525, 31

BLOCK [redacted] LOT [redacted] 10-15 ADDRESS (SITE) [redacted] 955 Rosewood Ave PERMIT NO. 76-90

RECEIVED

JAN 29 1990

CONSTRUCTION PERMIT APPLICATION

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

RECEIVED JAN 29 1990

I. IDENTIFICATION

BUILDING

1. Proposed Worksite at: ADJACENT TO 955 ROSEWOOD AVE., BRICK
2. Name of Owner in Fee: THOMAS M. CAFFREY Tel [redacted]
   Address 436 MYRTLE AVE (street) BRICK (municipality) NJ [redacted] (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: BILL MERZ Tel. (201) 920 1030
   Address MANOLOKING RD. BRICK NJ 08723
   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. (___) _____

BUILDING

V. FEE SUMMARY (for office use only)

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

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	

II. PROPOSED WORK

Demolition-Garage

	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	1500
TOTAL COSTS	1500

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1-29-90			1-31-90	WK			

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:

+ Garage

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

U.C.C. Form F-100A

LDS BR 10511087

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 _____ Date 1-29-90

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 THOMAS M. CAFFREY

Address 436 MYRTLE AVE, BRICK NJ 08723

Telephone (201) 477 0617

Signature _____ Date 1-29-90

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							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/1/90
Control #
Permit # 76-90

TIFICATION Block 548A Lot 23.2 10-15

Site Location 955 Rosewood Ave Contractor B. Merz

Address

er in Fee T. Caffrey

ess 436 Myrtle Ave

Rahway

( ) Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. **0004

or Social Security No. 76

reby granted permission to perform the following work:

BUILDING [ ] PLUMBING [ ] OTHER

ELECTRICAL [ ] FIRE PROTECTION

CRIPTION OF WORK:

Demolition - Garage

: If construction does not commence within one (1) year of date of issuance, or if ruction ceases for a period of six (6) months, this permit is void.

ated Cost of Work $ 1500 -

PAYMENTS (Office Use Only)	
Building	10 -
Plumbing	
Electrical	
Fire Protection	
Other	
Other PR	5 -
DCA Training Fee	
Cert. of Occ.	
Other	
Total	15 -
Check No.	
Cash	X
Collected By:	H.

BLOCK 548A

LOT 23 #

BUILDING

PLAN RVW

TOTAL

CASH

CHANGE

02/01/90 NO. 5 0030A005

R J Cerzo

CONSTRUCTION OFFICIAL

Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/1/90
Date Issued
Control #
Permit # 76-90

BACK TO ORIGIN GROUND

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

Block _____ Lot _____
Work Site Location ROSEWOOD AVE. (ADJACENT TO 955 ROSEWOOD AVE)

Owner in Fee THOMAS M. CAFFREY
Address 436 MYRTLE AVE. BRICK NJ 08723

Tel [redacted]
Contractor [illegible]
Address MANTOLOKING RD. BRICK

Tele. (___) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[X] No Plans Req.	1-31-90	MC	Type:				
[ ] All			Footing				
[ ] 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 _____ 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) $ _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DEMOLITION of GARAGE Detached
NO UTILITIES

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other _____
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence _____ Height
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other _____

(Office Use Only)
FEE $ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

OFFICE OF:

(201) 477-3000

January 10, 1990

Re: Tank Removals and Demolitions

From: Arthur J. Cierzo, Construction Official

Please advise all applicants for the above that they must send a copy of attached application to the State within thirty days prior to the beginning of work, they must also submit certification on tanks being emptied and purged to the building department with a receipt from where tanks were discarted before a final can be signed off.

AJC/jkg

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT

THOMAS H. KEAN
GOVERNOR

ANTHONY M. VILLANE JR., D.D.S.
COMMISSIONER

3131 PRINCETON PIKE
CN 816
TRENTON, N. J. 08625-0816

Re: Your variation request for ----------
---------- Our Ref.#----------

Dear :

A preliminary review of your request for a variation for the subject project has been completed. The following omissions/nonconformances/ discrepancies have been noted:

A. PLANS

3 sets of plans.
Location(s) of negative air filtration unit(s).
The location(s) of the decontamination chamber(s).
The location(s) of occupants and abatement work areas.
The exits to be used by workers and occupants.
The location of the waste container.
The route of travel for waste removal.
The route of workers to exit the building.
Separation barriers and critical barriers.

B. SPECIFICATIONS

3 sets of specifications.
Specific work proceedures (not a copy of Sub-8).
Method(s) of removal.

C. OCCUPANTS.

The number of intended occupants.
Their purpose for being in the building.
Their location within the building.
The time of day they will be in the building.

RECEIVED

JAN 29 1990

BUILDING

ASBESTOS ABATEMENT NOTIFICATION

DATE:

(PRINT OR TYPE) (If applicable variance#)

Project: TOM GAFFREY (GARAGE DEMO)

Street: ADJACENT TO 955 ROSEWOOD AVE. BRICK

Town: BRICK

Contractor: BILL MERZ
Address: MANTOLOKING RD. BRICK Lic No:

A.S.C.M.: Lic No:
Address:

OSHA Air Monitor:
Address:

Building Owner: TOM GAFFREY
Street: 436 MEETLE AVE.
Town: BRICK NJ
Phone: (201) 477 0614 County: Zip:

Engineer/Architect:

Street:
Town:
Phone: ( ) - County: Zip:

Waste Hauler: OCEAN CARTING Lic. No.:
Address: LAKEWOOD, N.J.

Land Fill: OCEAN COUNTY LAND FILL
Town:

Job Size: (Circle One) (Minor) GARAGE Small Large

Quantity of Waste Generated: 20 (CU. Yds.)
(All Applicable) Linear Footage: (WOOD - CEDAR, CONCRETE HALF-FLOOR
Sq. Footage: NO INSULATION NO SHEET-ROCK

Proposed Start Date: / / AS SOON AS POSSIBLE Proposed Finish Date: / /

Cost of work:$ $1500

(To be filled in by the Construction Official)
Construction Permit No.: Date Issued: / /

0843A
1/19/89

Permit
Review Check List

Project: _____

Address: _____

Municipality: _____

ASCM Firm: _____

Date received: _____ Date reviewed: _____

Reviewed by: _____

( ) 1. UCC Form (F-100) Applications for a permit

( ) 2. UCC Form (F-110) Building Subcode

( ) 3. Health Waiver or Assessment

( ) 4. Notification form for Asbestos Abatement

( ) 5. Plans
- ( ) a. Separation Barriers
- ( ) b. Critical Barriers
- ( ) c. Scope of Work
- ( ) d. Route of travel to waste container
- ( ) e. Copy of site plan
- ( ) f. Copy of floor plan and/or plans if a multi-story

( ) 6. Specifications
- ( ) a. Scope of Work
- ( ) b. Type of removal (Glove bag, full containment)
  - ( ) 1. Where (specific locations; Re. plans)
  - ( ) 2. Quantity (Ln ft) (Sq. ft)

( ) 7. Documentation of non-occupancy or copy of variance

( ) 8. Release of plans and specifications by the ASCM

( ) 9. Permit Fee

Comments: _____

_____

_____

_____

_____

1256A
3/15/88

ASBESTOS JOBS

Under D.C.A. Subchapter 8

	LARGE	SMALL	MINOR
Square Feet	≥ 160	< 160 to > 25	≤ 25
Linear Feet	≥ 260	< 260 to > 10	≤ 10
Worker Training	5 day (W)	5 day (W)	2 day (M&C)
DOL Permit	Yes	Yes	No
Contractor License	Yes	Yes	No
Construction Permit	Yes	Yes	No
Notice to Adm. Authority	Yes	Yes	No
Completion Report to Adm. Av.	Yes	Yes	Yes
Contractor Daily Log	Yes	No[1,2]	N/A
Contractor Written Emerg. Plan	Yes	No[1,2]	N/A
Decon. Unit	Yes	No[2]	No
Work Area Enclosure	Yes	Yes	General Isolation[3]
Neg. Air Filtration	Yes	No[2]	No
Daily Air Monitoring	Yes	No[2]	No
Smoke Test[4]	Yes	No[2]	No
Final Air Sample	Yes	Yes	Yes(glovebag)
Precommencement Inspection	Yes	Yes	No
Progress Inspection	Yes	Yes	No
Re-Sealent Inspection	Yes	No[1,2]	No
Clean-Up Inspection	Yes	Yes	No
Approved Landfill	Yes	Yes	Yes

Footnotes

1. Highly recommended.
2. ASCM may request variance.
3. Ground cover, local vents sealed, etc.
4. Smoke test is required for all glovebag type removals.