



CONSTRUCTION PERMIT APPLICATION

FEB 17 2016

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

I. IDENTIFICATION

1. Proposed Work Site at: 835 Tice Place

2. Name of Owner in Fee: Brett + Aliase Ruston

Tel. () e-mail

Address 160 Grove St Jersey City, NJ 07030

3. Ownership in Fee: Public ☐ Private ☒ Municipality Westfield zip code 07090

4. Principal Contractor: Elegant Homes Tel. (908) 967-3995

Address 525 Central Ave Westfield, NJ 07090 e-mail ElegantHomesNJ@gmail.com

License No. OR, if new home, Builder Reg. No. 038255 Exp. Date

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

Federal Emp. ID No. FAX: ()

5. Architect or Engineer: Roger C. Winkie Contact 908 561 5560

Address 947 Park Ave Plainfield, NJ e-mail

Tel. (908) 561 5560 FAX: ()

6. Responsible Person in Charge once Work has Begun: Ralph Rapicano

Tel. (908) 967-3995 FAX: ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>2518</u>		
2. Electrical	\$ <u>372</u>		
3. Plumbing	\$ <u>388</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>253</u>		
10. Subtotal	\$		
11. Cert. of Occupancy	\$ <u>150</u>		
12. Other			
13. TOTAL	\$ <u>4491</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2 1/2

2. Height of Structure 31'3" ft.

3. Area - Largest Floor 1858 sq. ft.

4. New Building Area 31058 sq. ft.

5. Volume of New Structure 68,061 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 ☐

(office use only)

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

TOTAL COST

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
2. Use Group, Proposed: R-5
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 ☐

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 Ralph Repundo

Address 529 Central Ave

Westfield NJ 07090

Telephone (908) 963-3595

Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued

Permit #

4/8/16

16-0560

IDENTIFICATION Block

4703

Lot

24

Qualification Code

Work Site Location

835 TICE PLACE

Contractor

Elegant Homes

Address

525 CENTRAL AVE

Owner in Fee

BRETT AND ALISSA BUSHINGER

Address

700 GROVE ST

Tel.

(908) 789-2562

Tel.

P11

Lic. No. or Bldrs. Reg. No.

038255

Is hereby granted permission to perform the following work:

☒ BUILDING☒ PLUMBING☐ LEAD HAZARD ABATEMENT☒ ELECTRICAL☒ FIRE PROTECTION☐ DEMOLITION☐ ELEVATOR DEVICES☐ ASBESTOS ABATEMENT☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

NEW SFD

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 \$

Construction Official

Date

PAYMENTS (Office Use Only)

Building

2518

Electrical

392

Plumbing

878

Fire Protection

300

Elevator Devices

Other

DCA State Permit Fee

253

Cert. of Occupancy

150

Other

Total

4491

Check No.

CL- 4089

Cash

Collected by

10

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

To reorder call: Allegra Marketing Print Mail (609) 390-1400