

BLOCK

822

LOT

25

QUALIFICATION CODE

ADDRESS (SITE)

1603 West Princeton

PERMIT NO.

04-2683



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1603 West Princeton Ave
2. Name of Owner in Fee: Phyllis Diehl Tel. [REDACTED]
Address _____ street _____ municipality _____ zip code _____
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: Schultz Roofing Tel. () _____
Address PO Box 777 Princeton, NJ
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: () _____
5. Architect or Engineer NONE Tel. () _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Rich Schultz
Tel. () 892-4221 FAX: () _____

ReRoof/Tear

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <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			
13. TOTAL	\$ <u>53</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2
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 _____

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	Re-viewer
1. ☐ Minor Work							Approval	Rejection
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair <u>-Roof</u>								
☐ 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>22500</u>							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: Private Home
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
Before Construction 1
After Construction 1
Net Gain or Loss 0

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 Phyllis Deed 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.

Constituent Contact Report

[illegible]



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/13/2007
Tracking Number
Permit Number 04-2683
Permit Issue Date 06/29/2004
Certificate Number 04-2683

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1603 WEST PRINCETON AVE REROOF/TEAR Block: 822 Lot: 25 Qual:
OFF, NJ
Owner in Fee: DIEHI, PHYLLIS
Owner Address: 1603 WEST PRINCETON AVENUE BRICK NJ 08723-
Telephone: [REDACTED]
Contractor
Address
Telephone: Fax:
License Number or Builders Registration Number: Federal Emp. Number:
Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work Use:

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 02/13/2007

Fee: \$0.00
Check Number: 1623
Collected By:

Page 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/29/2004
Control #
Permit # 04-2683

UDC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 882 Lot 25

Qual

Work Site Location 1603 WEST PRINCETON AVE
OWNER in Fee DIETI, PHYLLIS
Address 1603 WEST PRINCETON AVENUE
BRICK, NJ 08723-
Telephone

Contractor RICHARD SCHULER
Address PO BOX 733
POINT PLEASANT, NJ 08742-
Telephone ()
Lic. No. or Bldg. Reg. No.
Federal Emp. No. 15-7584890

Is hereby granted permission to perform the following work:

(X) BUILDING ☐ PLUMBING ☐ LEAD HAZARDO ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
RENOV/TEAR

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

06/29/2004

Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building 50
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 3
Cert. of Occupancy 0
Other
Total 53
Check No. 1623
Cash
Collected By MJK

06/29/04 8:18AM 001558#0669
XX02 SERV.002

#2683
BUILDING \$50.00
DCA \$3.00
CHECK \$53.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/29/2004
Date Issued 06/29/2004
Control #
Permit # 04-2683

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

Block 822 Lot 25 Sub 1
Work Site Location 1603 WEST PRINCETON AVE
REROOF/TEAR OFF

Owner in Fee DIETL, PHYLLIS
Address 1603 WEST PRINCETON AVENUE
BRICK, NJ 08723-

Contractor RICHARD SCHULER
Address PO BOX 733
POINT PLEASANT, NJ 08742-

Telephone () Fax ()
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. 15-7586990

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure
☐ All			Footings	Initial
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Fraas	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date: 2-19-07			TCO	
Approved by: PM			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-5	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 2,500
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 2,500
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	
Total Land Area Disturbed	0 Sq. Ft.	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

REROOF/TEAR

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	\$ 0
☒ Alteration	\$ 50
☐ Roofing	\$ 0
☐ Siding	\$ 0
☐ Fence 0 Height (exceeds 6')	\$ 0
☐ Sign 0 Sq. Ft.	\$ 0
☐ Pool	\$ 0
☐ Asbestos Abatement Subchapter B	\$ 0
☐ Lead Haz. Abatement NJAC 5:17	\$ 0
☐ Other	\$ 0
Other	\$ 0
☐ Demolition	\$ 0

Paid ☐ Check #	Administrative Surcharge	\$ 0
Collected by:	Minutua Fee	\$ 0
	TOTAL FEE	\$ 50
	DCA State Permit Fee	\$ 3

NJ DECARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/29/2004
Date Issued 06/29/2004
Control #
Permit # 04-2683

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

Block 822 Lot 25
Work Site Location 1603 WEST PRINCETON AVE
REDOOF/TEAR OFF
Owner in Fee DIETL, PHYLLIS
Address 1603 WEST PRINCETON AVENUE
RD#16 W108723-
Tel. [REDACTED]
Contractor RICHARD SCHULER
Address PO BOX 733
POINT PLEASANT, NJ 08742-
Tele. () Fax ()
Lic. No. of Bldgs. Reg. No.
Federal Exp. No. 15-7586990

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**

REDOOF/TEAR

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
☐ No Plans Req. _____
☐ All _____
☐ Footing _____
☐ Foundation _____
☐ Slab _____
☐ Frame _____
☐ Other _____
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev
☐ TCO ☐ TCO ☐ CA
Date: _____
Approved By: _____
Type _____
Failure _____
Dates (Month/Day) Initial

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

TYPE OF WORK
☐ New Building
☐ Addition
☒ Alteration
☒ Roofing
☐ Siding
☐ Fence 0 Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 2
☐ Lead Haz. Abatement NJAC 3:17
☐ Other
Other
☐ Demolition

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 2,500
3. Total (1+2) \$ 2,500
Industrialized Building:
☐ State Approved
☐ HUD
Paid ☐ Check # _____
Collected by: _____
Administrative Surcharge \$ 0
Municipal Fee \$ 0
TOTAL FEE \$ 30
NJ State Permit Fee \$ 3
U.C.C. F110 (Rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UDC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/29/2004
Date Issued 06/29/2004
Control #
Permit # 04-2683

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

Block 822 Lot 25
Work Site Location 1603 WEST PRINCETON AVE
REDOOF/TEAR OFF

Owner in Fee DICH, PHILLIS
Address 1603 WEST PRINCETON AVENUE
BRICK, NJ 08723-

Tele

Contractor RICHARD SCHULER

Address PO BOX 733

POINT PLEASANT, NJ 08742-

Tele () Fax ()

Lic. No. of Bldg. Reg. No.

Federal Exp. No. 15-7586390

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure Approval	Initial
☐ No Plans Req.			Type			
☐ All			Footings			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Barrierfree			
Joint Plan Review Required			Insulation			
☐ Elect ☐ Plumb ☐ Fire			Finishes			
SUBCODE APPROVAL ☐ Elev			Energy			
☐ CD ☐ ECD ☐ CA			Mechanical			
Date:			TCD			
Approved By:			Other			
			Final			
			Barrierfree			

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 2,500

3. Total (1+2) \$ 2,500

Industrialized Building:

☐ State Approved

☐ HUD

C. CERTIFICATION IN LIEU OF DATA

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

REDOOF/TEAR

TYPE OF WORK

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 5')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter B

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 50

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 1603 West Princeton Ave
Block: 822 Lot: 25
Owner's Name: Phyllis & Francis Diehl
Owner's Mailing Address: 1603 West Princeton Ave
Brick, NJ 08724
Phone: [REDACTED]

BUILDING

Contractor: Schuler Roofing
Address: 2137 Riviera Pkwy
Point Pleasant, NJ
Phone#: 732-899-4226
Lis # [REDACTED]
Federal Emp # or SSN [REDACTED]

Technical Data

Description of Work:

NEW ROOF

Tear

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☒ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: ☒ Proposed: ☐
No of Stories: 2
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: \$ 2500

Cost of New Building: \$

Cost of Site Work \$

Total Cost of New ^{Roof} Building Work: \$ 2500.-

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: Phyllis Diehl

Please Print Name Phyllis Diehl

ELECTRICAL

Contractor: NONE
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	<u>NONE</u>
Receptacles	<u> </u>
Switches	<u> </u>
Detectors	<u> </u>
Light Poles	<u> </u>
Motors w/ Fract. HP	<u> </u>
Emergency & Exit Lights	<u> </u>
Communication Points	<u> </u>
Alarm Devices/FAC Panel	<u> </u>
Total	<u> </u>

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit - Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

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.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: NONE
Address: _____
Phone #: _____
Lis #: _____
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	_____
Greasetrap	_____
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

FIRE

Contractor: NONE
Address: _____
Phone #: _____
Lis #: _____
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 authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____

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: 1603 West Princeton Ave

Block: 822 Lot: 25

Contractor: Schuyler Roofing

Contractor's Address: Point Pleasant, N.J.

Type of Construction (minor, new home): Roof

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

Party responsible for removal: Schuyler Roofing

Dumpster size: N/A 15 yd

Destination of debris: N/A MARPAL

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.

Phyllis Diehl
Signature

6-29-04
Date

Phyllis Diehl
Print Name