



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 953 Midvale

2. Name of Owner in Fee: Crail VanDyke
Address 953 Midvale
street municipality

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: R. Finnegan Tel. (732) 944-0436
Address 426 Dover Rd S Tomesher
License No. OR, if new h _____ Exp. Date _____
Federal Employee No. _____ FAX: () _____
5. Architect or Engineer _____ Tel. () _____
Address _____
6. Responsible Person in Charge of Work _____
Tel. () _____ FAX () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>55</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for			
Plan Review			
total	\$		
Training Fee			
total	\$ <u>2</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>57</u>		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		
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		

Joe Roof

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)						
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection
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								
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	5. ☐ Cross-Connections/Backflow Preventers
2. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Places of Assembly
3. ☐ Pressure Vessels	7. ☐ Sprinklers
4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
	9. ☐ Underground Storage Tanks

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 10301684

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 Rob Flanagan

Address 425 Dover Rd

South Township

Telephone (232) 244-0436

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

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 Other _____

Other _____

X. CERTIFICATES ISSUED (office use only)

DATE ISSUED

DATE EXPIRED

DATE REISSUED

DATE EXPIRED

☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/15/2002
Control #
Permit # 02-3096

UCC NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 524 Lot 37 Qual

Work Site Location 950 MIDVALE AVE

RE ROOF

Owner in Fee VAN DYKE, GAIL

Address 950 MIDVALE AVE

BRICK, NJ 08723-

Telephone

Contractor J.T.F.

Address 426 DOVER RD

TOMS RIVER, NJ 08753-

Telephone (732)244-0436

Lic. No. or Bldgs. Reg. No.

Federal Exp. No. 15-0605477

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:

TEAR OFF/RE ROOF

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 \$ 1,800

Construction Official D. Thompson

08/15/2002

Date

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

PAYMENTS (Office Use Only)

Building 55
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
OCA Training Fee 2
Cert. of Occupancy 0
Other
Total 57
Check No.
Cash 5
Collected By ERP

08/15/02 0341AM 000000114064
0007 SERV.007

0023096
BUILDING 455.00
OCA 82.00
TOTAL \$537.00
CASH 557.00
CHANGE 80.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/15/2002
Date Issued 09/15/2002
Control #
Permit # 02-3096

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

Block 924 Lot 37 Gual _____

Work Site Location 953 MIDVALE AVE

RE ROOF

Owner in Fee VAN DYKE, GAIL

Address 953 MIDVALE AVE

BRICK, NJ 08723-

Te _____

Co _____

Address 426 DOVER RD

TOMS RIVER, NJ 08753-

Tele. (732) 244-0436 Fax () _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. 15-8605477

JOB SUMMARY (Office Use Only)

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 _____	_____	_____	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	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories	_____	_____	2. Alteration \$ <u>1,600</u>
Height of Structure	_____	_____	3. Total (1+2) \$ <u>1,600</u>
Area Largest Floor	_____	_____	
New Bldg. Area/All Floors	_____	_____	Industrialized Buildings:
Volume of New Structure	_____	_____	☐ State Approved
Total Land Area Disturbed	_____	_____	☐ HUD

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

TEAR OFF/RE ROOF

TYPE OF WORK

☐ New Building		
☐ Addition		
☒ Alteration		
☐ Roofing		
☐ Siding		
☐ Fence _____	0	Height (exceeds 6')
☐ Sign _____	0	Sq. Ft.
☐ Pool		
☐ Asbestos Abatement Subchapter 9		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Other _____		
☐ Other _____		
☐ Demolition		

FEE (Office Use Only)

\$ _____	0
\$ _____	0
\$ _____	55
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0
\$ _____	0

Administrative Surcharge \$ _____
Paid ☐ Check 0 _____
Collected by: _____
Minicup Fee \$ _____
TOTAL FEE \$ 55
OCA Training Fee \$ _____

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris FormWork Site Address 953 MidvaleBlock 524 Lock 37Contractor R Flanagan Road, NJContractor's Address 426 Dour Rd S Toms RiverType of Construction (minor, new home) Roofing DebrisType of Debris (shingles, siding, wood, etc.) ShinglesParty Responsible for removal D & D DisposalDumpster Size 20 yd.Destination of Debris Discard Ocean City Land Fill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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 of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.



Signature

Date

Rob Flanagan
Print Name

Site Location: 730 Midvale Lot: 37
Block: 524
Owner's Name: Crail Van Dyke
Owner's Mailing Address: 953 Midvale

Phone: [REDACTED]

BUILDING

Contractor: R Flanagan Roofing
Address: 426 Doherty Rd
Phone#: 737 254 0436
Lis #: [REDACTED]
Federal Emp # or SSN: [REDACTED]

Description of Work: T

ELECTRICAL

Contractor: [REDACTED]
Address: [REDACTED]
Phone#: [REDACTED]
Lis #: [REDACTED]
Federal Emp # or SSN: [REDACTED]

Item Technical Data 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
 Siding
 Fence
 Pool
 Demolition
 Sign _____ sq ft

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: \$ 1800.00

Cost of New Building: \$ _____

Total Cost of New Building 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: [Signature]

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.

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 _____	
Grease trap _____	
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: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Technical Data

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 _____

I hereby certify that I am the agent/owner of record and am