

BLOCK 524 LOT 42 ADDRESS (SITE) \_\_\_\_\_ PERMIT NO. 1943-93

RECEIVED

AUG 18



# CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION Sections I, II, III (optional), IV, VI and VII

## I. IDENTIFICATION

1. Proposed Work-site at: BLOCK 524 Lot 42. 952 Rosewood

2. Name of Owner in Fee: RICHARD GAGLIARDI

Address 952 ROSEWOOD AVE BLICK.

3. Ownership in Fee: Public \_\_\_\_\_ Private ☒

4. Principal Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address SAME

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. (\_\_\_\_) \_\_\_\_\_

## V. FEE SUMMARY (for office use only)

|                                  |              | Update | Update |
|----------------------------------|--------------|--------|--------|
| 1. Building                      | \$ <u>8</u>  |        |        |
| 2. Electrical                    |              |        |        |
| 3. Plumbing                      |              |        |        |
| 4. Fire Protection               |              |        |        |
| 5. Other                         |              |        |        |
| 6. Subtotal                      | \$ <u>8</u>  |        |        |
| 7. Add 20% for State Plan Review |              |        |        |
| 8. Subtotal                      | \$ _____     |        |        |
| 9. DCA Training Fee              |              |        |        |
| 10. Subtotal                     | \$ _____     |        |        |
| 11. Cert. of Occupancy           | <u>20</u>    |        |        |
| 12. Other                        |              |        |        |
| 13. TOTAL                        | \$ <u>28</u> |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

|                                            | (office use only) |
|--------------------------------------------|-------------------|
| 1. Number of Stories <u>1</u>              |                   |
| 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

- ☐ Minor Work (single trade)
- ☐ Small Job (\$5,000 and no prior approvals)
- ☐ New Building
- ☐ Addition
- ☒ Alteration
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Asbestos Abatement
- ☐ Demolition

TOTAL COSTS

Est. Cost

\$50

## OPTIONAL (for office use only)

| Plans Rec'd By     | Date Rec'd     | Rejection Date | Approval Date  | Re-viewer          | Resubmission Dates Approval | Rejection | Re-viewer |
|--------------------|----------------|----------------|----------------|--------------------|-----------------------------|-----------|-----------|
| <u>[Signature]</u> | <u>8-19-93</u> |                | <u>8/19/94</u> | <u>[Signature]</u> |                             |           |           |
|                    |                |                |                |                    |                             |           |           |
|                    |                |                |                |                    |                             |           |           |
|                    |                |                |                |                    |                             |           |           |
|                    |                |                |                |                    |                             |           |           |
|                    |                |                |                |                    |                             |           |           |
|                    |                |                |                |                    |                             |           |           |
|                    |                |                |                |                    |                             |           |           |
|                    |                |                |                |                    |                             |           |           |
|                    |                |                |                |                    |                             |           |           |

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

- |                                                                                 |                                                                   |                                                                 |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks | 3. <input type="checkbox"/> Pressure Vessels                      | 5. <input type="checkbox"/> Hazardous Uses/Places of Assembly   |
| 2. <input type="checkbox"/> High Pressure Boilers                               | 4. <input type="checkbox"/> Refrigeration Systems                 | 7. <input type="checkbox"/> Sprinklers                          |
|                                                                                 | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells |
|                                                                                 |                                                                   | 9. <input type="checkbox"/> Underground Storage Tanks           |

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL

- ☐ Hotels (R-1)
  - ☐ Multi-Family (R-2)
  - ☐ Two-Family (R-3) BOCA
  - ☐ Two-Family (R-4) CABO
  - ☒ One-Family (R-3) BOCA
  - ☐ One-Family (R-4) CABO
- 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: \_\_\_\_\_

LDS BR 10511081

# 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 8/19

## 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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(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 |          |
| <input type="checkbox"/> Planning Board                       |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                    |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                    |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                    |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation    |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protect. |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Other                                |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                      |                   |            |                   |            |                   |            |                   |            |          |

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

| Name of Code & Edition |                                | Name of Code & Edition |  | Other |  |
|------------------------|--------------------------------|------------------------|--|-------|--|
| 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 EXPIRED |
|-------------------------------------------------------------|-------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | _____ | _____        |
| <input type="checkbox"/> Temporary Certificate of Occupancy | _____ | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy | _____ | _____        |
| <input type="checkbox"/> Certificate of Occupancy           | _____ | _____        |
| <input type="checkbox"/> Certificate of Approval            | _____ | _____        |
| <input type="checkbox"/> None                               |       |              |



# CONSTRUCTION PERMIT

Date Issued

8-19-93

Control #

Permit #

1943-93

IDENTIFICATION

Block

524

Lot

42

Work Site Location

952 Pinewood

Contractor

Address

Owner in Fee

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

Whereby granted permission to perform the following work:

BUILDING ☐ PLUMBING ☐ OTHER ☐  
ELECTRICAL ☐ FIRE PROTECTION ☐

DESCRIPTION OF WORK:

Replace Windows

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 \$

50.

CONSTRUCTION OFFICIAL

C. Form F-170A

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

## PAYMENTS (Office Use Only)

Building 8 -

Plumbing

Electrical 440005

Fire Protection 1000

Other 0000

Other 0000

DCA Training Fee 100

Cert. of Occ. 20 00

Other 0000

Total 28 - 000

Check No. TOTAL

Cash

Collected By: [Signature]





# BUILDING SUBCODE TECHNICAL SECTION



Date Received  
Date Issued  
Control #  
Permit #

8-19-93  
174-10  
1943-93

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

Block 524 Lot 42  
Work Site Location 952 ROSEWOOD  
BRICK NT  
Owner in Fee RICHARD GAGLIARDI  
Address 952 ROSEWOOD AVE

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 |
|----------------------------------------------------------------------------------------------|---------|---------|---------------|-------------------|---------|---------|----------|---------|
| <input checked="" type="checkbox"/> No Plans Req.                                            | 8/19/93 | RR      | Type: Footing |                   |         |         |          |         |
| <input type="checkbox"/> All                                                                 |         |         | Foundation    |                   |         |         |          |         |
| <input type="checkbox"/> Footing                                                             |         |         | Slab          |                   |         |         |          |         |
| <input type="checkbox"/> Foundation                                                          |         |         | Frame         |                   |         |         |          |         |
| <input type="checkbox"/> Frame                                                               |         |         | Insulation    |                   |         |         |          |         |
| <input type="checkbox"/> Other                                                               |         |         | Finishes:     |                   |         |         |          |         |
| Joint Plan Review Required:                                                                  |         |         | Energy        |                   |         |         |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |         |         | Mechanical    |                   |         |         |          |         |
| SUBCODE APPROVAL                                                                             |         |         | TCO           |                   |         |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |         |         | Other         |                   |         |         |          |         |
| Date:                                                                                        |         |         | Final         |                   |         |         |          |         |
| Approved By:                                                                                 |         |         |               |                   |         |         |          |         |

## 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

replacement of 2 windows.  
1 Double Hung Casement in  
Living Room  
all others will be same size, kind  
& location.

### 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 \$ \_\_\_\_\_

8/19/93 RR

U.C.C. Form F-110A

1 White=Inspector Copy  
3 Pink=Office Copy

2 Canary=Office Copy  
4 Gold=Applicant Copy

ORDINANCE OF THE TOWNSHIP OF BRICK, COUNTY  
OF OCEAN, STATE OF NEW JERSEY AMENDING AND  
SUPPLEMENTING CHAPTER 121 ENTITLED  
"CONSTRUCTION CODES, UNIFORM" TO ADD  
SECTION 121-3 "BUILDERS RESPONSIBILITY."

BE IT ORDAINED by the Township Council of the Township of  
Brick, County of Ocean, State of New Jersey, as follows:

SECTION 1. Section 121-3 of the Brick Township Code is  
hereby enacted as follows:

121-3. Builders Responsibility

- A. Prior to any permit being issued for construction of  
any kind, the person or entity applying for the permit  
shall, as a prerequisite to the issuance of that permit,  
provide the Construction Official with written  
documentation setting forth the person's or entity's  
proposal to dispose of all construction debris resulting  
from the construction for which the permit is being  
issued.
- B. Prior to the issuance of a Certificate of Occupancy, the  
person or entity performing the construction shall  
provide the Construction Official with written  
documentation setting forth that the person or entity has  
complied with the proposal to dispose all of the  
construction debris.

SECTION 2. All Ordinances or parts of Ordinances  
inconsistent herewith are repealed.

SECTION 3. If any section, subsection, sentence, clause,  
phrase or portion of this Ordinance is for any reason held invalid or  
unconstitutional by a Court of competent jurisdiction, such portion  
shall be deemed a separate, distinct and independent provision, and  
such holding shall not affect the validity of the remaining portions  
hereof.

SECTION 4. This Ordinance shall take effect in the manner as  
prescribed by law.

PASSED: January 28, 1992

ADOPTED: February 25, 1992

SIGNED:

  
MAYOR

  
PRESIDENT OF THE COUNCIL

ATTEST:

  
MUNICIPAL CLERK

100 Yawards Ave  
Work Site Address Block Lot

ENCLINER  
Owner's Name, Address, Phone

Contractor's Name, Address, Phone

Construction window replacement  
Describe type (Single-family home, etc.)

Demolition Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material curbstone

Name, address and phone of party responsible for removal of debris:

OWNER

Size of dumpster:

Destination of discarded debris:

Hauler's DEP Permit No.:

**\*\*Note:** Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Rich Encliner 8/19/93  
Printed/Typed Name Signature Date

\*\*\*\*\*

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE "CERTIFICATE OF OCCUPANCY" OR "CERTIFICATION OF APPROVAL" IS ISSUED.

Recycling tonnage receipts attached? \_\_\_\_\_

Certified tipping receipts attached? \_\_\_\_\_

**\*\*NOTE:** Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant