded with your application to the Construction

Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
2 Mott Place
Toms River, NJ 08753

If you have any questions concerning this matter, please call: (732) 262-1027

NOTICE and ORDER of PENALTY:


Construction Official

Date:

3-8-07



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

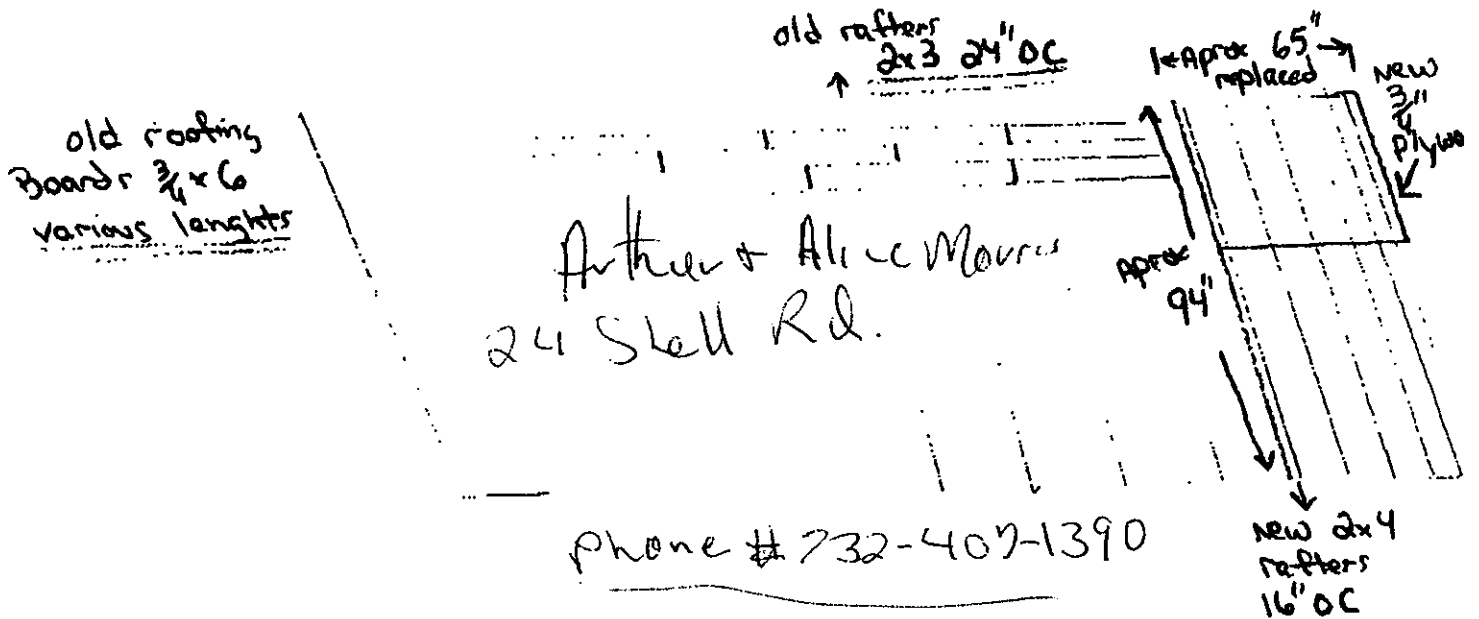
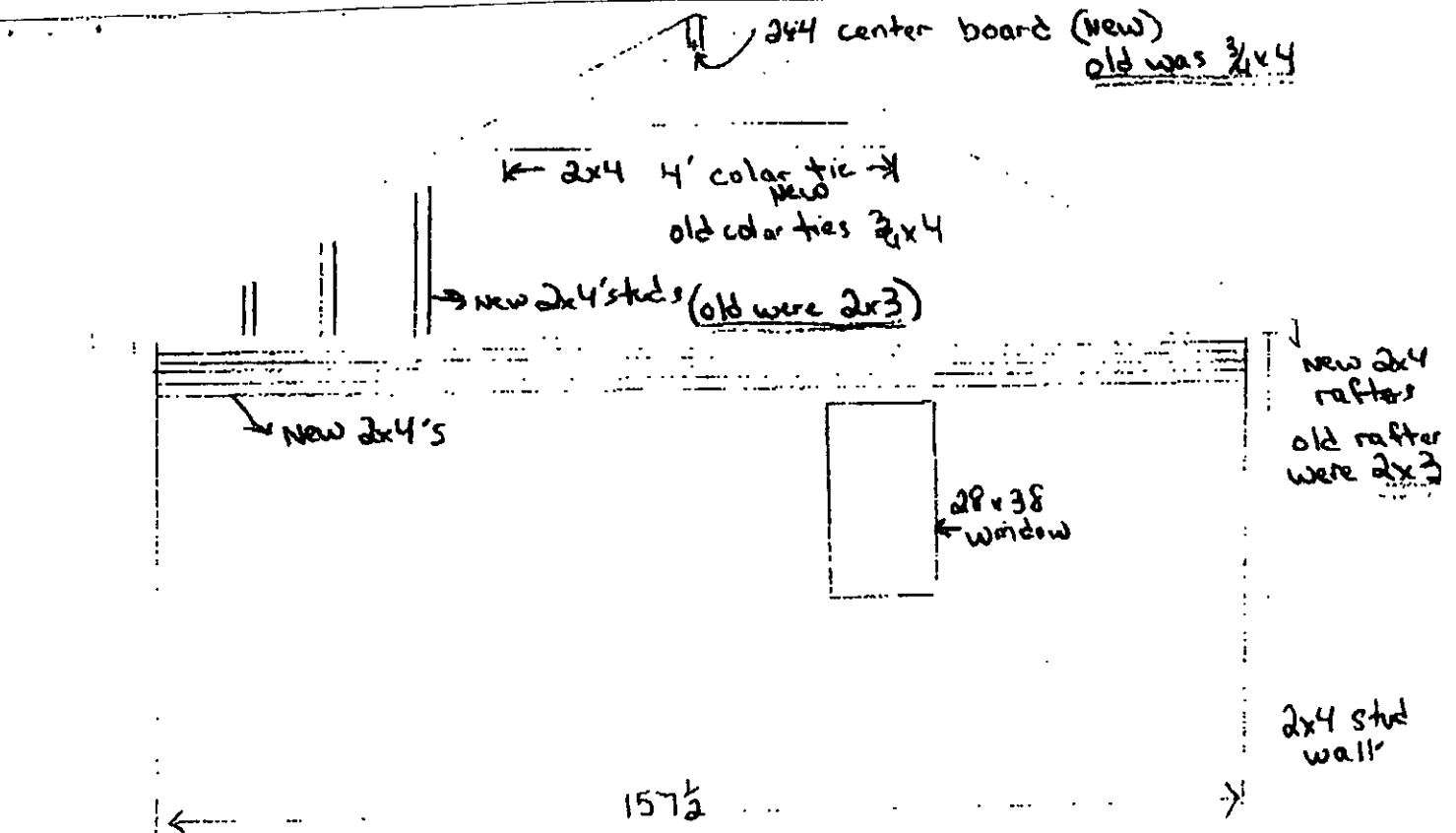
Work Site Location: 24 SHELL RD Brick Township, NJ
Block: 36
Lot: 13
Owner: MORRIS, ARTHUR & ALICE
Owner Address: 968 PATTON ST NO BRUNSWICK NJ 08902
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode:
Issuing Officer: Daniel Newman
Issue Date: 3/8/2007
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations Working without a permit NJAC 5:23.2.14(a)
Infraction Summary: Failure to get inspections on Permit # 05-4172 and 05-4172+A for siding and new roof
Certified Mail Number: 7006 0810 0000 4110 2444

Enforcement Details

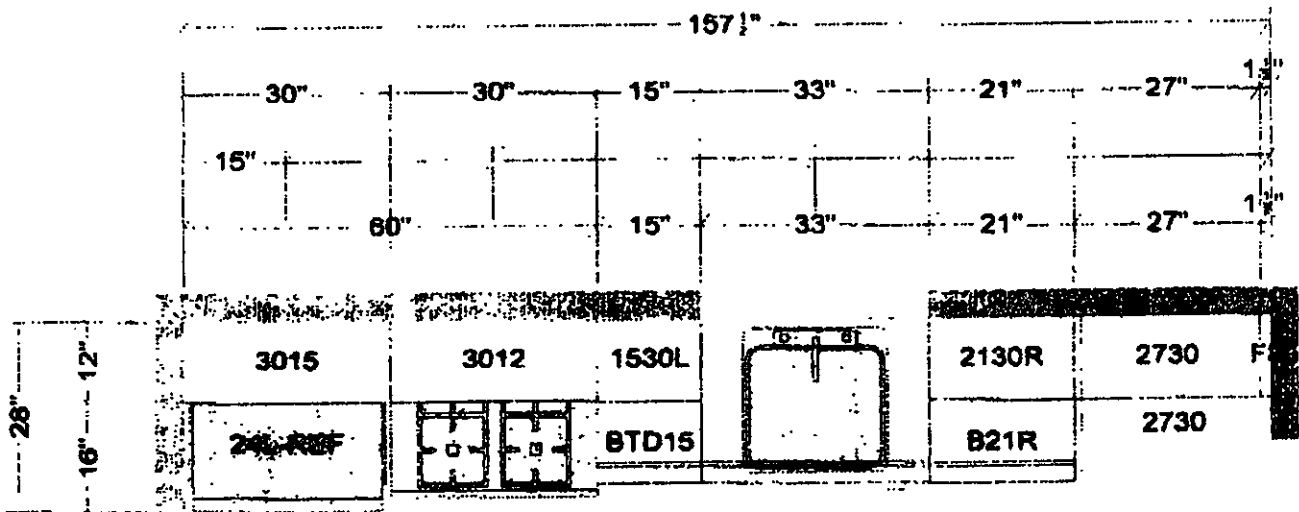
Inspection Date:
Notice Date: 3/8/2007
Compliance Date: 3/15/2007
Compliance Inspection Date:
Compliance Summary:



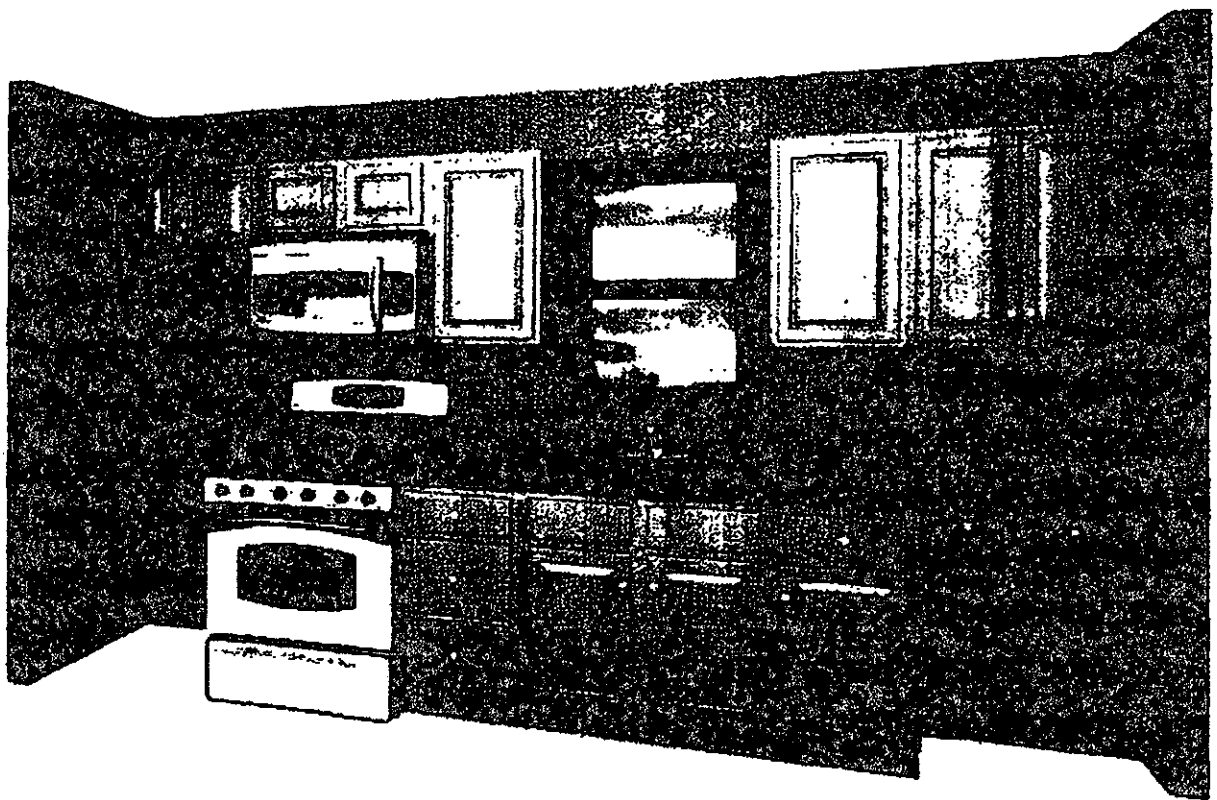
Due to Sept. 06 Storm damage to roof existed. While repairs were being made, damage was noticed in walls and sheetrock. After removing sheetrock, damage was noticed in insulation, lumber of walls as well. all Kitchen Cabinets. Replacement of all lumber was made with material of approximately same size. All old and damaged material was removed and replaced with new. walls, roof and cabinets the same as before.

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building	5-14-07		
Fire			
Electrical			

Brick Township
 Plan Review Class Date By
 Zoning
 Plumbing
 Building
 Fire
 Electrical



All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.		This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.	Designed: 3/29/2007 Printed: 3/29/2007
Design:	All	Drawing #: 1	



Brick Township

Plan Review	Class	Date	By
Zoning	_____	_____	_____
Plumbing	_____	_____	_____
Building	_____	_____	_____
Fire	_____	_____	_____
Electrical	_____	_____	_____

Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.



Designed: 3/3/2007
Printed: 3/3/2007