

BLOCK 1087-69 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 374 16th AVE. PERMIT NO. 11-3050



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 374 16th AVE. BRICK, NJ
2. Name of Owner: JOSEPH + ALICE HIGGINS
Te [REDACTED] e-mail _____
Address 8 BAY 374 16th AVE. BRICK, NJ 08724
3. Ownership in Fee: Public _____ Private X _____
4. Principal Contractor: SELF Tel. (____) _____
Address _____ e-mail _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (____) _____ FAX: (____) _____
6. Resp. [REDACTED] has Begun JOSEPH HIGGINS
Tel. _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	<u>1</u>
2. Height of Structure	_____ ft.
3. Area — Largest Floor	_____ sq. ft.
4. New Building Area	_____ sq. ft.
5. Volume of New Structure	_____ cu. ft.
6. Max. Live Load	_____
7. Max. Occupancy Load	_____
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	_____ sq. ft.
10. Flood Hazard Zone	_____
11. Base Flood Elevation	_____ ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>1900.00</u>								

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. ☐ LPG Gas Tanks
12. ☐ Fire Alarm

OFFICE USE ONLY

1

[illegible]

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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 Joseph P. Pignatelli Date 10-7-2011

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.

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	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/13/2011
Control Number C-11-003713
Permit Number 11-3050
Permit Issue Date 10/07/2011
Certificate Number 11-3050

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 374 16TH AVE. Brick Township, NJ Block: 1087.69 Lot: 10 Qual: _____
Owner in Fee: HIGGINS, ALICE D
Owner Address: 374 16TH AVE BRICK NJ 08724
Telephone: [REDACTED]
Contractor HIGGINS, ALICE D
Address 374 16TH AVE BRICK NJ 08724
Telephone: [REDACTED] 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: NEW ROOF

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: 12/13/2011

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued 10/07/2011
Control # C-11-003713
Permit # 11-3050

IDENTIFICATION Block: 1087.69 Lot: 10 Qualifier _____
Work Site Location: 374 16TH AVE. Brick Township, NJ Contractor HIGGINS, ALICE D
Address 374 16TH AVE. BRICK NJ 08724
Owner in Fee HIGGINS, ALICE D
374 16TH AVE. BRICK NJ 08724 Telephone: _____
Telephone: _____ Lic. No. or Bids. 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:

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 \$1,900

PAYMENTS (Office Use Only)

Building	\$75
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$78
Check No.	<u>CASH</u>
Cash	\$78
Credit	\$0
Collected By	<u>Russell Martone</u>

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

#3050
BUILDING 175.00
ELECTR 50.00
PLUMB 0.00
CASH 0.78
TOTAL 225.78

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



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

Block 1087-69 10 10 Qualification Code

Work Site Location BRICK, NJ 164 AVE.

Owner in Fee: JOSEPH + AVICE HIGGINS

Tel. e-mail

Address 374 164 AVE. BRICK 08724

Contractor: SELF Tel. () zip code

Address e-mail

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	Dates (Month/Day)	Failure	Failure	Approval	Initial
☐ No Plans Required			Type:					
☐ All			Footings					
☐ Footings/Foundations			Footings Bonding					
☐ Structural/Framework			Foundation					
☐ Exterior			Slab					
☐ Interior			Frame					
☐ Joint Plan Review Required:			Truss Sys./Bracing					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free					
SUBCODE APPROVAL FOR PERMIT			Insulation					
Date:			Finishes -Base Layer					
Approved by:			Finishes -Final					
SUBCODE APPROVAL FOR CERTIFICATE			Energy					
☐ CO <u>12/13/11</u> <u> </u>			Mechanical					
Date:			TCO					
Approved by:			Other					
<u> </u> <u> </u>			Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present 1 Proposed

No. of Stories 1 Proposed

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Const. Class Present Proposed

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work: 1900.00

1. New Bldg. \$

2. Rehabilitation \$

3. Total (1+2) \$ 1900.00

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Joseph Higgins

Print name here: JOSEPH HIGGINS

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SHINGLES ON EXISTING ROOF.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☐ Sign Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received 10-7-2011

Control #

Date Issued 11-3050

Permit #

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

11-60-9
(b)



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 1087-69 Lot 10 Qualification Code _____
Work Site Location BRICK, NJ
374 16th AVE

Owner in Fee: JOSEPH + ALICE HIGGINS

Tel. _____ e-mail _____
Address BRICK 08724
street municipally zip code

Contractor: SELF Tel. (____) _____ e-mail _____
Address _____

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
☐ No Plans Required			Type: _____
☐ All			Footings
☐ Footings/Foundations			Foundation Bonding
☐ Structural/Framework			Foundation
☐ Exterior			Slab
☐ Interior			Frame
☐ Joint Plan Review Required:			Truss Sys./Bracing
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free
SUBCODE APPROVAL FOR PERMIT			Insulation
Date: _____			Finishes -Base Layer
Approved by: _____			Finishes -Final
SUBCODE APPROVAL FOR CERTIFICATE			Energy
☐ CO ☐ CCO ☐ CA			Mechanical
Date: _____			TCO
Approved by: _____			Other
			Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present X Proposed _____
No. of Stories 1
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

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: Joseph Higgins
Print name here: JOSEPH HIGGINS

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SHINGLES ON EXISTING ROOF.

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

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

Date Received _____
Control # _____
Date Issued _____
Permit # _____

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

10-7-2011

11-3050



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 11x7-69 Lot 10 Qualification Code _____

Work Site Location 394 16th Ave

Owner in Fee: Joseph & Anne Higgins

Te [redacted] e-mail _____

Address 394 16th Ave Block B-1 Zip code 08724

Contractor: SELF Tel. () () e-mail _____

Address _____ e-mail _____

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

B. BUILDING CHARACTERISTICS

Use Group Present ☒ Proposed _____

No. of Stories 1

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work: 1900.00

1. New Bldg. \$ 1900.00

2. Rehabilitation \$ _____

3. Total (1+2) \$ 1900.00

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: Joseph Higgins

Print name here: Joseph Higgins

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SHEDS ON EXISTING ROOF.

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 \$ _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____
10-7-2011
11-3050



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 _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (____) _____ e-mail _____

Address _____ e-mail _____

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories	1	2	If Industrialized Building:		
Height of Structure			State Approved		HUD
Area — Largest Floor					
New Bldg. Area/All Floors			Est. Cost of Bldg. Work:		
Volume of New Structure			1. New Bldg.		
Max. Live Load			2. Rehabilitation		
Max. Occupancy Load			3. Total (1+2)		

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: _____

D. TECHNICAL SITE DATA

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

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

Date Received _____
Control # _____
Date Issued _____
Permit # _____

1072011
11-3050

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 374 16th AVE. BRICK, NJ 08724

Block: 1087-69 Lot: 10

Contractor: SELF

Contractor's Address: _____

Type of Construction (minor, new home): RE ROOF — Going over Existing

Type of Debris (shingles, siding, wood, etc.): -SHINGLES NONE

Party responsible for removal: SELF

Dumpster size: _____

Destination of debris: _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Joseph Higgins
Signature

10/7/11
Date

JOE HIGGINS
Print Name