

LOCK 869.17 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 129 Richard St. PERMIT NO. 12-3673 (5)



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 129 Richard St
2. Name of Owner in Fee: Rob - Hannam.
T. [REDACTED] mail _____
Address same - Bank four
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Gomez Contractors Tel. (732) 6935311
Address _____ e-mail Gomez Contractors 2
6mail.com
License No. OR, if new home, Builder Reg. No. 13 VH03649600 Exp. Date 12/31/12
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 Gomez
Tel. (732) 6935311 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 _____	

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
<u>7,500</u>								

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 _____

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.

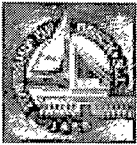
I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Gomez Contractors
Address 265 Westwood Ave.
Long Branch NJ 07740
Telephone (732) 693 5311
Signature [Signature]

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 01/15/2013
Control Number C-12-004816
Permit Number 12-3673
Permit Issue Date 12/13/2012
Certificate Number 12-3673

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 129 RICHARD ST. Brick Township, NJ Block: 869.17 Lot: 1 Qual: _____
Owner in Fee: HANNAM, ROBERT R & CHERYL A
Owner Address: 129 RICHARD ST BRICK NJ 08724
Telephone: _____
Contractor: Gomez Contracting
Address: 265 Westwood Avenue Long Branch NJ 07740
Telephone: (732) 693-5311 Fax: _____
License Number or Builders Registration Number: 13VH03649600 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: Reroof

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 NJACS: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: _____



CONSTRUCTION PERMIT

Date Issued 12/13/2012
Control # C-12-004816
Permit # 12-3673

IDENTIFICATION Block: 869.17 Lot: 1 Qualifier _____
Work Site Location: 129 RICHARD ST. Brick Township, NJ Contractor Gomez Contracting
Address 265 Westwood Avenue Long Branch NJ 07740
Owner in Fee HANNAM, ROBERT R & CHERYL A
129 RICHARD ST BRICK NJ 08724 Telephone: (732) 693-5311
Lic. No. or Bldrs. Reg. No. 13VH03649600
Telephone: _____ 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:

Reroof

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 \$7,500

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	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$0
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.

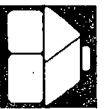
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ 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.

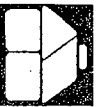
If you do not understand any of this information, please ask.



2 Canary = Office Copy
4 Gold = Applicant Copy



BUILDING 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 861,197 Lot 129 Qualification Code 2

Work Site Location 129 Parkway St

Owner in Fee: Bob Adamson

Tel: [redacted] e-mail: [redacted]

Address Surge Brice St

Contractor: James Construction James Construction Tel: (732) 6935311

Address 13 NY 07740 e-mail: [redacted]

Contractor License No. or Builder Registration No. 13YH03649608 Date 12/31/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [redacted]

Federal Emp. ID No. [redacted] FAX: ()

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial INSPECTIONS Type: Failure Failure Approval Initial

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings					
☐ All			Footings/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					
Date:			Finishes -Final					
Approved by:			Energy					
SUBCODE APPROVAL for CERTIFICATE			Mechanical					
☐ CO ☐ CCO ☐ CA			TCO					
Date:			Other					
Approved by:			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. \$ _____

2. Rehabilitation \$ _____

3. Total (1+ 2) \$ 7,500.

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: [Signature]

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roofing Replacement.

30 yrs. HD shingles to be installed

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 \$ _____

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

Date Received 12-3673

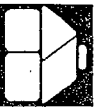
Control # 12/13/13

Date Issued

Permit #



BUILDING 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 861, 117 Lot 129 Qualification Code 2

Work Site Location 129 Packard St

Owner in Fee: Bob Hornum.

Tel. [redacted] e-mail [redacted]

Address Sur Bruce St

Contractor: James Construction Municipality Tel. (732) 6935311 zip code 07740

Address 13 NY 07740 e-mail [redacted]

Contractor License No. or Builder Registration No. 13YH03649608P Date 12/31/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [redacted]

Federal Emp. ID No. [redacted] FAX: ([redacted]) [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS Type: Failure Failure Approval Initial

[] No Plans Required [] All Footing Footing Bonding Foundation Slab Frame Truss Sys./Bracing Barrier-Free

[] Footings/Foundations [] Structural/Framework [] Exterior [] Interior

Joint Plan Review Required: [] Elec. [] Plumb. [] Fire [] Elevator Insulation Finishes -Base Layer Finishes -Final

SUBCODE APPROVAL for PERMIT Date: Approved by: Energy Mechanical TCO Other Final Barrier-Free

SUBCODE APPROVAL for CERTIFICATE [] CO [] CCO [] CA

Date: Approved by: TCO Other Final Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present Proposed Constr. Class Present Proposed

No. of Stories If Industrialized Building: State Approved HUD

Height of Structure ft. Est. Cost of Bldg. Work:

Area — Largest Floor sq. ft. 1. New Bldg. \$

New Bldg. Area/All Floors sq. ft. 2. Rehabilitation \$

Volume of New Structure cu. ft. 3. Total (1+ 2) \$

Max. Live Load \$

Max. Occupancy Load \$

U.C.C. F110 (rev. 11/09)

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

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: [Signature]

Print name here: [redacted]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roofing Replacement.

30 yrs. HD shingles to be installed

TYPE OF WORK:

[] New Building [] Addition [] Rehabilitation [] Roofing [] Siding [] Fence [] Sign [] Pool [] Retaining Wall [] Asbestos Abatement, Subchapter 8 [] Lead Haz. Abatement NJAC 5:17 [] Radon Remediation [] Other [] Demolition

Height (exceeds 6') Sq. Ft.

Sq. Ft.

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

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4 Gold = Applicant Copy

Date Received Control #

Date Issued Permit #

12-3673

12/13/13

TOWNSHIP OF BRICK

Debris form

Work Site Address: 129 Richard ST

Block: _____ Lot: _____

Contractor: Gomez ContractorsContractor's Address: 265 Westwood Ave. JB NJ 07740Type of Construction (minor, new home): Roofing RepairType of Debris (shingles, siding, wood, etc.): ShinglesParty responsible for removal: DeLisa Disposol.Dumpster size: 20 ydsDestination of debris: MZZA Demolition and Debris

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

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

Signature

Date

Print Name

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
DIVISION OF CONSUMER AFFAIRS
HAS REGISTERED
Gomez Contracting Corp.
Home Improvement Contractor
NOT AN ELECTRICIAN OR PLUMBER'S LICENSE
12/02/2012 TO 12/31/2013
VALID TO SIGNATURE
13VH03649600
License/Registration/Certificate #
ACTING DIRECTOR