BLOCK 822 LOT 35 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 98-1722

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1597 W. PRINCETON
2. Name of Owner in Fee: NANCY TIFRENCH Te [redacted]
   Address 1597 W. PRINCETON (street) BRIELLE (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private HOMEOWN
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____
   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 ( ) _____

tank fill

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	66 —		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 66 —		

VI. BUILDING/SITE CHARACTERISTICS

	(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. 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	

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	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					6/5/98	JL	6/11/98		BK
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	200 —								

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

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 10411476

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 Nancy L. Stowell Date June 5, '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		
Building		Energy		Other
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.				

0004
1722*#
BLOCK 822 # 0.00
LOT 38 # 66.00
FIRE 66.00
TOTAL 66.00
CASH 0.00
CHANGE
06/05/98 NO. 5 0013A005 09:23

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/05/98
Control #
Permit # 98-1722

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 822 Lot 38

Work Site Location 1597 W.PRINCETON AVE
TANK FILL
Owner in Fee FRENCH N
Address SAME
BRICK, NJ 08724-
Telephone ( )

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

Is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

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

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 0
Fire Protection 66
Elevator Devices 0
Other
DCA Training Fee 0
Cert. of Occ. 0
Other
Total 66
Check No. 999
Cash
Collected By: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 06/05/98
Control #
Permit # 98-1722

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

Block 822 Lot 38
Work Site Location 1597 N.PRINCETON AVE
TANK FILL
Owner in Fee FRENCH N
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Construction Class Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 200 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/11/98
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other 6/11/98 Tank clean				
Other ok to Fill with Sand				
Other				

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity 0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity 0	Fuel	
L.P.G. Storage Tanks	( ) Capacity 0	Fuel	
L.N.G. Storage Tanks	( ) Capacity 0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other TANKFILL		66
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	66
DCA Training Fee	$	0

Paid [X] Check # 999
Collected by: TL

U.C.C. Form F-140B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 06/05/98
Control #
Permit # 98-1722

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

Block 822 Lot 38
Work Site Location 1597 N.PRINCETON AVE
TANK FILL
Owner in Fee FRENCH N
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Construction Class Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 200 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity 0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity 0	Fuel	
L.P.G. Storage Tanks	( ) Capacity 0	Fuel	
L.N.G. Storage Tanks	( ) Capacity 0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other TANKFILL		66
Other		0

Administrative Surcharge $ 0
Paid [X] Check # 999 Minimum Fee $ 0
Collected by: TL TOTAL FEE $ 66
DCA Training Fee $ 0

U.C.C. Form F-1408

TANK ABATEMENT OR
ASBESTOS ABATEMENT NOTIFICATION

Date: 4/5/98

Project: _____

Street: _____

Town: _____

Contractor: _____ License No. _____

Address: _____

A.S.C.M: _____ License No. _____

Address: _____

OSHA AIR MONITOR: _____

Address: _____

BUILDING OWNER: N. FRENCH

Street: 1597 W. PRINCETON AVE
Town: BRICK NJ
Phone: 458-5654 County: _____ Zip 08724

Engineer/Architect: _____

Street: _____
Town: _____
Phone: _____ County _____ Zip _____

Waste Hauler: OCEAN COUNTY RECYC. license No. _____

Address: NEW HAMPSHIRE AVE

Land Fill: ABANDONMENT - ON SITE
Town: _____

Job Size: (Circle one) Minor _____ Small _____ Large _____

Quantity of Waste Generated: (All applicable)
Cu. Yds _____
Linear Footage: _____
Square Footage: _____

Proposed Start Date: _____ Proposed Finish Date: _____

Cost of work: $ _____

Construction permit number: _____ Date issued: _____

OS43A
1-19-89

OWNER IN FEE: Nancy French

BLOCK 822 LOT 38 SITE LOCATION 1597 WEST PRINCETON

BUILDING INSPECTION

Contractor _____

Address _____ Phone (____) _____

Town _____ State _____ Zip _____

LIC # _____ FEDERAL EMP. NO.(or SSN#) _____

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $_____ ALTERATION (2) $_____

ADDITION (3) $_____ TOTAL (1+2+3) $_____

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. 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.

TYPE OF WORK

TYPE OF WORK		COST	MISC.		COST
NEW BLDG.			FENCE Ht.		
ADDITION			SIGN Sq. Ft.		
ALTERATION			POOL		
ROOFING			ASBESTOS ABATEMENT		
SIDING			DCA		
DEMOLITION			TOTAL		

DESCRIPTION OF WORK

COMMENTS _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

SEAL &

SIGNATURE _____

PLUMBING INSPECTION

Contractor _____

Address _____ Phone (____) _____

Town _____ State _____ Zip _____

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF PLUMBING WORK: $_____

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT		NO.	FIXTURE/EQUIPMENT	
	Water Closet			Steam Boiler	
	Urinal / Bidet			Hot Water Boiler	
	Bath Tub			Sewer Pump	
	Lavatory			Interceptor/Separator	
	Shower			Backflow Preventer	
	Floor Drain			Grease Trap	
	Sink			Water Cooled A/C or Refrigeration Unit	
	Dishwasher				
	Drinking Fountain			Sewer Connection	
	Washing Machine			Water Service Connection	
	Hose Bibb			Active Solar System	
	Water Heater			Other	
	Fuel Oil Piping			Other	
	Gas Piping			Other	

DESCRIPTION OF WORK

COMMENTS _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

SEAL &

SIGNATURE (Contractor's Seal) _____

FIRE INSPECTION ✓

Contractor Homeowner

Address _____ Phone (____) _____

Town _____ State _____ Zi

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF FIRE PROT. WORK: $_____

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar

Heating System: ☐ New ☐ Existing

Location of Furnace / Boiler _____

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE _____

METHOD OF VALVE SUPERVISION _____

LOCAL ALARM SUPERVISION _____

CENTRAL SUPERVISION _____

PROPRIETARY SUPERVISION Tank full

Flammable Liquid Storage Tanks ☐ Capacity _____ Fu

Combustible Liquid Storage Tanks ☐ Capacity _____ Fu

L.P.G. Storage Tanks ☐ Capacity 500 gal Fu

L.N.G. Storage Tanks ☐ Capacity _____ Fu

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered Sy
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppressio
			Foam Suppressio
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired
			Other
	Stand Pipes	1	Tank Abandon
	Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS 6/5/98 JK

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WO ON THIS APPLICATION.

SEAL &

SIGNATURE (Contractor's Seal) _____