

BLOCK 531 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 979 Cypress Ave PERMIT NO. 116-0596



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 979 Cypress Ave

2. Name of Owner in Fee: Miko Musico

Tel. [REDACTED] e-mail _____

Address 979 Cypress Ave Brick

3. Ownership in Fee: Public _____ Private _____ Custom Exterior Exp code

4. Principal Contractor: Timothy Trotta / Trotta Tel. (732) 930-9142

Address 39 Chain Blvd e-mail _____

Boylville, NJ 08821

License No. OR, if new home, Builder Reg. No. 13VH08564300 Exp. Date 3/31/16

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 Timothy Trotta

Tel. (732) 930-9142 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>✓</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	\$		
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

TOTAL COST

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

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 | 8. ☐ 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 4/18/2016
Control Number C-16-000768
Permit Number 16-0596
Permit Issue Date 2/24/2016
Certificate Number 16-0596

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 979 CYPRESS AVE. Brick Township, NJ 08723 Block: 531 Lot: 15 Qual: _____
Owner in Fee: MUSICO, MICHAEL JR
Owner Address: 979 CYPRESS AVE BRICK NJ 08723
Telephone: _____
Contractor TROTТА CUSTOM HOME & REMODEL
Address 104 PHEASANT DR BAYVILLE NJ 08721 -
Telephone: (732) 269-2820 Fax: _____
License Number or Builders Registration Number: 13VH00287100 Federal Emp. Number: 14-7408727

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: _____

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 Trotter Custom Exteriors, LLC

Address 39 Chain Blvd.

Bayville, NJ 08721

Telephone (732) 930-9142

Signature Timothy Trotter

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



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 531 Lot 15 Work Site Location 979 Cypress Ave Qualification Code _____

Owner in Fee: Mike Musico

Tel. ()

Address 979 Cypress Ave - Baick Exports

Contractor: Timothy Trotha multiple Custom Exports Zip code

Address 39 Chas. Bldg Tel. (732) 930-9142 e-mail _____

Bayville, NJ 08021

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Footling				
☐ All			Footling 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 <u>WGA</u>			TCO				
Date: <u>04/18/16</u>			Other				
Approved by: <u>WGA</u>			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		sq. ft.	
New Bldg. Area/All Floors		sq. ft.	
Volume of New Structure		cu. ft.	
Max. Live Load		1. New Bldg.	\$ <u>3000.00</u>
Max. Occupancy Load		2. Rehabilitation	\$ <u> </u>
		3. Total (1+ 2)	\$ <u> </u>

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: Timothy Trotha

Print name here: Timothy Trotha

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof - tear off

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

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received 2/24/16

Control # _____

Date Issued _____

Permit # _____

16-0596



CONSTRUCTION PERMIT

Date Issued 02/24/2016
Control # C-16-000768
Permit # 16-0596

IDENTIFICATION Block: 531 Lot: 15 Qualifier _____
Work Site Location: 979 CYPRESS AVE. Brick Township, NJ 08723 Contractor TROTTA CUSTOM HOME & REMODEL
Owner in Fee MUSICO, MICHAEL JR Address 104 PHEASANT DR. BAYVILLE NJ 08721 -
979 CYPRESS AVE BRICK NJ 08723 Telephone: (732) 269-2820
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH00287100 13VH00287100
Federal Employee No. 147408727

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 \$3,000

Construction Official _____

Date 2/24/16

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	\$250
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$6
CO Fee	
Other	\$0
Total	\$256
Check No.	474
Cash	\$0
Credit	\$0
Collected By	Lauren Helmstetter

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:
- 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.
 - Foundations and all walls up to grade level prior to back filling.
 - 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.
 - 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.

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

TROTTA CUSTOM EXTERIORS LLC
Timothy Trotta
104 Pheasant Drive
Bayville NJ 08721

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

07/08/2015 TO 03/31/2016
VALID

13VH08564300
LICENSE/REGISTRATION/CERTIFICATION #

Timothy Trotta
Signature of Licensee/Registrant/Certificate Holder

Paul L. L.
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
TROTTA CUSTOM EXTERIORS LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
07/08/2015 TO 03/31/2016
VALID
13VH08564300
License/Registration/Certificate #
SIGNATURE
Paul L. L.
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

BLK - 531
LOT - 15

ATT. KIM

K BOGAN @ ~~BOGAN~~

BRICK, NJ.

65

68041

C&D DISPOSAL
31 WILCOX DR
HOWELL, NJ 07734

Gross	24,960	lb	NONE
Tare	19,420	lb	NONE
Adjustments	0		
Net	5,540	lb	
Tons	2.770		

Inhibit Mot	225471
Date:	02/28/2016
Inbound:	10:57 am
Outbound:	11:18 am
Account No:	85138000
RR/Release Mr	
Service Order:	
Contract #:	
Driver:	CUSTOMER
Vehicle No:	NF31684-1
Veh SW Decal:	09566
Veh Plate:	NJ XN329L
Trailer No:	
Tri SW Decal	
Tri Plate	
Container No:	
Minimum Weight:	
Inbound	FCIMRF
Transport:	NONE
Township	BRICK TWP
Origination:	

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 979 Cypress Ave

BLOCK: 531 LOT: 15

CONTRACTOR: Timothy Trotter

CONTRACTOR'S ADDRESS: 39 Chain Blvd

Type of Construction (minor, new home): Roof

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

Party responsible for removal: C&D Disposal

Dumpster Size: 10yd

Destination of Debris: Land Fill

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."

Timothy Trotter
Signature

2/24/16
Date

Timothy Trotter
Print Name

ATT. - Kim

From: chris@odd disposal.net
Subject: dump receipt
Date: February 29, 2016 at 9:00 PM
To: timothy.trotta@gmail.com

PLEASE schedule NEXT.
AVAILABLE final inspection.

Tim

Attached is the dump receipt for Brick. Also an invoice for the over weight amount.
Either mail me a check or I can meet you somewhere.

Thanks
Chris

THANKS

INVOICE

C & D Disposal
31 Wilson Dr
Howell NJ 07731
(732)871-1500

Date
2/29/16

Trotta Custom Exteriors
job: 979 Cypress Ave
Brick NJ

Rental of 10 yd dumpster w 2 ton limit. \$100 per ton for over weight.

Actual weight of dumpster was 2.77 tons. Over by .77 tons @ \$100 per ton.

Total due \$77

Invoice due upon receipt