BLOCK 383.26 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 344 Evergreen PERMIT NO. 16-1805

# CONSTRUCTION PERMIT APPLICATION

C16-001776

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

## I. IDENTIFICATION

1. Proposed Work Site at: 344 EVERGREEN DR
2. Name of Owner in Fee: MORRIS
   Tel. [redacted] e-mail _____
   Address 344 EVERGREEN DR (street) ✓ (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: VACCARO BROS Tel. 732-308-1500
   Address 2575 RT 9 e-mail _____
   HOWELL, NJ
   License No. OR, if new home, Builder Reg. No. 13VH00727800 Exp. Date 3/31/17
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 22-6733376 FAX: _____
5. Architect or Engineer _____ Contact ✓
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun VACCARO BROS
   Tel. 732-308-1500 FAX: _____

4

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 150 ✓ | | |
| 2. Electrical | 150 | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | 4 | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 306 | | |

## 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 ____ | |

## IIa. PROPOSED WORK

Alt 1

- ☐ 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)

FOR OFFICE USE ONLY (Optional)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☑ Building | 300 | MFF | 4/19/16 | | 05/17/16 | KRK | | | |
| ☑ Electrical | 2500 | | | | 4/20/16 | PJF | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| 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. ☐ LPGas Tanks
12. ☐ Fire Alarm

**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 _____ Date 4/14/16

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.

(X) Check if contractor.

Agent Name VACCARO BROS

Address 2575 RT 9
HOWELL, NJ

Telephone 732-308-1500

Signature JOHN VACCARO

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/2/2016
Control Number C-16-001776
Permit Number 16-1805
Permit Issue Date 6/2/2016
Certificate Number 16-1805

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 344 EVERGREEN DR. Brick Township, NJ Block: 383.26 Lot: 10 Qual:

Owner in Fee: MORRIS, JAMES M. & PATRICIA J.

Owner Address: 344 EVERGREEN DR. BRICK NJ 08723

Telephone: [redacted]

Contractor Vaccaro Bros. Flooring, Inc.

Address 2575 Route 9 Howell NJ 07731

Telephone: (732) 308-1500 Fax: (732) 308-1503

License Number or Builders Registration Number: 13VH00727800 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: ALTERATION - RESIDENTIAL ...RELOCATE WINDOW & ELECTRICAL ALTERATIONS

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

Fee: $0.00
Check Number:
Collected By:

*Date Printed: 8/2/2016*

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

REHAB.

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received 6/2/16
Control #

Date Issued
Permit # 16-1805

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

Block 383.26 Lot 10 Qualification Code

Work Site Location 344 EVERGREEN DR BRICKTOWN

Owner in Fee MORRIS

Address 344 EVERGREEN DR

Tel [redacted]

Contractor DC Electrical Services, LLC

Address 1932 Fourth Ave. Toms River, NJ 08757

Tel ( ) (732)608-7456 FAX ( )

Contractor License No. License #17124

Federal Emp. No. Fein# 27-5335156

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2500

**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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 12 | | Lighting Fixtures | |
| 2 | | Receptacles | |
| 2 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |
| | | | |

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 4/20/16 PO

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 04/18/2016
Control # C-16-001776
Date Issued 06/02/2016
Permit # 16-1805

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

Block 383.26 Lot 10 Qualification Code

Work Site Location: 344 EVERGREEN DR. Brick Township, NJ

Owner in Fee: MORRIS, JAMES M. & PATRICIA J.

Address 344 EVERGREEN DR. BRICK NJ 08723

Te [redacted] Email

Contractor: Vaccaro Bros. Flooring, Inc.

Address 2575 Route 9 Howell NJ 07731

Email

Tel. (732) 308-1500 Fax. (732) 308-1503

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

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature

Print Name Here:

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

ALTERATION - RESIDENTIAL, ...RELOCATE WINDOW & ELECTRICAL ALTERATIONS

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| ☐ No Plan Required | | |
| ☐ All | | |
| ☐ Footing/Foundation | | |
| ☐ Struct/Framework | | |
| ☐ Exterior | | |
| ☐ Interior | | |

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☒ CA 07/30/16
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 | | | 7-29-16 | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present Proposed R-5
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

If Industrial Building:
State Approved
HUD

**Est. Cost of Bldg. Work:**
1. New Bldg.
2. Rehabilitation $500
3. Total (1+2) $500

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)

| | |
|---|---|
| | |
| | |
| | $45 |
| | |
| | |
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| | |
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| | |
| | |
| | |
| | |
| | |
| Administrative Surcharge | |
| Minimum Fee | $150 |
| State Permit Surcharge Fee | $1 |
| TOTAL FEE | $151 |



Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

# Inspection Activity Report

Inspections for Permit Number 16-1805

Permit Number

**16-1805**

| Inspection Date | Inspection Type | Inspector | Subcode | Result | Owner Location | Work Type | Work Description | Inspection Comments |
|---|---|---|---|---|---|---|---|---|
| 06/14/2016 | FRAMING | Peter McNamara | Building | Pass | MORRIS, JAMES M. & PATRICIA J. 344 EVERGREEN DR. | Alteration | ALTERATION - RESIDENTIAL | |
| 06/16/2016 | ROUGH | Patrick Callahan | Electrical | Pass | MORRIS, JAMES M. & PATRICIA J. 344 EVERGREEN DR. | Alteration | ALTERATION - RESIDENTIAL | |
| 06/28/2016 | FRAMING | Michael Vecchio | Building | Cancelled | MORRIS, JAMES M. & PATRICIA J. 344 EVERGREEN DR. | Alteration | ALTERATION - RESIDENTIAL | |
| 06/29/2016 | Final | Marcel Renson | Electrical | Fail | MORRIS, JAMES M. & PATRICIA J. 344 EVERGREEN DR. | Alteration | ALTERATION - RESIDENTIAL | incomplete |
| 07/15/2016 | Final | Michael Vecchio | Building | | MORRIS, JAMES M. & PATRICIA J. 344 EVERGREEN DR. | Alteration | ALTERATION - RESIDENTIAL | |
| 07/29/2016 | Final | Michael Vecchio | Building | | MORRIS, JAMES M. & PATRICIA J. 344 EVERGREEN DR. | Alteration | ALTERATION - RESIDENTIAL | |
| 07/29/2016 | Final | Thomas Olson | Electrical | | MORRIS, JAMES M. & PATRICIA J. 344 EVERGREEN DR. | Alteration | ALTERATION - RESIDENTIAL | |

# BUILDING SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 6/2/16

Date Issued / Permit # 16-1805

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

Block 343.26 Lot 10 Qualification Code

Work Site Location 344 EVERGREEN DR

Owner in Fee: MORRIS

Tel. [redacted] e-mail

Address 344 EVERGREEN DR 08723
street municipality zip code

Contractor: VACCARO BROS Tel. 732 308 1500

Address 2575 RT 9 e-mail

HOWELL NJ

Contractor License No. or Builder Registration No. 13VH00727800 Exp. Date 3/31/17

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222873376 FAX:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

| | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [✓] All | 05/17/16 | MW |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 05/17/16

Approved by: MW

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 08/01/16

Approved by: MW

INSPECTIONS

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | 6/14/16 | JM |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | 6/13/16 | | 6/14/16 | JM |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 7-27-16 | MW |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present _____ Proposed _____

No. of Stories _____

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:**

1. New Bldg. $ 500
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

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: John Vaccaro

Print name here: JOHN VACCARO

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

MOVE WINDOW OVER 12", REFRAME NEW ROUGH OPENING. AS PER PLANS

FRAMING INSP'N REQ'D.

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 $ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

# CONSTRUCTION PERMIT

Date Issued 6/2/16
Control # C-16-001776
Permit # 16-1805

IDENTIFICATION Block: 383.26 Lot: 10 Qualifier

Work Site Location: 344 EVERGREEN DR. Brick Township, NJ

Owner in Fee: MORRIS, JAMES M. & PATRICIA J.
344 EVERGREEN DR. BRICK NJ 08723

Telephone: [redacted]

Contractor: Vaccaro Bros. Flooring, Inc.
Address: 2575 Route 9 Howell NJ 07731

Telephone: (732) 308-1500
Lic. No. or Bldrs. Reg. No. 13VH00727800 13VH00727800
Federal Employee. No. 13VH00727800

**Is hereby granted permission to perform the following work:**

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

ALTERATION - RESIDENTIAL ...RELOCATE WINDOW & ELECTRICAL ALTERATIONS

**Note: If constuction 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** $3,000

D Newman Jr. TO — Construction Official

5/18/16 — Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $150 |
| Electrical | $150 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $6 |
| CO Fee | |
| Other | $0 |
| Total | $306 |
| Check No. | 22766 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Matt Fager |

U.C.C. F170
equiv (rev 1/04)

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.

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

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NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

# State Of New Jersey
## New Jersey Office of the Attorney General
## Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

JMV Vaccaro Bros. Flooring, Inc.
John Vaccaro
2575 US Highway 9
Howell NJ 07731-3714

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/01/2016 TO 03/31/2017
VALID

13VH00727800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

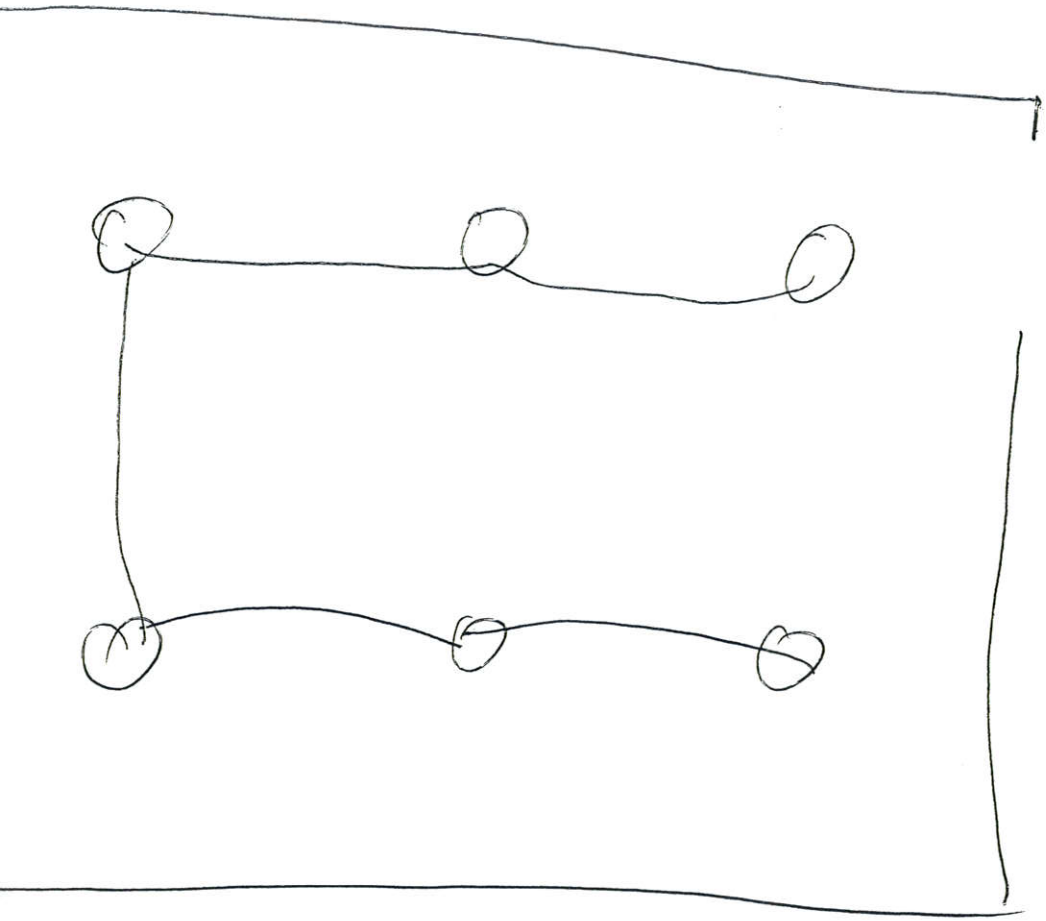
New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
JMV Vaccaro Bros. Flooring, Inc.
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/01/2016 TO 03/31/2017
VALID
SIGNATURE
13VH00727800
License/Registration/Certificate #
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

6 Recess Lights



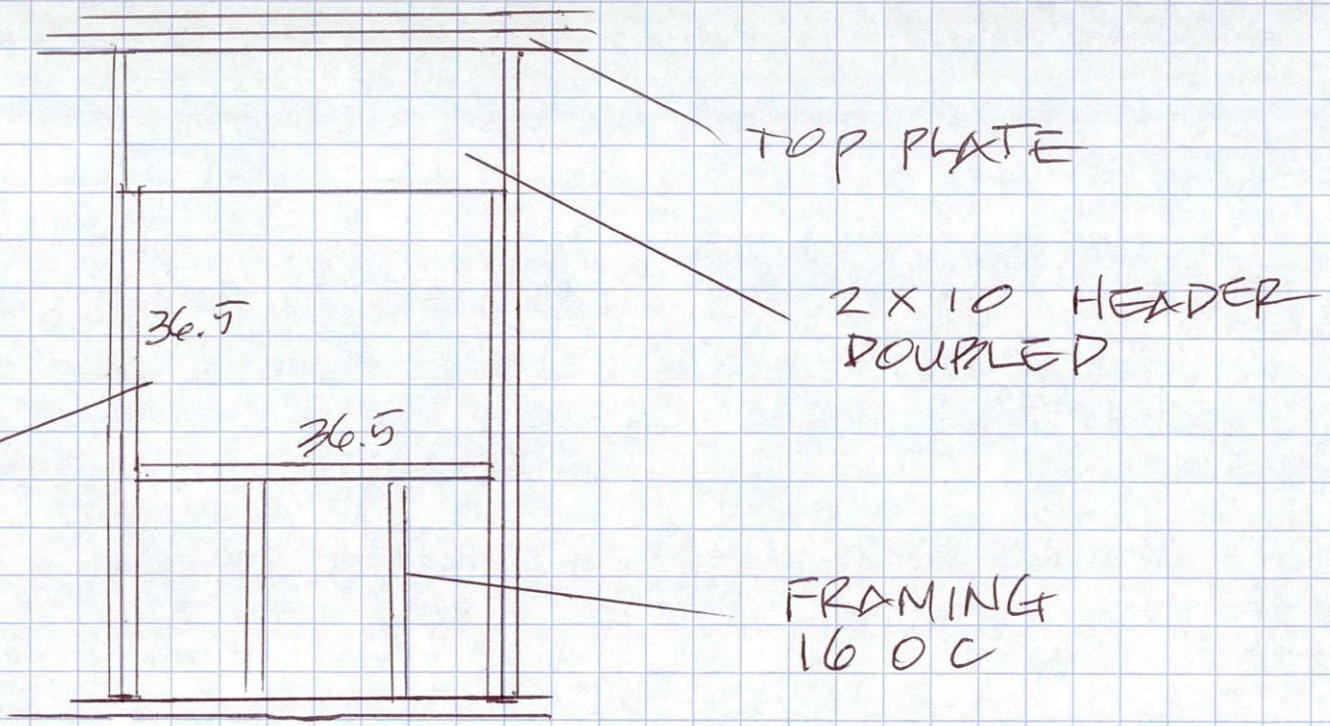
FILE COPY

TOWNSHIP OF BRICK

| RELEASED FOR PERMIT | INITIAL | DATE |
|---|---|---|
| Building Subcode | | |
| Plumbing Subcode | | |
| Fire Subcode | | |
| Electrical Subcode | PSC | 4/20/16 |
| Plan Reviewer | | |
| Plans Released | | |
| Construction Official | | |

REHAB

FILE COPY




HOMEOWNER

FRAMING INSP'N REQ'D

TOWNSHIP OF BRICK

| RELEASED FOR PERMIT | INITIAL | DATE |
|---|---|---|
| Building Subcode | | |
| Plumbing Subcode | | |
| Fire Subcode | | |
| Electrical Subcode | | |
| Plan Reviewer | | |
| Plans Released | | |
| Construction Official | | |

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