



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 170 COURTSIDE DR
 2. Name of Owner in Fee: DIVEN AGUA Tel. ()
 Address: DUVIGNEAU street municipality zip code
 3. Ownership in fee: Public _____ Private X
 4. Principal Contractor: STEVE KORZUNSKI Tel. (32) 506 9593
 Address: PO Box 253 156 HB B NJ 08732
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: ()
 5. Architect or Engineer: SAME Tel. ()
 Address _____ Contact _____
 6. Responsible Person in Charge once Work has Begun: SAME
 Tel. () FAX: ()

Ne-Roof \$1500/over

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Re-views
1. ☐ Minor Work		<u>OK</u>	<u>11/5/04</u>				<u>12/14/04</u>	<u>OK</u>
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>1800</u>							

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

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 Fee Surcharge			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands: yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____
- No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- 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 _____ 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. 5:32-2.15(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)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

OF BRICK
BERS BRIDGE RD
OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 11/15/2004
Control #
Permit # 04-4865

CATION Block 382.38 Lot 15 Dual

e Location 170 COURTHIRE DRIVE

Fee DUVIGNEAU
170 COURTHIRE DRIVE
BRICK, NJ 08723-

Contractor STEAVE KOZLOUSKI

Address P.O. BOX 256
ISLAND HEIGHTS, NJ 08732-

Telephone ()

Lic. No. or Bldrs. Reg. No.

Federal Exp. No. 12-7502188

11/15/04 10:48AM 001558#41

XX01 SERV

#4865
BUILDING
DCA
CHECK

y granted permission to perform the following work:

DING () PLUMBING () LEAD HAZARD ABATEMENT
TRICAL () FIRE PROTECTION () DEMOLITION
ATOR DEVICES () ASBESTOS ABATEMENT () OTHER
(Subchapter B only)

ION OF WORK:
F/OVER

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

d Cost of Work \$ 1,800

Construction Official

11/15/2004

Date

PAYMENTS (Office Use Only)
Building 50
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 2
Cert. of Occupancy 0
Other
Total 52
Check No. 1537
Cash
Collected By AMH

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/15/2004
Date Issued 11/15/2004
Control #
Permit # 04-4665

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO: 1-800-272-1000
Block 392.38 Lot 15 Qual _____
Work Site Location 170 COURTESHIRE DRIVE

Owner in Fee BUVIGNEAN
Address 170 COURTESHIRE DRIVE
BRICK, NJ 08723-
Tele. () _____
Contractor STEAVE KOKLOWSKI
Address P.O. BOX 235
ISLAND HEIGHTS, NJ 08732-
Tele. () _____ Fax () _____
Lic. No. or Eldrs. Reg. No. _____
Federal Emp. No. 12-7503188

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

RE-ROOF/OVER

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footings			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: <u>12-14-04</u>			TCO	
Approved By: <u>[Signature]</u>			Other	
			Final	
			BarrierFree	

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	0
☒ Alteration	0
☒ Roofing	50
☐ Siding	0
☐ Fence 0 Height (exceeds 6')	0
☐ Sign 0 Sq. Ft.	0
☐ Pool	0
☐ Asbestos Abatement Subchapter B	0
☐ Lead Haz. Abatement NJAC 5:17	0
☐ Other	0
Other	0
☐ Demolition	0

2. BUILDING CHARACTERISTICS

Use Group _____ Project _____ Proposed E-F _____ Est. Cost of Bldg. Work: _____

C3E

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/15/2004
Date Issued 11/15/2004
Control #
Permit # 04-4865

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

Block 382.36 Lot 15 Qual _____
Work Site Location 170 COURTHIRE DRIVE

Owner in Fee DUVIGNEAN
Address 170 COURTHIRE DRIVE
BRICK, NJ 08723

Tele. () _____
Contractor STEVE KOZLOWSKI

Address P.O. BOX 256
ISLAND HEIGHTS, NJ 08732

Tele. () _____ Fax () _____

Lic. No. or Bldrs. Reg. No. _____

Federal Exp. No. 12-7503108

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: _____	_____	_____	TCO	_____
Approved By: _____	_____	_____	Other	_____
_____	_____	_____	Final	_____
_____	_____	_____	BarrierFree	_____

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5 Est. Cost of Bldg. Work: _____
Constr. Class Present Proposed _____ 1. New Bldg. 4 6

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

RE-ROOF/OVER

TYPE OF WORK

☐ New Building
☐ Addition
☒ Alteration
☒ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 5') _____
☐ Sign _____ Sq. Ft. _____
☐ Pool
☐ Asbestos Abatement Subchapter 9
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____
_____ 0
_____ 0
_____ 0
_____ 50
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0
_____ 0

Site Location: 170 COURTSIDE DR.
Block: 382.38 Lot: 15
Owner's Name: DUGGINS
Owner's Mailing Address: DUUG NEM

BUILDING

Contractor: STINE KOLLEWSKI
Address: PO BOX 256
Phone#: 156 1403 MI 08732
Lis # 732 506 9595
Federal Emp # [REDACTED]

Description of Work:

Roof over existing

\$1800

Type of Work

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

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: \$ _____
Cost of New Building: \$ _____
Cost of Site Work \$ _____

Total Cost of New Building Work: \$ 1800.00

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]

ELECTRICAL

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

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	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____ KW
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit -Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____ KW
Transformer/Generator _____ KW
Sprinkler System _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
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 #: _____
Lis #: _____
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 _____ No. of outlets _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Air Conditioner (Condensate Drain) _____ Tons _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sump 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 #: _____
Lis #: _____
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: _____

Tank Removal _____	_____ capacity _____	_____ fuel _____
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 _____
CO Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System Commercial _____

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 authorized to make this application and perform the work