



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 953 Middle Ave
 2. Name of Owner in Fee: Gail Van Dyke Tel. [REDACTED]
 Address 953 Middle Ave
street municipality zip code
 3. Ownership in Fee: Public _____ Private _____
 4. Principal Contractor: Gail Van Dyke Tel. [REDACTED]
 Address same
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: (_____) _____
 5. Architect or Engineer _____ Tel. (_____) _____
 Address _____
 6. Responsible Person in Charge of Work _____
 Tel. (_____) _____ FAX (_____) _____

V. Siding

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review			
8. Subtotal	\$ _____		
9. DCA Training Fee	<u>1</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>36</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

II. PROPOSED WORK

- 1. ☐ Minor Work
- 2. ☐ New Building
- 3. ☐ Addition
- 4. ☐ Alteration
- 5. ☐ Fire Protection
- 6. ☐ Plumbing
- 7. ☐ Electrical
- 8. ☐ Elevator Devices
- 9. ☐ Asbestos Abat. Subch. 8
- 10. ☐ Lead Hazard Abatement
- 11. ☐ Demolition

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>cas</u>	<u>8/18/41</u>				<u>11/2/01</u>	<u>OK</u>

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:

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

TOTAL COSTS 1,000

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

5/18/98

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	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/18/98
Control #
Permit # 98-2840

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION	Block	524	Lot	37	Qual
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Work Site Location 953 MIDVALE AVE
V SIDING

Owner in Fee VAN DYKE, GAIL
Address 953 MIDVALE AVE
BRIDGE, NJ 08722

Telephone _____

Contractor HOMEOWNER
Address _____

Telephone () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. HO- _____

Is hereby granted permission to perform the following work:

☒ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER _____

(Subchapter 8 only)

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 \$ 1,000

08/18/98
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)	
Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	2218
Cash	
Collected By	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/18/98
Date Issued 08/18/98
Control #
Permit # 98-2840

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

Block 524 Lot 37 Qual
Work Site Location 953 MIDVALE AVE
V SIDING

Owner in Fee VAN DYKE, GAIL
Address 953 MIDVALE AVE
BRICK, NJ 08723-

Contractor
Address

Tele. () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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: 1-12-01			TCO	
Approved By: <i>FMM</i>			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	B-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ 0
No. of Stories			0	2. Alteration \$ 1,000
Height of Structure			0 Ft.	3. Total (1+2) \$ 1,000
Area Largest Floor			0 Sq. Ft.	Industrialized Building:
New Bldg. Area/All Floors			0 Sq. Ft.	[] State Approved
Volume of New Structure			0 Cu. Ft.	[] HUD
Total Land Area Disturbed			0 Sq. Ft.	

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

V SIDING

TYPE OF WORK

[] New Building
[] Addition
[X] Alteration
[] Roofing
[] Siding
[] Fence 0 Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Other
Other
[] Demolition

FEE (Office Use Only)

\$ 0
0
35
0
0
0
0
0
0
0
0
0
0

	Administrative Surcharge	\$ 0
Paid [X] Check # 2218	Minimum Fee	\$ 0
Collected by: CS	TOTAL FEE	\$ 35
	DCA Training Fee	\$ 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/18/98
 Date Issued 08/18/98
 Control #
 Permit # 98-2840

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

Block 524 Lot 37 Qual
 Work Site Location 953 MIDVALE AVE

V SIDING

Owner in Fee VAN DYKE, GAIL

Address 953 MIDVALE AVE

BRICK, NJ 08723-

Tel

Contractor

Address

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. EO-

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

V SIDING

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:			TCO	
Approved By:			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	E-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ 0
No. of Stories	0			2. Alteration \$ 1,000
Height of Structure	0 Ft.			3. Total (1+2) \$ 1,000
Area Largest Floor	0 Sq. Ft.			
New Bldg. Area/All Floors	0 Sq. Ft.			Industrialized Building:
Volume of New Structure	0 Cu. Ft.			[] State Approved
Total Land Area Disturbed	0 Sq. Ft.			[] HUD

TYPE OF WORK

[] New Building
 [] Addition
 [X] Alteration
 [] Roofing
 [] Siding
 [] Fence 0 Height (exceeds 6')
 [] Sign 0 Sq. Ft.
 [] Pool
 [] Asbestos Abatement Subchapter 8
 [] Lead Haz. Abatement NJAC 5:17
 [] Other
 [] Demolition

FEE (Office Use Only)

\$ 0
 0
 35
 0
 0
 0
 0
 0
 0
 0
 0
 0

Paid [X] Check # 2218	Administrative Surcharge	\$ 0
Collected by: CS	Minimum Fee	\$ 0
	TOTAL FEE	\$ 35
	DCA Training Fee	\$ 1

401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 953 Midvale Ave. Date Rec'd: 8/18/98
Block: 524 Lot: 37 Date Issued:
Owner in Fee: Gail Van Dyke Control #:
Address: 953 Midvale Ave Permit #:

State: NJ Phone: [REDACTED]
SSA: [REDACTED]

Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #:

LIC. EXPIRATION DATE:

FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO. FIXTURE/EQUIPMENT

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Gas Piping

Fuel Oil Piping

Water Heater

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Water Cooled AC or Refrig. Unit

Sewer Connection

Septic (Disposal System) Closure

Water Service Connection

Gas Service Connection

Active Solar System

Vent Through Roof

Other

Estimated Cost of Plumbing Work: \$

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: Self

ADDRESS:

PHONE:

LIC. #:

LIC. EXPIRATION DATE:

FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

V. Siding

TYPE OF WORK

☐ New Building

☐ Addition ☐ Fence: Height (6' or More)

☐ Alteration ☐ Sign: Sq. Ft.

☐ Roofing ☐ Pool (In Ground)

☒ Siding ☐ Pool (Above Ground)

☐ Other: ☐ Asbestos Abatement

☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:

CONSTR. CLASS Present: Proposed:

No. of Stories:

Height of Structure:

Area - Largest Floor:

New Building Area / All Floors:

Volume of Structure: Total Land Disturbed:

Signature: Gail Van Dyke

Estimated Cost of Building Work:

New Building (1): \$

Alteration (2): \$

TOTAL (1+2): \$

SUBCODE APPROVAL:

CONTRACTOR: _____
ADDRESS: _____
PHONE: _____
LIC. #: _____ EXP. DATE: _____
FEDERAL EMPL. #: (or S.S. #): _____

TECHNICAL DATA (LIST ALL FIXTURES)
DESCRIPTION QTY SIZE
ITEMS
Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors - Fract. HP _____
Emergency & Exit Lights _____
Communications Points _____
Alarm Devices/E.A.C. Panel _____

TOTAL NUMBERS
Pool Permit w/UW Lights _____
Storable Pool/Spa/Hot Tub _____
KW Elec. Range / Receptacle _____ KW
KW Oven / Surface Unit _____ KW
KW Elec. Water Heater _____ KW
KW Elec. Dryer / Receptacle _____ KW
KW Dishwasher _____ KW
HP Garbage Disposal _____ HP
KW Central A/C Unit _____ KW
HP/KW Space Heater/Air Handler _____ HP/KW
KW Baseboard Heat _____ KW
HP Motors 1/+ HP _____ HP
KW Transformer/Generator _____ KW
AMP Service _____ AMP
AMP Subpanels _____ AMP
AMP Motor Control Center _____ AMP
AMP Elec. Sign/Outline Light _____ KW
Other _____
Other _____
Other _____
Other _____
Estimated Cost of Electrical Work: \$ _____
Signature (print name): _____
Estimated Cost of Electrical Work: \$ _____
Signature (print name): _____
Owner ☐ Contractor ☐
SUBCODE APPROVAL: _____
PLANS: Required ☐ Approved ☐
Approved by: _____
Date: _____

CONTRACTOR AFFIX SEAL:

CONTRACTOR: _____
ADDRESS: _____
PHONE: _____
LIC. #: _____ EXP. DATE: _____
FEDERAL EMPL. #: (or S.S. #): _____

TECHNICAL DATA (DESCRIPTION OF WORK)
Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____
Flammable Liquid Storage Tanks Capacity: _____ Fuel: _____
Combustible Liquid Storage Tanks Capacity: _____ Fuel: _____
L.G.P. Storage Tanks Capacity: _____ Fuel: _____

DESCRIPTION NUMBER
Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
Total _____
Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____
Pre-Engineered Systems _____
Co2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
Other _____
Other _____
Estimated Cost of Fire Protection Work: \$ _____
Signature: _____