

PERMIT NO. 13-6287



CONSTRUCTION PERMIT APPLICATION

C-13-000151

1. Proposed Work Site at: 961 ROSEWOOD AVE

2 Name of Owner in Fee: ORAL AMUNDSON

Te _____ e-mail _____

Address 961 ROSEWOOD AVE BRICK NJ 08723
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: N/A Homeowner Tel. ()

Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

5. Architect or Engineer HOME OWNER Contact _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun _____

Tel. () _____ FAX: () _____

	Update	Update
--	--------	--------

1. Building	\$	75	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee		1	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	76	

(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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

☐ Minor Work	☐ New Building	☐ Addition	☐ Demolition
☐ Repair	☐ Alteration	☐ Renovation	☐ Reconstruction
☐ Asbestos Abat. -Subch. 8	☐ Lead Hazard Abatement	☐ Radon Remediation	☒ Annual Permit

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

TOTAL COST

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
						Approval	Rejection	
				11/16/13	EL			
	Esna	Exempt		11/14/13	EC			

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	_____	_____
Gained, Rental	_____	_____
Lost, Sale	_____	_____
Lost, Rental	_____	_____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☒ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
	7. ☐ Sprinklers/Standpipes	11. ☐ LPGas Tanks	

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(f)1.ix:

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: **MEMBRANE STRUCTURE**
C.1. ☐ Building C.2. ☐ Fire Protection **WINTER USE ONLY**

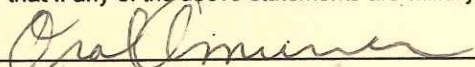
I further certify that I will perform the following work:

- 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 1/2/13

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. 5:23-2.15(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.

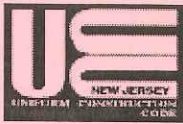
Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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



CONSTRUCTION PERMIT

Date Issued 1/14/13
Control # C-13-000151
Permit # 13-0287

IDENTIFICATION Block: 525 Lot: 7 Qualifier _____
Work Site Location: 961 ROSEWOOD AVE. Brick Township, NJ Contractor AMUNDSON, ORAL
Address 961 ROSEWOOD AVE BRICK NJ 08723
Owner in Fee AMUNDSON, ORAL
961 ROSEWOOD AVE BRICK NJ 08723 Telephone: _____
Lic. No. or Bldg. Reg. No. _____
Federal Employee No. _____

Is 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:

17 X 10 MEMBRANE STRUCTURE

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 \$200

PAYMENTS (Office Use Only)

Building	\$75
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	<u>1945</u> \$76
Check No.	
Cash	\$0
Credit	\$0
Collected By	

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

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.



BUILDING 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 525 Lot 7 Qualification Code _____
Work Site Location 961 ROSEWOOD AVE

Owner in Fee ORAL AMUNDSON

Tel. [REDACTED] e-mail _____

Address 961 ROSEWOOD AVE BRKY NJ 08723
street municipality zip code

Contractor: HOMEOWNER Tel. () _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	_____	_____	Type: _____	Failure _____ Approval _____
[] All	_____	_____	Footings	_____
[] Footings/Foundations	_____	_____	Footings Bonding	_____
[] Structural/Framework	_____	_____	Foundation	_____
[] Exterior	_____	_____	Slab	_____
[] Interior	_____	_____	Frame	_____
Joint Plan Review Required:	_____	_____	Truss Sys./Bracing	_____
[] Elec. [] Plumb. [] Fire [] Elevator	_____	_____	Barrier-Free	_____
SUBCODE APPROVAL for PERMIT	_____	_____	Insulation	_____
Date: _____	_____	_____	Finishes -Base Layer	_____
Approved by: _____	_____	_____	Finishes -Final	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Energy	_____
[] CO [] CCO [] CA	_____	_____	Mechanical	_____
Date: _____	_____	_____	TCO	_____
Approved by: _____	_____	_____	Other	_____
	_____	_____	Final	_____
	_____	_____	Barrier-Free	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
No. of Stories _____ If Industrialized Building: _____
Height of Structure _____ ft. State Approved _____ HUD _____
Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:
New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____
Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____
Max. Live Load _____ 3. Total (1+ 2) \$ 200
Max. Occupancy Load _____

U.C.C. F110
(rev. 11/09)

Date Received 1/16/13
Control # _____

Date Issued _____
Permit # 13-0287

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.

Sign here: ORAL AMUNDSON

Print name here: ORAL AMUNDSON

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PORTABLE MEMBRANE STRUCTURE.
WILL BE REMOVED AFTER THE
WINTER. IT WILL NOT BE UP
BEYOND THE LEGAL TIME PERIOD.

TYPE OF WORK:

- [] New Building
[] Addition
[] Rehabilitation
[] Roofing
[] Siding
[] Fence _____ Height (exceeds 6')
[] Sign _____ Sq. Ft.
[] Pool
[] Retaining Wall _____ Sq. Ft.
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Radon Remediation
[] Other _____
[] Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:

Application Number: 1/16/13
ZA-13-00007

Application Date: 01/09/2013

Project Number:

Permit Number: ZP-13-00027

Fee:

\$30

Zoning Permit

Worksite **961 ROSEWOOD AVE**
Location: **Cedarwood Park**
BRICK, NJ 08723

Block: 525

Lot: 7

Qualifier:

Zone: R-7.5

Owner: **AMUNDSON, ORAL**
Address: **961 ROSEWOOD AVE**
BRICK, NJ 08723

Applicant: **AMUNDSON, ORAL**
Address: **961 ROSEWOOD AVE**
BRICK, NJ 08723

Application Approved Date: 01/09/2013

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential

Nonconforming Use is: _____

Work Description:

New Building, Membrane Structure - 10' x 17', 10' high.

The structure must be set back at least 25 feet from the front property line, at least six (6) feet from the side property lines and at least 15 feet from the rear property line.

The structure must be removed by August 1, 2013.

Upon review it was determined that the Development Application:

- ☒ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Valid Nonconforming Use is established by
☐ Zoning Board of Adjustment
☐ Zoning Officer

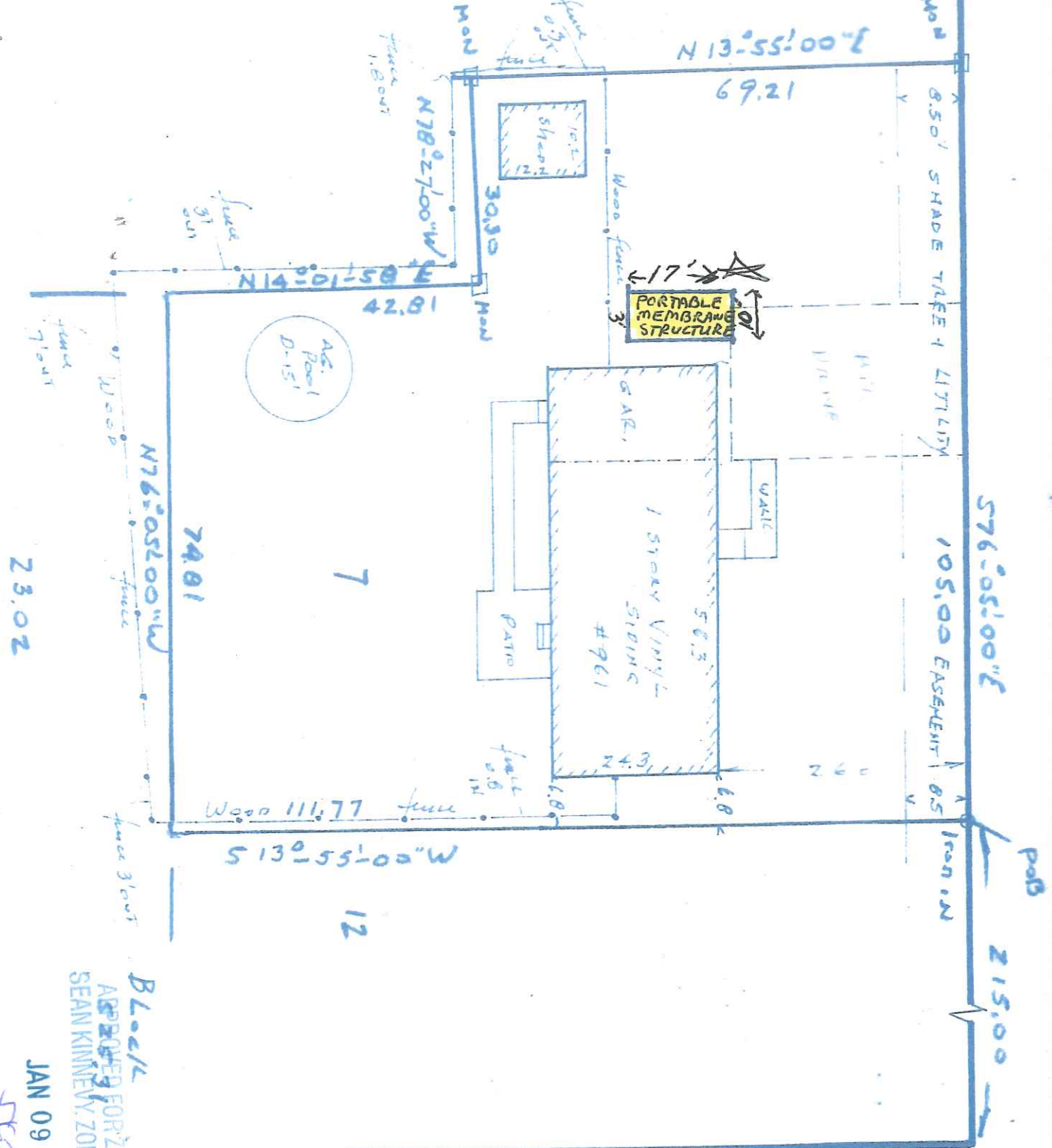
Sean Kinney
Sean Kinney, Zoning Officer

Michael P. Fowler
Michael P. Fowler, Township Planner

01/11/2013

Date

1/14/13
Date



MYRTLE 33' AVE.

Block
 APPROVED FOR ZONING ONLY
 SEAN KINNEY, ZONING OFFICER

JAN 09 2013

Membrane structure -