

1041-97

APR 29 1997



CONSTRUCTION PERMIT APPLICATION

D/Significant/Complete; Sections I, II, III (optional), IV, VI and VII

1. Proposed Work-site at: 601 Rolling Hills H.

2. Name of Owner in Fee: Alan Johnston Tel. [REDACTED]

Address 681 Rolling Hills Ct., Brick
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Paver Oil Company Tel. (____) _____

Address Toms River, NJ

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

Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person in Charge of Work Cassey Boynton Tel. (____) _____

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection	66		
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review	1		
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	67		
13. TOTAL	\$		

1. Number of Stories _____
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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

1. ☐ Minor work
(single trade)
 2. ☒ Small Job (\$5,000
and no prior approvals)
 3. ☐ New Building
 4. ☐ Addition
 5. ☐ Alteration
 6. ☐ Fire Protection
 7. ☐ Plumbing
 8. ☐ Electrical
 9. ☐ Elevator Devices
 10. ☐ Asbestos Abatement
 11. ☐ Demolition
- TOTAL COSTS**

Est	Cost
-----	------

1000

1000

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional) 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
8. ☐ Smoke Control Systems in Open Wells
9. ☒ Underground Storage Tanks
To BE RELAGD

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:

Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10320170

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.

Signature Ed D. Shon for Dover Oil Co. Date 4/29/97

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 First Environmental for Dover Oil Co.

Address P.O. Box 1489, 17 Royal Pt
Lakewood NJ 08701

Telephone (908) 886-2820

Signature Ed D. Shon for Dover Oil Date 4/29/97

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

4/29/97

1041-97

IDENTIFICATION Block 1385.09 Lot 16

Work Site Location 681 ROLLING HILLS CT Contractor DOVER OIL CO. **0003**

Address 10418H

Owner In Fee AKA JOHNSON BLOCK 1385.09 # 0.00

Address 681 ROLLING HILLS CT Tele. () 1385.09 # 0.00

BATCH 1A 05773 Lic. No. or Bldrs. Reg. No. 1041 Exp. Date 16 # 0.00

Tele. () Federal Emp. No. 16 # 0.00

or Social Security No. FIRE 66.00

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER

☐ ELECTRICAL ☒ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

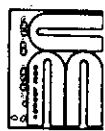
NEW OIL TANK

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 \$ 1000-

Kurtz
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	<u>CHURN</u> <u>17.00</u>
Plumbing	<u>CHURN</u> <u>17.90</u>
Electrical	<u>CHURN</u> <u>0.00</u>
Fire Protection	<u>100-</u> <u>5.33</u>
Other	
Other	
DCA Training Fee	<u>1-</u>
Cert. of Occ.	
Other	<u>107-</u>
Total	<u>107-</u>
Check No.	<u>1027</u>
Cash	
Collected By:	<u>val</u>



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 11/4/97
Date Issued 11/4/97
Control # 1044-97
Permit # 1044-97

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

Block 1385.09 Lot 16
Work Site Location 681 Rolling Hills Ct
Owner in Fee Alfred Johnston
Address 681 Rolling Hills Ct
Rt. PO
Tele. [REDACTED]
Contractor Dave Oil Company
Address Tomb River, AL
Tele. ()
Lic. No. [REDACTED]
Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present X Proposed X
Constr. Class. Present X Proposed X
Heating Systems ☐ New ☒ Existing
Type: ☐ Gas ☒ Oil ☐ Electrical ☐ Solar
☐ Other [REDACTED]
Location: [REDACTED]

Total Est. Cost of Fire Prot. Work \$ 1000 ☐ Other [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
☐ No Plans Required	Suppression Test	
Joint Plan Review Required:	Fire Alarm Test	
☐ Bldg. ☐ Plumb.	Smoke Test	
☐ Elec. ☐ Elevator	Mechanical	
☐ Fire Plans Approved	TCO	
Date: <u>4/29/97</u>	Other	
Approved by: <u>[Signature]</u>	Other	
SUBCODE APPROVAL:	Other	
☐ CO ☐ CCO ☐ CA	Other	
Date: <u>[REDACTED]</u>		
Approved by: <u>[REDACTED]</u>		

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] agent
SIGNATURE Dave Oil Co.

D. TECHNICAL SITE DATA

Description of Work
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Install (1) 275 gal above ground tank, to be done on 5/15/97 (mon)

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks
Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL

Number	Fuel
() Capacity <u>275</u>	Fuel <u>#2</u>
() Capacity <u>[REDACTED]</u>	Fuel <u>[REDACTED]</u>
() Capacity <u>[REDACTED]</u>	Fuel <u>[REDACTED]</u>
() Capacity <u>[REDACTED]</u>	Fuel <u>[REDACTED]</u>

Smoke Detectors
Heat Detectors
TOTAL

66

Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance
OTHER

Paid ☐ Check # <u>[REDACTED]</u>	Administrative Surcharge \$ <u>66.</u>
Collected by: <u>[REDACTED]</u>	Minimum Fee \$ <u>[REDACTED]</u>
	DCA Training Fee \$ <u>[REDACTED]</u>
	TOTAL FEE \$ <u>[REDACTED]</u>