



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 519 5TH AVE BRICK NJ
2. Name of Owner in Fee: DOUGLAS G & CAROLYN FABIAN Tel. [REDACTED]
- Address 519 5TH AVE BRICK NJ 08124
- street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: SAME Tel. (____) _____
- Address _____
- 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 _____ Tel. (____) _____
- In Charge of Work _____

II. PROPOSED WORK

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

TOTAL COSTS

2500.

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 22.50		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	20.00		
12. Other			
13. TOTAL	\$ 42.50		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1 1/2 Story
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 _____

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:

LDS BR 10517706

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 Carolyn M. Fabian Date May 15, 1990

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

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
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

Date Issued

Control #

Permit #

5/15/90
810-90IDENTIFICATION Block 1221 Lot 895Work Site Location 5195th Ave Contractor SameOwner in Fee D. Fabian Address _____Address Same Tele. (____) _____Lic. No. or Bldrs. Reg. No. _____ Exp. Date 810#

Tele. (____) _____ Federal Emp. No. _____

or Social Security No. BLACK 0.00

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

V. 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.

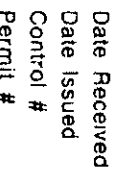
Estimated Cost of Work \$ 2500

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)			0.00
Building	<u>22.50</u>	895 #	0.00
Plumbing	<u>BUILDING</u>		22.50
Electrical	<u>C / O</u>		20.00
Fire Protection	<u>TOTAL</u>		42.50
Other	<u>CHECK</u>		42.50
Other	<u>CHANGE</u>		0.00
DCA Training Fee			
Cert. 05/06/90	<u>NO 25</u>	<u>TR07A005</u>	13:03
Other			
Total	<u>42.50</u>		
Check No.	<u>X</u>		
Cash			
Collected By:	<u>SB</u>		



5/10/11
8/10-90

Block 1221 Lot 895
Work Site Location 519 5TH AVE

Work Site Location 519 5TH AVE
BEICK NJ 08704

Owner in Fee BOULAS & CARROLL M FABIAN
Address 519 5TH AVE

Tele. ()

Contractor _____
Address _____

Tele. ()

Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

PLAN REVIEW

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			Insulation					
Joint Plan Review Required:				Finishes:					
☐	Elec.	☐	Plumb.	☐	Fire				
SUBCODE APPROVAL				Energy					
☐	CO	☐	CCO	☐	CA				
Date:				Mechanical					
				TCO					
				Other					
Approved By:				Final					

8. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	
Constr. Class	Present	Proposed	
No. of Stories	1 1/2		
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 of Carolyn M. Johnson

D. TECHNICAL SITE DATA DESCRIPTION OF WORK

Young Ladies

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 \$ _____