



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 344 EVERGREEN DR
MORRIS.

2. Name of Owner in Fee: _____
Tel. _____ e-mail _____
Address 344 EVERGREEN DR
street municipality zip code

3. Ownership in Fee: Public ☒ Private ☒
4. Principal Contractor: VACCARO BROS Tel. (732) 308-1500
Address 2975 RT 9 e-mail _____
HONOLULU, HI

License No. OR, if new home, Builder Reg. No. 13VH00727800 Exp. Date 03/31/17
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00727800
Federal Emp. ID No. _____ FAX: (732) 308-1503

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	\$ <u>250</u>		
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	\$ <u>17</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories		(office use only)
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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ 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 | 4. ☐ Refrigeration Systems | 6. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 7. ☐ Hazardous Uses/Places of Assembly | 9. ☐ Underground Storage Tanks |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 8. ☐ Swimming Pools, Spas and Hot Tubs | 10. ☐ Swimming Pools, Spas and Hot Tubs |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/2/2016
Control Number C-16-002789
Permit Number 16-1967
Permit Issue Date 6/15/2016
Certificate Number 16-1967

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: ROOFING

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: _____



BUILDING SUBCODE TECHNICAL SECTION



Marlboro Township Construction Dept
1979 Township Drive, Marlboro Twp, NJ 07746
(732) 536-0200 X-1800

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 NJ 07012

344 EVERGREEN DR
BRICKTOWN
NJ 07012

Address 344 EVERGREEN DR BRICKTOWN

Contractor: VACCARO BROS Tel. (732) 308-1500

Address HOWELL, NJ e-mail _____

Contractor License No. or Builder Registration No. 13VH00727800 Exp. Date 03/31/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00727800

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			☐ Footing					
☐ All			☐ Footing 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					
☐ SUBCODE APPROVAL for CERTIFICATE			☐ Finishes - Final					
☐ Approved by: _____			☐ Energy					
☐ SUBCODE APPROVAL for CERTIFICATE			☐ Mechanical					
☐ TCO			☐ Other					
☐ Date: _____			☐ Final					
☐ Approved by: _____			☐ Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		HUD
Area — Largest Floor			Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			1. New Bldg.	\$	
Volume of New Structure			2. Rehabilitation	\$	
Max. Live Load			3. Total (1+2)	\$	<u>8800</u>
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: JOHN VACCARO

Print name here: JOHN VACCARO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW TIMBERLINE ROOF
RIP OFF EXISTING,
INSTALL NEW.
REMOVE GUTTERS;
INSTALL NEW

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 8/15/14
Control # _____
Date Issued 14-1967
Permit # _____

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 _____

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 VACCARO

Address 344 EVERGREEN DR

HOWELL, NJ 07731

Telephone (732) 308-1500

Signature DOM VACCARO

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



CONSTRUCTION PERMIT

Date Issued 06/15/2016
Control # C-16-002789
Permit # 16-1967

IDENTIFICATION Block: 383.26 Lot: 10 Qualifier _____
Work Site Location: 344 EVERGREEN DR. Brick Township, NJ Contractor Vaccaro Bros. Flooring, Inc.
Address 2575 Route 9 Howell NJ 07731
Owner in Fee MORRIS, JAMES M. & PATRICIA J.
344 EVERGREEN DR. BRICK NJ 08723 Telephone: (732) 308-1500
Lic. No. or Bldrs. Reg. No. 13VH00727800 13VH00727800
Telephone: _____ Federal Employee. No. 13VH00727800

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:

ROOFING

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 \$8,800

Don Newman / 6/15/16
Construction Official Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

PAYMENTS (Office Use Only)

Building	\$250
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$17
CO Fee	
Other	\$0
Total	\$267
Check No.	
Cash	\$267
Credit	\$0
Collected By	Christopher Winters

BUILDING \$250.00
DCA \$17.00
TOTAL \$267.00
CASH \$267.00
CHANGE \$33.00

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.

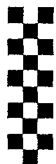
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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.



2575 US HIGHWAY 9
HOWELL, N.J. 07731
TELE: (732) 308-1500
FAX: (732) 308-1503

**JMV VACCARO
BROS. FLOORING
INC.**

Fax

To: MELANIE

From: JOHN VACCARO

Fax: 732-262-2941

Pages: 2

Phone:

Date: 7/6/2016

Re: 344 EVERGREEN DRIVE

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:**

I HAVE ATTACHED THE INVOICE FROM MY VENDOR FOR MY CUSTOMER: MORRIS

344 EVERGREEN DRIVE

PLEASE CALL ME TO SET UP ROOFING INSPECTION

THANK YOU

16. 1467

383 26 10

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 344 EVERGREEN DRIVE

BLOCK: 383.26 LOT: 10

CONTRACTOR: VACCARRO BROS

CONTRACTOR'S ADDRESS: 2575 RT 9 Howell NJ

Type of Construction(minor, new home): NEW ROOF

Type of Debris (shingles, siding, wood, etc.): Shingles

Party responsible for removal: VACCARRO

Dumpster Size: 20 yds

Destination of Debris: TRENTON NJ

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

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

James Morris
Signature

06/15/16
Date

James Morris
Print Name

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

02/09/2015 TO 03/31/2016
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
02/09/2015 TO 03/31/2016
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