

BLOCK 261 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) 49 Farragut Dr PERMIT NO. 13-1750 Elec



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 49 FARRAGUT DR

2. Name of Owner in Fee: JAMES HUTCHINSON

Tel. _____ e-mail _____

Address 49 FARRAGUT DR BRICK COMCAST. NJ

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: HD 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	\$	<u>50</u>	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$	<u>3</u>	
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>53</u>	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____	ft.
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	_____	
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

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer

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): _____

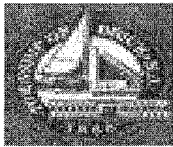
D. Construct. Classification: Present _____ Proposed _____

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 | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/29/2016
Control Number C-13-002378
Permit Number 13-1750
Permit Issue Date 4/23/2013
Certificate Number 13-1750

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 49 FARRAGUT DR. Brick Township, NJ Block: 261 Lot: 22 Qual: _____
Owner in Fee: HUTCHINSON, JAMES H. & EILEENE
Owner Address: 49 FARRAGUT DR BRICK NJ 08723
Telephone: [REDACTED]
Contractor HUTCHINSON, JAMES H. & EILEENE
Address 49 FARRAGUT DR BRICK NJ 08723
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: * SUBSTANTIALLY DAMAGED STRUCTURE *, SERVICE

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: _____

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

[Handwritten Signature]

Date

4/23/13

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.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Township Council:
John Ducey - President
Bob Moore - Vice President
Domenick Brando
Jim Fozman
Susan Lydecker
Joseph Sangiovanni
Dan Toth



Department of Land Use and Community
Development-Engineering Department

732-262-1040
Fax: 732-262-2941

mkaczka@twp.brick.nj.us
www.twp.brick.nj.us

January 15, 2013

James & Eileene Hutchinson
309 Route 35, Apt 6B
Point Pleasant Beach, NJ 08742

Re: Substantially Damaged Structure Determination
49 Farragut Drive
Block 261; Lot 22

Dear James & Eileene Hutchinson:

The Engineering Department has reviewed the Super-Storm Sandy Substantially Damaged Worksheet as provided for the above referenced property.

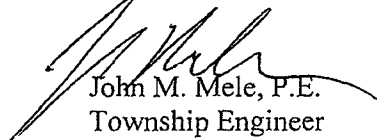
Your estimated cost of repair is \$ 134,290, based upon the estimate you prepared.

The fair market value of the structure is estimated to be \$ 194,000.

In accordance with FEMA regulations 44 CFR 60.0, the structure does meet the definition of substantially damaged. As a result, you will be required to retrofit the structure to be FEMA compliant in conjunction with your repairs.

If you should have any questions, comments or require any additional information, please do not hesitate to contact me. My email address is jmele@twp.brick.nj.us or by phone at 732.262.1040.

Sincerely,



John M. Mele, P.E.
Township Engineer

Cc: Daniel Newman, Construction Official





ELECTRICAL 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 26 Lot 22 Qualification Code _____
Work Site Location 44 FARROGAT DR. BRICK N.J. 08723

Owner in Fee: JAMES HUTCHINSON

T _____ e-mail _____

Address 44 FARROGAT DR. BRICK N.J. 08723 Zip code _____

Contractor: Electric Numbles Municipality _____ Tel. (201) 3304416

Address 12 Ave St City BRICK State NJ e-mail _____

Contractor License No. 12148 Exp. Date 3/15

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

Federal Emp. ID No. 023536363 FAX: () _____

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3200.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required					
[] Partial -Under-slab Utilities Approved		Rough			
Date: _____	Approved by: _____	Barrier-Free			
[] Electric Plans Approved		Trench			
Date: _____	Approved by: _____	Temp. Serv.			
[] Electric Plans Approved		Const. Serv.			
Date: _____	Approved by: _____	TCO			
Joint Plan Review Required:		Other			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Service			
SUBCODE APPROVAL for PERMIT		Final			
Date: _____	Approved by: _____	Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date: <u>9/6/13</u>		Annual Pool Inspection			
Approved by: <u>JS</u>		Date of Grounding and Bonding Certification			

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 sign/Contractor sign and seal here: _____

Print name here: MARIE WESTER

Licensed Elec. Contractor [] Certified Landscaper/Irrigation Contr. [] Exempt Applicant

DESCRIPTION OF WORK:	QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>Repair wiring</u>	<u>20</u>		Lighting Fixtures	
			Receptacles	
			Switches	
			Detectors	
			Light Poles	
			Motors—Fract. HP	
			Emergency & Exit Lights	
			Communications Points	
			Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS				\$ _____
Pool Permitwith UVW 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 1/4+ 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 \$ _____



CONSTRUCTION PERMIT

Date Issued 4/23/2013
Control # C-13-002378
Permit # 13-1750

IDENTIFICATION Block: 261 Lot: 22 Qualifier _____
Work Site Location: 49 FARRAGUT DR. Brick Township, NJ Contractor HUTCHINSON JAMES H & EILEENE
Address 49 FARRAGUT DR BRICK NJ 08723
Owner in Fee HUTCHINSON JAMES H & EILEENE
49 FARRAGUT DR BRICK NJ 08723 Telephone: _____
Telephone: _____ Lic. No. or Bldg. 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:

SERVICE

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 \$2,000

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$50
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$53
Check No.	4513
Cash	\$0
Credit	\$0
Collected By	Lisa Rose Tavalaccio

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.