

BLOCK 1158.15 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 2 Bedford Ave PERMIT NO. 06-0990



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2 Bedford Avenue
2. Name of Owner in Fee: Tallarida Tel. () _____
Address 2 Bedford Ave Brick NJ 08724
street municipality zip code
3. Ownership in fee: Public ☒ Private ☒
4. Principal Contractor: American Craftsmen Tel. 732-920-6083
Address 38 Polaski Dr, Barnegat NJ 08005
License No. OR, if new home, Builder Reg. No. 13VH01958500 Exp. Date 12/06
Federal Employee No. _____ FAX: () _____
5. Architect or Engineer _____ Tel. () _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun George Pennell
Tel. 732-920-6083 FAX: 609-660-1305

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	<u>1007</u>	<u>50</u>	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge		<u>3</u>	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other		<u>53</u>	
13. TOTAL	\$		

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)

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>2500.00</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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
10. ☐ Swimming Pools, Spas and Hot Tubs

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

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)

	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. _____	_____	_____	_____

Constituent Contact Report

☐ Zoning Application deemed complete

☐ Zoning Application approved

☐ Zoning permit updates:

[illegible]



CONSTRUCTION PERMIT

Date Issued 04/11/2006
Control # C-06-100827
Permit # 06-0990

IDENTIFICATION Block: 1158.15 Lot: 5 Qualifier _____
Work Site Location: 2 BEDFORD AVE. Brick Township, NJ Contractor AMERICAN CRAFTSMAN ROOF / SIDE
Address 38 PULASKI DR. BARNAGET NJ 08005-
Owner in Fee TALLARIDA, FRANK A. & AMELIA S.
Address 2 BEDFORD AVE. BRICK NJ 08724 Telephone: _____
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 15-8324838

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:

NEW 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 \$2,500

Construction Official _____ Date 04/11/2006

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$53
Check No.	1007
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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 1158.15 Lot 5 Qualification Code 08724

Work Site Location 2 Bedford Avenue

Owner in Fee 2 Bedford Avenue

Address 2 Bedford Avenue

Tel. 609-687-24

Contractor Amesbury Gratiot

Address 33 Pleasant St. Newark, NJ 07105.

Tel. (732) 930-0033 FAX (609) 600-1305.

Contractor License No. or Builder Registration No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Type:		Failure		Failure		Approval		Initial	
☐	No Plans Required																		
☐	All																		
☐	Footings																		
☐	Foundation																		
☐	Frame																		
☐	Other																		
Joint Plan Review Required:		☐ Elec.		☐ Plumb.		☐ Fire		☐ Elevator		Insulation		Finishes - Base Layer		Finishes - Final		Energy		Mechanical	
SUBCODE APPROVAL		☐ CO		☐ CCO		☐ CA		☐ CA		TCO		Other		Final		Barrier-Free			
Date: <u>4-26-06</u>																			
Approved by: <u>(Signature)</u>																			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories		
Height of Structure		
Area — Largest Floor		
New Bldg. Area/All Floors		
Volume of New Structure		
Total Land Area Disturbed		

Est. Cost of Bldg. Work:

1. New Bldg.	2. Rehabilitation	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 (Signature)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof Replacement
Tear off
Gable
Weathered Roof Edge

TYPE OF WORK:

☐	New Building	
☐	Addition	
☐	Rehabilitation	
☐	Roofing	
☐	Sliding	
☐	Fence	
☐	Sign	
☐	Pool	
☐	Asbestos Abatement Subchapter 8	
☐	Lead Haz. Abatement NJAC 5:17	
☐	Other	
☐	Demolition	

Height (exceeds 6') Sq. Ft.

Administrative Surcharge \$ 50

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 50



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 1158.15 Lot 5 Qualification Code _____

Work Site Location 2 Bedford Avenue 05734

Owner In Fee Tanaka

Address 2 Bedford Avenue 05734

Tel. [REDACTED]

Contractor American Crane

Address 38 Hudson St. 08005

Tel. (62) 92040075 FAX (601) 641 1305

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ <u>2500.00</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof Replacement
TAR OFF
GNA.1
Weatherproof Roof Edge

TYPE OF WORK:

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

FEE (Office Use Only)

Administrative Surcharge \$	50
Minimum Fee \$	3
State Permit Surcharge Fee \$	13
TOTAL FEE \$	

Date Received 06-09-90
Control # _____
Date Issued _____
Permit # 4-11-06

Applicable to Ordinance 720-92

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

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 2 Bedford Avenue

Block: 1158.15 Lot: 5

Contractor: American Craftsmen - George Pennell

Contractor's Address: 38 Polaski Drive, Barnegat

Type of Construction (minor, new home): Minor - Roof

Type of Debris (shingles, siding, wood, etc.): Asphalt Shingles

Party responsible for removal: American Craftsmen

Dumpster size: 12 yard

Destination of debris: Mazza Transfer Station, Tinton Falls

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.

George Pennell
Signature

George Pennell
Print Name

4/11/06
Date

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs
HAS REGISTERED
American Craftsmen Construction, LLC
Home Improvement Contractor

12/30/2005 TO 12/31/2006
VALID

George Pennell
SIGNATURE

13VH01558500

Kimberly S. Roberts
DIRECTOR

License/Registration/Certificate #