

BLOCK

678

LOT

6786

QUALIFICATION CODE

5

ADDRESS (SITE)

745 Pine Drive

PERMIT NO.

05-2948



CONSTRUCTION PERMIT APPLICATION

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

COS-136863

I. IDENTIFICATION

1. Proposed Work Site at: 745 Pine Drive Brick 119 0753
2. Name of Owner in Fee: Berry Tel. [REDACTED]
Address: 745 Pine Drive Brick, NJ 0753
3. Ownership in Fee: Public Private
4. Principal Contractor: Concord Equipment Tel. 332-556-1202
Address: 300 Belmar Blvd. Wall NJ 07719
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. 582676424 FAX: ()
5. Architect or Engineer Tel. ()
Address Contact
6. Responsible Person in Charge once Work has Begun Robert Taveroni
Tel. 332-556-1200 FAX: 332-556-1203

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	\$ 70		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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	

OPTIONAL (for office use only)

II. PROPOSED WORK

1. ☐ Minor Work
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

Est. Cost

Plans
Rec'd byDate
Rec'dRejection
DateApproval
DateRe-
viewer

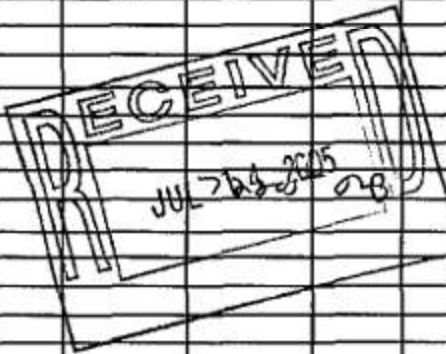
Resubmission Dates

Approval

Rejection

Re-
viewer

350-



TOTAL COSTS

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
10. ☐ Swimming Pools, Spas and Hot Tubs

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. 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:



CONSTRUCTION PERMIT

Date Issued 07/25/2005
Control # C-05-136863
Permit # 05-2948

IDENTIFICATION Block: 678 Lot: 6 Qualifier
Work Site Location: 745 PINE DR. Brick Township, NJ Contractor
BERRY, JOSEPH L. & LORETTA A. 3400 BELMAR BLVD WALL NJ 07719-
745 PINE DR. BRICK NJ 08723 Telephone: 732/556-1202
Lic. No. or Bids. Reg. No.
Federal Employee No. 58-2670424

I am 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:

TANK REMOVAL

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 \$350

Construction Official _____ Date 07/25/2005

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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.

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$70
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	\$0
Other	\$0
Total	\$70
Check No.	174
Cash	\$0
Credit	\$0
Collected By	Ann Marie Hanlon



FIRE SUBCODE TECHNICAL SECTION

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

Block 678 Lot 6 Qualification Code _____

Work Site Location: 745 PINE DR. Brick Township, NJ

Owner in Fee: BERRY, JOSEPH L. & LORETTA A.

Address 745 PINE DR. BRICK NJ

Tel. _____

Contractor: CONCORD ENVIRONMENTAL

Address 3400 BELMAR BLVD WALL NJ

Tel. 732/556-1202 Fax. _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Employee No. 58-2670424

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-5 Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present _____ Proposed _____ Location of Panel: _____

Heating Systems: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: ☐ Flammable or ☐ Combustible Capacity 0

Total Cost of Fire Protection Work \$350

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☒ Fire Plans Approved

Date: 7-12-05

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Alarm System _____

Suppression System _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Final _____

Other _____



Date Received 07/20/2005 1:37:00 PM
Control # C-05-136863
Date Issued 12/31/1899
Permit # 05-2748

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.

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TANK REMOVAL

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	<u>0</u>	<u>\$0</u>
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	<u>0</u>	
Supervisory Devices (tamper, low/high air)	<u>0</u>	
Signaling Devices (horn/strobes, bells)	<u>0</u>	
Other Devices	<u>0</u>	
TOTAL	<u>0</u>	<u>\$0.00</u>
Suppression Systems		
Fire Pump <u>0</u> GPM Type _____	<u>0</u>	<u>\$0</u>
Dry Pipe/Alarm Valves	<u>0</u>	<u>\$0</u>
Pre-action Valves	<u>0</u>	<u>\$0</u>
Sprinkler Heads (Dry and Wet)	<u>0</u>	<u>\$0</u>
Standpipes	<u>0</u>	<u>\$0</u>
Pre-engineered Systems		
Wet Chemical	<u>0</u>	<u>\$0</u>
Dry Chemical	<u>0</u>	<u>\$0</u>
CO2 Suppression	<u>0</u>	<u>\$0</u>
Foam Suppression	<u>0</u>	<u>\$0</u>
FM200 Suppression	<u>0</u>	<u>\$0</u>
Other	<u>0</u>	<u>\$0</u>
Other Systems		
Kitchen Hood Exhaust System	<u>0</u>	<u>\$0</u>
Smoke Control System	<u>0</u>	<u>\$0</u>
Fire Appliances ☐ Gas ☐ Oil	<u>0</u>	<u>\$0</u>
Fireplace Venting/Metal Chimney	<u>0</u>	<u>\$0</u>
Other Tank Removal	<u>1</u>	<u>\$70</u>

Administrative Surcharge	<u>\$0</u>
Minimum Fee	<u>\$0</u>
State Permit Surcharge Fee	<u>\$0</u>
TOTAL FEE	<u>\$70</u>

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide

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	_____
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: Conard Eng. Soc.
Address: 3400 Bell St. Bldg.
Phone #: 404-250-1202
Lic #: 07719
Federal Emp # or SSN: [REDACTED]

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 \$350-

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.

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 Conrad Eni, Inc.

Address 3900 Belmont Blvd.

Telephone Wall 0779

Signature 1301 556-1000

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

Site Location: 140 Pine Drive Winchester, VA
Block: 6 Lot: 678
Owner's Name: Betty
Owner's Mailing Address: 745 Pine Drive
Richwood, OH 44273
Ph: [REDACTED]

ELECTRICAL

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

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

Technical Data

Description of Work:

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
_____ Fireplace wd/gas _____ sq ft

_____ Siding
_____ Fence
_____ Pool
_____ Demolition
_____ Sign

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
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

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: \$ _____

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.

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.