

✓ BLOCK 1054 LOT 18 ADDRESS (SITE) 134 COOLIDGE DRIVE PERMIT NO. 390-92
RECEIVED

MAR 10 1992



CONSTRUCTION PERMIT APPLICATION

Applicant to complete Sections I, II, III (optional), IV, VI and VII

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>15-</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$ <u>15-</u>		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>15-</u>		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	
2. Height of Structure	ft.
3. Area—Largest Floor	sq. ft.
4. Building Area—All Floors	sq. ft.
5. Volume of Structure	cu. ft.
6. Construction Classification	
7. Total Land Area Disturbed	sq. ft.
8. Flood Hazard Zone	
9. Base Flood Elevation	ft.
10. Wetlands	yes sq. ft. no
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

I. IDENTIFICATION

1. Proposed Work-site at: 134 Coolidge Dr.

2. Name of Owner in Fee: NORBERT Tel. [REDACTED]
Address 134 street COOLIDGE DR municipality BRICK NJ zip code 08724

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: MISSING LINK FENCE Tel. (908) 920-1234
Address 333 DRUMPT ROAD BRICK NJ 08725

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. () _____
Address _____

6. Responsible Person In Charge of Work _____ Tel. () _____

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job (\$5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	<u>\$1475.00</u>

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>WP</u>	<u>3/10/92</u>		<u>3/11/92</u>	<u>[Signature]</u>		

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks	3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly
2. ☐ High Pressure Boilers	4. ☐ Refrigeration Systems	7. ☐ Sprinklers
	5. ☐ Cross-Connections/Backflow Preventers	8. ☐ Smoke Control Systems in Open Wells
		9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL:

- 1. ☐ Hotels (R-1)
- 2. ☐ Multi-Family (R-2)
- 3. ☐ Two-Family (R-3) BOCA
- 4. ☐ Two-Family (R-4) CABO
- 5. ☒ One-Family (R-3) BOCA
- 6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

- 1. State Specific Use:
- 2. Use Group:
- 3. Change in Use Group, Indicate Former:

LDS BR 10306952

20K

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(e)1.vii:

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 *Charlotte E. Schuch* Date 03-10-92

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other <i>Zoning</i>	<i>JK</i>	<i>3/11/92</i>	<i>force</i>						
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition

Name of Code & Edition

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 Other _____

Other _____

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

- ☐ Temporary Certificate of Occupancy
☐ Temporary Certificate of Occupancy
☐ Continued Certificate of Occupancy
☐ Certificate of Occupancy
☐ Certificate of Approval
☐ None

No. _____
 No. _____
 No. _____
 No. _____
 No. _____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

3-18-92

390-92

IDENTIFICATION

Block

1054

Lot

18

Work Site Location

134 Coolidge Dr.

Contractor

Address

Missing Link

Owner in Fee

Address

Norbert
same

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

*0002

e. ()

Federal Emp. No.

or Social Security No.

390

BLOCK

Whereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

fence

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 \$

1475.5

CONSTRUCTION OFFICIAL

C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only) 1054

Building LOT

Plumbing 1R #

Electrical BUILDING

Fire Protection TOTAL

Other CHECK

Other CHANGE

DCA Training Fee 0.5 00030005

Cert. of Occ.

Other

Total

Check No. 447

Cash

Collected By:



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

3-18-92
390-92

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

Block 1054 Lot 18
Work Site Location 134 COLLIDGE DRIVE BRICK NJ
Backyard
Owner in Fee NIPPERY SUELL
Address 134 COLLIDGE DRIVE
BRICK NJ 08724
Tele. [REDACTED]
Contractor MISSING LINK FENCE CO.
Address 333 TRUMPHUNT RD
BRICK NJ 08723
Tele. (908) 980-1034
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

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.

Signature [Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Req.	3/11/92	AN	Type:	Failure Failure Approval	
☐ All			Footings		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group Present R.3 Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☒ Fence 6FT Height
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

(Office Use Only)

FEE

\$ _____

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____

1054
18

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE Sean King 3/11/92
terce

Backyard

134 Coolidge Dr.
Brick NJ 08724
LOT # 18
BLOCK 1054

House

69 ft.

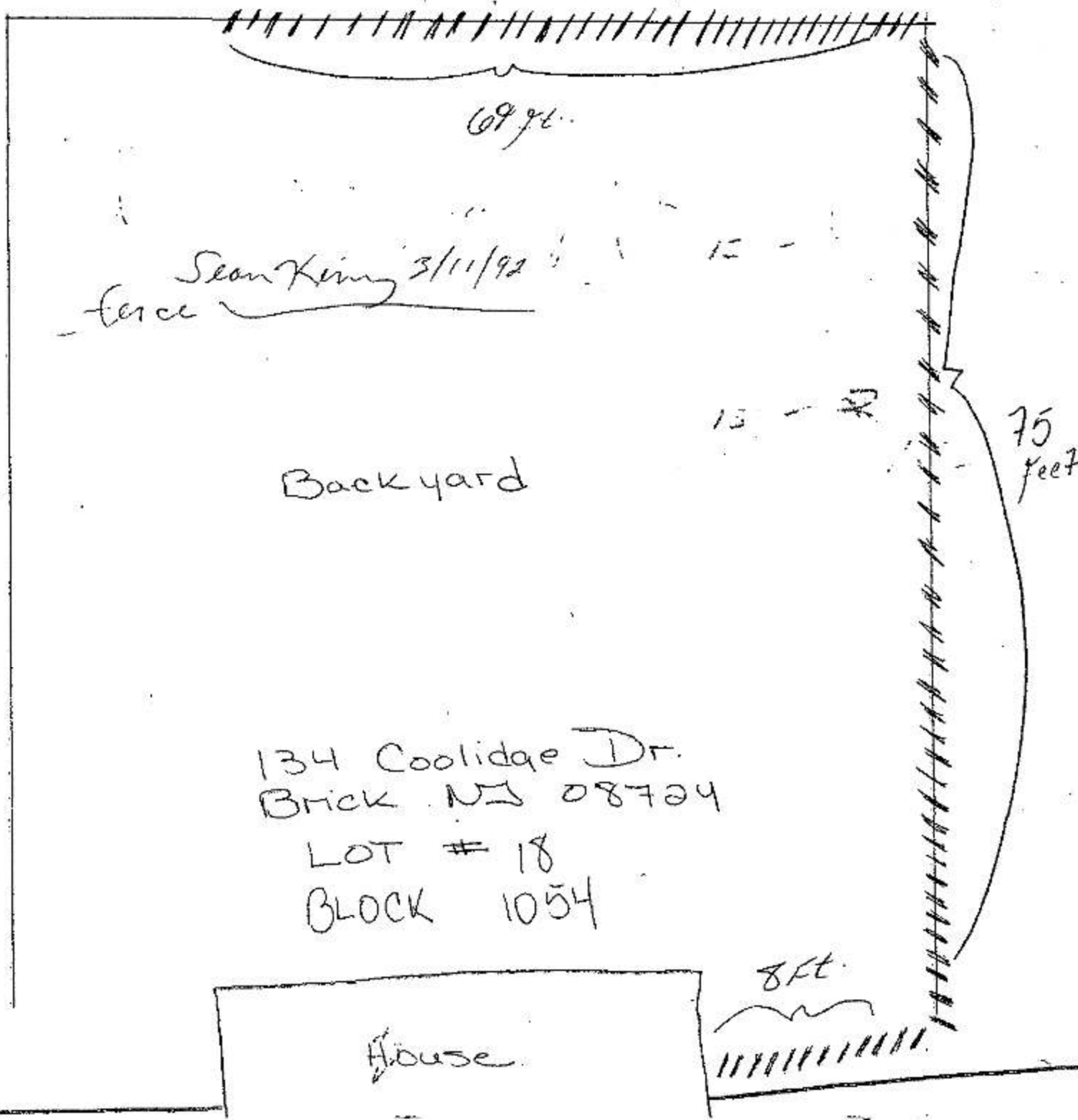
75
feet

8 ft.

Missing
333 Drum Pt Rd
Brick NJ 08723
John Scarito

1054
18

Missing
333 Drum Dr
Brick NJ 08723
John Scarito



134 Coolidge Dr.
Brick NJ 08724
LOT # 18
BLOCK 1054