

BLOCK

383.07

LOT

45

ADDRESS (SITE)

PERMIT NO.

353-90

RECEIVED

MAR 15 1990

BUILDING



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 369 Georgia DR. BRICK

2. Name of Owner in Fee: STEVEN MAGLIARO Tel. [REDACTED]

Address 369 Georgia DR BRICK NJ 08723  
street municipality zip code

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

4. Principal Contractor: Academy Cons Tel. [REDACTED]

Address 369 Georgia DR BRICK NJ 08723

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

Federal Emp. No. \_\_\_\_\_ Social Security No. 157-44-9258

5. Architect or Engineer Steven Magliaro [REDACTED]

Address 369 Georgia DR BRICK NJ 08723

6. Responsible Person Steven Magliaro T. [REDACTED]  
In Charge of Work

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

|                                   |                | Update   | Update |
|-----------------------------------|----------------|----------|--------|
| 1. Building                       | \$ <u>750</u>  | <u>/</u> |        |
| 2. Electrical                     |                |          |        |
| 3. Plumbing                       |                |          |        |
| 4. Fire Protection                |                |          |        |
| 5. Other                          |                |          |        |
| 6. Subtotal                       | \$ <u>750</u>  | <u>/</u> |        |
| 7. Less 20% for State Plan Review | <u>5 -</u>     | <u>/</u> |        |
| 8. Subtotal                       | \$             |          |        |
| 9. DCA Training Fee               |                |          |        |
| 10. Subtotal                      | \$             |          |        |
| 11. Cert. of Occupancy            | <u>20 -</u>    | <u>/</u> |        |
| 12. Other                         |                |          |        |
| TOTAL                             | \$ <u>3250</u> | <u>/</u> |        |

3/23/90  
CR 2

## VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories \_\_\_\_\_

2. Height of Structure \_\_\_\_\_ ft.

3. Area—Largest Floor \_\_\_\_\_ sq. ft.

4. Building Area—All Floors \_\_\_\_\_ sq. ft.

Volume of Structure \_\_\_\_\_ cu. ft.

Construction Classification \_\_\_\_\_

7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

8. Flood Hazard Zone \_\_\_\_\_

9. Base Flood Elevation \_\_\_\_\_ ft.

Wetlands yes \_\_\_\_\_ sq. ft.  
no \_\_\_\_\_

Fire Grading \_\_\_\_\_

12. Max. Live Load \_\_\_\_\_

13. Max. Occupancy Load \_\_\_\_\_

## 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

Est. Cost

800.00

TOTAL COSTS

800.00

deck

## OPTIONAL (for office use only)

| Plans Rec'd By | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|----------------|------------|----------------|---------------|-----------|-----------------------------|-----------|-----------|
|                |            |                | 3/23/90       | RK        |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |

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

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

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

## 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 10108254

## 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 Linda Magliaro Date 3-15-98

## II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the 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 |
|---------------------------------------------------------------|--------------------|----------------|--------------------|---------------|--------------------|---------------|--------------------|---------------|----------|
|                                                               | Prelim.<br>Initial | Final<br>Date  | Prelim.<br>Initial | Final<br>Date | Prelim.<br>Initial | Final<br>Date | Prelim.<br>Initial | Final<br>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 checked="" type="checkbox"/> Other <i>Zoning</i>       | <i>SLC</i>         | <i>3/19/90</i> | <i>check</i>       |               |                    |               |                    |               |          |
| <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 _____                   |       |
| Electrical _____       | Barrier Free _____             |       |
| Plumbing _____         | Flood Hazard _____             |       |
| Fire Protection _____  | As Built Elevation Cert. _____ |       |
| Mechanical _____       | Other _____                    |       |

|                                                             |              |
|-------------------------------------------------------------|--------------|
| X. CERTIFICATES ISSUED (office use only)                    | DATE EXPIRED |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____    |
| <input type="checkbox"/> Certificate of Approval            | No. _____    |
| <input type="checkbox"/> None                               |              |



# CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

3/23/90  
353-90

IDENTIFICATION Block

383.07

Lot

45

Work Site Location

369, Georgia Dr

Contractor

Academy Const.

Address

Owner in Fee

S. Magliaro

Address

same

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER  
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Block

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 \$

800

CONSTRUCTION OFFICIAL

A. J. Cerza

## PAYMENTS (Office Use Only)

|                  |                       |             |
|------------------|-----------------------|-------------|
| Building         | 7.50                  | 353*#       |
| Plumbing         | BLOCK                 | 0.00        |
| Electrical       | 383.07 #              |             |
| Fire Protection  | LOT                   | 0.00        |
| Other            | MR 5.00 45 #          |             |
| Other            | BUILDING              | 7.50        |
| DCA Training Fee | PLAN RVW              | 5.00        |
| Cert. of Occ.    | 2.00                  | 20.00       |
| Other            | TOTAL                 | 32.50       |
| Total            | 32. CHECK             | 32.50       |
| Check No.        | X                     | CHANGE 0.00 |
| Cash             |                       |             |
| Collected By     | 03/23/90 NEB 0016A005 | 13:10       |



Date Received 3/23/90  
Date Issued  
Control #  
Permit # 353-90

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

Block 3887 Lot 45  
Work Site Location 369 Georgia Dr Black  
Owner in Fee STEVEN MAGLIARO  
Address 369 Georgia Dr  
Black Mt Ga 30723  
Tele. [redacted]  
Contractor Academy Cons.  
Address same  
Tele. [redacted]  
Lic. No. or Bldgs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. 480-60478 137 44 9258

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 Steve Magliaro  
D. TECHNICAL SITE DATA  
DESCRIPTION OF WORK  
Deck

JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                  | Date           | Initial   | INSPECTIONS | Dates (Month/Day) | Initial  |
|----------------------------------------------------------------------------------------------|----------------|-----------|-------------|-------------------|----------|
|                                                                                              |                |           | Type:       | Failure           | Approval |
| <input type="checkbox"/> No Plans Req.                                                       |                |           | Footings    |                   |          |
| <input checked="" type="checkbox"/> All                                                      | <u>3/22/90</u> | <u>RK</u> | 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) \$ \_\_\_\_\_

TYPE OF WORK:

|                                                             | (Office Use Only) |
|-------------------------------------------------------------|-------------------|
|                                                             | FEE               |
| <input type="checkbox"/> New Building                       |                   |
| <input type="checkbox"/> Addition                           |                   |
| <input type="checkbox"/> Alteration                         |                   |
| <input type="checkbox"/> Roofing                            |                   |
| <input type="checkbox"/> Siding                             |                   |
| <input type="checkbox"/> Other <u>Deck in back of house</u> |                   |
| <input type="checkbox"/> Demolition                         |                   |
| <input type="checkbox"/> Miscellaneous                      |                   |
| <input type="checkbox"/> Fence _____ Height _____           |                   |
| <input type="checkbox"/> Sign _____ Sq. Ft. _____           |                   |
| <input type="checkbox"/> Pool _____                         |                   |
| <input type="checkbox"/> Elevator _____                     |                   |
| <input type="checkbox"/> Asbestos Abatement _____           |                   |
| <input type="checkbox"/> Other _____                        |                   |

Administrative Surcharge \$ \_\_\_\_\_  
Paid ☐ Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
Collected by: \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_

# TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Daniel F. Newman, Mayor

Members of Township Council

Mary Anne L. Butler, Council President

Charles E. Anderson

Patrick L. Bottazzi

Edmund H. Hibbard

Joseph C. Scarpelli

Warren H. Wolf

David W. Wolfe



Division of Inspections

A.J. Cierzo,  
Construction Official

(201) 477-3000, ext. 252

## CHECK LIST

RE: Block 38307 Lot 45 - Address 369 GEORGE DR.

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative

Zoning

Engineering

Building

Plumbing

Electric

Fire

1 PLEASE DEFINE SPANS OF DECKING  
2 DEPTH OF FOOTINGS - NEED 32"

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,  
Construction Official

Date