BLOCK 903.14 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 13 RIVER PARK DR PERMIT NO. 20-0817

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-20-000752

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 13 RIVER PARK DR
2. Name of Owner in Fee: JANICE MENNELLA
   Tel. [redacted] e-mail [redacted]
   Address 1831 HWY 88 (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ENOC CONTRACTING LLC Tel. (732) 746-8621
   Address 2129 PATTON RD e-mail _____
   TOMS RIVER NJ 08755
   License No. OR, if new home, Builder Reg. No. 13VH08472600 Exp. Date 3/31/20
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 47-3234146 FAX: ( ) _____
5. Architect or Engineer LEWIS GARFINKEL Contact SHOLMO GARFINKEL
   Address 2919 Ave J BROOKLYN e-mail _____
   Tel. (718) 306-2570 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun JANICE MENNELLA
   Tel [redacted] FAX: ( ) _____

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

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 375- | 225- | |
| 2. Electrical | 150- | 150- | |
| 3. Plumbing | 150- | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | Mech | 125- | |
| 7. Less 20% for State Plan Review | $ | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | 26- | 18- | |
| 10. Subtotal | $ ~~750~~ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | 200 Env | 568- | |
| 13. TOTAL | $ 901. | | |

**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
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☒ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

**IIb. SUBCODES** (Check all that apply)

FOR OFFICE USE ONLY (Optional) TA 3.28.20

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☒ Building | 7500 | LW | 3/2/20 | | 3-6-20 | JC | | | |
| ☒ Electrical | 2500 | | | 3-5-2020 | 4-15-2020 | ML | ML | | |
| ☒ Plumbing | 3500 | | | | 3-23-20 | DN | | | |
| ☐ 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 _____

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 ENOC CONTRACTING LLC

Address 2129 PATTON RD
TOMS RIVER NJ 08755

Telephone ( 732 ) 740-8621

Signature _____

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

# CONSTRUCTION PERMIT

Date Issued 4-28-20
Control # C-20-000752
Permit #

IDENTIFICATION Block: 903.14 Lot: 12 Qualifier
Work Site Location: 13 RIVER PARK DR Brick Township, NJ
Owner in Fee JANICE MENNELLA
1831 ROUTE 88 BRICK NJ 08724
Telephone: [redacted]

Contractor ENOC CONTRACTING LLC
Address 2129 PATTON RD TOMS RIVER NJ 08755
Telephone: (732) 746-8621
Lic. No. or Bldrs. Reg. No. 13VH08472600
Federal Employee. No. 473234146

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

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

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL ...REMOVE WALL IN KITCHEN; ADD CLOSET IN HALLWAY; REFRAME BATHROOMS

**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** $13,500

D. Nunan Jr. 4/20/20
Construction Official Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $375 |
| Electrical | $150 |
| Plumbing | $150 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $26 |
| CO Fee | |
| Other | $200 |
| Total | $901 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

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.

# BUILDING SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 04-28-20

Date Issued
Permit # 20-0817

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

Block 903.14 Lot 12 Qualification Code

Work Site Location 13 RIVERPARK DR

Owner in Fee: JANICE MENNELLA

Tel. [redacted] e-mail [redacted]

Address 1831 HWY 88 E BRICK NJ 08724
street municipality zip code

Contractor: ENOC CONTRACTING LLC Tel. 732-746-8621

Address 2129 PATTON RD e-mail

TOMS RIVER NJ 08755

Contractor License No. or Builder Registration No. 13VH08472600 Exp. Date 3/31/20

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 47-3234146 FAX:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

| | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 03/06/20
Approved by: KBH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| 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 $ 7500.00
3. Total (1+ 2) $ 7500.00

**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:

Print name here: SANTOS AGUADO

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK INTERIOR RENOVATIONS. REMOVE WALL IN KITCHEN, 1/2 WALLS IN DINING ROOM, ADD LINED CLOSET IN HALL. RE SHEETROCK WHERE NECESSARY, REFRAME BATHROOMS. ALL AS PER PLANS SUBMITTED

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 $

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

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 04-28-20
Control #
Date Issued
Permit # 20-0817

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

Block 903.14 Lot 12 Qualification Code

Work Site Location 13 RIVER PARK DR

Owner in Fee JANICE MENDELLA

Address 1931 Hwy 88 BRICK NJ 08724

Tel [redacted]

Contractor Jon Foster Electrical Corp LLC

Address 230 Butler Rd Jackson NJ 08527

Tel (732) 550-6914 FAX ( )

Contractor License No. 13759

Federal Emp. No. 27-0615570

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,500.00

**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

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

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 20 | | Lighting Fixtures | |
| 3 | | Receptacles | |
| 9 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| 1 | ex. fan | 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 | |
| 1 | 15amp | KW Dishwasher | |
| | | HP Garbage Disposal | |
| ~~1~~ | ~~20amp~~ | ~~KW Central A/C Unit~~ | |
| ~~1~~ | ~~15amp~~ | ~~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 | | |
| [X] Elec. Plans Approved | | |
| Date: 4-15-2020 | | |
| Approved by: | | |

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Barrier-Free | | | | |

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

# PLUMBING SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 20-0817

Date Issued
Permit # 04-28-20

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

Block 903.14 Lot 12 Qualification Code _____

Work Site Location 13 RIVER PARK DR

Owner in Fee: JANICE MENNELLA

Te [redacted] e-mail [redacted]

Address 1831 Hwy 88 BRICK NJ 08724
street municipality zip code

Contractor: Michael P. DiRosa Tel. (732) 330-3605

Address 418 Crestview Terrace e-mail _____
Brick NJ 08723

Contractor License No. 10023 Exp. Date 6-30-21

Home Improvement [redacted] eason (if applicable) _____

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

**B. PLUMBING CHARACTERISTICS**

Use Group Present ✓ Proposed _____

Building Sewer Size 4" Public Sewer ✓ Private Septic _____

Water Service Size 3/4" Public Water ✓ Private Well _____

Est. Cost of Plumbing Work $ 3500.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by:_____
[X] Plumbing Plans Approved
Date: 3-25-20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-25-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | | |
| | | | | |

**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: Mike P DiRosa

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK Re-rough 2-existing Bathrooms, move fixtures to new locations.

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 2 | Water Closet | $ |
| | Urinal/Bidet | |
| 1 | Bath Tub | |
| 2 | Lavatory | |
| 1 | Shower | |
| | Floor Drain | |
| | Sink | |
| | Dishwasher | |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks _____ | |
| | Other _____ | |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ |

# PERMIT UPDATE

Date Update Issued 6/4/20
Control # C-20-000752+A
Permit # 20-0817+A

IDENTIFICATION Block: 903.14 Lot: 12 Qualifier
Work Site Location: 13 RIVER PARK DR Brick Township, NJ
Owner in Fee JANICE MENNELLA
1831 ROUTE 88 BRICK NJ 08724
Telephone: [redacted]

Contractor ENOC CONTRACTING LLC
Address 2129 PATTON RD TOMS RIVER NJ 08755
Telephone: (732) 746-8621
Lic. No. or Bldrs. Reg. No. 13VH08472600
Federal Employee. No. 473234146

**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)
- [x] OTHER

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL ...UPDATE +A - REMOVE PANELING IN FINISH BASEMENT & ADD SHEETROCK, ELEC ALTS & REPLACE WATER HEATER

**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** $9,500

Construction Official — Date 6/4/20

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $275 |
| Electrical | $150 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $125.00 |
| DCA Training Fee | $18 |
| CO Fee | |
| Other | $0 |
| Total | $568 |
| Check No. | 1483 |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

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.

# BUILDING SUBCODE
## TECHNICAL SECTION

Update

Date Received
Control #

Date Issued 6/4/20
Permit # ~~0428~~ 20-0817+A

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

Block 903.14 Lot 12 Qualification Code

Work Site Location 13 RIVER PARK

Owner in Fee: JANICE MENNELLA

Tel. [redacted] e-mail [redacted]

Address 1031 HWY 88 E BRICK NJ 08724
street municipality zip code

Contractor: ENOC CONTRACTING LLC Tel. 732-746-8621

Address 2129 PATTON AVE e-mail

TOMS RIVER NJ 08755

Contractor License No. or Builder Registration No. 13VH08472600 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 47-3234146 FAX:

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 05/28/20
Approved by: MAR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| 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 $ 5500
3. Total (1+ 2) $ 5500

**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:

Print name here: SANTOS AGUADO

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
TEAR DOWN EXISTING FINISHED BASEMENT PANELING, STUDS AND SHEETROCK. RESTUD HALF BASEMENT (AS PER UPDATE AND DRAWINGS) RE-SHEETROCK WALLS AND CEILING AND TRIM MOLDING

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 $

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

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Uniform Construction Code — New Jersey

Update

Date Received 6/4/20
Control #
Date Issued
Permit # 20-0817+A ~~04-28-20~~

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

Block 903.14 Lot 12 Qualification Code

Work Site Location 13 RIVERPARK D

Owner in Fee VANCE MENNELLA

Address 1831 Hwy 88 Brick NJ 08724

Tel [redacted]

Contractor Jon Foster Electrical Cont LLC

Address 730 Bunker Rd Succasunna NJ 07876

Tel (732) 550-6946 FAX ( )

Contractor License No. 13759

Federal Emp. No. 51-061-6571

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,000.00

**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

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

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 24 | | Lighting Fixtures | |
| 11 | | Receptacles | |
| 5 | | 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

[X] Elec. Plans Approved

Date: 5-22-2020

Approved by: WM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

| Type: | 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

# MECHANICAL INSPECTION
## TECHNICAL SECTION

Updated

Date Received / Control # 6/4/20
Date Issued
Permit # 20-0817+A

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

Block 903, 14 Lot 12 Qualification Code
Work Site Location 13 RIVER PARK Dr
Owner: JANICE Mennella
Tel. [redacted] e-mail [redacted]
Address 1831 Hwy 88 E BRICK NJ 08724
Contractor: Michael P. DiRosa (street) Palt (municipality) Tel. 732 330-3605 (zip code)
Address 418 Crestview Terr e-mail
Brick NJ 08723
Contractor License No. 10023 Exp. Date 6-30-21
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. [redacted] FAX:

**B. MECHANICAL CHARACTERISTICS**

**Use Group** Present: R-5

**Heating System work:** [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [✓] Replacement

Type: [✓] Hydronic [ ] Hot Air

Fuel Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 1000

**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.

Applicant sign/Contractor sign and seal here:

Print name here: Mike P. DiRosa

[X] Licensed Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Hot water heater replacement
Same as existing.
50 gal Nat Draft

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[✓] No Plans Required
[ ] Mechanical Plans Approved
Date 6-1-20 Approved by: MM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6-3-20
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

| INSPECTIONS Type: | Failure | Failure | DATES Approval | Initial |
|---|---|---|---|---|
| Water Heater | | | | |
| Appliance | | | | |
| Chimney/Vent | | | | |
| Piping | | | | |
| Tank | | | | |
| Cooling/AC | | | | |
| Generator | | | | |
| Fireplace | | | | |
| Chimney Cert. | | | | |
| Other | | | | |
| Other | | | | |
| Final | | | | |

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 1 | Water Heater | $ |
| | Fuel Oil Piping Connections | |
| | Gas Piping Connections | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Hot Air Furnace | |
| | Oil Tank | |
| | LPG Tank | |
| | Fireplace | |
| | Generator | |
| | Other | |

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.