



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: ✓ 803 Edmunds Ave, Union Beach, NJ 07735

2. Name of Owner in Fee: ✓ Angelo Esposito
Tel. (732) 513 3129 (w) e-mail ✓ 903123@att.com
Address: 803 Edmunds
street municipality zip code

3. Ownership in Fee: Public _____ Private ✓

4. Principal Contractor: _____ 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. Responsible Person in Charge once Work has Begun _____
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		
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 _____		

RECEIVED 9/20/13

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
				9/20/13	me			

TOTAL COSTS

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Former: _____

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. 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	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs
	7. ☐ Sprinklers	11. ☐ LP Gas Tanks

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 _____
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 Compliance	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

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.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 _____ Date _____

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.

DEMO



CONSTRUCTION PERMIT

Date Issued:

Permit # 13-00794

IDENTIFICATION Block 601 Lot 4 Qualification Code _____
Work Site Location 803 Edmunds Ave Contractor _____
Union Beach, NJ 07735 Address _____
Owner in Fee _____
Address 31 Lloyd Rd, Morganville NJ Tel. (____) _____
07751 Lic. No. or Bldrs. Reg. No. _____
Tel. (732 591 1167 (H)) 732 513 3129 (cell)

is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☒ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

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 9/22/13

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total no fee
Check No. _____
Cash _____
Collected by _____

(see reverse side)

DEMO



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued
Permit #

13-00794

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

Block ✓ 61 Lot ✓ 4 Qualification Code _____
Work Site Location ✓ 803 Edmonds Ave, Union Bcht, NJ
07735

Owner in Fee: ✓
Tel. ✓ 732 591 1167 e-mail ✓ FranMarie@aol.com
Address ✓ 31 Hays Rd, Morganville NJ 07751
street municipality zip code

Contractor: _____ Tel. () _____

Address _____

_____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required	_____	_____	Footing	_____	_____	_____	_____	
☐ All	_____	_____	Footing Bonding	_____	_____	_____	_____	
☐ Footing/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: <u>9/24/13</u>			Finishes-Final	_____	_____	_____	_____	
Approved by: <u>[Signature]</u>			Energy	_____	_____	_____	_____	
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____	_____	
☐ CO ☐ CCO ☐ CA			TCO	_____	_____	_____	_____	
Date: <u>[Signature]</u>			Other	_____	_____	_____	_____	
Approved by: <u>[Signature]</u>			Final	_____	_____	_____	_____	
			Barrier-Free	_____	_____	_____	_____	

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ Ft. State Approved _____ HUD _____

Area — Largest Floor _____ Sq. Ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ Sq. Ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+2) \$ _____

Max Occupancy Load _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here Angela M Exposito

Print name here: Angela M Exposito

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMOLITION

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)

\$ _____

UCC/F-110
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Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____