



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- 965 WABASH AVE
1. Proposed Work Site at:
2. Name of Owner in Fee: RUTH WARREN Tel. ()
- Address street municipality zip code
3. Ownership in Fee: Public ☒ Private
4. Principal Contractor: RUSTO CONCRETE Tel. (782) 226-0151
- Address 45 CHURCH DR BRICK N.J. 08724
- License No. OR, if new home, Builder Reg. No. Exp. Date
- Federal Employee No. 22 - 3497219 FAX: ()
5. Architect or Engineer Tel. ()
- Address
6. Responsible Person in Charge of Work ARNOLD PALMER
- Tel. () 202 - 4542 FAX ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 35		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	1		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 36		

VI. BUILDING/SITE CHARACTERISTICS

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. 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 _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

[illegible]

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 | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| 4. ☐ Refrigeration Systems | 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:

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

John M. M...

Date

3-20-09

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. 5:32-2.15(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

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

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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/20/2002
Control #
Permit # 02-0731

UCC NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 522 Lot 11 Aerial _____

Work Site Location 945 MADISON AVE

SIDING

Owner is For MALVERN, RUTH

Address CANE

BRICK, NJ 08722-

Telephone () -

Contractor PUSCO SEAMLESS GUTTERS

Address 2224 PACIFIC AVENUE

HALL, NJ 07710-

Telephone (732)836-0151

Lic. No. or Bldg. Reg. No. _____

Federal Exp. No. 22-2457219

Is hereby granted permission to perform the following work:

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

(See Chapter 3 only)

DESCRIPTION OF WORK:

VINYL SIDING

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: \$ 700

03/20/2002

Construction Official

Date

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
CCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	0300
Cash	
Collected By	ERP

03/20/02 2:58PM 00000000252
KX07 SERV.007

#0200731

~~BUILDING~~

OCA

CHECK

\$35.00

\$1.00

\$36.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/20/2002
Date Issued 03/20/2002
Control #
Permit # 02-0731

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

Block 522 Lot 11 Qual _____
Work Site Location 965 WABASH AVE
SIDING
Owner in Fee WALDRON, RUTH
Address SAME
BRICK, NJ 08723-
Tele. () - _____
Contractor RUSSO SEAMLESS GUTTERS
Address 2924 PACIFIC AVENUE
WALL, NJ 07719-
Tele. (732) 836-0151 Fax () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3497219

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footing	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect	☐ Plumb	☐ Fire	Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO	☐ CCD	☐ CA	Mechanical	
Date: _____			TCO	
Approved By: _____			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ _____ 0
No. of Stories		0		2. Alteration \$ _____ 900
Height of Structure		0 Ft.		3. Total (1+2) \$ _____ 900
Area Largest Floor		0 Sq. Ft.		
New Bldg. Area/All Floors		0 Sq. Ft.		Industrialized Building:
Volume of New Structure		0 Cu. Ft.		☐ State Approved
Total Land Area Disturbed		0 Sq. Ft.		☐ HUD

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

VINYL SIDING

TYPE OF WORK

☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ 0 Height (exceeds 6')
☐ Sign _____ 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement-Subchapter B
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____ 0
_____ 0
_____ 32
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0

	Administrative Surcharge	\$
Paid ☐ Check # _____	Minimum Fee	\$ _____ 3
Collected by: _____	TOTAL FEE	\$ _____ 35
	DCA Training Fee	\$ _____ 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/20/2002
Date Issued 03/20/2002
Control #
Permit # 02-0731

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

Block 522 Lot 11 Dist
Work Site Location 965 MADASH AVE
SIDING
Owner in Fee MALDON, RUTH
Address SAME
BRICK, NJ 08723-
Tele. ()
Contractor RUSSO SEAMLESS GUTTERS
Address 2924 PACIFIC AVENUE
HALL, NJ 07719-
Tele. (732) 836-0151 Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3497219

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Req.			Type	Failure Failure Approval Initial
[] All			Footings	
[] Footing			Foundation	
[] Foundation			Slab	
[] Frame			Frame	
[] Other			BarrierFree	
Joint Plan Review Required:			Insulation	
[] Elect [] Plumb [] Fire			Finishes	
SUBCODE APPROVAL [] Elev			Energy	
[] CO [] CCO [] CA			Mechanical	
Date:			TCD	
Approved By:			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	3-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ <u>0</u>
No. of Stories	<u>0</u>			2. Alteration \$ <u>900</u>
Height of Structure	<u>0</u> Ft.			3. Total (1+2) \$ <u>900</u>
Area Largest Floor	<u>0</u> Sq. Ft.			Industrialized Building:
New Bldg. Area/All Floors	<u>0</u> Sq. Ft.			[] State Approved
Volume of New Structure	<u>0</u> Cu. Ft.			[] HUD
Total Land Area Disturbed	<u>0</u> Sq. Ft.			

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

VINYL SIDING

TYPE OF WORK

[] New Building
[] Addition
[X] Alteration
[] Roofing
[] Siding
[] Fence 0 Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Asbestos Abatement - Chapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Other
[] Other
[] Demolition

FEE (Office Use Only)

\$	<u>0</u>
\$	<u>0</u>
\$	<u>32</u>
\$	<u>0</u>
\$	<u>0</u>
\$	<u>0</u>
\$	<u>0</u>
\$	<u>0</u>
\$	<u>0</u>
\$	<u>0</u>
\$	<u>0</u>

Administrative Surcharge	\$	<u>0</u>
Paid [] Check \$	\$	<u>0</u>
Minicup Fee	\$	<u>0</u>
Collected by:	\$	<u>35</u>
TOTAL FEE	\$	<u>35</u>
DCA Training Fee	\$	<u>1</u>

Site Location: 965 WABASH RD

Block: 522 Lot: 11

Owner's Name: RUTH WATSON

Owner's Mailing Address: _____

Phone: ()

BUILDING

Contractor: RUSSELL WATSON
Address: 45 CHERIE DR. BADDY
Phone#: N/O. 01724
Lis # 826-0151
Federal Emp # or SSN 21-3497214

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Description of Work: NEW SIDING

Technical Data
Item: _____ Quantity _____

Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors w/ Fract. HP _____
Emergency & Exit Lights _____
Communication Points _____
Alarm Devices/FAC Panel _____

Total _____

Type of Work

New Building _____
Addition _____
Alteration _____
Roofing _____
Asbestos Abatement _____ sq ft
☒ Siding
Fence _____
Pool _____
Demolition _____
Sign _____

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ \$ 900 ~
Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Pool (Receptacle, Switches, Lights, Motor IHP) _____
Spa/Hot Tub/Storable Pool _____ K
Electric Range _____ K
Oven/Surface Unit _____ K
Electric Water Heater _____ K
Electric Dryer _____ K
Dishwasher _____ K
Garbage Disposal _____ K
A/C Unit -Central Air _____ K
Space Heater/Air Handler _____ K
Baseboard Heating _____ K
Motors 1+ HP _____ K
Transformer/Generator _____ K
Light Stander _____ AM
Service _____ AM
Subpanel _____ AM
Motor Control Center _____ AM
Sign/Outline Light _____ K
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Dump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____
Please Print Name: _____

CONTRACTOR'S SEAL

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item _____ Quantity _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
Total _____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am