



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Channel Drive

2. Name of Owner in Fee: Shore Acres Club Inc
 Tel. (732) _____ e-mail _____
 Address 159 Shore Dr, PO Box 4221 Beick 08723
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Paul Minniti Tel. (732) 262-1350
 Address 67 Channel Drive, Beick NJ e-mail _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 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 _____
 Tel. (____) _____ 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	\$ <u>50</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____	(office use only)
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. Construction Classification	_____	
7. Total Land Area Disturbed	_____ sq. ft.	
8. Flood Hazard Zone	_____	
9. Base Flood Elevation	_____ ft.	
10. Wetlands	yes _____ no _____	
11. Max. Live Load	_____	
12. Max. Occupancy Load	_____	

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s): _____

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
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	

For Water Only



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/18/2008
Control Number C-08-005249
Permit Number 08-3403
Permit Issue Date 11/10/2008
Certificate Number 08-3403

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: CHANNEL DR Brick Township, NJ Block: 283 Lot: 104 Qual: _____
Owner in Fee: SHORE ACRES CLUB, INC
Owner Address: P.O.BOX 4221 OSBORNVILLE BRICK NJ 08723
Telephone: _____
Contractor: PAUL MINNITI
Address: 67 CHANNEL DRIVE BRICK NJ 08723-
Telephone: (732) 262-1350 Fax: _____
License Number or Builders Registration Number: 7321 Federal Emp. Number: 15-7506756

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: WATER SERVICE CONNECTION

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(e)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

Judith Franchette

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.

X

Agent Name

Address

Telephone ()

Signature

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

08-3403
11-10-08

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

Block 283 Lot 104 Qualification Code _____
Work Site Location Channahon Drive

Owner in Fee Shore Acres Club Inc
Address 159 Shore Dr - P.O. Box 4221
Buck NS 08723

Tel (732) 920-3054

Contractor Paul Murphy
Address 67 Channahon Dr.
Buck NS 08723

Tel (732) 262-1350 FAX (_____)

Contractor License No. 810 7321

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS			
No Plans Required		Type:	Failure	Failure	Dates (Month/Day)
Joint Plan Review Required:		Slab			
☐ Building ☐ Electric		Rough			
☐ Fire ☐ Elevator		Water			
☐ Plumbing Plans Approved		Sewer			
Date: <u>11-10-08</u>		Fixtures			
Approved by: <u>[Signature]</u>		Gas Equipment			
SUBCODE APPROVAL		Gas Piping			
☐ CO ☐ CCO ☐ CA		LP Gas Tank			
Date: <u>11-19-08</u>		Fuel Oil Piping			
Approved by: <u>[Signature]</u>		Solar			
		TCO			

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
[Signature]
☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

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



CONSTRUCTION PERMIT

Date Issued 11/10/2008
Control # C-08-005249
Permit # 08-3403

IDENTIFICATION Block: 283 Lot: 104 Qualifier _____
Work Site Location: CHANNEL DR Brick Township, NJ Contractor PAUL MINNITI
Address 67 CHANNEL DRIVE BRICK NJ 08723-
Owner in Fee SHORE ACRES CLUB, INC
P.O. BOX 4221 OSBORNVILLE BRICK NJ 08723 Telephone: (732) 262-1350
Lic. No. or Bldrs. Reg. No. 7321
Telephone: _____ Federal Employee No. 15-7506756

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:

WATER SERVICE CONNECTION

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 \$300

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$50
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$50
Check No.	5228
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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.

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST NEW JERSEY 08724 458-7000

WATER SERVICE PERMIT

Block: 283 Lot: 104
Docks on Channel Dr

Shore Acres Club Inc
PO BOX 4221
Brick NJ 08723-1002

ACCOUNT # F099308 METER # _____ METER MFG. # _____
SIZE OF SVC LINE 1" METER SIZE 3/4" / 1"

TAP FEE
CONNECTION FEE \$ 1475.00
XXXXXXXXXX

John M. Crane
5058

INSPECTIONS	Date	Insp. 2nd	Comment	Inspector
meter <u>106.00-170.00</u> <u>1596.00</u>				
A. Service Line <u>1060.00</u>				
B. Curb Connection				
C. House Conn & Mtr				
D. Cross-Connection				

Inspector

John M. Crane
Homeowner/Applicant